



Ready to Learn Policy



Originator: Rick Kitson	Date: February 2020
Reviewer:	Date:
Approver:	Date:

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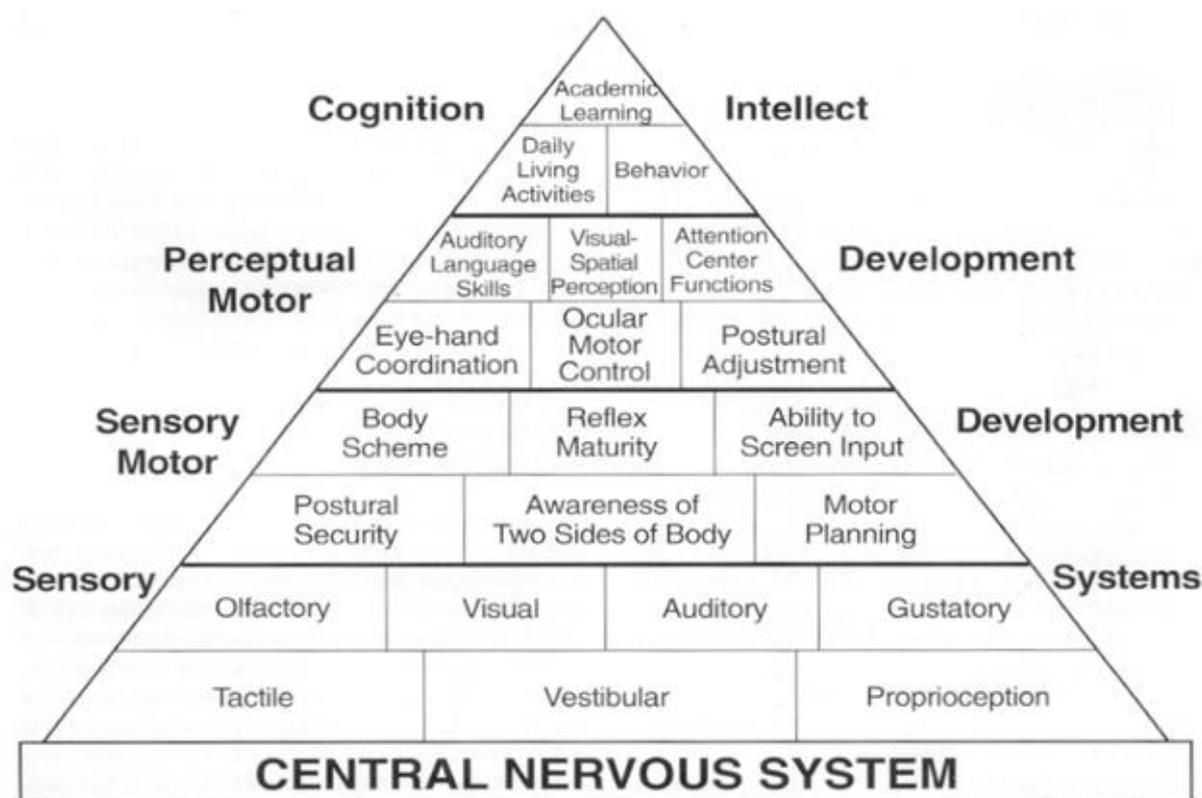
1. Introduction

This policy is one of the ways we at Hartlepool Aspire Trust aim to achieve our mission statement: *“Students are offered every opportunity to maximise their potential, grow in confidence and above all be happy.”*

At Hartlepool Aspire Trust, we believe that behaviour is a symptom and a form of communication. Our students are individuals and all have a variety of learning and physical needs and have varying communicative abilities. Our students face lots of challenges which can affect their day-to-day lives, including; their means of regulating themselves, forming successful relationships, mental health difficulties and communicating needs and frustrations. These challenges can manifest themselves in varied types of challenging behaviour.

In addition, many of our learners have sensory processing difficulties. At Hartlepool Aspire Trust we recognise that meeting sensory needs is an essential part of supporting children with additional needs to be Ready to Learn. The pyramid of learning shows us all of the sensory needs to consider *before* academic learning can be achieved.

Pyramid of Learning



We believe learning how to manage these challenges is an important part of wellbeing and learning and school is an invaluable opportunity to support students to break down these

barriers and maximise their potential. That is why we have chosen to have a 'Ready to Learn' policy in place of a Behaviour Policy.

2. Responsibilities

2.1 CEO and Senior Leadership Team

The CEO must set out measures in their policies which aim to; promote good behaviour, self-discipline and respect; prevent bullying; ensure that students make progress; and which regulate the conduct of students.

The Senior Leadership Team ensures that; this policy is effectively implemented and adhered to; ensures that the behaviour policy reflects the aims of the Trust; ensures that all relevant parties including staff, trustees, parents and students are fully aware of, and committed to the Trust's Ready to Learn policy, our alternative to a behaviour policy; ensures that the Ready to Learn policy is consistently and fairly applied.

2.2 Teaching and Support Staff

All teaching and support staff are required to; follow the policies put in place by the Senior Leadership Team; make students aware of expected behaviour; demonstrate expected behaviour and act as a positive role model; make efforts to understand the reasons behind behaviour; liaise with other staff, parents and outside agencies; record and report behaviour concerns to the relevant staff; seek support and guidance when faced with continuous and escalating behaviour; be sensitive to physical and learning needs, mental health conditions and personal circumstances that may be affecting a student's behaviour.

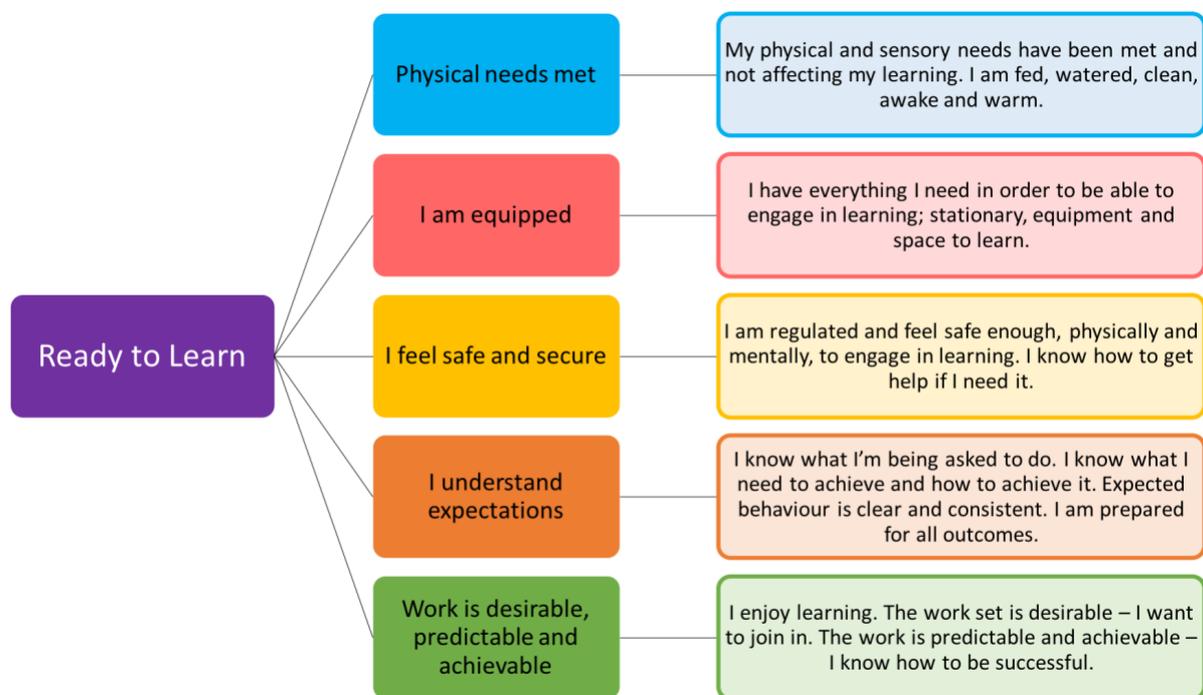
2.3 Parents and Carers

Parents and carers are encouraged to; support their child in adhering to the trust's expected behaviour of students; inform the trust of any changes in circumstances that may affect their child's behaviour; work collaboratively with teachers, support staff and outside agencies to achieve the best for the students.

3. Readiness to Learn

At Hartlepool Aspire Trust we believe that a person cannot be Ready to Learn until they; have their physical needs met; are equipped; feel safe and secure; understand expectations and the work is desirable, predictable and achievable.

Staff will use the Ready to Learn flow chart to prepare students for learning and to assess against low-level disruption in the classroom.



4. Escalation Cycle

When general classroom management including 'Ready to Learn', has not managed to meet the student's needs, staff will use the Escalation Cycle to assess what sort of consistent response to behaviour is needed.

Phase 1 – Ready to Learn – Student is engaged in learning.

Phase 2 – Trigger: Something has happened to make the student uncomfortable, stimulated, confused or irritated.

Phase 3 – Agitation: The student is struggling to manage their response to the trigger.

Phase 4 – Acceleration: The student is losing control of themselves and needs support to help them to return to calmness.

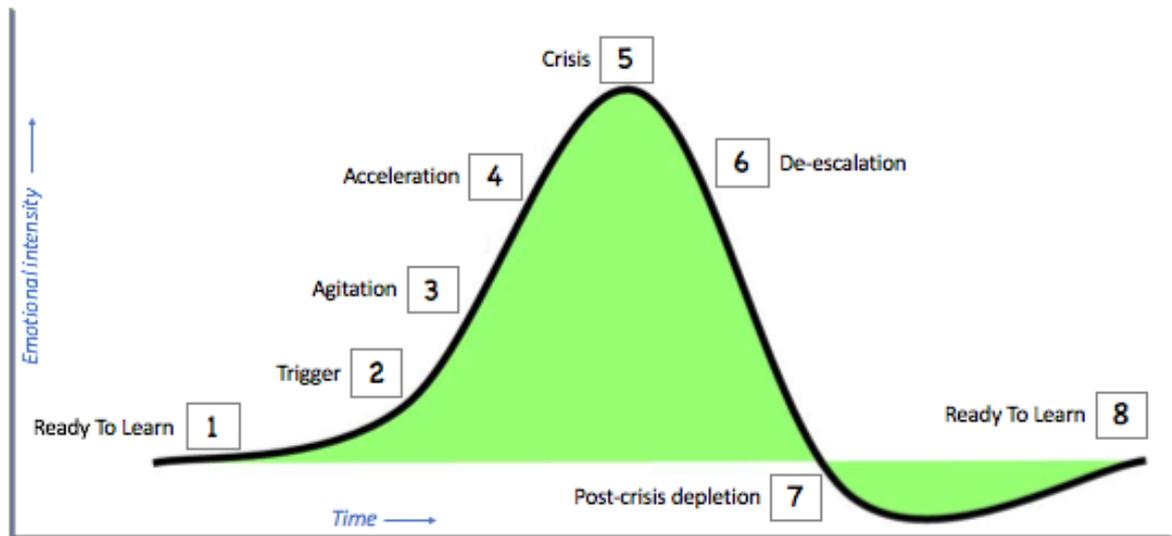
Phase 5 – Crisis: The student has lost control. They need an adult to take control and make a decision for them to contain their crisis.

Phase 6 – De-escalation: Student is returning to a calmer state with adult support.

Phase 7 – Post-crisis depletion: Student may be feeling low, embarrassed, confused or frustrated following incident.

Phase 8 – Re-entering state of Ready to Learn: Student and adult to talk about what happened and agree to how we will manage this better next time. Student understands why adults responded how they did. Student given chance to wipe slate clean and re-enter classroom in a state of Ready to Learn.

The Escalation Cycle



In response to an escalated behavioural incident, a CASS (Consistent Approach to Supporting Students) plan will be written and used consistently for the student.

5. Consistent Approach to Supporting Students (CASS Plans)

CASS plans are written for students who experience frequent behavioural challenges or who need lots of support to become Ready to Learn. The purpose of a CASS plan is to identify and reflect on the causes of behaviour and to find an individual, meaningful and consistent response to a student's behaviour, that all staff working with the student should follow. The CASS plan should be, where appropriate, written or agreed upon, with the student's teacher, Phase 1 TLRs, SLT, Education Psychologist, CAMHS, parents and carers, or any other relevant professionals.

6. Approaches adopted

6.1 The Thrive Approach

Thrive is a therapeutic approach to help support children with their emotional and social development. The Thrive approach offers practical strategies and techniques and is built around online assessments which identify children's emotional development and provides action plans for their individual needs.

The Thrive Approach draws on insights from recent advances in neuroscience, attachment theory and child development, to provide a powerful way of working with children and young people that supports optimal social and emotional development. In addition, the approach can equip you to work in a targeted way with children and young people who may have struggled with difficult life events to help them re-engage with life and learning.

The Thrive approach is embedded across the Trust being used by all staff and where appropriate individual learners have 1:1 sessions with one of our 13 licensed Thrive practitioners.

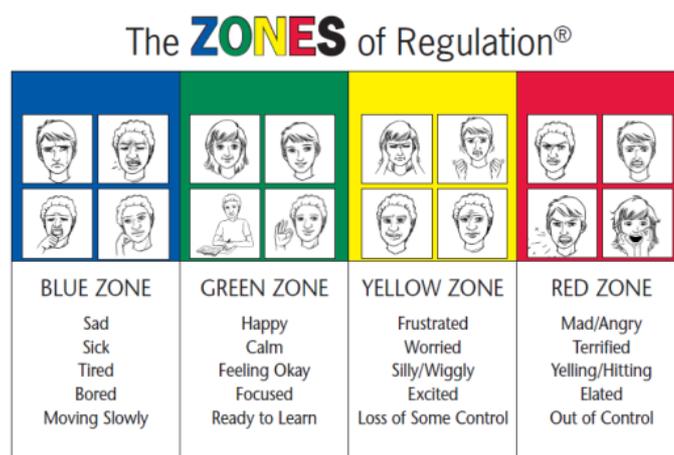
6.2. SCERTS

SCERTS is a research-based educational approach for people with ASC and related disabilities. The key principles are that individuals with ASC face two core challenges, Social Communication (SC) and Emotional Regulation (ER) and supporting adults are considered partners that use Transactional Supports (TS) to allow young people to be successful in these areas.

At Hartlepool Aspire Trust we use SCERTS principles to ensure that ASC specific learning environments are equipped to meet the sensory, social and emotional needs of the learners. We have developed therapeutic sensory spaces within classrooms and across the trust to meet sensory needs and allow children to be ready to learn. We endeavour to teach our learners about how they are feeling, how they can express it and what they can do to regulate (self-regulation). For our more complex learners, adults are trained to recognise sensory need and provide specific sensory input and children are supported to accept this assistance (mutual regulation).

7. Our Curriculum

We recognise that teaching children the importance of being 'Ready to Learn' is highly valuable and essential to making progress. Hence at HAT all of our curriculums include the direct teaching of the Zones of Regulation and its principles are embedded throughout. For example, all staff have been trained in how to use 'Zone Language', all classrooms have a Zones of Regulation display that is relevant to the needs of the learners and students have access to resources that support being 'Ready to Learn'. Where appropriate, students are also taught the neuroscience behind emotions and behaviour, via the Thrive Approach, in order to have a greater understanding of how to regulate. We also have regular awareness days to highlight current SEMH issues.



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8. Working with Outside Agencies

As a Trust, we have a Service Level Agreement with the Local Authority and we work closely with outside agencies, including, but not limited to:

- Education Psychologist: we buy in an Education Psychologist one day a week who works with Teachers, Students, Parents and Carers who are facing challenges, as well as delivering training for staff.
- LD CAMHS: we work closely with CAMHS professionals who prescribe medication, collaborate with staff to provide strategies to support or work 1:1 with students.
- Occupational Therapist: we buy in an OT who helps children to participate in daily activities. These activities may be personal care tasks (such as dressing, toileting or feeding), work and play tasks (such as activities carried out at pre-school, school or college) and/or leisure activities, finding solutions to minimise the difficulties learners face, helping them get the most from life.

9. CPD, expertise and resources.

At Hartlepool Aspire Trust, in order to meet the needs of our students, we have invested in our own staff to become specialists and deliver services in school.

We have a Wellbeing Team of staff, that includes our Designated Safeguarding Lead, SENCO, TLR for SEMH and TLR for ASC. In 2019, we restructured our middle leaders to appoint new leaders with expertise in barriers to learning (SEMH, ASC, Communication and Physical and Sensory).

We have 13 staff trained as Thrive Practitioners and all staff have received Thrive training. We have 2 members of staff trained in SCERTS and who are trained to complete formal SCERTS assessments. We have 2 members of staff trained in SCERTS principles. All staff have received internal training on SCERTS principles.

Our Designated Mental Health Lead is part of The Wellbeing Champion Network, run by Child Psychologists from the local authority that provide free training on SEMHD and networking opportunities with other schools.

We have a Student Family Support Assistant who works directly with parents/carers and other agencies to ensure the best possible outcomes for all students.

Our Health Care Assistant, provides both routine and emergency healthcare to our students, liaising with home, school and other professionals regarding the healthcare needs of the students.

All staff have regular CPD about the barriers to learning and how to support students to become Ready to Learn.

We have also invested heavily in resources for our provision:

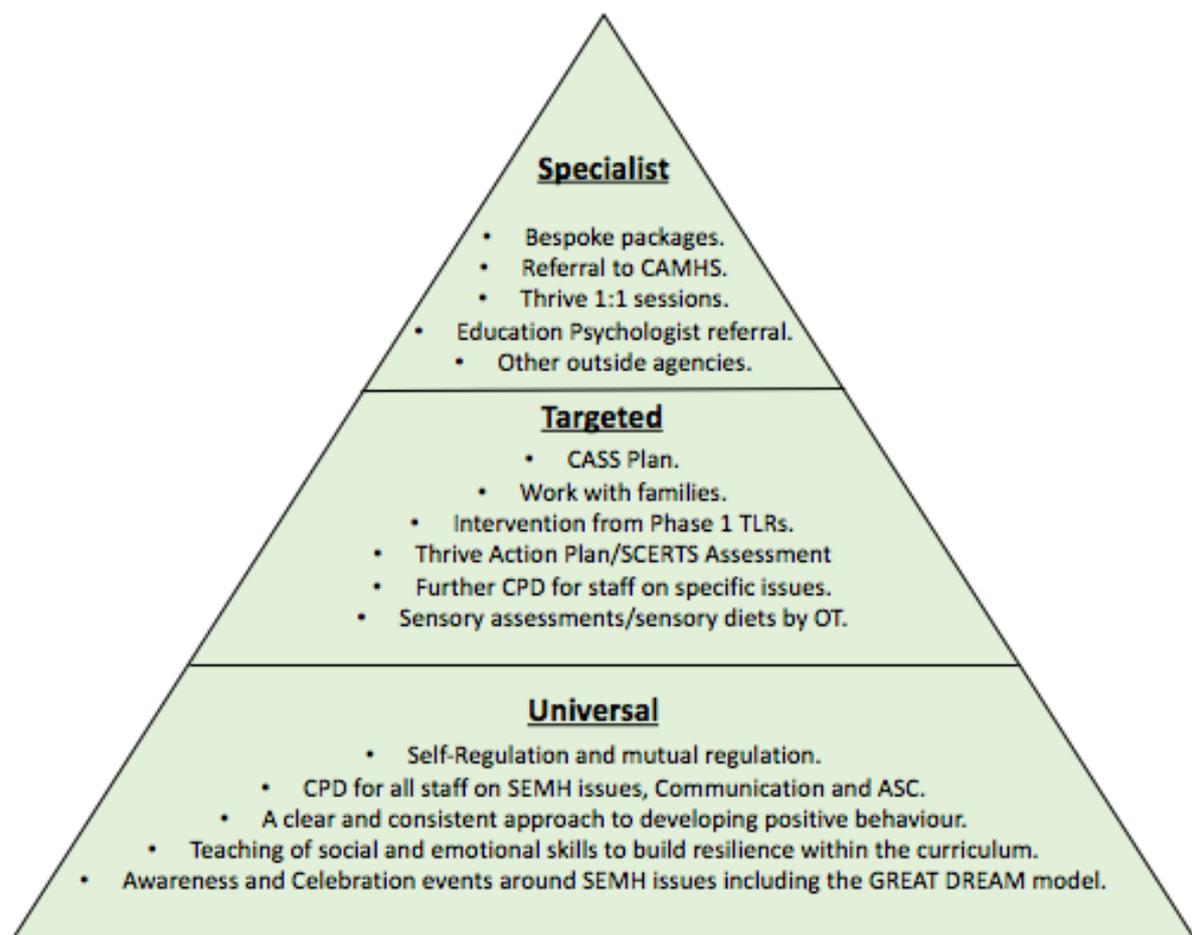
- SPIRIT suite – our SPIRIT Suite (Sensory, Processing, Integration, Regulation, Interactive, Therapy) was carefully designed to meet the sensory integration needs of our students.
- Thrive Rooms – Our Thrive rooms are therapeutic environments to support the delivery of activities which promote social and emotional wellbeing.
- Regulation Rooms – We have many regulation rooms across the trust. These are safe spaces that students can use to re-regulate themselves, many attached to classrooms.
- Soft Play – Soft play is an alternative learning environment which can be used to address physical and sensory needs.
- Jacuzzi – The Jacuzzi is an alternative learning environment which can be used to address physical and sensory needs.
- Rebound Therapy – We have a number of staff trained in rebound therapy which uses trampolines to manage sensory and physical needs.

- InaSpace – Our InaSpace is motion activated immersive sensory room which is a room accessible to all types of learner to address communication, physical and sensory needs.
- The Hub – The Hub is a calm environment used for 1:1 SEMH intervention work, Art Therapy, CAMHS and Education Psychologist 1:1 work.

10. Graduated Response

The response to behavioural challenges is graduated at Hartlepool Aspire Trust and can be split into three categories; Universal, Targeted and Specialist.

- Universal: Trust-wide approaches to meet the needs of all students, implemented by all staff.
- Targeted: For students who need extra support to become ‘Ready to Learn’, or may be experiencing consistent, increasing or circumstantial challenges with behaviour, social, emotional or mental health.
- Specialist: For students who require lots of support with SEMH issues. The trust may seek outside specialist advice or interventions to help support students, such as CAMHS or Education Psychologist support.



11. Bullying and vulnerable groups

SEMH problems affect many people, and where a pupil has certain types of Special Educational Need there is an increased likelihood of mental health problems. Children with autism or learning difficulties, for example, are significantly more likely to have conditions such as anxiety. Children in Need, looked-after children and previously looked-after children are more likely to have SEN and to experience the challenge of SEMH issues than their peers. For example, they may struggle with executive functioning skills, forming trusting relationships, social skills, managing strong feelings (e.g. shame, sadness, anxiety and anger), sensory processing difficulties, foetal alcohol syndrome and coping with transitions and change. Children in Need may be living in very chaotic circumstances and be suffering or at risk of suffering abuse, neglect and exploitation. They may also have less support outside of school. The impact of these circumstances can have wide-ranging impacts on children's own behaviour, their interpersonal behaviour and emotional state.

We recognise that some students may be more likely to experience SEMH issues or more likely to be bullied. For example, those who have protected characteristics, such as, sexual orientation, transgenderism, race including colour, nationality, ethnic or national origin, religion or belief, gender, pregnancy or disability.

As a Trust, we have a zero tolerance attitude towards any forms of discrimination and always take steps to ensure these issues are kept in mind.

We have a zero tolerance on any kind of bullying and any incidents of bullying, which are extremely rare, are dealt with by SLT and Teachers on a case-by-case basis, swiftly and appropriately. The issue is addressed with the students in question and are given the opportunity to learn from their mistakes, the opportunity for restorative justice and work with a staff member to work through the reasons for this behaviour.

12. Rewards

At HAT, we recognise that what is rewarding to one student, may not be rewarding to another. We also understand that children with SEN are more likely to have unconventional motivators. For example, where one student may respond to a points system or stickers, another may respond to rebound therapy or using a paper shredder. Rewards systems are therefore individualised by class or students and at the discretion of the teacher.

13. Sanctioning

At HAT, we prefer to use strategies to address the reasons behind behaviour, rather than punish or sanction students. However, occasionally, sanctions are used as part of classroom management and vary in each class. Sanctions may include time outs, loss of choice time/break time or report cards. In cases that sanctions may be used, we always address it with students, explain the reasoning behind the decision and use it as a learning opportunity.

Exclusion is only used as a last resort, there will be some occasions when students' behaviour has been either consistently poor over an extended period and they have failed to respond to intervention, or is so extraordinary or unsafe that fixed term exclusion is warranted. Only the Senior Leadership Team can approve exclusion.

14. Physical intervention

The interventions determined above should address the vast majority of situations. There may be occasions, however, when a student's unpredictable behaviour is so dangerous, damaging or detrimental that intervention is necessary and physical controls can be avoided only with higher levels of supervision and support than is normal. Please see Restrictive Physical Intervention Policy for details.

14.1 COVID 19 Update

As of September 2020, in response to the COVID-19 Pandemic, in order to decrease the incidents of the use of Physical Intervention, the SEMH and Wellbeing lead and the Physical Intervention lead have created a new risk assessment to be followed by all staff:

Physical Intervention Risk Management Strategy

<p>1 - Risk Assessment</p> <ul style="list-style-type: none"> • Students are RAG rated – likelihood of need to use physical intervention. • Students identified as RED/AMBER have individual CASS Plans in place. 	<p>2 – De-escalation</p> <ul style="list-style-type: none"> • Attempt to de-escalate the situation. • CASS Plan strategies to be followed. • Thrive Approach, Zones of Regulation and SCERTS used where appropriate. 	<p>3 – Dynamic Risk Assessment</p> <ul style="list-style-type: none"> • If crisis is escalating: • One staff member make other staff aware to prepare for possibility of physical intervention. • Contact Ste F or Rick K. 	<p>4 – Environment Management</p> <ul style="list-style-type: none"> • Encourage student to move to safe space. • Continue to use de-escalation techniques. • One staff member to collect PPE and prepare environment. 	<p>5 – Absconding – Amber/Green</p> <ul style="list-style-type: none"> • Observe from safe distance. • If student can manage own safety (i.e. knowledge of road safety, stranger danger etc.) staff to observe for as long as possible, parents/carers/SW contacted.
<p>6 – Absconding - Red</p> <ul style="list-style-type: none"> • Child supported back into school. Physical intervention used if required. • Contact Ste F or Rick K. 	<p>7 – Crisis Escalation</p> <ul style="list-style-type: none"> • Escort child to safe space if possible. • Safety tent or safe room preferable to continued physical intervention if possible to do so. • Continue to follow CASS Plan to de-escalate. 	<p>8 – Risk of injury</p> <ul style="list-style-type: none"> • If there is a risk of injury to student, staff or others, physical intervention to be used. • Staff to use PPE during intervention. • Physical intervention to be used for shortest time possible. 	<p>9 – Post incident management</p> <ul style="list-style-type: none"> • Child to return to learning only when completely Ready to Learn. • PPE to be disposed of, hands and arms to be washed and spaces cleaned. • Change of clothes if necessary. 	<p>10 – Debrief</p> <ul style="list-style-type: none"> • Key staff to review incident – what went well and how can future incidents be avoided. • Review CASS Plan. • Discuss with Ste F, Rick K and SLT Line Manager how we can continue to maintain safety of students and staff.

15. Absconding

Students occasionally leave the Trust's sites when dysregulated. Staff will support students to return to the site, however if it would compromise the safety of a student or if they are unable to help return the student to school, parents/carers will be informed promptly. If the student is a Looked After Child, their social worker will also be informed. If the student is putting themselves or others at serious risk, the Senior Leadership Team may also use their professional judgement and decide to inform the police.

16. References

The Escalation Cycle, Managing the Cycle of Acting-Out Behaviour in the Classroom by Geoff Colvin, 2004.

The Pyramid of Learning, Taylor and Trott, 1991.

Mental Health and Behaviour in Schools, Department for Education, 2018.

The Zones of Regulation, Leah Kuypers, 2011.

Appendix A – CASS Plan

Ready to Learn: Consistent Approach to Supporting Students Plan

<u>Student Name:</u>		<u>Age:</u>	
<u>Class:</u>		<u>Teacher:</u>	
<u>Key Stage:</u>		<u>Date:</u>	
<u>Pathway:</u>		<u>Reviewed on:</u>	

Context and Objective

<p><u>What internal challenges does the student experience that may affect their behaviour? (e.g. Anxiety, Autism, Communication Difficulties, ADHD, Attachment Disorder, etc.)</u></p>
<p><u>What external challenges does the student experience that may affect their behaviour? (e.g. difficult home life, Looked After, peer dynamics, victim of bullying, CP, CIN, etc.)</u></p>
<p><u>What is the objective of this plan?</u></p>

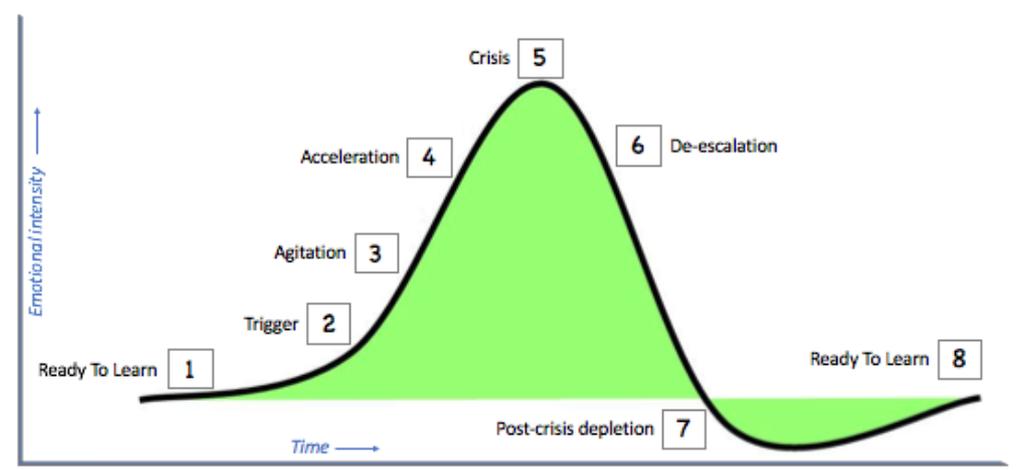
Thinking First

<p><u>Antecedents/Triggers: Challenging behaviour is most likely to occur when:</u></p>
<p><u>What are the 'warning signs' that challenging behaviour may escalate?</u></p>

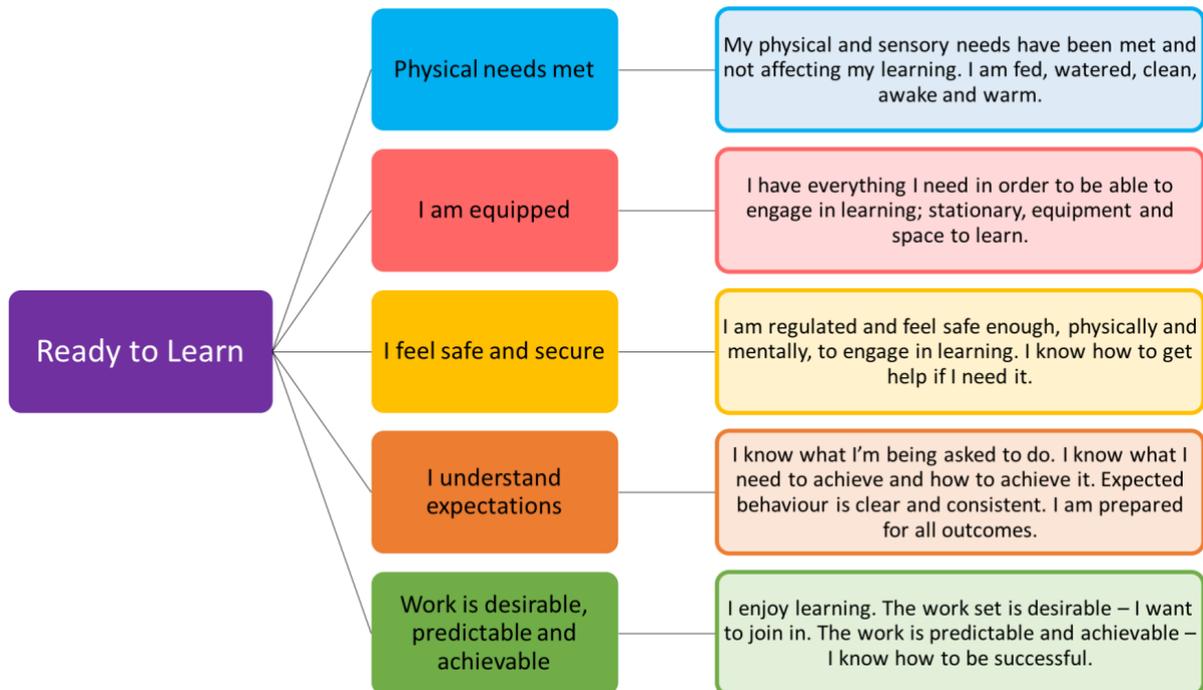
CASS Plan

For when general classroom management including 'Ready to Learn', has not managed to meet the student's needs. Following the escalation cycle, we will use the following approaches, when a student experiences challenging behaviour.

The Escalation Cycle



Phase 1 – Ready to Learn



Phase 2 – Trigger: Something has happened to make the student uncomfortable, stimulated, confused or irritated.

What the student is doing:	What is the cause of this behaviour:	What staff will do:	What staff will say:

Phase 3 – Agitation: The student is struggling to manage their response to the trigger.

What the student is doing:	What is the cause of this behaviour:	What staff will do:	What staff will say:

Phase 4 – Acceleration: The student is losing control of themselves and needs support to help them to return to calmness.

What the student is doing:	What is the cause of this behaviour:	What staff will do:	What staff will say:

Phase 5 – Crisis: The student has lost control. They need an adult to take control and make a decision for them to contain their crisis.

What the student is doing:	What is the cause of this behaviour:	What staff will do:	What staff will say:

Phase 6 – De-escalation: Student is returning to a calmer state with adult support.

What the student is doing:	What is the cause of this behaviour:	What staff will do:	What staff will say:

Phase 7 – Post-crisis depletion: Student may be feeling low, embarrassed, confused or frustrated following incident.

What the student is doing:	What is the cause of this behaviour:	What staff will do:	What staff will say:

Phase 8 – Re-entering state of Ready to Learn: Student and adult to talk about what happened and agree to how we will manage this better next time. Student understands why adults responded how they did. Student given chance to wipe slate clean and re-enter classroom in a state of Ready to Learn.

What the student is doing:	What is the cause of this behaviour:	What staff will do:	What staff will say:

This CASS Plan should be read and signed by ALL staff who work with this student:

<u>Signed:</u>	<u>Date:</u>	<u>Signed:</u>	<u>Date:</u>

All CASS Plans should be written with or agreed by R. Kitson or M. Waites including any updates or reviews: rick.kitson@catcote.co.uk michael.waites@catcote.co.uk

Appendix B – Incident Form

Incident Form

<u>Student Name:</u>		<u>Staff members</u>	
<u>Class:</u>		<u>CASS Plan in place?</u>	
<u>Date/Time:</u>		<u>Was it followed?</u>	
<u>Location:</u>		<u>Does it need reviewing?</u>	

Context and Objective

<u>What internal challenges does the student experience that may affect their behaviour? (e.g. Anxiety, Autism, Communication Difficulties, ADHD, Attachment Disorder, etc.)</u>
<u>What external challenges does the student experience that may affect their behaviour? (e.g. difficult home life, Looked After, peer dynamics, victim of bullying, CP, CIN, etc.)</u>

Before

<u>Antecedents: What was/could have been the trigger for the incident.</u>	
<u>Which needs of Readiness to Learn were not met?</u>	
Physical needs met	
I am equipped	
I feel safe and secure	
I understand expectations	
Work is desirable, predictable and achievable	

* Add expandable RTL Table?

During * Add expandable box – Escalation cycle

<u>Phase 3 – Agitation: The student is struggling to manage their response to the trigger.</u>
<u>What did you do to try alleviate situation?</u>

<u>Phase 4 – Acceleration: The student is losing control of themselves and needs support to help them to return to calmness.</u>
<u>What did you do to try alleviate situation?</u>

Phase 5 – Crisis: The student has lost control. They need an adult to take control and make a decision for them to contain their crisis.

How did you manage the crisis?

Was physical intervention required? *open drop down box to fill in TT form

Phase 6 – De-escalation: Student is returning to a calmer state with adult support.

What did you do to support the student to calm?

Phase 7 – Post-crisis depletion: Student may be feeling low, embarrassed, confused or frustrated following incident.

What did you do to help student recover?

Phase 8 – Re-entering state of Ready to Learn: Student and adult to talk about what happened and agree to how we will manage this better next time. Student understands why adults responded how they did. Student given chance to wipe slate clean and re-enter classroom in a state of Ready to Learn.

What did you do to help student return to learning?

Review

What was the child trying to communicate?

Which strategies worked well?

Which strategies didn't work?

What we will do differently next time?

Is further intervention from Phase 1 TLRs needed?

Is further intervention from SLT required?

Phase 1 TLRs comment

SLT comment

Outcome

Appendix C – SEMH Referral Form

SEMH and Wellbeing Referral Form

Name of Student:		Class:	
Staff Member Name:		Date:	
Setting (academy, 6 th form, futures etc.)		D.O.B:	
Is this an urgent case? (Requires immediate intervention)		Is the child in immediate danger?	Is the child at risk to themselves or others?
The concern relates to: ✓	Social concern		
	Emotional Management		
	Mental Health		

Which behaviours has the student been experiencing? ✓			
Depressive behaviours/Low mood		Dramatic change in behaviour/personality	
Anxiety/Panic Attacks		Aggressive outbursts	
Self-Harm (including Self Neglect)		Hearing Voices	
Challenges with eating/dramatic change in diet		Extreme feelings (positive or negative)	
Substance abuse/addiction		Obsessive behaviours	
Post-Traumatic Stress		Other/Not Sure (Explain below)	

Explain nature of concern

How long have you had this concern?

Have there been any interventions put into place already? (Thrive, CAMHS, Zones of Regulation, OT, Ed Psych etc.) When and with whom?

--

Any other relevant information:

--

Please tick those that apply ✓

<u>Child Protection</u>	<input type="checkbox"/>	<u>Child in Need</u>	<input type="checkbox"/>
<u>LAC/Fostered</u>	<input type="checkbox"/>	<u>Social Worker Involvement</u>	<input type="checkbox"/>
<u>Behaviour Plan</u>	<input type="checkbox"/>	<u>Thrive 1:1 Intervention</u>	<input type="checkbox"/>
<u>On Medication</u>	<input type="checkbox"/>	<u>Recent traumatic experience</u>	<input type="checkbox"/>

Once completed, please return to R. Kitson ASAP

rick.kitson@catcoteacademy.co.uk

For R. Kitson to complete

Assessment completed ✓	<input type="checkbox"/>	Date of assessment:	<input type="text"/>
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Details of assessment: (observation, meetings, contacted parents or carers/Thrive Assessment)

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Recommendations:

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Next steps:

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