Abigail's Place

Regulation Policy

'Every Interaction is an Intervention'

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Approved by:	Nina Stone & Yaf Yafai	**Date:** November 2020
Last reviewed on:	January 2026	
Next review due by:	January 2027	

Introduction

Abigail's Place was founded because of a young person who, having experienced a high level of developmental trauma, didn't fit into the educational system. This policy is designed with this young person, and others like her, in mind.

'Thinking of a child as behaving badly disposes you to think of punishment. Thinking of a child as struggling to handle something difficult encourages you to help them through their distress.'

This policy encompasses a body of research and interventions based upon the work of Filetti (ACE Study), Stephen Porges, Margot Sunderland, Bruce Perry, Dan Hughes and Daniel Siegel. It serves the purpose of being the schools behaviour policy. It is written for all staff, pupils, parents and carers, quality assurance board, visitors and partner agencies working within the school and provides guidelines and procedures as to how our school supports relationships amongst the whole school community and responds to behaviour.

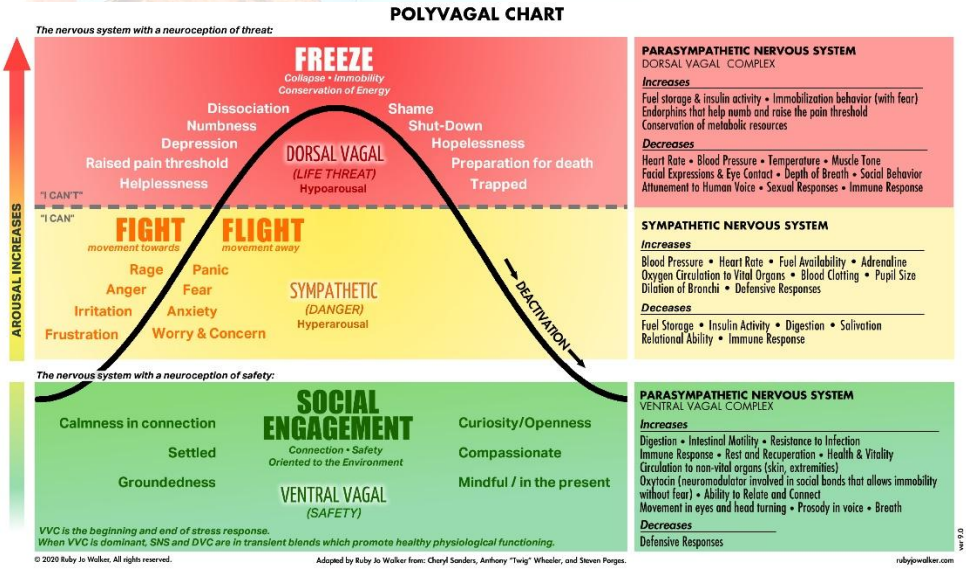
Whilst this policy uses the word 'child' in reference to its approaches, we recognise that the research and approaches apply to all members of the school community. Therefore the

approaches in this policy will be used as a model for best practice for all relationships across the school community.

Context and Rationale

Abigail's Place is a therapeutic provision and recognises the fundamental importance of building healthy attachments and positive relationships with unconditional positive regard. Whilst many schools will use behavioural programs with rewards and sanctions, we recognise that such programs may only be helpful when a child has an organised (and secure) attachment. Many of the children attending Abigail's Place will not have secure attachments and therefore such programs would not be effective.

We recognise, based on the work of Porges, that there are three main bodily states- Safety (social engagement), Danger (Fight, Flight) and Life threat (Freeze). Many of the children attending Abigail's Place will be operating from a perceived place of danger or life threat- they will be in 'survival mode.' Our aim through this policy is to enable children to move from a 'survival state' to a place of 'safety' and connection.



Window of Tolerance

We know that to understand the behaviour of a child we need to recognise that each child has a unique window of tolerance. When they are within that unique window of tolerance they are at their personal best. However, when pushed out of that window of tolerance they experience a neuro-chemical change and they experience distress. We know that each child has unique triggers which push them out of their window of tolerance and whilst internally may be feeling anxious and frightened, on the outside this can present as controlling, aggressive, anxious or obsessive. For some children they may even go into freeze or collapse mode; internally they feel empty, flat, shut down or disconnected, on the outside this presents as unable to learn, uninterested, quite or emotionless.

We know that for children who have experienced trauma or loss their window of tolerance is smaller than other children's. At Abigail's Place we recognise that it is the role of the adults involved in the child's life to help them increase that window of tolerance; we can do this by teaching them to notice, communicate and manage their emotions.

Promoting Social Engagement

At Abigail's place our approach to behaviour is to ensure we promote opportunities for social engagement. A place where children can be calm, settled, curious and present. We do this by using the following approaches:

PACE

'PACE is a way of being, it's not a technique-it's a natural brake against reacting to behaviour.' (Dan Hughes)

To increase the window of tolerance and promote social engagement we promote PACE as a way of 'being' in a relationship with another; our aim is to help shift others from social defence to safe, trusting reciprocal relationships. If the adults in school stay engaged and open this will help… 'children recover faster from states of extreme emotion, distractable thoughts and impulsive behaviours…this helps build a child's resilience and emotional competence' (Hughes and Baylin 2012)

Playfulness-A state of active enjoyment when with another person that expresses a sense of lightness and hope that all problems can be sorted out together; that nothing is too big.

Acceptance- Actively showing a person that you unconditionally accept their internal experience – whatever thoughts, feelings, wishes, perceptions and motives may underlie their outer behaviour. Acceptance communicates that that the person's inner life is safe with you; that you are interested in it and will not judge or evaluate it.

Curiosity-This is a not-knowing, non-judgmental open, engaged, and sometimes tentative, stance towards another person's inner life. It arises from a deep interest in, and wish to make sense of, the other person's thoughts, feelings, behaviours, wishes and intentions. It is not asking "Why?" questions that expect an answer, but a wondering that seeks meaning.

Empathy-The capacity and willingness to be and stay with another person in whatever their emotional state. Empathy is standing in the other person's shoes, recognizing and responding to their emotional experience. By being able to be alongside someone in distress or excitement you show your wish to understand, support and comfort them. Their experience is actively experienced and communicated. Empathy greatly assists a child to explore, resolve, and integrate experiences of terror and shame.

Rhythm

Children's brains organize from bottom to top, with the lower parts of the brain (brainstem aka "survival brain") developing earliest, and the cortical areas (thinking brain) much later. Traumatised children's brain can become stuck in the brainstem, and they therefore swing between their survival modes of fight/flight/freeze/collapse. One of the most helpful ways to move children from these super-high anxiety states to their calmer 'thinking brain', is patterned, repetitive rhythmic activity. Creating a therapeutic web of relationships around the child together with regular brainstem calming activities, such as: Gentle movement, trampolining, tapping (including EFT), walking, drumming and music. Over time these activities can help a child's brain and body to learn that they are safe. As recommended by Dr Bruce Perry these are woven in small doses throughout the school day rather than just being restricted to music and PE lessons.

"The only way to move from these super-high anxiety states, to calmer more cognitive states, is ***rhythm****,"…"Patterned, repetitive rhythmic activity: walking, running, dancing, singing, repetitive meditative breathing… brain stem-related somatosensory networks which make your brain accessible to relational (limbic brain) reward and cortical thinking.'* (Dr Bruce Perry)

Brainstem calming activities need to be:

- Relational (offered by a safe adult)
- Relevant(developmentally matched to the child rather than matched to their actual age)
- Repetitive (patterned)
- Rewarding (pleasurable)
- Rhythmic (resonant with neural patterns)
- Respectful (of the child and family)

Please see appendices for examples of activities. Children will also have full sensory integration assessments and use of an OT room to regulate when needed.

Zones of Regulation

Zones of Regulation, which is a systematic, cognitive behavioural approach used to foster self-regulation by addressing emotional and sensory regulation, executive functioning, and social cognition. This is not the same as zone boards that are used as a system of rewards and sanctions. There is no 'good' or 'bad' just a range of emotions in which we all travel through. The Zones framework provides strategies to teach students to become more aware of, and independent in controlling their emotions and impulses, manage their sensory needs, and improve their ability to problem solve conflicts. We recognise that in order to be able to self-regulate children need to have experienced co-regulation, which is a fundamental part of the everyday work at our school.

The Red Zone is used to describe extremely heightened states of alertness and intense emotions. A person may be elated or experiencing anger, rage, devastation, or terror when in the Red Zone. (Linked to Polyvagal Theory: Fight/Flight)

The Yellow Zone is also used to describe a heightened state of alertness and elevated emotions; however one has more control when they are in the Yellow Zone. A person may be experiencing stress, frustration, anxiety, excitement, silliness, the wiggles, or nervousness when in the Yellow Zone.

The Green Zone is used to describe a calm state of alertness. A person may be described as happy, focused, content, or ready to learn when in the Green Zone. This is the zone where optimal learning occurs. (Social Engagement)

The Blue Zone is used to describe low states of alertness and down feelings such as when one feels sad, tired, sick, or bored.

Sensory breaks

Sensory breaks will be linked to zones of regulation. Through affect labelling and mental state talk we will help children identify the 'bodily state' that they are in and the appropriate sensory break needed will be chosen from their sensory toolkit. For example, I notice that you've started scribbling on your paper. I'm wondering if you're starting to feel frustrated. I'm wondering if you're finding the work a little hard. I'm thinking you are in the yellow zone, which tool would you like to choose from your toolkit to get yourself back into the green zone?'

Children in yellow (hyperarousal) in their states will be moving into fight/flight responses. Use sensory breaks that will enable the pupil to slow down and become grounded. For example:

List A

Movement: chair press ups, balancing their body weight for as long as possible on monkey bars, resistance work e.g. pushing against a wall, the use of resistance bands, gardening – especially digging or carrying loads in wheelbarrow, moving/re-arranging classroom furniture, carrying books/equipment/trays

Diet: chewing something that takes a lot of effort – a whole apple, a whole carrot, a chewy snack bar, fruit tubes

Drinks: hot chocolate, tea, cuppa soup

If we notice the pupil is becoming lethargic and in blue zone recommend sensory breaks that energise and activate the pupil. For example:

List B

Movement: running, star jumps, sit-ups, sliding, trampolining, balancing activities that require focus and attention,

Diet: eating an orange, sucking citrus flavoured sweets, sucking mints, fresh juice ice pop

Drinks: drinking water, fresh lemon/lime/orange drinks through a straw

Warning: If a pupil becomes hyperaroused rather than calm/alert after these energizing breaks, then use List A should be used in future sensory breaks for this pupil. (See zones of regulation for more ideas of activities.)

High Expectations

'Teachers may be so concerned about disempowering their students that they may be hesitant to set limits thus, expectations for achievement are lowered. Doing so can send a negative message such as "you are too damaged to behave and I am giving up on you." These messages can increase the perception of powerlessness for the student and lead to increased symptoms of traumatic affect.' **(Cole et al 2015)**

We have key rules based on the rules of Theraplay, which underpin our day-to-day practice.

Stick together

No hurts

Have fun

Consistent expectations, limits and routines send the message that the student is worthy of continued unconditional positive regard and attention. Consistency in the classroom will allow children to begin to differentiate between the arbitrary rules and purposeful ones that assure their safety and well-being. Limits are most appropriate when they are immediate, related, age appropriate, proportional, and delivered in a calm and respectful voice.

Environmental

Other factors that ensure the school promotes social engagement for the school community.

- Staff will ensure lessons are well planned and highly differentiated to children's needs
- Staff will ensure resources are ready and well organised
- Routines are explicitly taught and consistent

- Changes are not made to daily routines without careful consideration
- Staff show unconditional positive regard for the whole school community (parents, children and each other)
- Low arousal classroom environment
- Regular opportunities for sensory input and awareness of sensory overload
- Visual class and individual timetables
- No shouting/raised voices
- Awareness of body language, facial expression, use of prosodic voice
- Story massage for transitions
- Staff will be well supported through a staff well-being strategy-enabling them to be a regulated adult
- Staff will receive regular supervision
- Wider family support (Family Theraplay, open door policy, family well-being sessions)

Avoidance (Social defence) Behaviours-Fight, Flight, Freeze

Firstly, we need to remember that behaviour is a communicator of an unconscious bodily state, look beyond the outward behaviour to see what is happening for the child. (*See Innerworld Work 'What Survival Looks Like in the Classroom' in appendices for more information*.) Whilst a child may be showing behaviours that push the adult away, particularly those with blocked trust, we must remember that connection, and being in relationship, will help support the child in being in social engagement and find a different narrative to their life experiences.

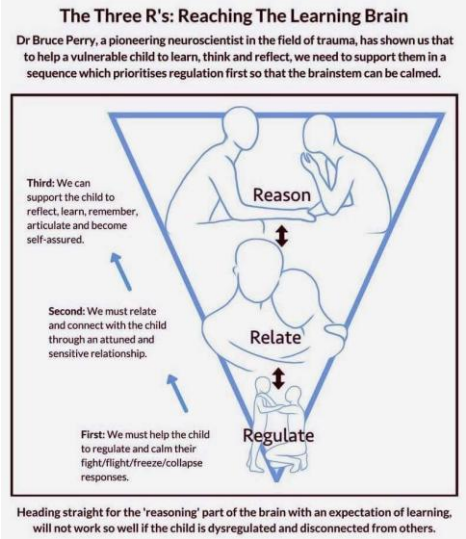
If a child enters a state of hypo or hyper arousal staff should be familiar with the child's anxiety/regulation plan (see appendices) and use the strategies detailed to help the child return to a place of safety and calm. The adult should be emotionally available for the child and in a regulated state themselves. If this is not the case another emotionally available adult should be called. There is no shame or stigma involved associated in asking for support. Staff should remember the key skills of:

Protect: Increase safety cues, increase social engagement (**PACE),** reduce the stress.

Relate: Affect attunement, Empathy, Containment, Soothing emotional regulation.

Regulate: Listen, find words for feelings (mental state talk), allow the child to feel understood, mindfulness, supportive holding, brainstem calming activities.

Reflect/Reason: Affect labelling (putting feelings into words), create a coherent narrative, restorative conversations, comic strip stories, social emotional chain reaction (see appendices). For many of our children they will not be able to reflect immediately after the event. The adult should use their knowledge of the child to ascertain the right time to reflect.



It is vital that the child repairs the relationship with the person involved in the rupture or mis-attunement. When the child is regulated the repair should be done as quickly as possible. The rupture-repair cycle is central to healthy attachment. After a rupture or mis-attunement in the relationship the repair cycle supports the building of empathy and resilience. It shows the child that the world is 'good' that bad things can happen but can be repaired. If a rupture can be repaired, it demonstrates to each person that the relationship is solid, even when things get bad.

Unexpected (fight/flight) behaviours should be uploaded to SOLAR for tracking and monitoring purposes. An incident analysis form (see Appendix) should be filled in by the member of staff involved and Education Lead to ascertain any patterns in behaviour; this can then be discussed with the therapeutic team, so that modification and strategies for teaching and learning and anxiety/regulation plans can be put into place to support the child and teacher.

Exclusions

At Abigail's Place we believe that exclusions compound the destructive internal working model that children that attend our school may have already developed; and recognise that it leaves them open to further social exclusion which increases the chance of future harm. For that reason, Abigail's Place has a zero-exclusion policy.

Legislation

This document is based on:

- Schedule 1 of the Education (Independent School Standards) Regulations 2014; paragraph 7 outlines a school's duty to safeguard and promote the welfare of children, paragraph 9 requires the school to have a written behaviour policy and paragraph 10 requires the school to have an anti-bullying strategy

Links to other policies

Anti-bullying policy

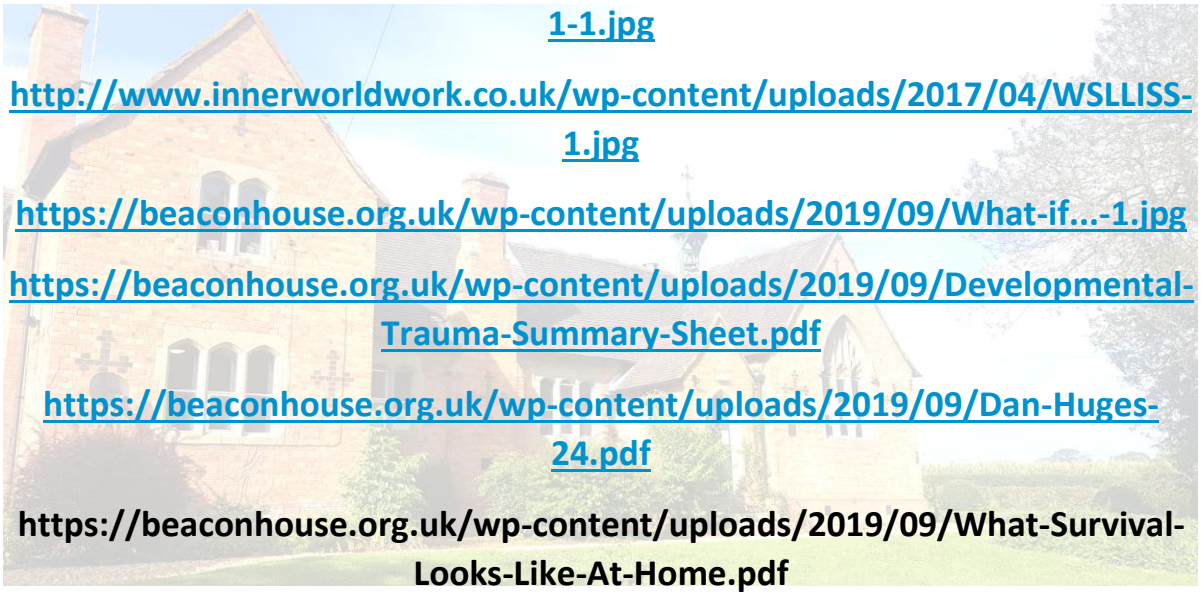
Well-being policy

Useful Resources and appendices

..\Behaviour\regulation, anxiety management plan.docx

..\Behaviour\Social Emotional Chain Reaction Form (Incident analysis).docx

http://www.innerworldwork.co.uk/wp-content/uploads/2019/11/WSLLIPS-1-1.jpg



http://www.innerworldwork.co.uk/wp-content/uploads/2017/04/WSLLISS-1.jpg

https://beaconhouse.org.uk/wp-content/uploads/2019/09/What-if...-1.jpg

https://beaconhouse.org.uk/wp-content/uploads/2019/09/Developmental-Trauma-Summary-Sheet.pdf

https://beaconhouse.org.uk/wp-content/uploads/2019/09/Dan-Huges-24.pdf

https://beaconhouse.org.uk/wp-content/uploads/2019/09/What-Survival-Looks-Like-At-Home.pdf

https://beaconhouse.org.uk/wp-content/uploads/2019/09/Side-By-Side-Ebook.pdf

https://beaconhouse.org.uk/wp-content/uploads/2019/09/Brainstem-Calmer-Activities.pdf

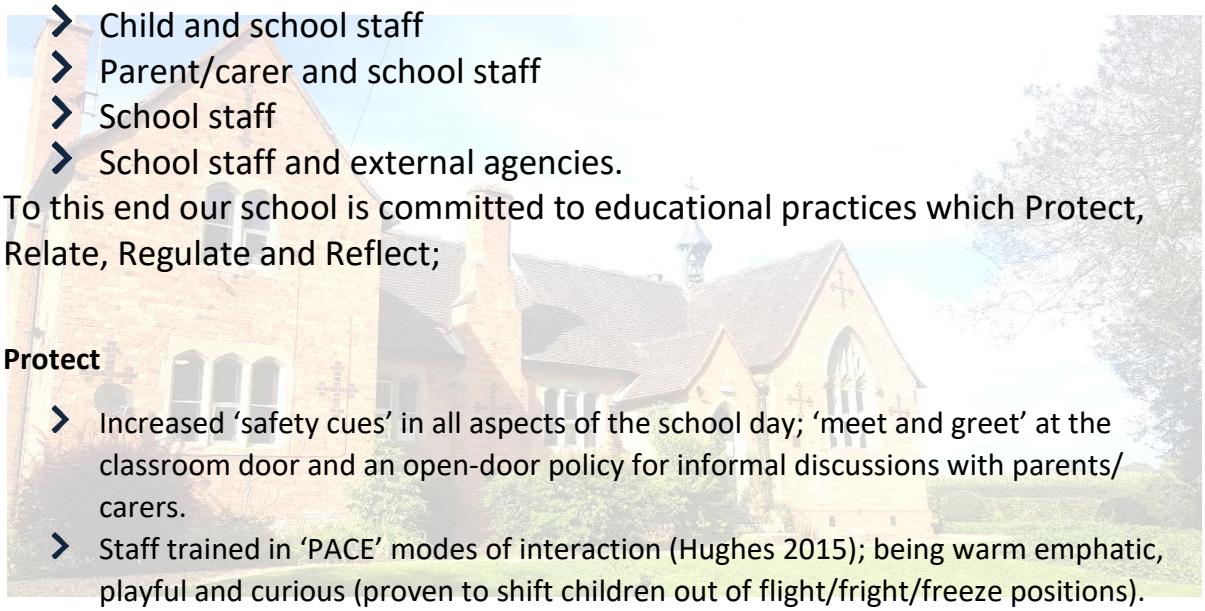
https://ww3.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/Behaviour%20Regulation%20Policy%20Guidance%20-%20Sep%2018_1.pdf

Protect, Relate, Regulate, Reflect

Our school is invested in supporting the very best possible relational health between;

- Parent and child
- Child and child
- Child and school staff
- Parent/carer and school staff
- School staff
- School staff and external agencies.

To this end our school is committed to educational practices which Protect, Relate, Regulate and Reflect;



Protect

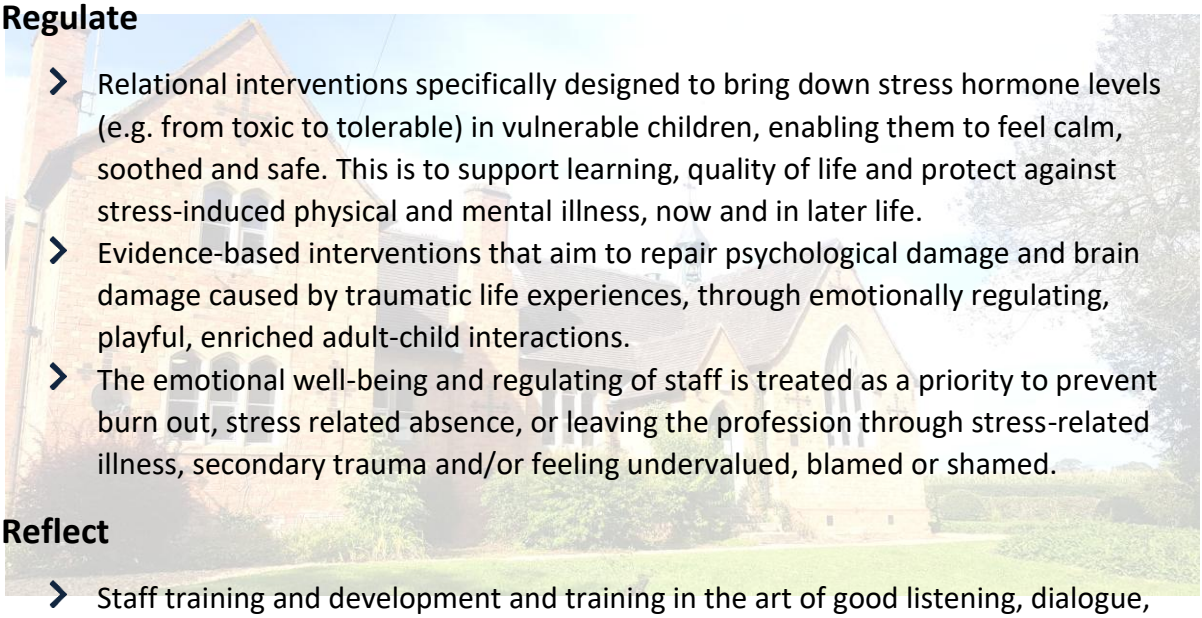
- Increased 'safety cues' in all aspects of the school day; 'meet and greet' at the classroom door and an open-door policy for informal discussions with parents/ carers.
- Staff trained in 'PACE' modes of interaction (Hughes 2015); being warm emphatic, playful and curious (proven to shift children out of flight/fright/freeze positions).
- Staff ensure that interactions with children are socially engaging and not socially defensive, to decrease likelihood of children relating defensively (flight/fright/freeze).
- A whole school commitment to cease all use of harsh voices, shouting, put downs, criticism and shaming (proven to be damaging psychologically and neurologically).
- Staff 'interactively repair' occasions when they themselves move into defensiveness.
- Pedagogic interventions that help staff to get to know children better on an individual basis e.g. 'I wish my teacher knew'. (What matters to them, who matters to them, their dreams, hopes). This is key to enabling children to feel safe enough to talk, if they wish, about painful life experiences, which are interfering with their ability to learn and their quality of life.
- All children have easy and daily access to at least one named, emotionally available adult, and know when and where to find that adult. If the child does not wish to connect with the allocated adult, an alternative adult is found.

- School staff adjust expectations around children to correspond with their developmental capabilities and experience of traumatic stress. This includes removing children in a kind and non-judgmental way from situations they are not managing well (e.g. children who are continually triggered into alarm states in the main playground can access a calmer, smaller areas with emotionally regulating adults).

Relate

- A whole-school commitment to enabling children to see themselves, their relationships and the world positively, rather than through a lens of threat, danger or self-blame.
- Children provided with repeated relational opportunities (with emotionally available adults) to make the shift from 'blocked trust' (not feeling psychologically safe with anyone) to trust, and from self-help to 'help seeking'.

Regulate



- Relational interventions specifically designed to bring down stress hormone levels (e.g. from toxic to tolerable) in vulnerable children, enabling them to feel calm, soothed and safe. This is to support learning, quality of life and protect against stress-induced physical and mental illness, now and in later life.
- Evidence-based interventions that aim to repair psychological damage and brain damage caused by traumatic life experiences, through emotionally regulating, playful, enriched adult-child interactions.
- The emotional well-being and regulating of staff is treated as a priority to prevent burn out, stress related absence, or leaving the profession through stress-related illness, secondary trauma and/or feeling undervalued, blamed or shamed.

Reflect

- Staff training and development and training in the art of good listening, dialogue, empathy and understanding (instead of asking a series of questions/ giving lectures).
- Provision of skills and resources to support parents and staff in meaning empathetic conversations with vulnerable children who want to talk about their lives. This is to empower children to better manage their home situations and life in general.
- Within the context of an established and trusted relationship with a member of staff (working alliance), children are given the means and opportunity to symbolise painful life experiences through images as well as words, as a key part of 'working through' these experiences and memory re-consolidation. Means include the provision of different modes of expression, e.g. art/play/drama/ music/sand/emotion worksheets/emotion cards.
- PSHE (Personal, Social and Health Education) and psycho education as preventative input, informed by current research psychological and neuroscience) on mental health, mental ill health (full range of specific conditions), relationships (including parenting) emotions, social media and tools for how to 'do life well'. Curricular

content enables children to make informed choices about how they relate to others, how they live their lives, and how they treat their brains, bodies and minds.

- Staff development and training to help children move from ‘behaving’ their trauma/painful life experiences, to reflecting on those experiences, to reflecting on those experiences. Staff learn to do this through empathetic conversation, addressing children’s negative self-referencing and helping them develop positive, coherent narratives about their lives.
- A behaviour policy based not on punishment, sanctions, resolution and interactive repair(e.g. restorative conversations).

Regulation / anxiety management plan

Name of Child/ Young Person	
Date Of Birth	
Date Plan Devised	
Date Plan to be reviewed	
Plan devised by	
Plan shared with Parents	

Is there an additional Motional snapshot and program devised for this young person?

Yes/No

If Yes, What is the child's:

ACE score

Protective factor Score

Has the child/ young person had a sensory integration assessment?

If Yes, What are the key identified needs?

Has the child/ Young person had a MIM assessment?

If Yes, Who with and what are the current T.I.P. recommendations?

What is the childs/young persons observed dominant attachment style?

How does the attachment style affect their level of anxiety and presenting behaviour?

Is there evidence of early emotional containment?

Is there evidence of early reciprocal relationships?

Social Emotional Chain Reaction Form (Incident analysis)

This form is to be completed following an observation of a child displaying yellow/ red zone emotions.

Name of young person/ child	
Date Of Birth	
Context – date, time, location	
People present	

Antecedent – What was happening before the child entered the yellow/ red zone? Where? Who with? etc	Behaviour - Describe the expected/ unexpected behaviour? Physical body observations, what the child said/ did etc	Consequence 1: What did others think and feel about the behaviour? How did they react and respond based on how they think/feel?	Consequence 2: How did the child think, feel, react and respond based on how s/he was treated?