Behaviour Policy 2026–27

1. Our vision for behaviour

We cultivate a calm, respectful and compassionate culture that is highly conducive to learning and in which pupils can flourish. Positive relationships, predictable routines and high expectations sit alongside a deep understanding that **all behaviour is communication**.

Expectations are explicitly taught, modelled and reinforced consistently. Staff respond swiftly, skilfully and proportionately, making well-targeted reasonable adjustments for SEND, medical need and changing circumstances while maintaining high expectations.

Relational, restorative and trauma-informed practice protects dignity, strengthens self-regulation and belonging, and supports pupils to re-engage successfully with learning.

Our four commitments. Everything in this policy is built on these:

- **Routines and relationships:** staff establish and consistently reinforce clear routines, positive learning behaviours and respectful relationships across all settings.
- **Proportionate, adjusted responses:** staff respond professionally and proportionately, making appropriate reasonable adjustments and evaluating whether support has demonstrable impact.
- **Zero tolerance of hostility:** bullying, discrimination, harassment, victimisation and derogatory behaviour are not tolerated; concerns are acted upon quickly and effectively.
- **Safeguarding at the centre:** safeguarding, dignity and safety are integral to every behaviour decision, and records and escalation are accurate and timely.

2. Purpose, values and inclusion

Southampton Hospital School (SHS) is a unique setting tailored to the educational, health and emotional needs of young people. Our three core values shape how we teach, support and respond to behaviour:

- **Aspiration:** illness should not create barriers to progress or achievement. High academic standards and intellectual curiosity underpin the curriculum, and every pupil makes meaningful gains while with us.
- **Resilience:** resilience may have been temporarily lost through health challenges. We build self-belief so pupils can re-engage with education, and see it as our duty to develop the characteristics, behaviours and beliefs for a successful recovery.
- **Compassion:** a hospital stay or prolonged absence is unsettling for young people and families. All interactions are empathetic, caring and informed by close partnership with health professionals, home schools, mental health and inclusion services.

A safe and inclusive environment. Safe classrooms and teaching interactions improve focus and concentration, reduce anxiety and support achievement. Staff create them by being positive role models who build trust, by making expectations visible and consequences clear, by giving extra support to pupils who are struggling, by teaching healthy relationships, and by providing a safe route for pupils to report concerns and support for those involved in bullying or unsafe behaviour. SHS aims to make equality of opportunity a reality through a meaningful, creative curriculum, planning for individual needs and building on pupils' strengths and interests. Staff ensure pupils feel secure and valued, appreciate difference, take responsibility for their actions, experience success, and see a range of cultural backgrounds reflected without stereotyping. Whole-school actions include tracking and understanding behaviour and interventions, addressing racism, sexism and bullying, involving parents and outside agencies, and

sharing pupils' information, including health needs, with external partners to promote successful transition and reintegration to these settings.

3. Relationships: trauma-informed and restorative practice

> **Our vision in practice:** *relationships come first. Protecting dignity, strengthening self-regulation and building belonging are how we help pupils re-engage with learning.*

SHS invests in the best possible relational health between parent and child, child and child, pupils and staff, parents and staff, staff and leaders, and staff and external agencies. Our trauma-informed approach has four strands:

Protect

- Staff are warm, empathetic, playful and curious, and interact in socially engaging rather than socially defensive ways.
- There is a whole-school commitment to ending harsh voices, shouting, put-downs, criticism and shaming.
- Vulnerable pupils have daily access to a named, emotionally available adult (or an alternative if they prefer), and a clear, confidential, non-shaming way to ask for talk time.
- Expectations are adjusted to pupils' developmental capabilities and experience of stress, including kindly and non-judgementally moving pupils from situations they are not managing.

Relate

- Pupils are helped to see themselves, relationships and the world positively rather than through threat or self-blame, with repeated opportunities with emotionally available adults to move from "blocked trust" to trust and help-seeking.

Regulate

- Staff use relational, evidence-based interventions and playful, enriching interactions to help pupils feel calm, soothed and safe so they can learn.
- Staff wellbeing and regulation are treated as a priority.

Reflect

- Staff are trained in listening, dialogue and empathy, and help pupils move from "behaving" their painful experiences to reflecting on them
- PSHE/RSHE is informed by current research on mental and physical health, relationships, emotions and social media.
- Our approach prioritises resolution and repair over punishment and sanctions.

Restorative practice

Where relationships are harmed, those involved are supported, with a mediator where appropriate, to answer three questions: **What happened? What were the triggers? What can be done to prevent it happening again?** This builds understanding of impact and shared responsibility, and works well for repeated issues between pupils or between a pupil and a member of staff. The views of anyone harmed always come first; some will not wish to meet the other person face to face, and this must never be pressed.

"Time in" rather than "time out"

Time-out isolates and punishes. Time-in guides a pupil to a safe space where a trusted adult uses regulation strategies and emotion coaching, so the pupil calms, feels connected and learns from the experience. Pupils are supported to develop emotional awareness and self-regulation through a range of evidence-informed approaches tailored to their individual needs. Staff work closely with home schools and families to identify and use familiar strategies where appropriate, promoting consistency and reducing anxiety during periods of absence from school. These approaches may include the *Zones of Regulation* framework, alongside other tools and interventions that help pupils recognise, express and manage their emotions effectively.

4. Expectations, routines and the behaviour curriculum

> **Our vision in practice:** *expectations are explicitly taught, modelled and reinforced consistently, in every teaching area.*

Our shared expectations. Staff and pupils treat others as they would like to be treated; respect each other's feelings; speak politely; move and use equipment safely; celebrate each other's achievements; and make sure everyone feels valued and respected.

Routines. Bursledon House, G Level, Piam Brown, Haematology and Outreach each have their own routines, which can change with NHS schedules or outreach venues. Pupils and staff are updated daily so routines remain predictable.

The behaviour curriculum. We teach the behaviours we expect, not only list those that are prohibited. The key habits and routines are taught, practised and revisited so that positive norms and the school's values are embedded. All staff reinforce expectations when they are met and respond proportionately when they are not. The pillars of our Personal Development and Wellbeing programme encourage pupils to reflect on themselves and their experiences, embrace new opportunities, and develop the skills needed to process both positive and challenging life events. The programme supports pupils to remain engaged, visible and connected during what can be difficult periods of illness, recovery or personal challenge, helping them to build resilience, confidence and emotional wellbeing.

Taught through the wider curriculum. PSHE/RSHE core offer includes healthy relationships as a core theme: caring friendships, respectful and online relationships, staying safe and consent. Pupils learn to recognise healthy and unhealthy relationships, resolve conflict, and identify bullying and abuse (including prejudice-based and online) and who to tell. Values are reinforced in weekly tutor group (including online outreach pupils where possible), informal leaving ceremonies, Tree of Confidence and weekly Current Affairs presentations (British Values).

What we can all expect of each other

Pupils can expect staff to	Staff can expect pupils to	Staff can expect colleagues to	Parents can expect staff to
• provide a safe environment free from bullying, threats and intimidation • treat them fairly, with dignity, kindness and respect • be approachable, listen and celebrate success • take every report of bullying, discrimination, harassment or derogatory language seriously • use rewards and responses consistently and model expected behaviour	• treat everyone with dignity, kindness and respect • use appropriate language • care for resources and respect others' property • consider the needs of others and be good role models • use ICT safely and appropriately • report bullying, abuse or harassment to an adult	• treat each other with dignity, kindness and respect • co-operate and support one another • respect others' beliefs and job remits • maintain confidentiality • use social media and technology professionally	• set high standards and encourage pupils to do their best • deal promptly with bullying of any kind, whether a child is the victim or the perpetrator • apply policy consistently • keep them informed of concerns about work, attendance or behaviour

All staff encourage good behaviour by modelling and teaching it, building positive relationships with pupils and parents, listening to pupils' feelings, anticipating and defusing conflict, being clear and consistent, communicating concerns and successes, working closely with health professionals, and continually developing their own practice.

5. Recognising positive behaviour and responding to concerns

> **Our vision in practice:** *staff respond swiftly, skilfully and proportionately, always protecting dignity and always considering what the behaviour is communicating.*

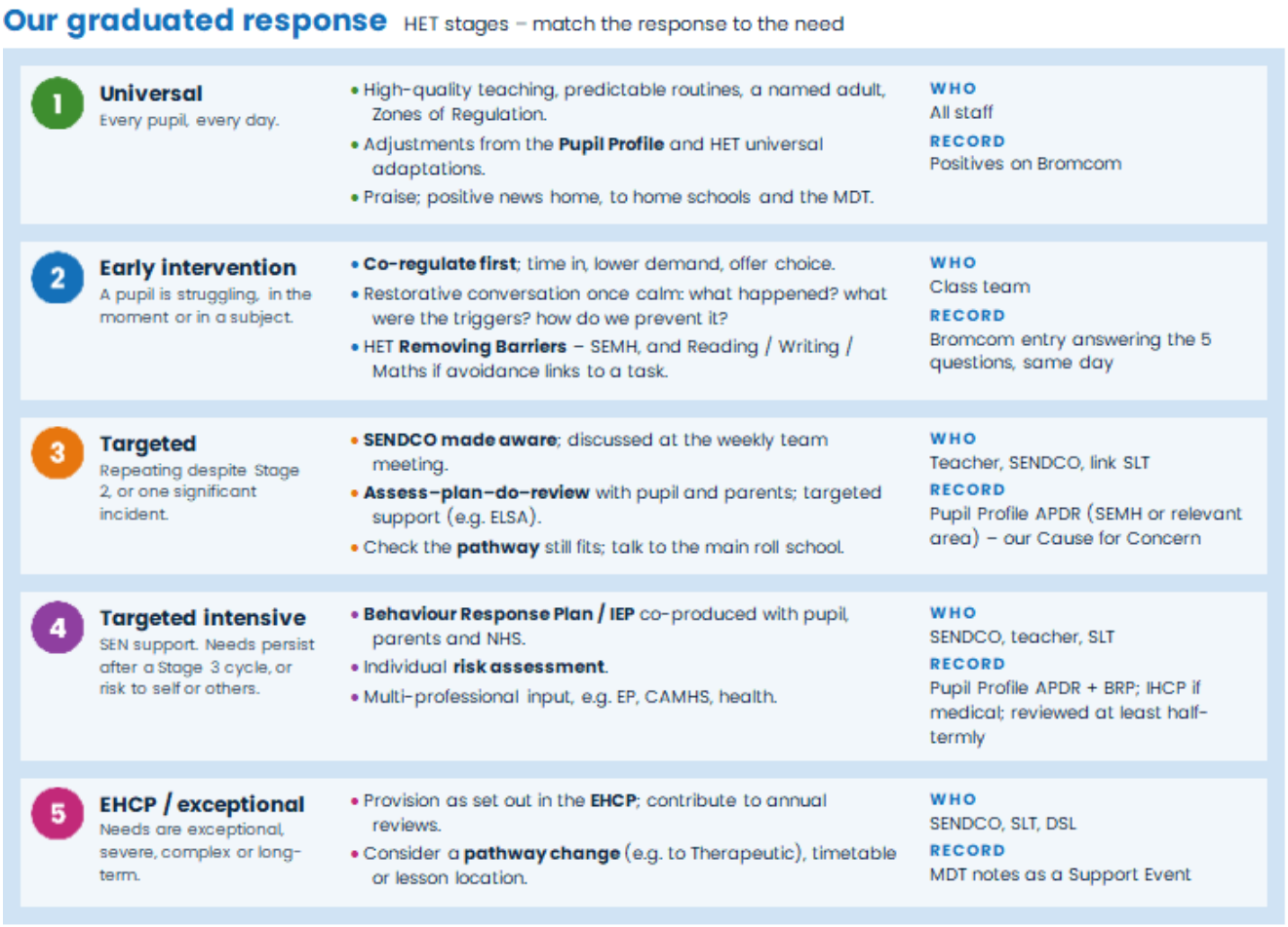
Rewards

Praise and encouragement are used constantly so positive behaviour is recognised instantly. Rewards are distributed fairly regardless of age, ethnicity, gender, SEND or disability. Examples include weekly tutor time celebrations of achievement, stickers and stamps, choice or golden time, positive messages to parents, home schools and the multidisciplinary team, and postcards to outreach pupils.

Responding to unwanted or harmful behaviour

Before responding, staff ask what the behaviour is communicating and whether an unmet need, medical need or change in circumstances is involved. Responses are then calm, private where possible, proportionate and consistent, and are adjusted for SEND and medical needs (see section 9). They may include:

- a reminder of expectations and an explanation of why the behaviour is not acceptable;
- tactical ignoring of low-level behaviour, and a brief supportive reset or “time in” with a trusted adult;
- a restorative conversation to repair relationships, understand impact and plan next steps;
- contact with parents, the home school and/or the ward team;
- In exceptional circumstances, where a pupil's behaviour presents a significant barrier to participation and de-escalation strategies have been unsuccessful, a session may be concluded early. This will be recorded by staff in line with our Behaviour Framework and parents will be informed where possible. Pupils will be supported to return to an agreed safe space, in consultation with ward staff and, where appropriate, parents or carers. Any such incident will be followed by restorative support and planning to enable successful re-engagement. For outreach pupils, the teacher may leave the home setting early once suitable arrangements have been made with parents or carers to ensure the child's safety and welfare.
- Shouting, shaming and humiliation are never used. Every response is recorded in line with SHS reporting guidelines with the action taken (see section 10).



6. Bullying, discrimination and child-on-child abuse

> **Our vision in practice:** *bullying, discrimination, harassment, victimisation and derogatory behaviour are not tolerated, and concerns are acted upon quickly and effectively.*

All reports, whether online or offline, are taken seriously, recorded and acted on promptly, whether a pupil is seen as the victim or the perpetrator. This includes prejudice-based and discriminatory bullying and derogatory language, including name-calling.

We recognise that children can abuse their peers. Child-on-child abuse can include bullying and cyberbullying, sexual violence and sexual harassment, physical abuse, abuse in intimate relationships, sharing of nude or semi-nude images, and initiation or hazing. Staff never dismiss such behaviour as “just banter”, “a laugh” or “part of growing up”, because doing so normalises abuse and discourages reporting. Even where no cases are reported, abuse may still be happening, and thresholds for investigating are the same as for any other abuse.

Pupils with SEND or health conditions may face extra barriers: behaviour, mood or injury being put down to their condition without exploration, greater risk of isolation or bullying, and difficulty reporting. Staff stay alert to these risks. Concerns are recorded on Bromcom and passed to a Designated Safeguarding Lead (DSL), following Keeping children safe in education 2026 (statutory from 1 September 2026) and the school’s Safeguarding and Child Protection Policy 2026-2027. Staff also consider the emerging risks highlighted in KCSIE 2026, including online harms and AI.

7. Online behaviour and off-site conduct

All parents sign an Acceptable Use Policy on enrolment, so pupils understand the expected use of ICT, and cyberbullying is addressed with pupils and families. Parents are encouraged to monitor internet use at home, know what their children do online and who their online “friends” are, and keep devices in shared family spaces. DfE advice on cyberbullying is available for parents and carers.

The school may respond to misbehaviour outside school, including online, when a pupil is taking part in a school-related activity, is identifiable as an SHS pupil, poses a threat to another pupil or member of staff, or acts in a way that could affect the orderly running or reputation of the school. The same expectations apply as on site, and staff consider the seriousness of the behaviour and its impact when responding.

In line with our Mobile Phone Policy 2026-2027, mobile phones are not permitted to be used during teaching sessions and must be given to the ward staff, teacher or parent during lessons.

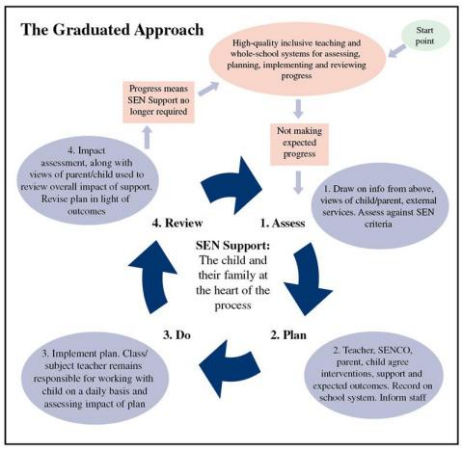
8. Roles and responsibilities

Role	Key responsibilities
Headteacher	Implements the policy consistently, sets standards, supports staff, ensures the health, safety and welfare of all pupils, keeps records of serious incidents and reports to governors on the policy's effectiveness.
Teachers	Model expected behaviour, apply the classroom behaviour code fairly and consistently, treat pupils with respect and understanding, and record incidents in line with the Behaviour Framework.IBP Teachers deal with incidents first, then seek help from the Director of Teaching and Learning or Headteacher where needed, and may contact parents, the DSL or external agencies about a child's welfare.
Designated Teacher	To liaise with the Virtual School for all LAC and PLAC regarding behaviour concerns
Designated and Deputy Safeguarding Leads	To liaise with home schools, health teams, Children's Services and other relevant external agencies when behaviour becomes a safeguarding concern
SENCo	Ensures excellent teaching underpins behaviour improvement, with achievable, differentiated work for pupils with SEND. Supports colleagues with training and shared practice, and works with other schools and local agencies.
Support staff and ELSAs	Apply rewards and responses fairly and proportionately, teach self-regulation, deliver SEMH plans and nurture activities, give pupils a voice, and report incidents and trends. ELSAs provide a calm, nurturing space, build social relationships, self-esteem and self-regulation, adapt materials, and keep close contact with the pupil's base class.
Emotionally available adult	Listens non-judgementally, and is reliable, consistent and warm, with clear boundaries. Acts as a champion who helps staff see things through the pupil's eyes, helps the pupil to reflect without shame and to repair relationships, and plans ahead for absences and transitions.
All staff	Complete safeguarding and reasonable force training appropriate to their role (all staff are trained to Level 3), and record and escalate concerns accurately and on time.

9. Reasonable adjustments, SEND and targeted support

> **Our vision in practice:** *high expectations are maintained for every pupil, alongside well-targeted reasonable adjustments, and we check that support has demonstrable impact.*

Graduated approach. All teachers are responsible for the progress of every pupil. High-quality inclusive teaching comes first. Where pupils still struggle, SEN support follows the **assess, plan, do, review** cycle, which is repeated and refined as understanding of the pupil's needs grows.

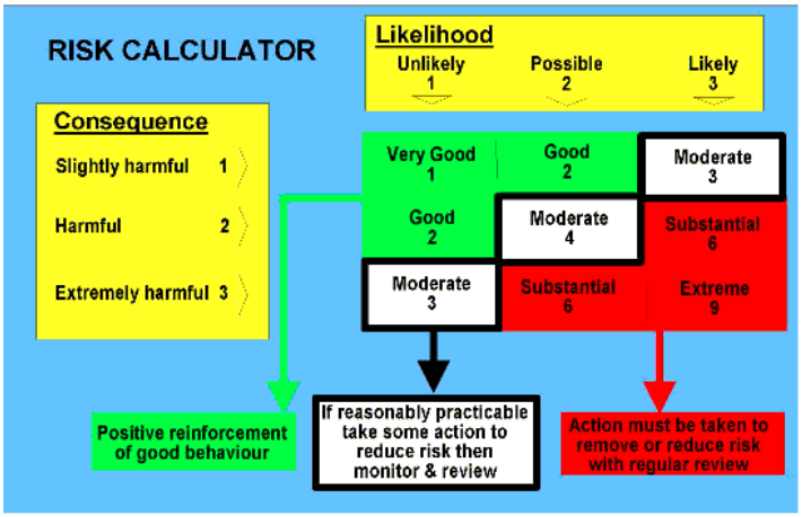


Identifying need early. Information from home schools, agencies, reports, safeguarding records and EHCPs is combined with our own observations. Needs may arise from the learning environment (including English as an additional language), family circumstances (such as bereavement, young carers, housing issues), disability or health needs, or social and emotional difficulties. All looked-after children are treated as having additional needs unless assessment shows otherwise.

Individual risk assessments. Pupils with known challenging behaviour, a medical condition or SEN affecting behaviour, or who may harm themselves, may have an individual risk assessment covering school and off-site activities. Pupils are involved in creating their plan wherever possible. Proactive planning reduces challenging behaviour and the need for reasonable force.

Provision mapping and impact. SEN provision is mapped across the four areas of need: cognition and learning; communication and interaction; social, emotional and mental health; and sensory and physical. Provision, interventions, outcomes and progress are recorded on the Pupil Profile and reviewed at key points of transition, with parents involved.

Behavioural risk assessment. Risk is rated by multiplying likelihood (1–3) by consequence (1–3):



1	Unlikely to be a risk to themselves or others.
2	Minimal risk to themselves or others.
3–4	Moderate risk. Take reasonable action to reduce risk, then monitor closely and review.
6	Substantial risk. Close monitoring; staff aware of triggers and interventions; external help may be needed and withdrawal from lessons considered.
9	Extreme risk. External agencies involved; withdrawal from lessons until the risk is reduced to an acceptable level.

Interventions that support behaviour include ELSA support, small-group work on feelings, resilience, social skills and attachment, 1:1 teaching at the bedside and in outreach (where pupils feel heard, are less overstimulated and teachers can adapt to their communication style), close multiagency working with the NHS and other external partners (for example school staff attending ward rounds alongside clinical psychologists and therapists) and time-in.

10. Recording, monitoring and evaluating impact

> **Our vision in practice:** *records and escalation are accurate and timely, and we evaluate whether support is working.*

On admission, information from the home school and agencies, together with the entry profile, forms a behaviour baseline. After that, behaviour is monitored through:

- **Learning Pathways and Progress Tracking:** On admission, every pupil is placed on an appropriately matched learning pathway (formal, semi-formal, pre-formal, therapeutic or engagement) to promote engagement, belonging, achievement and positive participation in learning. This ensures that teaching, support and assessment are personalised to individual strengths, needs and aspirations, enabling staff to identify and remove barriers to learning while fostering success from each pupil's unique starting point. As a result, pupils are better able to engage positively with learning and develop confidence in their own progress. Progress is monitored, recorded and reviewed regularly, with outcomes shared with parents, carers and home schools to support a collaborative approach to each pupil's development.
- **Pupil Profile / graduated response:** records behaviour as well as learning; new interventions are planned and evaluated weekly.
- **Weekly outreach reports and termly interim or exit reports** to parents, home schools and other agencies.
- **Meetings and reviews** with parents, home schools and agencies.
- **Bromcom:** all staff record behaviour and safeguarding concerns, visible to DSLs and relevant staff so concerns can be actioned and escalated without delay.

All behaviour records must include the action taken (for example a restorative conversation, further reporting or discussion with health staff). Leaders review patterns and the impact of interventions regularly, and adjust provision where it is not making a difference.

11. Communication and partnership

SHS works in open, respectful and trusting partnership with families, home schools, health teams and external agencies. We keep parents and partners informed about expectations, their child's progress and any concerns through meetings, calls, weekly outreach reports, pupil profiles, a welcome pack, the website and written reports. Parents are asked to share timely, honest information and keep contact details current. Communication is professional and respects privacy and confidentiality.

12. Admission, reintegration and exclusion

Induction. Staff gather information before admission, establish baselines, help pupils to settle into routines (most Bursledon House pupils start late on a Monday morning), and give families an information pack. Outreach pupils have an initial meeting with parents and the home school, plus a questionnaire or "getting to know you" form; bedside pupils receive a full initial assessment. IHCPs are created for all new students alongside health staff and parents. Where consent has been gained from parents by the NHS before an admission, this process may begin before a child comes into hospital. Risk Assessments are also produced for children who may be particularly emotionally or medically vulnerable, or who may present challenging behaviours.

Reintegration and reduced timetables. Behavioural markers help judge readiness to return to a home school or new setting, and attendance is built up gradually. Part-time timetables, whether delivered through Southampton Hospital School or recommended as part of a reintegration plan with a pupil's home

school, are always informed by medical advice, intended as a temporary measure, and subject to regular review to ensure they remain appropriate and support successful progression and an increase in attendance and engagement.

Exclusion. Given the medical, therapeutic and safeguarding needs of our pupils, Southampton Hospital School is committed to maintaining access to education wherever it is safe and appropriate to do so. Behaviour concerns are addressed through early intervention, reasonable adjustments, personalised support, restorative practice, risk assessment and multi-agency working. Particular consideration is given where behaviour may be linked to a pupil's medical condition, SEND, trauma or mental health needs. As a result, suspension or exclusion will only be considered in the most exceptional circumstances, when all appropriate support and risk management strategies have been exhausted and exclusion is necessary to safeguard the wellbeing or safety of the pupil or others. For dual-registered pupils, any such decision will be made in consultation with parents/carers, the home school, healthcare professionals and the local authority, as appropriate.

The school follows current DfE guidance (Suspension and permanent exclusion from maintained schools, academies and pupil referral units in England, including pupil movement) on suspension and permanent exclusion, and a return normally follows a risk assessment and may include a reduced timetable. DfE guidance on education for children who cannot attend school because of health needs supports alternative provision decisions.

13. Use of reasonable force

At Southampton Hospital School, de-escalation forms the foundation of our approach to behaviour support. We recognise that many of our pupils may experience challenges related to their medical, emotional or mental health needs, and our priority is always to respond in a calm, supportive and restorative manner. Staff are trained to recognise early signs of distress and to use a range of de-escalation strategies to reduce anxiety, promote self-regulation and maintain positive relationships. All staff receive regular training in de-escalation techniques and positive behaviour support, and this forms a key part of the induction programme for new employees. This ensures a consistent, compassionate and trauma-informed approach across the school, helping pupils to feel safe, respected and able to engage in learning.

However, staff may use reasonable force, meaning no more force than is needed and for the minimum time necessary, only when immediately necessary to prevent a pupil from committing an offence, injuring themselves or others, damaging property, or seriously disrupting good order. Whether force is appropriate depends on the pupil's age and understanding and on any SEND, mental health or medical needs, and medical advice is sought on the safest way to hold pupils with specific needs. Planning through IHCPs and Risk Assessments reduces the need for force. Examples include separating pupils who are fighting, removing a pupil from a disrupted event, or preventing a pupil from attacking someone.

All staff may defend themselves proportionately and intervene in an emergency. The Headteacher and authorised staff may use reasonable force to search without consent for prohibited items. **Never acceptable:** holds around the neck or that restrict breathing; kicking, slapping or punching; tripping or holding by the hair or ear; holding a pupil face down. Staff receive role-appropriate training to an approved national standard, regularly refreshed. Incidents involving force are recorded promptly and parents are informed. See DfE guidance on the use of reasonable force and restrictive interventions, and KCSIE 2026.

School leaders will provide a supportive, restorative and reflective debrief for pupils, parents/carers and staff following any serious incident or use of force. The purpose of this process is to ensure that all parties feel listened to, supported and able to contribute to an understanding of the incident, while identifying any lessons learned and strategies to reduce the likelihood of future occurrences. Debriefs will focus on repairing relationships, promoting wellbeing and ensuring that appropriate support and adjustments are put in place moving forward.

14. Managing Allegations Against Staff

Any allegation made against a member of staff will be taken seriously and managed in line with the school's safeguarding procedures and statutory guidance. Concerns will be reported immediately to the

Headteacher, or to the Chair of Governors where the allegation relates to the Headteacher. The welfare and safety of all children and young people will remain paramount throughout the process. Allegations will be dealt with confidentially, fairly and promptly, with appropriate advice sought from relevant agencies, including the Local Authority Designated Officer (LADO), and/or Hamwic Trust safeguarding leads where required. Staff subject to an allegation will be treated with dignity and respect whilst any investigation is undertaken

Policy control

Version	Version 8 (2026–27)	**Approved by**	SHS Governing Body
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Lead officer	Nell Giles	**Review date**	October 2027
Contact	info@SouthamptonHospitalSchool.co.uk	**Effective date**	September 2026