Support ideas to meet the emotional needs of children/young people

This document contains information for parents/carers or school staff on proactive/preventative ideas to meet the emotional needs of all children and young people, particularly for those who have histories of developmental trauma (the impact of adverse childhood experiences). This document includes information on:

Understanding:
- Appendix A: **Behaviourist approaches -** why reactive punitive sanctions to 'manage' behaviour (e.g. consequences, behaviour points, removal of preferred activities, time-out, detentions, isolations, suspensions, exclusions etc) are often ineffective and inappropriate, and do not meet the underlying emotional needs driving the behaviours (just targeting the symptoms not the causes).

- B: **Psychological understanding -** the importance of gaining a psychological understanding the communicative function of behaviours that challenge (e.g. through an iceberg model) in order to target support (addressing the underlying drivers rather than behaviour symptoms).

- C: **The incident cycle -** understanding anger and the incident cycle, hypervigilance/high arousal levels, physiological changes that happen when experiencing heightened emotions, and how this impacts on behaviour.

- D: **Developmental trauma -** understanding the impact of stress and trauma on the brain and behaviour.

Intervention:
- E: **Regulatory strategies - '**bottom-up' strategies to promote regulation and readiness for learning e.g. sensory activities.

- F: **Skills teaching and psychoeducation** - 'top-down' strategies to teach young people the skills required to emotionally and behaviourally regulate, including emotional literacy support and psychoeducation e.g. Cognitive Behavioural Therapy (CBT) approaches.

- G: **Responsive strategies -** key tips for responding to behaviours that challenge.

- H: **Emotion coaching** – the importance of empathising, acknowledging, labelling and validating when students are experiencing high emotional states, rather than ignoring or punishing.

- I: **Restorative approaches** - again when regulated, following dysregulated incidents, the use of restorative approaches that focus on repairing harm and building relationships, as well as developing empathy may be helpful.

- J: **Positive psychology** - approaches to promote student, staff and family wellbeing e.g. mindfulness**,** gratitude, and random acts of kindness.

- K: **Parent support:** Information around parenting therapeutic interventions, strategies and programmes, some top tips for parents.

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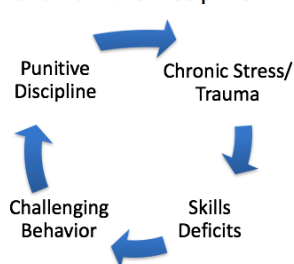Facebook; Instagram; Twitter. @DrAlexGregoryEP

Appendix A: Behaviourist approaches

It can be wrongly assumed that 'rewards' and 'sanctions' are the best ways to promote positive behaviour. However, research highlights that reactive punitive measures to 'manage' behaviour (e.g. consequences, behaviour points, removal of preferred activities, time-out, detentions, isolations, exclusions etc) are often ineffective. They are also often inappropriate for children with additional emotional needs or those with trauma histories, and can increase the likelihood of behaviours that challenge. This is because approaches:

- Do not meet the underlying reasons for the behaviours.
- Do not address what children/young people are communicating with their behaviours.
- Do not address the unmet needs driving the behaviours.
- Just target the symptoms not the causes.
- Do not teach children/young people the skills to emotionally/behaviourally regulate.
- Can further exacerbate the emotional needs that are driving (/the cause of) the behaviours. For example, triggering a sense of shame and rejection, which can impact on self-esteem, as well as sense of belonging to school, and therefore behaviour (becoming a vicious cycle).
- Promote extrinsic (reliance on external factors) rather than intrinsic (personal) motivation.
- May not promote generalisation of behaviour change to other settings, people and places long-term, and may just repress inappropriate behaviours in the short-term.
- Takes control away from the young person, which can lead them to make further efforts to meet their need for a sense of control (in order to feel safe) through their behaviour.
- Can create a power imbalance, which impacts on relationships.
- Can lead to resentment, which can damage relationships that promote healing (Perry: *"Relationships are the agents of change and the most powerful therapy is human love."*).
- Are too future-oriented. Often children's brains are in survival mode during behaviour incidents, and for a while after, and consequently children are unable to make connections between the behaviour and consequence, nor reflect on their behaviour.
- Does not take into account neurobiology, and address the impact of trauma on the brain and executive functioning skills in leading to emotional and behavioural dysregulation.
- Can discriminate on the basis of the young person's emotional needs, as children/young people who have experienced trauma often have less control over their emotional/behavioural regulation skills or may not have yet learnt these skills.
- Can reinforce these behaviours for children who self-sabotage in order to receive the punitive strategies they are so familiar with and which fit with their negative sense of self.
- For children who have experienced trauma such as domestic violence, authoritative approaches can trigger their prior experiences, leading to escalation and being further retraumatised.

Punitive discipline only serves to lead to more stress/trauma, becoming a vicious cycle. If a school's behaviour policy is not working for all children/young people, then we must differentiate that policy (we differentiate for learning needs, so we need to differentiate for emotional needs), or we need to change the policy to be more inclusive for all students.

Cycle of Chronic Stress/ Trauma and Punitive Discipline

Punitive Discipline → Chronic Stress/ Trauma → Skills Deficits → Challenging Behavior → Punitive Discipline

Adapted from Ablon and Pollastri, The School Discipline Fix, 2018
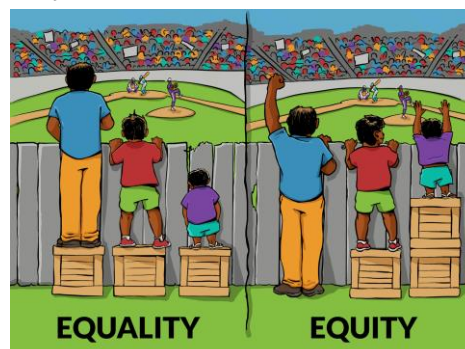
EQUALITY   EQUITY

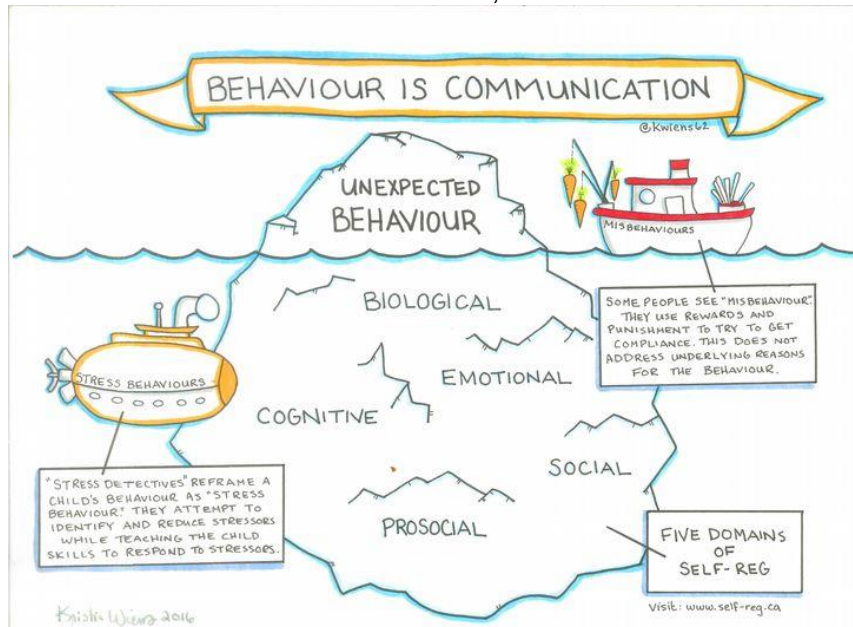**Dr Alexandra Gregory: Educational Psychologist**
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Appendix B: Psychological understanding

Before putting in place any strategies/interventions, it is first important to explore the communicative function of behaviours that challenge. This can help target support proactively around the underlying causes of behaviours, rather than reactively around the symptoms. The following may help gain a psychological understanding of a child's behaviour:

- **ABC charts:** ABC charts (antecedent, behaviour, consequence) can help identify any patterns around the behaviours. Please see https://www.autism.org.uk/~/media/ nas/documents/helpline/abc%20chart.ashx?la=en-gb for further information.
- **Hypotheses:** What underlying explanations/reasons can you think of for why this child is engaging in such behaviours?
- **The Iceberg Model:** You can create an iceberg model for or with the young person to explore this further. An iceberg model is a person-centred planning tool, which can be used as a form of consultation, assessment and intervention. It aims to think beyond the observable behaviours (the tip of the iceberg/'what you see' e.g. aggression, demand avoidance) in order to explore the communicative function of behaviours that challenge (underneath the surface/'but if you really knew me') through the use of 'I' statements (e.g. "being in control helps me feel safe", "any attention/negative attention is better than no attention", "I don't want to engage in learning because I'm scared of failing"). This helps us make sense of the thoughts and feelings that might be driving the behaviours. It also helps us see things from the child's perspective and promotes empathy. This allows support and action planning to be targeted at the emerging key themes (e.g. anxiety, attachment/relationships, learning needs) in order to proactively address these unmet needs in more appropriate ways through an intervention plan, rather than reactively respond to observable behaviours. Remember, all behaviour is communication.
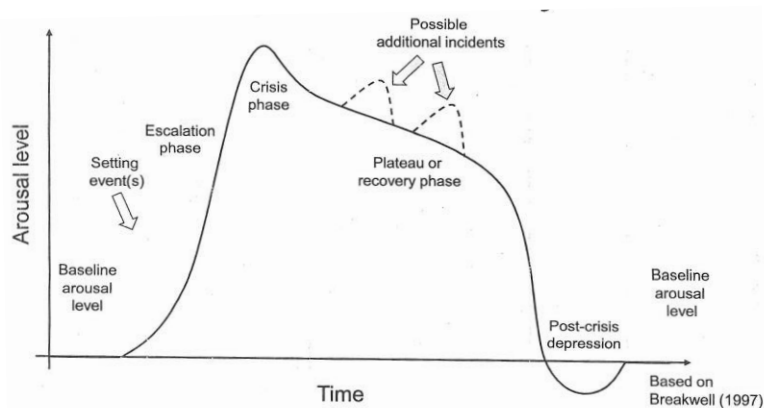

Reference: www.self-reg.ca

"What we sometimes see as a failure to behave properly, is actually a failure to communicate properly."

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Appendix C: The incident cycle

The incident cycle explanation (Faupel et al., 1998):

- **Trigger phase:** Setting events. A particular event is seen as threatening to the individual. Proactive strategies may be effective in this phase before the threatening situation triggers the incident cycle.
- **Escalation phase:** When the body responds physiologically for fight/flight.
- **Crisis phase:** Once crisis level is reached, lower-level areas of the brain focused on survival will be activated, shutting down the higher-level areas of the brain focused on language and learning. The individual may find it very difficult to respond to others at this stage (e.g. verbal direction). They will need time and space to regulate.
- **Plateau or recovery phase:** Following an incident, the recovery phase may last for a long time (e.g. 45-90 minutes) until the body physiologically returns to the baseline level. The individual may appear calm dursing this time, but may still be experiencing a physiological response. Therefore, possible additional incidents during this phase are likely, particularly if an inappropriate intervention/strategy is attempted during this time.
- **Post-crisis depression phase:** This involves the body resting and recovering from the high state of arousal just experienced. The ability to access the cortex (and consequently logical thought/reflection) may slowly begin to return at this stage. The person may feel guilty or show remorse at this stage.

Understanding anger:
- Anger is a normal and natural emotion that all of us feel sometimes. However, it can be a very powerful and sometimes frightening emotion.
- Anger can be seen on a continuum (with mild annoyance at one end and extreme rage at the other).
- Anger is not the same as aggression. Anger can be used constructively when it helps us to be assertive and make our feelings known to others. However, the inappropriate expression of anger can lead to aggression.
- Anger is often a reflection of underlying emotional needs and/or fear/anxiety.

What causes anger?
- Various triggers can cause anger, and these are individual to the person. Certain events may trigger a child's own trauma experiences. Triggers can also cause different reactions in different situations. The reaction can depend on our usual/available coping strategies and skills (which may need to be taught).
- **Cognitive dimension.** Cognitive theorists suggest that anger, like other emotions, is influenced by our thoughts/cognitions. In order for an event to be seen as threatening, we first have to become aware of what is occurring, perceive the situation as threatening

and come to our own interpretation of it. Feelings result from the meaning given to an event, not directly from the event itself.

- Hypervigilance can lead to a high baseline arousal level and therefore children can be more easily 'triggered', which can increase the likelihood of behaviours that challenge.

How does anger make us feel?
- **Physiological responses** - flight or fight response (arousal) e.g. bodily sensations as a result of adrenaline such as a clenched fists, sweating, tense muscles, shallow breathing, high blood pressure, increased temperature and increased pulse rate.

Responses to anger:
- How we respond to anger can depend on a number of factors e.g. prior experience, modelling from others/learnt behaviours, our personality/character, environmental events, self-esteem, the impact of trauma on the brain, executive functioning skills etc.

References:

- Breakwell, G. M. (1997). Coping with aggressive behaviour. Leicester: British Psychological Service.
- Education Scotland (2016). *Understanding anger.* Retrieved June 30, 2016, from www.educationscotland.gov.uk/Images/DB05_tcm4-341611.pdf
- Faupel, A., Herrick, E., & Sharp, P. (1998). *Anger management: a practical guide. London: David Fulton publishers.*

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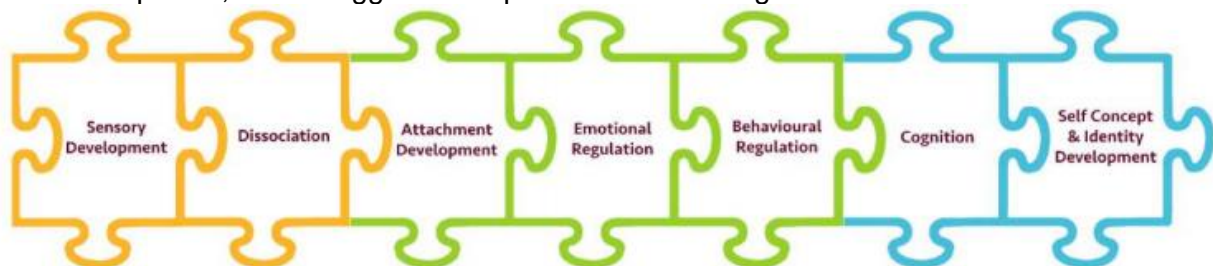Facebook; Instagram; Twitter. @DrAlexGregoryEP

Appendix D: Understanding developmental trauma

Many children who display behaviours that challenge have experienced developmental trauma (DT). **What is developmental trauma?**

- DT refers to the impact of adverse childhood experiences (ACEs) and repeated adversity. This may include separation/loss/bereavement, neglect, physical or sexual abuse, witnessing domestic violence, and/or where adults have not consistently met the child's emotional and/or physical needs.
- Children can suffer from DT even in pregnancy (e.g. due to their birth mother's substance abuse, own history of trauma, mental health challenges, toxic stress, or domestic violence) and at birth (such as following separation e.g. please refer to 'the primal wound' by Nancy Verrier), even if they do not remember the traumatic events.

What is the impact of developmental trauma?

- As DT is experienced whilst the brain is still developing, it does not develop in the way that it should.
- DT can lead to sensitised stress-response systems, and consequently a narrow window of tolerance, hypervigilance and anxiety.
- DT symptoms often impact all areas of a child's development. Beacon House (a specialist therapeutic trauma service) refer to the following seven piece developmental trauma puzzle, which suggest an impact on the following areas:

Sensory Development · Dissociation · Attachment Development · Emotional Regulation · Behavioural Regulation · Cognition · Self Concept & Identity Development

How can I find out more about developmental trauma:

- Beacon House 'developmental trauma close up' booklet - https://beaconhouse.org.uk/wp-content/uploads/2020/02/Developmental-Trauma-Close-Up-Revised-Jan-2020.pdf.
- The Child Trauma Academy - https://www.childtrauma.org.
- 'What survival looks like at home': https://beaconhouse.org.uk/wp-content/uploads/2020/02/Developmental-Trauma-Close-Up-Revised-Jan-2020.pdf.
- 'What survival looks like at school': https://beaconhouse.org.uk/wp-content/uploads/2019/09/Survival-In-Secondary-School.pdf.
- Videos by Beacon House e.g. on the window of tolerance: https://www.youtube.com/watch?v=Wcm-1FBrDvU.
- Book: Dr Bruce Perry (Child Psychiatrist): *The boy who was raised as a dog. What traumatised children can teach us about love, loss and healing.*
- Dr Amber Elliott (Child Psychology Service). *Why can't my child behave? Empathic parenting strategies that work for adoptive and foster families.*
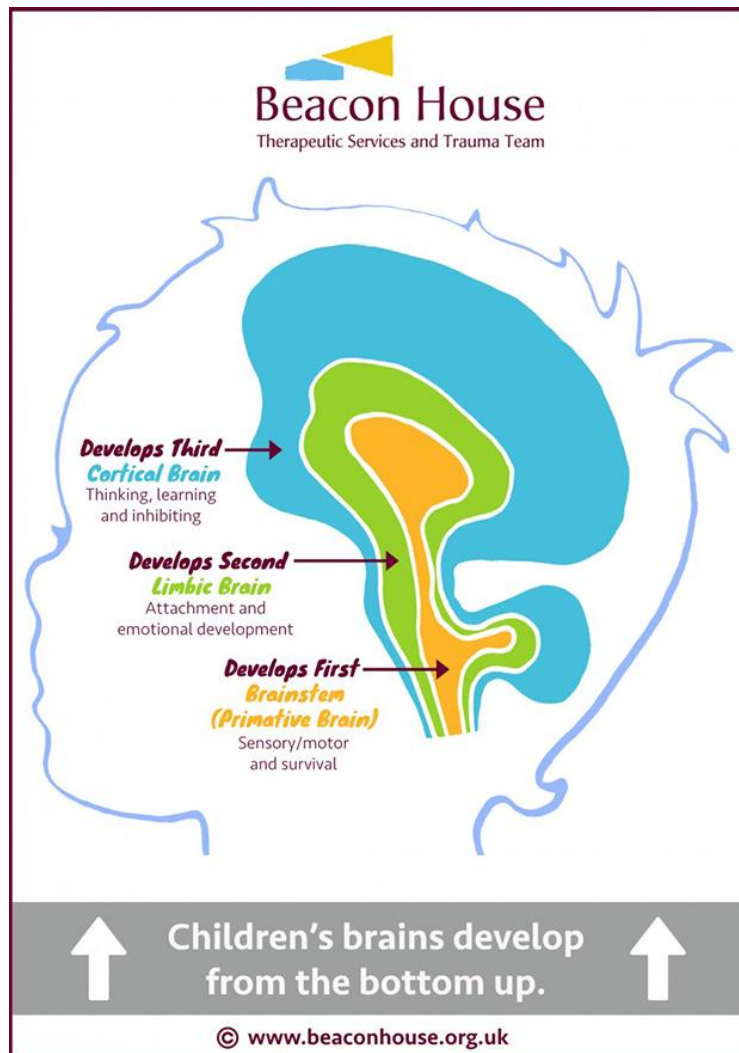
The Neurosequential Model

Dr Bruce Perry developed the neurosequential model as a framework to help us understand more about how to help children who have suffered early trauma. It states that the brain develops in a certain order of neurosequential development – from the 'bottom-up', from the lower parts of the brain (e.g. the brainstem aka the survival brain) to the higher parts of the brain (the cortex aka the thinking brain). If the bottom areas of the brain are underdeveloped because of trauma, then the higher areas of the brain struggle to grow, which means the young person cannot easily acquire skills in certain areas. Similarly, if the young person is

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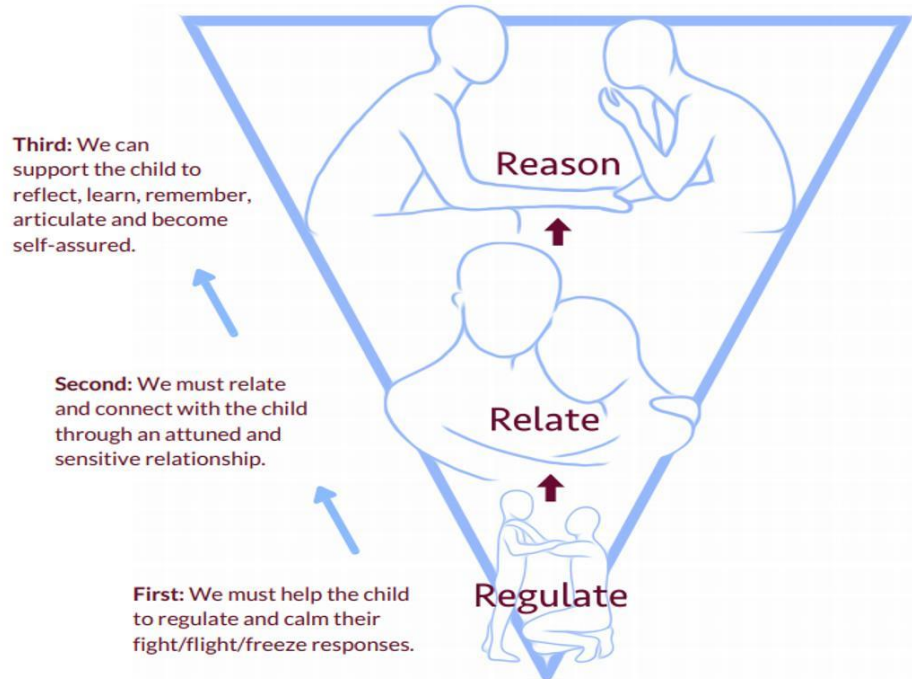Facebook; Instagram; Twitter. @DrAlexGregoryEP

experiencing anxiety/stress/hypervigilance in the classroom, then children may be 'stuck' in more primate areas of the brain focused on survival, which shut down higher areas of the brain focused on learning, memory and reflection. Therefore, children need to be regulated first before they can be considered 'ready to learn'.

- The neurosequential model - https://www.neurosequential.com.
- Beacon House video: The repair of early trauma – a bottom-up approach: https://www.youtube.com/watch?v=FOCTxcaNHeg.

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Appendix E: Regulatory strategies

As the brain develops from the 'bottom-up' and sensory input comes into the brain through the brainstem ('bottom-up'), children require strategies in the following order (the 3 R's):

Third: We can support the child to reflect, learn, remember, articulate and become self-assured.

Reason

Second: We must relate and connect with the child through an attuned and sensitive relationship.

Relate

First: We must help the child to regulate and calm their fight/flight/freeze responses.

Regulate

'Bottom-up' strategies refer to body-based sensory strategies that promote regulation and readiness for learning, which promote access to the calmer 'thinking brain'. These strategies must be relational (safe), relevant (developmentally rather than chronologically matched), repetitive (patterned), rewarding (pleasurable), rhythmic (resonant with neural patterns) and respectful (of the child, family and culture). These are known as the 6 R's. Examples include:

- Exercise e.g. running, walking/movement breaks, P.E. lessons, dancing, yoga.
- Listening to music e.g. with a rhythmic beat, song actions.
- Playing music e.g. drumming, singing.
- Breathing e.g. mindfulness, body scan meditation.
- Movement e.g. rocking chair, self-tapping.

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

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Appendix F: Skills teaching and psychoeducation

Students who struggle to manage their behaviour at school often do not lack the *will* to 'behave well', but lack the *skills* e.g. flexibility, frustration tolerance, and problem-solving. Adults need to focus on a specific student's struggles with certain skills as the root of their behaviours that challenge (the focus on *skill,* not *will)*, which need to be taught.

'Top-down' interventions refer to those that involve speaking, reasoning, and reflection (e.g. talking therapy). These are only effective when a child is regulated, but may include psychoeducation and emotional literacy programmes. The following CBT-based programmes can be delivered by school staff or parents/carers:

- **Emotional literacy support assistants (ELSA):** Some schools have ELSAs or Learning Mentors that help children develop their emotional literacy skills in order to promote regulation. Please see www.elsanetwork.org for further information.
- **Starving the anxiety, anger, or stress gremlin** (Collins-Donnolly, 2013): An engaging workbook to help people understand different types of feelings and how to manage them. Cognitive behavioural principles help links thoughts, feelings and behaviours together and identify techniques to 'starve' their gremlin in order to regulate.
- **Cool Kids** (Rapee et al., 2006): A workbook that teaches cognitive behavioural skills designed to recognise the symptoms of anxiety, how to act when a problem arises, challenge the beliefs association with anxiety (including positive self-talk), and encourages gradually engagement with fearful activities in more positive ways.
- **Think good, feel good** (Stallard, 1996): A 10 module interactive workbook with practical exercises and worksheets that covers the core elements used in CBT programmes for children and young people.
- **FRIENDS for life** (Barratt, 2010): A social skills and resilience-building programme that has been recognised by the World Health Organisation as an effective means to prevent and reduce anxiety. It targets social and emotional skills, the ability to focus, confidence, and the capacity to relax and regulate emotions. FRIENDS stands for Feelings (talk about your feelings and care about other people's feelings), Relax (do "milkshake" breathing, have some quiet time), I can try! (we can all try our best), Encourage (step plans to happy home), Nurture (quality time together doing fun activities), Don't forget – be brave! (practice skills everyday with friends /family), Stay happy.
- **When my worries get too big** (Dunn Buron, 2013): Helps children who are overburdened with worry and anxiety and provides them with opportunities to participate in developing their own self-calming strategies.
- **Volcano in My Tummy: Helping Children to Handle Anger** (Whitehouse and Pudney, 1998): An anger management programme to help children and adults to understand and deal with anger, including how to teach communication of emotions.

Growth mind-set (www.mindsetworks.com)
Some children may require support to develop their confidence around their learning:
- Show that it is acceptable and important to make mistakes and get things wrong, as this helps us learn by using language such as "yet", "I can", "practicing", "getting stronger at" and "learning from".
- Provide regular opportunities to experience success in learning to build confidence and receive positive messages about progress.
- Provide praise and encouragement for the effort and processes involved in learning. Comment on attitudes, approaches, and strategies, rather than the end result/performance/ achievement/outcomes. For example, "you were not sure what to do, but you did not give up and you asked for help. Well done" or "you worked so hard to solve that problem" (effort-based praise) instead of "you are so clever!" (ability-based praise). Research suggests that feedback should also be specific, accurate and clear (e.g. "it was good because you..." rather than just "correct").

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Appendix G: Responsive strategies

Sometimes a plan is needed to support students when in 'crisis' mode/dysregulation - when behaviours that challenge occur. It may be helpful to change the language of a 'behaviour management plan' to a 'distress response plan' or 'relationship management plan to help see behaviours through a more trauma-informed lens. Rather than reactively managing inappropriate behaviour, the shift is instead around how we can best curiously, non-judgmentally and compassionately respond to the young person's anxiety, distress and dysregulation in an empathic and relational way, to help them meet their needs more appropriately, with a focus on the feelings driving the behaviour. Strategies will need to be personalised to the young person at different stages of the incident cycle, but examples of responsive strategies may include:

- Identify early warning signs. Signals could include a change in eye contact, speech or behaviour.
- Remove the cause/trigger, if possible.
- Remember that there is always a reason for the behaviour – it could be anything in the environment and it may not be obvious to you or I. If the reaction appears out of the blue, note down where and when, and over time a pattern may emerge.
- Employ strategies such as distraction/redirection, a change of environment, new activity, or access to a safe space with a key adult.
- Employ regulatory strategies e.g. breathing techniques, sensory activities.
- Be clear in your expectations. Use language such as "thank you" rather than "please" and "let's" rather than "don't".
- You may need to offer reassurance/safety scripts/messages e.g. "you are safe here, you belong here" to ensure they feel emotionally held.
- You may need to reduce your language, keep communication simple and do not overload them with verbal instructions. It is important to remember that when a child starts to experience heightened emotions, such as anxiety and anger, a cycle starts involving the bodies fight/flight system where the child's ability to learn and process information, including verbal information, is significantly reduced.
- Remain as calm, neutral and grounded as possible in your verbal and body language
- A focus on proximity over distance may be needed - maintaining the relationship is key here.
- Emotion coaching strategies may be helpful (see appendix H) – name and validate what they might be feeling and experiencing. However, do not that this may dysregulate some children or alternatively, they may be too heightened to process this information.

Debrief/reflection:
- Appropriate debriefs are important after incidents, but this needs to occur once the individual is regulated or returned to their baseline arousal level, otherwise reflective conversations and restorative approaches will not be effective.
- It is important to remember that 'recovery' time for children may last a long time and therefore, even if you think they should have recovered, they may still be experiencing feeling of stress and anxiety.
- Once time and space has passed, children may need support to talk through an incident and make sense of it. Reflective dialogue such as wondering/noticing aloud about what might have been happening 'underneath the surface' will be helpful.
- Restorative approaches will be helpful here (see Appendix I).

Appendix H: Emotion Coaching

What is emotion coaching?
Emotion Coaching is a framework for teaching pupils about emotions and how to handle them. It is a whole-school approach that helps schools better support students' SEMH needs. Based on research by psychologist John Gottman, Emotion Coaching uses moments of heightened emotion and behaviour to guide and teach the child/young person about more effective responses/strategies. Through empathetic engagement, the child's emotional state is verbally acknowledged and validated, promoting a sense of security and feeling 'felt'. This can activate changes in the child's neurological system and allows the child to calm down, physiologically and psychologically.

Emotion coaching strategies:
- Awareness of the child's emotions. Recognising the emotion as an opportunity for teaching.
- Listening empathetically.
- Helping the child find words to label the emotion.
- Validating the child's feelings.
- Limit-setting (if needed).
- Support with problem-solving.

This is opposed to ignoring or minimising the behaviour (and emotions or feelings), or solely applying consequences to the behaviour.

Benefits of emotion coaching in research:
- Positive effects are noted in pupil behaviour.
- Emotional awareness/pupil's emotional literacy and regulation.
- Attainment.
- Pupil-staff relationships and trust.
- Staff wellbeing.
- Positive benefits on staff feelings of competency and calmness.
- Family wellbeing.
- Decrease in parental complaints.
- Pupils are more emotionally able to take on the challenges of learning.

References:
- www.emotioncoachinguk.com
- www.headteacher-update.com/best-practice-article/pastoral-support-emotion-coaching/152306/

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Appendix I: Restorative Practice

Again, as another top-down approach, it is important to note that a child has to be regulated before restorative approaches will be considered appropriate/successful.

What is restorative practice?
Restorative practice is a way of building and maintaining positive relationships with a focus on repairing harm to help deal with situations of conflict. It offers an alternative way of addressing behavioural needs through restorative rather than punitive approaches.

Authoritarian Approaches *The focus is on:*	Restorative Approaches *The focus is on:*
Rule-breaking	Harm done to individuals
Blame or guilt	Responsibility and problem-solving
Adversarial processes	Dialogue and negotiation
Punishment to deter	Repair, apology and reparation
Impersonal processes	Interpersonal processes
and, as a result;	*and, as a result;*
The needs of those affected are often ignored	The needs of those affected are addressed
The unmet needs behind the behaviour are ignored	The unmet needs behind the behaviour are addressed
Accountability = being punished	Accountability = putting things right

Table from: https://www.educ.cam.ac.uk/research/projects/restorativeapproaches/RA-in-the-UK.pdf

Those affected are invited to share what has happened, what the impact has been on those involved e.g. who has been affected and in what ways and what needs to happen to put things right or to make things better in the future. Adults will also need to put this into practice, model these type of approaches and scaffold the repairing of relationships.

Benefits of restorative approaches:
- Less need to resort to sanctions and punishments to try to manage behaviour, towards a more relational approach. Relationship management rather than behaviour management, which leads to stronger relationships.
- A more respectful ethos of care and justice, and a listening school.
- Helps prevent bullying. Peer mentoring. Belonging and connectedness – inclusive skills and strategies.
- Builds emotional literacy.
- More effective learning. Improves school attendance. A calmer, quieter and more productive learning environment and playground.
- People being more honest and willing to accept responsibility.
- People feeling more supported when things go wrong.
- Reduces exclusion rates.
- Increased confidence of staff to deal with behaviour, thus promoting staff wellbeing.

References:
- Hopkins, B. (2003). Just schools: A whole school approach to restorative justice.
- www.restorativejustice4schools.co.uk – including free downloadable resources.
- https://www.educ.cam.ac.uk/research/projects/restorativeapproaches/RA-in-the-UK.pdf
- https://www.restorativejustice.org.uk/restorative-practice-schools

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Appendix J: Positive psychology

Positive psychology refers to the 'science of happiness'. Research highlights that consistent practice of strategies such as mindfulness, gratitudes and random acts of kindness can have a positive impact on our emotional wellbeing. These interventions are free and can be introduced at a whole school or family level, such as during tutor time or dinner time.

Mindfulness
Mindfulness is an effective therapeutic technique that can promote regulation, if used preventatively. Mindfulness focuses on an awareness on the present moment, while acknowledging and accepting one's feelings, thoughts and bodily sensations. It is an evidence-based intervention in a range of areas, such as attention, anxiety, reducing staff and student stress, and promoting staff and student wellbeing. Benefits:
- Boosts well-being and resilience.
- Greater cognitive control and the capacity to regulate attention.
- Enhanced regulation of emotions.
- Acceptance of thoughts and feelings.
- Increased sensory awareness.

References:
- Burke, C.A. (2010). Mindfulness-based approaches with children and adolescents: A preliminary review of current research in an emergent field.
- https://mindfulnessinschools.org/
- https://thepsychologist.bps.org.uk/volume-24/edition-10/mindfulness-schools

Gratitudes
Being grateful means to show appreciation and to be thankful. Research highlights that gratitudes can increase sense of belonging to school and school satisfaction. Students can share gratitudes verbally with one another or have their own gratitude journal/diary (although research highlights that sharing with others can enhance its effects). Staff can share gratitudes with one another to promote wellbeing. Family members can share gratitudes verbally with one another e.g. at the dinner-table. Benefits:
- Students feel more connected to schools and teachers.
- Establishing positive relationships and feelings of connection in schools.
- Improves mood, mental health, life satisfaction.
- Linked in research to more happiness, optimism, hope and a stronger sense of meaning.

References:
- https://greatergood.berkeley.edu/article/item/how_to_foster_gratitude_in_schools
- Gratitude curriculum/lesson plans - https://people.hofstra.edu/Jeffrey_J_Froh/Gratitude%20Lesson%20Plans_Final_10.26.10.pdf

Random acts of kindness
Showing acts of kindness to others is linked in research to increased wellbeing, positive emotions, pro-social behaviour, life satisfaction, and having a positive effect on relationships, but also physical health. It helps increase social support and connections.

References:
- BBC article showing the impact on physical health, as well as emotional wellbeing - https://www.bbc.co.uk/news/world-us-canada-50266957?ocid=socialflow_facebook&ns_source=facebook&ns_mchannel=social&ns_campaign=bbcnews.

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Appendix K: Parent Support

Top tips:
- **Time:** Protected 'special time'/one-to-one child-led play – at least 10 mins a day. No teaching or asking questions.
- **Interact:** "Every interaction is an intervention." Dr Karen Treisman.
- **Attunement:** Commenting on what the child is saying/doing, noting what the child is doing/feeling.
- **Modelling:** Children learn from what is modelled to them e.g. the importance of using a calm voice when children are dysregulated.
- **Boundaries:** 'Firm but warm' parenting = optimum. The importance of having rules and boundaries, but collaboratively creating these together.
- **Attention:** Proactive rather than reactive attention.
- **Self-esteem:** Praise, 'catch' them doing well.
- **Physical contact:** The importance of affection e.g. hugs.
- **Language:** "Let's do this", rather than "don't do this" e.g. "we need kind hands" instead of "stop hitting", "remember to use your quiet voice" instead of "stop shouting."
- **Choices:** Non-directive approaches, so they feel a sense of control/agency.
- **Fresh starts:** Not holding grudges.

Therapeutic approaches:
- **Therapeutic parenting:** An approach to provide structure, nurture, intention, safety and connectedness for children. https://www.attachmenttraumanetwork.org/_parenting/ and https://www.nottinghamshire.gov.uk/fanotts/parenting/therapeutic-parenting.
- **Theraplay/therapeutic play activities:** Similarly, encouraging and strengthening the bonds of attachment through structure (safety, organisation, regulation), engagement (joy of companionship, attunement, 'now' moments), nurture (security, self-worth, stress reduction) and challenge (competence, mastery, play) e.g. through activities such as drawing, singing with actions, balloon tennis, straight face challenge etc. https://theraplay.org/.
- **PACE:** Dan Hughes' PACE model (playfulness, acceptance, curiosity, empathy) is a way of thinking, feeling, communicating and behaving that aims to help a child/young person feel safe. https://ddpnetwork.org/about-ddp/meant-pace/.

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Evidence-based parenting programmes:
- Triple P: Positive Parenting Programme – manualised parenting and family support system. 10 session programme. www.triplep.net/glo-en/home/.
- Incredible years: Programme for teachers. 3 days.
- Solihull parenting programme.
- The house model of parenting – Kim Golding. Attachment.
- Pillars of Parenting – for children/young people who are in or have been through the care system. www.pillarsofparenting.co.uk/.
- New Forest Parenting Programme.

Signposting:
- Parent/carer forum: https://www.wspcf.org.uk/.
- Reaching families: https://www.reachingfamilies.org.uk/.
- Friendili – a social networking app for parents of children with additional needs: https://www.friendili.com/.
- Samaritans – 116 123.
- Mind helpline – 0300 123 3393.
- Young minds – 0808 802 5544.
- Childline – 0800 1111.
- If you are particularly concerned about your child's behaviour or wellbeing, please contact your GP.

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