



Behaviour in School (Behaviour statement)

Source: LBC & LZW	Ratified by the Full Governing Body:	19.03.26
Policy to go on website: Yes	Review Cycle/ Next review:	Annual/ Spring 2027

Each child is valued and empowered to make positive contributions to enjoy their school life, be happy and progress safely within a supportive and secure environment. School operates with a no blame and non-judgemental culture. We do not discriminate on the grounds of gender, disability, race, sexual orientation, religious belief or age. Detrimental Behaviour can be barrier to learning, our curriculum supports differentiated learning, plans to support our children to achieve the best outcomes in life and to enable their voice to be heard and understood. Our school values are respect, passion, independence, curiosity, happiness and creativity.

Behaviour in School

Behaviour is communication. It can be conscious, unconscious and subconscious communication. Detrimental behaviour can be communicating an unmet need and cause barriers to engaging positively in the environment. Children with learning difficulties may not have the cognitive understanding that their behaviour causes harm to themselves, others or their environment.

We acknowledge the inseparable link between teaching, learning and behaviour. We promote behaviour that is best for everyone. Children are encouraged to show care and consideration as a matter of course, rather than because of being promised some form of extrinsic reward in advance. We develop pupil's intrinsic motivation, natural curiosity and engagement, rather than using bribery or coercion which can lead to compliance. Valued behaviour is acknowledged by positive commentary in a variety of appropriate forms.

We are a Therapeutic Thinking school. Therapeutic Thinking is a psychologically informed, theory-driven approach that helps schools and organizations support children and young people, particularly around SEND, emotional wellbeing, behaviour, and mental health. It equips staff with evidence-based tools, consistent practices, and person-centred strategies to understand, prevent, and respond to challenges, promoting early intervention and positive outcomes. Positive relationships between school, child, parents and other professionals are key to supporting positive SEMH and wellbeing in all children.

We support the inclusion of pupils with detrimental behaviours; our aim is to reduce and eliminate suspensions and exclusions. Support is available from experienced colleagues and school's own Social Emotional Mental Health (SEMH) team. Staff support children to communicate safely and learn from interactions, using measures that keep everyone safe (protective consequences) and help the child understand and improve upon detrimental behaviour (educational consequences), rather than just forcing compliance.

We have a consistent system of analysis and planning which enables behaviour progression. Staff record detrimental behaviour and changes in behaviour on our monitoring system, [CPOMS \(Child Protection Online Monitoring System\)](#).

Detrimental difficult/dangerous Behaviour

It is important to be able to differentiate between detrimental behaviour that is difficult or dangerous rather than inconvenient.

- **Difficult behaviour** means challenging, disruptive, or resistant to support, but is not dangerous to self, others or environment.
- **Dangerous behaviour** will imminently result in significant injury to self or others (likely to require medical attention beyond school first aid) or significant damage to property.
- **Inconvenient behaviour** refers to actions that may disrupt routines, require additional time, attention, or resources, or create minor challenges for staff or peers, but do not pose a risk of harm to the individual, others, or the environment.

Categories of Detrimental Behaviour

- Harm to self, others, property (physical and/ or emotional)
- Loss of learning to themselves and others
- Damaging property
- Abusive language
- Sexualised behaviour

Steps to improved outcomes

Steps to Improved Outcomes (SEMH Support Levels). Following the SEMH support plan flow chart (Appendix 1), staff identify the level of support required:

- **Universal Support:** Meets the needs of the majority of students. Differentiated learning approaches and emotional regulation strategies implemented. Needs & support noted in EHCP & pupil profile.
- **Targeted Support:** Addresses evidence of elevated level of emotional dysregulation. Team has specific approaches & known resources/ timetable; an SEMH support plan may be required on short term basis. Checklist for assessing support effectiveness and need alignment completed. Level of need checklist and DBM form completed to support identification of patterns and trends.
- **Specialised Support:** SEMH support plan is essential. SEMH support team involved for specific intervention. Modelling practice, additional staff training, higher staffing ratio, limited timetable, increased SENAT funding and other professionals involved.

SEMH support plans enable consistency of approach, language, shared knowledge of triggers and micro signals. Plans are to support children to engage positively in their school environment and to reduce dysregulation and crisis moments and aide de-escalation* when such behaviours occur. Strategies used depend on the behaviours, the cognitive understanding, the context and the age of the child involved.

Strategies supporting positive behaviour include:

- Shared knowledge of children's behaviours to appropriately support
- [Therapeutic Thinking](#). Luton Education Authority endorses this nationally recognised philosophy used in over 15 UK authorities and trusts. Therapeutic Thinking is an approach to behaviour that prioritises the helpful feelings of everyone within the dynamic.

- Adult waiting time and pupil processing time
- Using pupil's motivators, motivations and values. Through the approach of child led intrinsic motivation rather than adult led extrinsic motivations, i.e. strategies do not involve coercion & compliance
- Co-regulation*
- Language with shared meaning, focused and reduced adult language
- AAC* - Augmentative and Alternative Communication
- Protective* and educational consequences*
- Circle time, celebration assemblies & achievement boards
- Sensory diets* & sensory circuits
- De-escalation* strategies
- [TEACCH](#), [Attention Autism](#)
- Make a deal cards, visual timetables
- [Sensory integration approaches](#) e.g. proprioception & vestibular stimulation in rock and roll and sensory rooms, ear defenders, weighted blankets/ vests
- Communication strategies e.g. [Makaton](#), [Intensive Interaction](#), [PECS](#) and communication books, Now and next boards, objects of reference
- Break-out* spaces
- Low arousal* environments
- Massage, [Tac Pac](#), dough disco
- Outdoor exercise, indoor trikes & big equipment play
- [Zones of regulation](#)
- [SCERTS](#)
- Trauma informed* practice
- Attachment Theory* informed practice.
- Physical intervention (PI), through open mittens and guided support.

Use of Reasonable Force, Restrictive Physical Intervention and Restraint

“Restrictive Physical Intervention” (RPI) describes interventions where the use of force to control a person’s behaviour is employed using bodily contact or mechanical devices (lap belts, harnesses if used for compliance rather than learning opportunities). RPI is used rarely at LZW. If used it is generally part of a planned response or an emergency/ last resort situation.

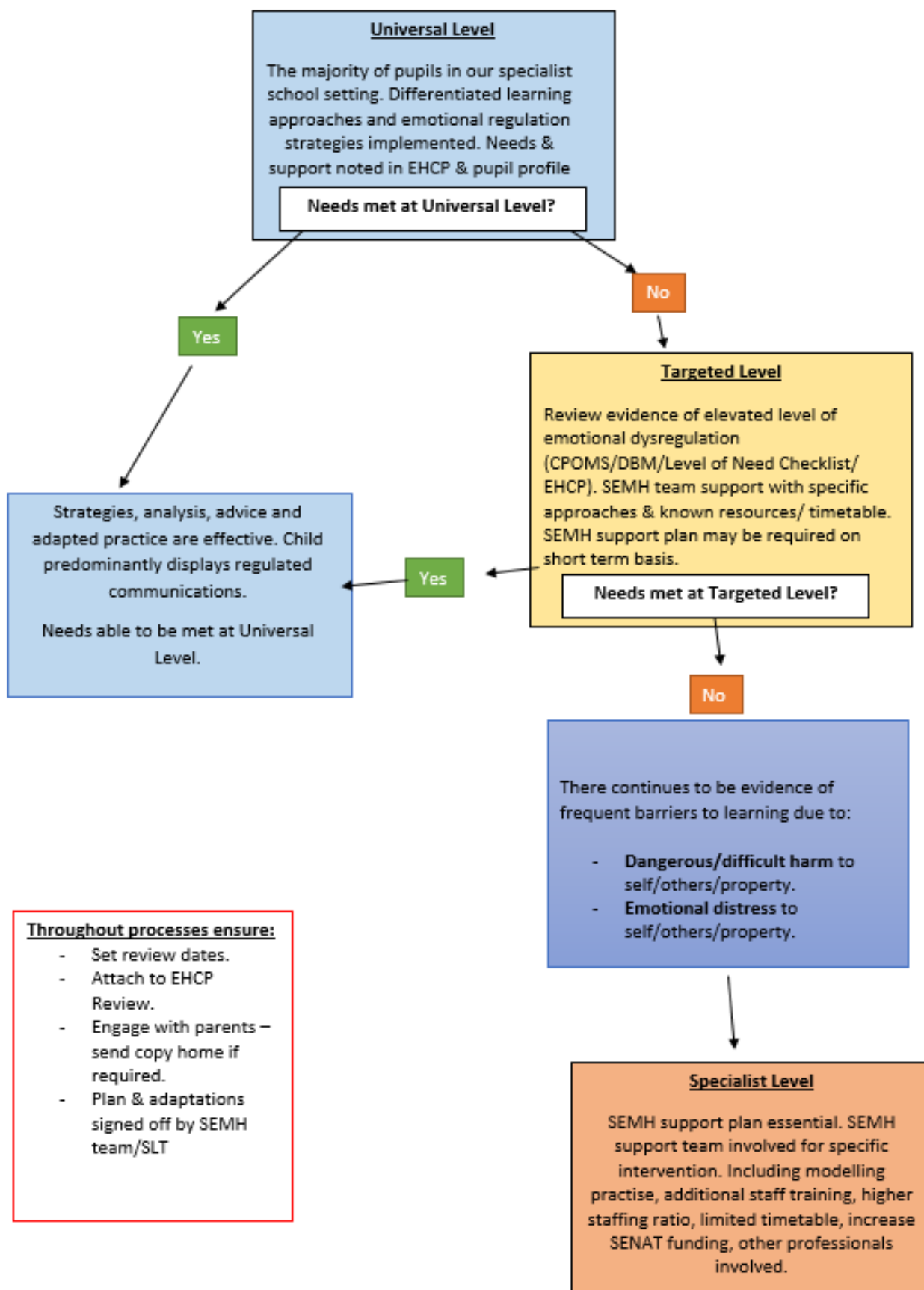
See Restricted Physical Intervention Policy for full details

Linked policies

KCSIE, Safeguarding & Child protection, Anti bullying, Exclusion, Restrictive Physical Intervention, Curriculum

Appendix 1 – Flow chart to assess need for SEMH Support Plan

Identifying appropriate level of SEMH support



Appendix 2 – DBM – Detrimental Behaviour Monitoring form

(DBM) Detrimental Behaviour Monitoring Form - To log frequently occurring detrimental behaviours -

LADY ZIA WERNHER SCHOOL



Child's Name.....

Date	Setting	Micro Signals/Triggers	Detrimental Behaviour	Consequence/result of detrimental behaviour	Sign

Examples	Setting	Micro Signals/Triggers	Detrimental Behaviour	Consequence/result of detrimental behaviour
	<ul style="list-style-type: none"> Lotus Class North Playground Sensory Room Hall 	<ul style="list-style-type: none"> Giggling/eye contact Seeking specific space Body language Being told "No". Pacing Loud Noise 	<ul style="list-style-type: none"> Throwing chairs and tables Biting Self-injurious Inappropriate touching of staff/peers Spitting 	<ul style="list-style-type: none"> Evacuation of room Peer injury First aid required Increase staff/pupil ratio 2:1 Physical redirection through guide. Cleaning of affected space

How to use and access Detrimental Behaviour Monitoring (DBM) Form

The form can be found on the T:Drive → SEMH, Behaviour, Autism/DBM/2025-2026/Detrimental Behaviour Monitoring Form. Staff should print a copy as required.

The DBM form is used to record frequently displayed detrimental behaviours. Detrimental behaviours may include a wide range of presentations, from a child appearing passive or opting out of learning at certain points during the day, to more difficult or dangerous forms of communication, such as appearing to target a specific peer.

This document supports staff to identify patterns and trends in a child's communication and behaviour and to consider the function (reason) behind them. The information gathered helps determine the most appropriate level of SEMH support for the child moving forward: Universal, Targeted, or Specialised.

The DBM form has been designed to reduce the need for repeated CPOMS incident logging for the same child and similar behaviours. This helps to ease staff workload while maintaining a high standard of recording and professional oversight.

Once a DBM form is completed, or when sufficient evidence has been gathered, it must be scanned and uploaded to CPOMS. To do this:

- Place the DBM form face down on the photocopier glass
- Select 'Scan' (not 'Copy') on the printer's digital screen
- The document will automatically save to the T:Drive under 'SCANS'
- Open the relevant photocopier folder (e.g. *ITROOM*) and attach the scanned document to an incident log on CPOMS

All class-based staff are expected to be familiar with the DBM form, the language used within it, and the purpose it serves.

SEMH Support Plan
LADY ZIA WERNHER SCHOOL



Pupil Name:		Photo							
Staff ratio to support crisis:									
Class:									
Plan creator:									
<ul style="list-style-type: none"> Date plan created 									
<ul style="list-style-type: none"> Dates of review 									
<ul style="list-style-type: none"> Confirmation and date of review for AR/EHCP process. 									
Approved: HT/DHT/SEMH Lead		Date:							
Desired outcomes:									
<u>Child's preferred regulated communication</u>	Speech	Vocalisations	Signing	Symbols	Photos	OOR	Facial expression	Body Language	Other?
Likes					Dislikes				
•					•				
Triggers <i>Known events & factors that can impact and cause dysregulation</i>	•								
Micro-signals <i>Early communications/warning signs – passive and active.</i>	•								
Difficult/Dangerous behaviour: <i>What does this look like for the child?</i>	•								
Strategies for de-escalation: <i>E.g. Positive commentary, schedules, 'Now and Next', motivators, sensory integration approaches.</i>	•								
Planned restrictive physical interventions: <i>There must be significant evidence to justify planned intervention. Any restraint should be necessary, reasonable, proportionate and justifiable. Staff trained in ThTh Sept 25 inset, or Price trained staff, only.</i>	•								
Date shared with parents/ carers:									
Post crisis strategies: <i>If cognitively aware – pupil to self-reflect to enable self-regulation & debrief e.g. social stories</i>	•								



Checklist for assessing support effectiveness and need alignment

No.	Item	Yes	No	Don't know	Action required
1	Resists changes to familiar routines				
2	Does not recognise familiar people in unfamiliar clothes				
3	Dislikes bright lights				
4	Dislikes fluorescent lights				
5	Is frightened by flashes of light				
6	Puts hands over eyes or closes eyes in bright light				
7	Is attracted to lights				
8	Is fascinated by shiny objects and bright colours				
9	Touches the walls of rooms				
10	Enjoys certain patterns (e.g. brickwork, stripes)				
11	Gets lost easily				
12	Has a fear of heights, lifts, escalators				
13	Has difficulty catching balls				
14	Is startled when approached by others				
15	Smells, licks, taps objects and people				
16	Appears not to see certain colours				
17	Uses peripheral vision when doing a task				
18	Finds it easier to listen when not looking at person				
19	Remembers routes and places extremely well				
20	Can memorise large amounts of information on certain topics				
21	Finds crowded areas very difficult				
22	Prefers to sit at back of group or front of group				
23	Covers ears when hears certain sounds				
24	Can hear sounds which others do not hear				
25	Is very distressed by certain sounds				
26	Bangs objects and doors				
27	Is attracted by sounds and noises				
28	Does not like shaking hands or being hugged				
29	Likes a hug if chosen to do this				
30	Only seems to hear the first words of a sentence				
31	Repeats exactly what others have said				
32	Very good auditory memory for songs and rhymes				
33	Dislikes the feel of certain fabrics and substances				
34	Seems unaware of pain and temperature				
35	Dislikes certain foods and drinks				
36	Seeks pressure by crawling under heavy objects				
37	Hugs very tightly				
38	Enjoys feeling certain materials				
39	Dislikes certain everyday smells				
40	Eats materials which are not edible				
41	Likes to have food presented in a certain way on the plate				
42	Dislikes crunchy or chewy food				
43	Quite clumsy and bumps into objects and people				
44	Finds fine motor movements hard				

45	Has difficulty running and climbing				
46	Finds it hard to ride a bike				
47	Does not seem to know where body is in space				
48	Has poor balance				
49	Afraid of everyday movement activities such as swings, slides, trampoline				
50	Has extremely good balance				

- Tick the answer that applies for each
- Where possible, complete this in discussion with the parents or carers and the pupil.

Purpose of ‘Level of Need’ Checklist

The ‘Level of Need Checklist’ helps staff observe and record a child’s sensory, motor, social, and learning behaviours to see if current support meets their needs. Staff tick “Yes,” “No,” or “Don’t know” for each item, note any actions required, and complete it in discussion with parents/carers and the pupil whenever possible. The checklist is stored on the T:Drive and, once filled out, should be scanned and uploaded to CPOMS to maintain records. Using this tool helps identify patterns, track changes, and guide whether SEMH support should be Universal, Targeted, or Specialised, while reducing repeated documentation and ensuring consistent, effective planning.

Appendix 5 – Definitions

Wording/Term	Definition
Trauma Informed	'Trauma-informed' is an approach that recognizes the widespread impact of trauma on individuals and emphasises understanding, recognising, and responding to the effects of trauma. At LZW, our focus is on creating a safe and supportive environment that fosters healing, respects individuals' experiences, and avoids re-traumatisation.
Attachment	'Attachment' refers to the emotional bond or connection that forms between an individual (typically a child) and their caregiver or significant others. This bond is crucial for the child's emotional and psychological development, influencing their sense of security, trust, and ability to form healthy relationships later in life. Attachment theory, developed by John Bowlby, highlights how early interactions with caregivers shape a person's social, emotional, and cognitive development.
Co-regulation	'Co-regulation' refers to the process in which two or more individuals, typically a caregiver and a child, interact to manage and balance emotions, behaviours, or physiological states. In this context, the caregiver helps the child regulate their emotions or reactions through supportive, calming, and responsive behaviours. Co-regulation is essential in early development and plays a critical role in teaching children how to self-regulate their emotions and behaviours over time.
De-escalation	'De-escalation' refers to the process of calming down a tense or potentially violent situation by using strategies to reduce heightened emotions, stress, or conflict. It involves techniques such as active listening, offering reassurance, maintaining a calm and non-threatening demeanour, and using verbal or non-verbal cues to diffuse aggression or anxiety. The goal of de-escalation is to prevent further escalation of the situation, ensuring safety and promoting constructive resolution.
Low arousal	'Low arousal' refers to a state of calmness or minimal emotional or physiological stimulation. In the context of behaviour management or emotional regulation, it refers to an approach or environment that aims to reduce stress, anxiety, or agitation, helping individuals maintain or return to a state of relaxation and control. Strategies for promoting low arousal often focus on creating a calm atmosphere, using soothing techniques, and managing stimuli that might trigger heightened emotional responses.
Break out space	A 'break out space' is a quiet, calm environment where children can reset, self-regulate, or engage in activities that promote emotional well-being. These spaces are often used for brief respites to help individual children manage emotions, reduce stress, or regain focus before returning to their classroom base.
Sensory diet	A 'sensory diet' is a personalised plan that incorporates specific sensory activities and experiences designed to help an individual regulate their sensory processing needs. The activities in a sensory diet are tailored to provide the right amount of sensory input (e.g., movement, touch, sound, or visual stimuli) to help the individual stay focused, calm, and organised. The goal is to support emotional regulation, increase attention, and reduce sensory overload or under-stimulation throughout the day.
Protective consequences	Protective consequences are necessary measures to manage the risk of harm. Protective consequences may limit freedoms. E.g. temporary increased staff ratio, limited access to outside space, escorted in social situations, restricted off site activities, differentiated teaching space, differentiated curriculum or resources
Educational consequences	Educational consequences progress the child's understanding and engagement. Where protective consequences are necessary educational consequences should allow the gradual removal of adaptations. Educational consequences return freedoms. E.g. Learning and understanding the relevance of a task, rehearsing and practising behaviour, understanding and assisting with repairs, educational opportunities (chance to learn), researching the implications of behaviour, conversation and exploration (developing empathy, tolerance and understanding)
AAC - Augmentative and Alternative Communication	Use of tools or methods such as communication boards, speech-generating devices, signing or picture systems, providing alternative ways for children to express themselves, interact, and participate in learning.