Social and Emotional Needs

Resource Pack for Schools

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Acknowledgement

This resource pack has been developed to support schools in taking reasonable steps to meet the needs of their pupils through a clear process of early identification and intervention.

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Blacon High School, Elaine Doughty

Upton Westlea, Deb Grimshaw

We would also like to thank Christine France who has helped put this pack together using her excellent administrative skills and great patience.

Disclaimer

The Behaviour Pathway is for children and young people in Cheshire West and Chester (CWAC) ONLY. This does not include children and young people who access health services from Vale Royal.
Responses from schools within the pilot

“We have found the SDQ’s an effective tool to make more accurate referrals, for those children who are struggling to make progress because of significant difficulties with inattention and concentration. The process has enabled the school, parent and child to work together more efficiently and seek the appropriate support together. “

Sue Wilkins, Head of Enhanced Provision, Nicky Johnson SENCO, the Arches Community Primary School, Blacon

“I have used the referral forms in the back to contact Community Paediatrics directly. This is so much easier and quicker. The community paediatrician has changed the child’s medication which has enabled him to access learning.”

Elaine Doughty SENCO Blacon High School

“We have used the class observation sheets for all classes. This has been very useful at the start of the year to monitor and identify children’s individual needs.”

Deb Grimshaw, Learning Mentor Upton Westlea Primary School, Chester

“We have used the pack to take a more holistic view of the child and work together to plan for children to identify unmet need. We review SEN, behaviour and welfare concerns together which have helped us to consider the child’s needs. We have used the SDQ’S (strengths and difficulties questionnaires) as a baseline assessment for our nurture groups, to decide on the focus.”

Angela Livingstone Learning Mentor, Dee Point Primary School, Blacon
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## Acronyms

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<tr>
<td>ADHD</td>
<td>Attention Deficit Hyperactivity Disorder</td>
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<tr>
<td>ASD</td>
<td>Autism Spectrum Disorders</td>
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<tr>
<td>CAMHS</td>
<td>Child and Adolescent Mental Health Service</td>
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<tr>
<td>CC</td>
<td>Children’s Centre</td>
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<tr>
<td>ELSA</td>
<td>Emotional Literacy Support Assistant</td>
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<tr>
<td>PSHE/SEAL</td>
<td>Personal, Social, Health and Economic Education / Social and Emotional Aspects of Learning</td>
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<tr>
<td>SALT</td>
<td>Speech and Language Therapy</td>
</tr>
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<td>SDQ</td>
<td>Strengths and Difficulties Questionnaire</td>
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<tr>
<td>SEN</td>
<td>Special Educational Needs</td>
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<td>SEND</td>
<td>Special Educational Needs and Disability</td>
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<tr>
<td>SLD</td>
<td>Severe Learning Difficulty</td>
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<tr>
<td>SMART</td>
<td>Specific, Measurable, Achievable, Realistic and Time bound</td>
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<tr>
<td>TAF</td>
<td>Team Around Family</td>
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<tr>
<td>ESAT</td>
<td>Early Support and Access Team</td>
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<td>TAMHS</td>
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BEHAVIOUR PATHWAY (School Age)

Child presenting with Behaviour Needs identified by GP, school nurse or school
(see Notes 2)
Consider Early Parenting advice

If needed, obtain consent and refer to School Nurse to check EMIS records for medical history, vision, hearing, social care involvement, missed appointments and to offer advice and signpost to services to support sleep and parental mental health

SENCO or Behaviour Lead to assess needs (eg. learning, sensory...) and complete SDQ

Implement classroom/home strategies using resource pack. Consider SEN profile, TAF or referral to i-ART / parenting course, if appropriate. Allow 3-6 months to monitor progress and include regular reviews e.g. 6 weeks

If inadequate progress in spite of interventions and guidance from resource pack
Consult with appropriate agencies e.g. Psychology Service, CAMHS, Paediatrician or Outreach support

SENCO or Behaviour Lead to further assess needs and refer appropriate agencies:
- Features suggestive of ADHD or ASD (in primary schools) - refer to Community Paediatrician - please include information on next page
- Autism Team
- Mental Health needs or ASD (in secondary schools) – refer to CAMHS
- Language difficulties – refer to SALT
- Learning or social emotional needs – consult with Educational Psychology Service
- SLD and challenging behaviour – refer to Learning Disabilities CAMHS
Consider interventions:
- Appropriate parenting course
- TAF / i-ART
- Sleep management

Refer to Community Paediatrician to review and assess need if still required

ASD Pathway:
Community paediatrics if primary school child

ADHD suspected:
Refer Community Paediatrics with reports, complete Conner’s Questionnaires +/- QB test +/- observation
Refer ADHD Interventions
1. psycho education +/- medication
2. Individual or group parent training
2. Individual or group CBT, social

Conduct Disorder interventions
1. 123 Magic Group or individual parent training (3-11 years)
2. Classroom based emotional learning and problem-solving programmes (3-7 years), Seal Project.
3. Individual or group social and cognitive problem-solving programmes for children and young people

Refer to CAMHS if Mental Health Needs/ Intervention required

Refer to CAMHS ASD Pathway ifsecondary school child with social communica tion needs

Complex social emotional needs e.g. attachment difficulties 
→ need for targeted therapeutic intervention and nurturing provision

Complex Cases for Multi-agency Review
Introduction

The Behaviour Pathway has been developed in partnership with agencies. It encourages schools to identify children with behaviour / social emotional needs, address any learning and training needs, and put the appropriate strategies in place (based on the child’s needs) without waiting for a formal diagnosis. If a child does not make progress as expected, with parent’s consent, the school will make a referral to the community paediatric team, or consult with the appropriate agency, providing all the relevant information including professional reports. This will enable a more efficient assessment process. Schools can also work with parents to ensure consistency in approach across both settings.

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NOTES:

1. **Definition of behaviour needs**: Irritability, anti-social behaviour, inattention, impulsivity, hyperactivity, aggression, disruptive/defiant behaviour including failure to follow instructions and truancy

2. Initiate pathway and refer to community paediatrics if child has features suggestive of ASD (in primary school) or severe ADHD.

3. **Severity Assessment Guide**: Determining severity is a matter of clinical judgment. Severe ADHD is defined as when hyperactivity, impulsivity and inattention are all present in multiple settings, and when impairment is severe (that is, it affects multiple domains in multiple settings) e.g.
   - Severe impact on home life and
   - Severe impact on friendships/social life and
   - Severe impact on classroom learning
   - No awareness of danger

4. **Referral criteria for community paediatric team**: Child with features of ASD (primary school age) or severe ADHD or child with behaviour difficulties who fails to make adequate progress after implementing strategies as recommended in resource pack, initiating TAF/ iART and offering parenting course as appropriate. Referral is to be made by school with all supporting information listed below

5. If a primary school child presents with **social communication difficulties +/- rigid repetitive behaviours** teacher to complete the current concerns form and refer directly to community paediatrics. If secondary school child GP to refer to CAMHS

6. **Information required** upon referral to community paediatric team:
   a. Referral and consent form explaining reason for referral and child’s details, appendix 1, page 42
   b. Analysed SDQ pages 1 & 2 with impact scores
   c. If ADHD suspected please complete “Request for Information Form”, appendix 2, page 43
d. If ASD suspected (or social communication difficulties) please complete “Current Concerns Form”, appendix 3, page 45

e. Strategies that are in place and progress report (this may be evidenced through an SEN Pupil Profile)

f. Professional reports

7. **Please do not send confidential information by e-mail**
ADHD PATHWAY

Behavioural concern raised by school, GP or Health Visitor

SENCO to implement Behavioural Pathway
Child with severe ADHD or child with moderate behaviour difficulties that fails to make adequate progress after implementing strategies, refer to Community Paediatric Team

Attach SDQ, Request for Further Information form, progress reports, Educational Psychology reports and other professional reports

Review by ADHD Specialist Nurse
- Developmental history
- Complete Conner’s Questionnaires
- +/- QB test
- +/- School Observations
- Community Paediatric Review

ADHD Confirmed
- Specialist Nurses to offer psychoeducation and parent support workshops.
- Individual or group parent training
- Group CBT and/or social skills training for younger child
- Individual psychological treatment for older children

Medication
- For severe impairment
- Children with moderate impairment not responding to parent training.
- Moderate impairment who refused non-drug interventions

Other diagnosis or associated comorbidity
- Oppositional defiance/Conduct – offer parent training course
- ASD – ASD assessment
- Mental health needs – refer to CAMHS
- Learning Needs – refer back to Educational Psychologist for advice, recommendations
- Sleep problems – sleep hygiene

Transition
Social, Emotional and Mental Health Needs

Children and young people may experience a range of social, emotional and mental health needs which manifest themselves in different ways. For example, children may become withdrawn or isolated, or display behaviour which may challenge and disrupt teaching and learning.

A child’s behaviour may reflect an underlying or unmet need. Such needs may be associated to a child’s emotional or social development, mental health, learning, communication, attention / impulsivity such as attention deficit disorder or attention deficit hyperactivity disorder, or sensory processing. Other social factors or domestic circumstances may also be contributing to a child’s presenting behaviour.

Schools should have a clear approach to managing children’s social, emotional and mental health needs, with clear support processes and high quality provision to meet the needs of individual children and young people. Where there are concerns about a child’s behaviour, a holistic assessment should take place to determine potential factors which may be contributing to the presenting behaviour.

Schools must demonstrate a clear approach to identifying and responding to pupils’ needs and have regard to the SEND code of practice.

‘Poor behaviour may be viewed as a helpful indicator about what the child or young person needs’

Making Sense of Behaviour

It is unhelpful to think that children do well if they want; instead, we must recognise that ‘children do well if they can’¹.

All behaviour is context-related and serves a function. It is important to explore a child’s environment and to consider what possible function their behaviour might have when making sense of the behaviour, as well as thinking about how best to respond to support what the child might need.

Functions of behaviour may include:
- seeking social interaction / affirmation (from adults or peers)
- expressing emotion / anxiety or reducing stress
- avoidance (eg. of places, activities, people etc.)
- trying to gain some sense of control in their life (eg. to feel safe and secure)
- increasing or reducing stimulation (eg. a sensory need)

Multi-modal Management

What is multi-modal management?
Multi-modal management is characterized by several different modes of management. It means working across multiple levels to facilitate interventions to meet a particular need. Multi-modal support encompasses a holistic approach to addressing and supporting a child or young person’s needs. When support is coordinated and targeted across multiple levels, there are likely to be better outcomes in affecting change for the child or young person e.g. multimodal management of ADHD includes psycho-education for parents, a multimodal behaviour programme, including child-focussed therapy, family behavioural therapy and a school based behavioural programme, and medication management if needed.

![Diagram](image)

**Fig.1**

What actions support multi-modal management?

- Partnership working between parents / carers, school staff and child or young person, enabling shared goals and understanding
- Initiate TAF protocols if multi-agency support is required, or consider a referral to i-ART if family have multiple and complex needs

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Fig.1 Adapted from Bronfenbrenner’s Ecological Framework (1986). This model underpins DfE (2014) Mental health and behaviour in schools documentation.
• Use of TAMHS Risk and Resilience framework to guide a holistic assessment of strengths and needs, and to plan intervention
• Targeted work with parents / carers e.g. engagement with Family Support Worker, school based parent workshops, family drop-ins, parenting courses

**Partnership Working with Parents / Carers**

In situations where a child or young person presents differently across home and school environments, school adults and parents / carers should work in partnership to address such difference and to enable the child’s needs to be appropriately met within a particular environment. Best practice approaches should be shared and promoted between parents / carers and school adults. Schools have a responsibility to help develop the skills and confidence of parents (see Appendix 9: General Tips and Strategies for Parents).

**Establish Clear Processes for Early Identification and Intervention**

First, assess and review: can improvements and adjustments be made to:

- The whole school environment (including school policy and provision)?
- The classroom environment / climate?
- Ensure high quality and targeted teaching (in relation to areas of need)?

Then, consider a best practice approach for prevention and early intervention, which includes a focus on:

- The whole school environment (eg. processes and provision)
- Teaching social and emotional skills, through:
  - work with parents / carers (shared actions, education and training programmes), or family context for more complex needs
  - small group / individual sessions for children, with a focus on developing thinking and reasoning skills and prosocial behaviour
  - staff training as part of a multi- system intervention.

**Early Action and Support**

In response to the identification and targeting of support for children’s needs, a cycle of **assess, plan, do and review** should be followed³. All discussions and actions should be documented (an SEN Profile might need to be created).

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³ DfE (2014) Special educational needs and disability code of practice: 0 to 25 years
Assess, Plan, Do, Review

**Assess**
Collect high quality assessment data and information (SEN Profile); strengths and needs; parent / carer and child views; baseline skills and behaviours (see ABCD charts, tally sheets, focused observations)

**Plan**
SMART targets – informed from baseline assessments - relating to outcomes for the child; appropriate, need-led strategies / interventions; school, parent and pupil action; opportunities for practice and reinforcement; clear review dates

**Do**
Consistent approach and application of strategies / interventions – shared and understood by all adults supporting pupil; work in partnership with parents / carers and the pupil; clear, effective communication systems and pupil feedback; positively reinforce desired skills across contexts.

**Review in 6 weeks**
Evaluate impact and quality of strategies and interventions; gain parent / carer and pupil feedback. Revise strategies / interventions and SMART outcome-based targets, accordingly.
Whole School Systems and Approaches

- Establish clear, consistent and positive rules and expectations throughout the whole school environment (clearly displayed and referred to).

- Ensure clearly, agreed policies and consistent procedures for rewarding good behaviour and responding to unwanted behaviour (eg. Good to be Green Behaviour Systems; Class Dojo for positive classroom management; Celebration Assemblies).

- Provide high quality personal, social, health and economic (PSHE) education throughout the curriculum, drawing upon good practice and evidenced-based programmes. Incorporate social and emotional aspects of learning (SEAL) as appropriate.

See GOV.UK and PSHE Association for guidance on developing a PSHE curriculum.

Examples of approaches which support PSHE/SMSC include: Circle Time; Jigsaw, the mindful approach to PSHE (www.jigsawpshe.com); KiVa programme – evidenced based programme to prevent and tackle bullying through enhancing social-emotional skills (kivaprogram.net); Mindfulness in Schools Projects, such as the .b programme, – helping to develop positive mental health and emotional well-being, focus and concentration (www.mindfulnessinschools.org/what-is-b/).

- Establish support systems and strategies to promote pupils’ social and emotional development, positive mental health and well-being, throughout the school.

For example, systems / programmes for supporting children’s emotional and social relationship needs, such as Buddy Systems, Peer Mentoring, Assertive Mentoring, Peer Counselling, Peer Mediation or Conflict Resolution programmes, Play Leaders; social and emotional skills focus weeks (eg. suggest whole-school ideas for staff to use in developing pupils’ emotional and social competencies. For example, make use of a weekly staff bulletin or notice board and have a thought for the week for everyone to focus on with their pupils i.e. “Show empathy with others” “Be kind to others” “Use good listening skills”. All staff should take every opportunity to ‘catch students being… and doing...’).

- Develop pupils’ thinking and reflection skills through varied approaches and strategies across the curriculum (eg. curriculum programmes such as Promoting Alternative Thinking Strategies: PATHS; Philosophy for Children (P4C) to support citizenship and thinking skills; Thinking Classroom; daily class-based reflection activities; reflection diaries / logs).

- Establish systems to support and promote the emotional wellbeing and mental health of all staff throughout the school (eg. peer supervision; teambuilding activities; creating an ‘emotionally literate’ staffroom; social calendar activities).
- Develop highly skilled staff with emotional and social skills expertise: eg. Emotional Literacy Support Assistants (ELSA), Learning Mentor, Behaviour Lead Professional, Anti-bullying Co-ordinator, Family Support Worker, Midday Assistants trained in positive play activities and games.

- Develop staff knowledge and expertise of emotional well-being and mental health through CPD and training, including e-learning modules (MindEd: www.minded.org.uk).

*You may wish to audit your school / classroom to review practice and procedures (see The Companion: ‘Waves of Support’, 2009).*
Classroom Environment

Create a calm and predictable learning environment, with clear and consistent classroom management rules, routines, rewards and consequences:

- Clearly display and regularly refer to classroom rules and expectations. Rules and expectations should be negotiated, positively reinforced and upheld consistently. Rules should be clear and positively phrased; a maximum of five is usually suggested.

- Ensure high quality teaching which is targeted to individual needs and inclusive of all learning preferences. Ensure clear and well-rehearsed support strategies are established for every child, as well as clear organisational strategies.

- Invest quality time in getting to know pupils personally. Listen to them. Discover what motivates them. Engage in regular, meaningful and positive shared interactions / activities.

- Consider rights, positive roles and responsibilities for children, as well as opportunities to develop strengths and skills. Implement systems which promote pupil participation and autonomy, enabling them to make real decisions about their lives, increasing their experience of rights and responsibilities. Consider how might a child who presents with additional social / emotional needs may be supported here…

- Promote positive self-beliefs through consistent messages, positive language and strategies aimed at changing poor / negative pupil self-perceptions. Identify and promote strengths, skills, self-belief and motivational goals.

- Assess the emotional climate of your classroom. Consider principles and strategies which foster emotional security, promoting consistent, positive experiences where emotions are recognised and acknowledged (eg. create an emotionally literate classroom; implement nurturing principles – see Appendix 6: Growing a Nurturing Classroom).

- Create a safe space / quiet area for relaxation and calm or sensory breaks, for children to access within your classroom / school environment as needed.

- Address challenging issues / behaviours through whole class focus such as Circle Time to target teaching, discuss difficult situations and identify solution-focused actions / pro-active and alternative responses.

- Establish strategies to facilitate safe, open communication systems (eg. suggestion / worry boxes; feelings diaries or hassle logs; praise boxes and recognition walls; emotional literacy ‘check-ins’; non-verbal communications).

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• Embed structures to promote regular, positive social interactions and communication, and shared working, for example co-operative learning activities within lessons (eg. Kagan Groups), speaking and listening groups, paired work, structured buddy greetings.

**General Class Based Strategies**

Examples may include:

Negotiate personalised, paired and team-based goals; sticker charts; visual timetables; identify and promote positive skills and character strengths through special roles and responsibilities; reward and praise efforts (do not limit to outcomes only); involve parents / carers; targeted PSHE / SEAL input within curriculum; focus on behaviour in small time slots e.g. one lesson or focus on behaviour at key times e.g. outdoors/in class/moving around school; watch out for small successes and parts of success / achievement; review curriculum and learning environment for the pupil; desired behaviour statements for all of staff reference, including midday assistants; guided / daily reflection activities.

Teach and practice relaxation exercises (eg. visualisation exercises, breathing techniques, listening to relaxing music, exercise / yoga, Mindfulness based exercises, explore individual soothers and calmers – note, these are likely to be different for each child). Consider ways in which the physical environment may be developed to support and target pupils’ needs, eg. interactive Emotional Literacy displays / working walls, visual emotional barometer, social and emotional thinking questions / keys, provision of relaxation activities (eg. Calm Box), sensory activities.
Individually Targeted Strategies / Small Group Intervention

- Access to a safe space / quiet area and individual regulation / calming activities (appropriate to the individual) as needed for relaxation and calm or sensory breaks:
  - Pupils may have a pass to enter school at break times if needed.
  - Individually rehearse and plan structured strategies for pupils if they need to access a safe and quiet space for calm and relaxation / emotional regulation / sensory regulation.

- Access to a named Key Worker (eg. Learning Mentor / Pastoral support / ELSA), plus at least one other named key adult, who may develop a trusted relationship with the pupil and help to facilitate relational skills.

- Key Worker to prepare and support transitions (eg. meet and greet at beginning of school day, timetabled support and ‘check-ins’ through school day).

- Plan and implement a personalised programme of social and emotional needs support and intervention, in collaboration with key staff, parents / carers and the pupil. Set SMART outcomes, which all parties are working towards, and timely reviews.

- ELSAs provide additional emotional literacy support / intervention to pupils individually or within a small group. ELSAs work closely with teachers to set clear targets for pupils and have access to regular supervision and consultation with a Child and Educational Psychologist.

- Targeted programmes of Emotional Literacy work to develop emotional and social skills and competencies, such as:
  - Self-awareness and self-esteem
  - Identification and labelling of emotions
  - Emotional self-regulation and coping strategies for dealing with difficult situations
  - Motivation and goal setting
  - Empathy and awareness of the needs of others / perspective taking
  - Social skills.

- Teach alternative actions / behaviours through use of visual story strips (eg. Comic Strip Conversations) and CBT strategies to help children to understand the cause and effects of their actions and to instruct on appropriate actions. Set mini goals and tasks to help the pupil to ‘test out’ preferred responses and actions.

- Social skills sessions and interventions, developing skills such as: self-awareness and self-esteem, non-verbal and verbal communication, reciprocal conversation, assertiveness, friendships and relationships, perspective taking and empathy, conflict resolution, social-problem solving.
• Circle of Friends Programme.

• Access to Nurture Groups with clear and focussed interventions for pupils to remove barriers for learning (arising from additional emotional and social development needs) - informed by Boxall profile assessment and timely reviews (see The Nurture Group Network: www.nurturegroups.org).

  *There is also evidence that less intensive interventions based upon nurturing principles can be effective at improving children’s behaviour and promoting positive development (Scott and Lee 2009).*

• Coping Power Program: CBT problem-solving skills training; small group or individual sessions; child and parent components

• Access to individual counselling / therapeutic sessions (professionally accredited).

• Establish a consistent and integrated home-school behaviour support plan (eg. My Skills Plan, Behaviour Contract).

• Co-ordinate a clear risk assessment – negotiated and shared with parents / carers, staff and pupil, as appropriate.

• Positive handling plan in place, with trained staff e.g. Team – Teach

*Schools have a responsibility to ensure that there is a clear evidence-base to support any programme delivered within school.*
Setting up a Social Skills Training Group

- Research indicates that social skills training is best incorporated as a multi-method approach (when developing children’s social and emotional skills and behaviour).

- Give careful consideration to social group (eg. appropriate social grouping, positive role models, group size, current skill set, level of ability…).

- Baseline social skills assessments (teacher and pupil self-assessment) should first be completed to identify relative strengths and areas of need. Assessment will help to prioritise focus areas for intervention and inform SMART targets in relation to short / long term outcomes. Timely review should be planned with repeat assessments to measure impact and achievement of outcomes.

- Stages of skill learning should include: demonstration, practice, guidance and positive and corrective feedback.

- Skills which may need to be explicitly taught include: basic social communication (i.e. body language, expression and gesture, listening, initiating conversations); verbal communication / two-way conversation; developing and maintaining relationships / friendships; empathy and perspective taking; assertiveness; social problem-solving, negotiation and conflict resolution.

- Experiential learning opportunities should always be planned for and provided outside of the group to facilitate skill development and transfer.

- Consider ways in which parents can be supported to develop and reinforce their child’s skills outside of school. It is recommended that parents are provided with information about the weekly content of sessions / skills that their child is being taught and how they may proactively and positively promote them. Parent drop-in sessions or training workshops may also be considered to promote positive relationships and skills with their child.

- School ELSAs can refer to their ELSA Training Manual and Social Skills Training (Burton, 2011) for further guidance when setting up a social skills group.
Measuring Outcomes by Measuring Behaviour

High quality assessment and monitoring of behaviour is fundamental to measure progress and clearly demonstrate the impact of intervention strategies. Behaviours should be measured and monitored using clear, specific, and objective measurement systems.

Measuring behaviour is, and should be used as, a purposeful process. High quality data and information will also help to inform a better understanding of a child’s needs (data may be used to identify patterns, antecedents or triggers, including ‘hot-spots’ and influential factors) and therefore what strategies or interventions may be most appropriate to meet their needs. Measuring behaviour informs baseline data and appropriate target setting so that progress against desired outcomes can be demonstrated during the review process.

Best practice will also gain and involve information and views of parents / carers and the child throughout the assessment and review process (eg. What is going well? What might need to be changed / done differently?).

Behaviour can be measured in the following ways:

- ABCD Charts
- Weekly Tally Sheets
- Focused Observations (eg. Time Sampling or Event Sampling)

Examples of behaviour measuring tools are provided within this pack.
| Pupil: __________________________ | Lesson: __________________________ | Teacher: __________________________ | Date: __________ | Time: ________ |

### ABCD Chart

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Antecedent</strong></td>
<td><strong>Behaviour</strong></td>
<td><strong>Consequence</strong></td>
<td>** Desired alternative / outcome**</td>
</tr>
<tr>
<td>What was happening prior to the unwanted behaviour?</td>
<td>Specific action: what exactly did the child do that was unwanted?</td>
<td>What happened after the behaviour? (NB. behaviours followed by certain consequences, seemingly pleasant or unpleasant, may be reinforcing for the child and serve to maintain unwanted behaviour).</td>
<td>Instead of the unwanted action seen, what POSITIVE ACTION or SKILL would you want to see from the child in this situation? What can I / others do differently?</td>
</tr>
<tr>
<td>Note: activity child was doing? Classroom environment? Peer / adult presence? Directions / demands made? General mood of child? Consider sensory aspects (eg. temperature, noise, proximity of people, etc)</td>
<td>How long did behaviour last?</td>
<td></td>
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</tr>
<tr>
<td>• Gain the views of the child about what happened (although be aware that the child may not know).</td>
<td>Say what you see the child do. Record the facts. This should not include assumption or opinion.</td>
<td>• Identify the responses of all involved (peers and staff).</td>
<td>• Reframe the unwanted action / behaviour into a ‘positive skill’ that you would like the child to develop or get better at (ie. opposite of the unwanted behaviour)?</td>
</tr>
<tr>
<td>• Identify environmental factors (day and time, peers, lesson, where sitting, what doing etc.).</td>
<td></td>
<td>• Record rewards or sanctions used in this incident (including duration of consequence).</td>
<td>• How will others behave when this occurs?</td>
</tr>
<tr>
<td>• External factors to school (e.g. ask pupil / parents). NB. There will always be an antecedent; the difficulty is working out what it was.</td>
<td></td>
<td>• Identify the outcome e.g. what was the result of the actions taken? How did people feel?</td>
<td>• How, when and where will you, and others, support the pupil to achieve this action / positive skill?</td>
</tr>
</tbody>
</table>

The aim of this document is to provide a tool to help identify and address factors which are influential to the presented behaviour. Complete this sheet with clear, specific and concise language (note: say only what you see). Avoid using your own value judgements (ie. ‘violent’ or ‘aggressive’) since they are based on opinion and are unhelpful. The ‘desired alternative’ is fundamental when considering specific targets for skill development and appropriate support and intervention (ie. what the child needs).

**Completed by (name and role):**
The person completing the above will sign here. They will also put on their role so that if this is shared with others they are aware of who the person is in relation to the pupil e.g. head teacher, learning mentor, class teacher etc.

**Date:**
### ABCD Chart

**Pupil:** ______________________  **Lesson:** ______________________  **Teacher:** ______________________  **Date:** _________  **Time:** _________

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**Completed by (name and role):**  
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Guidelines for use of the ABCD Chart

The aim of this document is to provide a tool to help identify and address factors which are influential to the presented behaviour. Complete this sheet with clear, specific and concise language (note: say only what you see). Avoid using your own value judgements (ie. 'violent' or 'aggressive') since they are based on opinion and are unhelpful.

Antecedents

This column is fundamental to exploring likely triggers / factors which have brought about the unwanted behaviour. All behaviour serves a function. You may need to ask the child what the issue was if the behaviour was not directly seen (remember, it is often not helpful to ask a child why they engaged in a behaviour; children often do not know or are unable to communicate why). Sometimes there are a number of cumulative factors to consider. Factors may also be external to school and have been brought in to school by the child. Ask for the views and information of all children involved so that an informed understanding of the incident is gained.

Do not use this chart if you have no antecedent information as it will otherwise give no valid information.

Behaviour

Only document the observable behaviours seen or possibly reported. Stick to the facts; do not document assumptions, opinions or emotive language. This will identify your target behaviours for change and skills for development.

Consequences

Describe responses by all involved, including staff, which followed the behaviour. Feelings, physical reactions (was there a fight?), verbal responses, sanctions imposed and the duration. Was this situation resolved? Remember, behaviours followed by pleasant consequences are likely to happen again. Take care to note - a child’s behaviour may be reinforced by a seemingly unpleasant response / consequence ie. child with autism may finding shouting and anger stimulating, even ‘pleasant’.

Desired Alternative

The ‘desired alternative’ is fundamental when considering specific targets for skill development and appropriate support and intervention (ie. what the child needs). Reframe the unwanted action / behaviour as a ‘positive skill’ that you would like the child to develop or get better at (ie. opposite of the unwanted behaviour, which is getting in the way). How are they going to achieve this skill that they are yet to develop? What support will they need (clear direction, additional staff, group work etc.)? This will identify your teaching strategy for change.
<table>
<thead>
<tr>
<th>Date</th>
<th>Specific Observable Behaviour</th>
<th>Lesson Task:</th>
<th>Lesson Task:</th>
<th>Playtime</th>
<th>Lesson Task:</th>
<th>Lunchtime</th>
<th>Lesson Task:</th>
<th>Playtime</th>
<th>Lesson Task:</th>
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<tbody>
<tr>
<td>Monday</td>
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</table>
**Notes for Completing the Weekly Tally Sheet**

- Fill in the name of the lesson under ‘Lesson Task’: and a one word description
  E.g. Literacy: writing; Numeracy: practical

- Decide on a maximum of 3 Specific Observable Behaviours for the child i.e. what exactly does he/she do e.g. ‘banging on the table’

- Tally every time one of the Specific Observable Behaviours takes place to a disruptive degree that is different from the rest of the class e.g. calling out when the class is quiet,

- Do not tally behaviours which occur but are not part of the observation

- Tally as follows:

<table>
<thead>
<tr>
<th>Specific Observable Behaviour</th>
<th>Lesson Task: Literacy/writing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hurting other children.</td>
<td>I I I</td>
</tr>
</tbody>
</table>

- Any adult can fill in the tally chart; the more immediate the better, but it can be updated at a quieter time in the lesson, if immediately is not appropriate. It is usually best completed by the SENCo, Lead Behaviour Co-ordinator, Learning Mentor or TA, who is able to observe objectively / outside of the teaching process.

- Keep the sheet to hand in class so it is readily available, but do not fill in the name until it is complete in case a pupil sees it.

- When the behaviour occurs to a disruptive degree you may want to make brief notes on the back of the sheet with date/time.

- If a session is not recorded please mark with a / through it.

- Please attach a photocopy of work being done when disruptive behaviour occurs with date/time/lesson.

- If there is no behaviour to tally please mark ‘0’.

- If you see the child following their target (i.e. not doing the specific observable behaviour) please mark with a tick. For example if you see the child putting their hand up to answer a question please tick.
Helpful hints for carrying out an observation
(With regard to behaviour)

The following points are provided as guidance only:

- Only highlight when you have observed (don’t assume it will happen).
- If there is some evidence highlight in a different colour/with a wiggly line.
- Try and sit as unobtrusively as possible.
- Children’s views can inform the observation e.g. “What are your class rules” etc.
- Observations could last from 20 minutes to an hour (transition times are useful).
- Observations can be at any time and can include assemblies, playtimes etc.
- A “normal” session should be observed; all adults should do what they normally do; handle situations as they normally would.
- Always ensure baseline observations are reviewed by follow up observations (review).
**Focused Observation: Event Sampling**

Pupil: ____________________  Lesson / Activity: ____________________  Date: _____________

Year: _____  Class: ______  No. in class _______  Setting: ________________________  Time: start _______

finish________

*Event sampling is often used for recording: specific actions / behaviours / skills.*

**Instructions:** Observe the pupil. Note each time the target behaviour occurs (this may be completed in tally format).

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Tally</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Comments:**
# Focused Observation: Time Sampling

Pupil: ____________________ Lesson / Activity: ____________________ Date: _____________

Year: _____ Class: _______ No. in class _______ Setting: ____________________ Time: start _______

finish________

*Time sampling is often used for recording: specific off-task behaviour, on-task behaviour…etc.*

**Instructions:** Observe pupil momentarily every 15 seconds (ie. look up every 15\(^{th}\) second). If a target behaviour is occurring at the moment the pupil is observed, put one tick in the appropriate box. This sheet allows 6 minutes observation.

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
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</table>

**Comments:**
Identification and Intervention: Specific Learning Needs

High quality assessment and monitoring systems are important to track and measure a child's learning progress. If a child is not making the learning progress that is expected, it is important to consider what barriers may be getting in the way of their learning. Some children who present with social and emotional behaviour needs may be experiencing an unmet learning need.

Early identification helps to ensure that intervention is offered as soon as possible (it should begin in the Early Years; the Phonics assessment at Key Stage 1 is part of this process). Successful outcomes are more likely if support is offered early. Emotional needs and behaviour, which may arise from a loss of self-esteem, are more likely to be avoided if support is early and appropriate. Assessment for Learning (AfL) is important to keep the literacy progress of all children under constant review as a child’s difficulties may not become evident until later on in their schooling.

Key factors which should always be addressed:

Has the child:

- Accessed appropriate learning opportunities (ie. good attendance, lessons not missed)?
- Accessed targeted programmes of timely intervention (appropriate to their needs)?

Indicators that a child may be experiencing a specific learning need.

NOTE: This is not a checklist. If a child has several of these indications, further exploration of the child’s needs and consideration about what might be an appropriate intervention should take place.

Primary school age:

- Has particular difficulty with reading and spelling.
- Puts letters and figures the wrong way round.
- Has difficulty remembering tables, alphabet, formulae etc.
- Leaves letters out of words or puts them in the wrong order.
- Still occasionally confuses ‘b’ and ‘d’ and words such as ‘no/on’.
- Still needs to use fingers or marks on paper to make simple calculations.
- Poor concentration.
- Has problems understanding what he/she has read.
- Takes longer than average to do written work.
- Problems processing language at speed.

Primary school age, non-language indicators:

- Has difficulty with tying shoe laces, tie, dressing.
- Has difficulty telling left from right, order of days of the week, months of the year etc.
- Surprises you because in other ways he/she is bright and alert.
- Has a poor sense of direction and still confuses left and right.
- Lacks confidence and has a poor self-image.
Aged 12 or over

As for primary schools, plus:

- Still reads inaccurately.
- Still has difficulties in spelling.
- Needs to have instructions and telephone numbers repeated.
- Gets 'tied up' using long words, e.g. 'preliminary', 'philosophical'.
- Confuses places, times, dates.
- Has difficulty with planning and writing essays.
- Has difficulty processing complex language or long series of instructions at speed.

Aged 12 or over, non-language indicators:

- Has poor confidence and self-esteem.
- Has areas of strength as well as weakness.

Resources and information: guidance for support and intervention
Department of Education guidance for Identification and Assessment resource across Tier 1, 2 and 3 support

[Website Link]

Dyslexia Friendly Schools Information Pack

[Website Link]
Specific Disorders

Attention Deficit Hyperactivity Disorder (ADHD)

What is ADHD?

ADHD is a neurodevelopmental disorder affecting both children and adults. It is described as a “persistent” or on-going pattern of inattention and/or hyperactivity-impulsivity that gets in the way of daily life or typical development. Individuals with ADHD may also have difficulties with maintaining attention, executive function (or the brain’s ability to begin an activity, organize itself and manage tasks) and working memory.

There are three presentations of ADHD:

- Inattentive
- Hyperactive-impulsive
- Combined inattentive & hyperactive-impulsive

If mild/moderate impairment please apply ADHD recommendations and strategies in this booklet and allow 6 months to monitor progress

Can refer immediately to Community Paediatrics if ADHD symptoms are severe, based on severity impact guide on page 2 of pathway

If you refer to the Community Paediatric team, please complete the relevant paperwork, page 2 of pathway:

- Referral and consent form, with the child’s details, explaining reason for referral, appendix 1
- SDQ pages 1 & 2 with impact scores
- “Request for Information Form”, appendix 2
- Professional reports
- Strategies that are in place and progress report (this may be evidenced through an SEN Pupil Profile)

Recommendations for Inattention

- Tasks should be kept short within his/her attention span, assorted and steadily increased in length.

- Whenever possible, distractions should be minimised in the vicinity where they work. Desks may perhaps be placed near the teacher or in an area with minimal classroom traffic and present one activity at a time rather than putting all items on the table.

- Ensure that attention is maintained before giving an instruction.
• Give instructions one at a time, repeat them and check his/her understanding.

• Keep Instructions simple and structured.

• Use visual aids where possible and write things down.

• Plan ahead for tests and exams e.g. seat him/her in an area free from distractions or consider use of a separate room; provide extra time.

• Ensure the pupil is praised/rewarded for good work and behaviour. Small achievements should be rewarded as well as the more obvious achievements. Praise him/her for “good looking”, “good listening”, “good sitting” etc. Praise other children too, so that the pupil can observe other children doing these things.

• Use of a school/home planner or diary to ensure there is good communication between home and school e.g. in relation to homework, assignments, projects, school timetable etc.

**Recommendations for Hyperactivity/Impulsivity**

• Allow student to fiddle with an agreed object e.g. stress ball.

• May benefit from intermittent breaks during long lessons.

• Allow calming down period before coming into class.

• Set variety of tasks and activities, where possible include ‘hands on’ activity.

• Give whole class stretching exercises midway through.

• Use of a planned exit strategy for the pupil e.g. a time-out card that he can use to leave class and go to a pre-arranged quiet place when stress or frustration levels get high.

• Some ‘warning signals’ might be useful so that the pupil is aware of when his/her behaviour is becoming problematic e.g. placing a card on his/her desk or touching shoulder.
Mental Health

- Conduct Disorder and Oppositional Defiant Disorder
- Anxiety
- Depression
- Attachment disorders
- Eating disorders
- Substance misuse
- Deliberate self-harm
- Post-traumatic stress

Regular consultation sessions are offered with primary CAMHS twice/month for school staff, see Appendix 3

For further information on mental health disorders please refer to "mental health and behaviour in schools - March 2016", pages 34 - 46.
Pathological Demand Avoidance

West Cheshire ASD Pathway

Pathological Demand Avoidance (PDA) is not a recognised diagnosis within the International Classification of Diseases (ICD-10) or DSM-v. The West Cheshire ASD Pathway team have agreed that although we do not consider PDA as a separate diagnosis from autism, we do recognise that the avoidance of demands is a particular feature for some children on the autism spectrum and that there are specific supportive strategies that may be more useful in those cases. Avoidance of demand can also be observed with children and young people who do not have ASD.

Unlike many children and young people with ASD, the need for control is stronger than their requirement for structure imposed by another.

Considerations For Supporting Pupils Who Resist/Avoid/ Demand

Children and young people on the Autism Spectrum with significant demand avoidance difficulties can present with very challenging behaviour. It is important to recognise that often these difficulties are driven by high levels of anxiety, and present as a need to control social situations. Above all, pupil-centred support is necessary, based on the individual needs and tolerance levels of each child.

1. Often demand avoidance is not something that the pupil can overcome by an act of will
2. Staff need to have a variety of strategies on hand, use short term, impromptu and surprise rewards and expect that previously successful rewards might stop working
3. Avoid actual confrontation so far as you possibly can, for example by offering limited choice or distraction. Expect to be indirect in all demands made, rather than directive.
4. It can be helpful to think about priorities, and choose beforehand which issues to press through and which to let go; this makes it easier to be both reasonably consistent and kind
5. Positive alternatives need to be offered (focus on what to do, not what to not do)
6. Introduce goals gradually, building on positive experiences
7. A trusting relationship is more significant in making progress than simple consistency- consider a ‘key-worker’ approach.
8. Remember that role-play and pretending are strengths, and use these
9. Teachers need considerable support from both colleagues and parents, and vice versa. Consistent, meaningful communication is paramount.

Ref. http://www.pdacontact.org.uk  Professor Elizabeth Newson (Nottingham Early Years Diagnostic Centre) and Phil Christie (Sutherland House School)
Child with Pathological Demand Avoidance: some suggestions

PDA is an anxiety driven need to be in control and avoid other people’s expectations

In general:

A keyworker who forms a strong working relationship with the child will be crucial to success but the accompanying stress for this person can be overwhelming at times. It is worth considering having more than one person and the entire staff team needs to be on board too. The child with PDA can have flare-ups despite the previous half hour being so pleasant, he can without warning be verbally hurtful and rejecting, so it takes considerable patience, tolerance and commitment on the part of keyworkers if they are to feel they are succeeding. Parents and keyworkers often describe being with the child with PDA as like walking on eggshells all day long. Adults need to be creative, resilient and resourceful, they need to be able to offload the stress by talking to other people - and a strong sense of humour helps.

Disguise demands so that the child still feels in control

- Have a completely individual curriculum for the child
- Ask without asking, don’t make an overt demand but casually say something will happen
- Make a game of it
- Offer to time the activity
- ‘I wonder what the best way to do this is.’
- ‘I bet you can’t …’
- React as though you haven’t heard their objections and simply carry on
- Take things very slowly
- Use humour, distraction, excitement
- Use the child’s own interests
- Ask the child to help you instead
- Give choices of two activities
- Use visual clarification methods
- Use written lists
- Allow more thinking time
- Use alternative names for lessons eg not ‘English’ but child’s own special project
- Avoid the restraints of timed activities
- Use drama and puppets

Avoid praise as this makes the child feel under your control

- Praise the child to someone else
- Use indirect praise such as commenting how good the work looks
- Use a neutral tone of voice, don’t communicate your own emotional states or needs
Avoid long term or structured reward systems as they threaten the child’s control

- Accept that rewards are routinely rejected and do not motivate
- Use short term, impromptu and surprise rewards
- Expect previously successful rewards to stop working
- Be flexible
- Work within the child’s special interests
- Use bargaining and negotiation, allowing child choices in exchange for compliance

Have clear arrangements for behavioural incidents

- See meltdowns as panic attacks
- Have an agreed safe haven, or even a den which is totally safe physically
- Have small number of basic ground rules which are non-negotiable
- Carry through consequences
Resources and Sources of Information

ADHD

- ADHD websites
  - www.nice.org.uk/guidance/CG72/ifp/chapter/about-this-information
  - www.livingwithadhd.co.uk
  - www.adhdandyou.co.uk
  - www.fullattention.co.uk
  - www.addiss.co.uk

- SDQ
  - www.sdqinfo.com

Emotional and Social Development

- Examples of resources:
  - PSHE and SEAL (Primary / Secondary) resources
  - Strengths Cards (Incentiveplus)
  - The Bear Cards: feelings
  - The Incredible 5 Point Scale (Karin Dunn Buron)
  - Comic Strip Conversations, Social Stories (Carol Gray)
  - Talicor Totika, game focused on building self-esteem
  - A Volcano in my Tummy: Helping Children to Handle Anger (E. Whitehouse & W. Pudney)
  - Temper Tamers in a Jar: Helping Kids Cool Off and Manage Anger Cards
  - Emotional management games e.g. Escape from Anger Island
  - Social skills games eg. The Socially Speaking Game (Alison Shroeder)
  - Making Sense of Behaviour, series of booklets to address difficulties children encounter, with ideas for solutions (Rob Long)
  - Relax Kids, books & audios
  - Mindfulness exercises / Mindfulness in Schools Project eg. .b mindfulness programme for young people aged 11 to 18
  - The Boxall Profile, a framework for focussed assessment and intervention of children and young people with social and emotional behaviour needs. Used in connection with nurture groups.
  - Nurture Groups: see The Nurture Group Network
  - HeartMath®, biofeedback programme, developing breathing and positive emotion techniques
  - A Quiet Place, an individually designed school space for emotional support and intervention
  - Steps of Responsibility, teaching children to take responsibility (Dr Ben Furman)
  - Retracking, to promote student effectiveness and support students who may be at risk of exclusion (Jenny Bates)

- Programmes of targeted work:
  - STOP THINK DO Social Skills Training - programmes for primary / secondary aged pupils (Lindy Petersen and other authors, 2002 / 2004)
- Think Good Feel Good, CBT activities programme (Paul Stallard, 2005)
- The Homunculi Approach, a flexible CBT programme for young people with emotional behaviour needs or on the autism spectrum (Anne Greig & Tommy MacKay, 2013)
- Self-Esteem Programme: Emotional Literacy in Action (Shay & Margaret McConnon, 2013)
- The Cool Kids Program – to help kids learn skills to manage their worries (Lyneham, Abbott, Wignall & Rapee, 2003)
- Kids’ Skills Programme, a solution-focused skills development programme (Dr Ben Furman)
- FRIENDS Programs - a series of Resilience programs aiming to increase social and emotional skills, promote resilience and positive health (Paula Barrett).
- Time to Talk: A Programme to Develop Oral and Social Interaction Skills for Reception and Key Stage One (Alison Shroeder, 2001)
- Socially Speaking: Pragmatic Social Skills Programme (Alison Shroeder, 1998)
- Talkabout series, including Self-awareness and Self-esteem, Social Communication, Relationships, for Teenagers (Alex Kelly)
- Social Skills Training materials (Susan Spence)
- The Skills of Friendship Programme: Emotional Literacy in Action (Shay & Margaret McConnon, 2013)

Recommended texts

- Draw on Your Emotions (Margot Sunderland, 1997)
- Draw on Your Relationships (Margot Sunderland, 2008)
- Inside I'm Hurting: Practical strategies for supporting children with attachment difficulties in schools (Louise Michelle Bombèr, 2007)
- What About Me? Inclusive strategies to support pupils with attachment difficulties make it through the school day (Louise Michelle Bombèr, 2011)

OT Information Pack – see separate resource – Ready to Learn

Websites
Information and resources:

- [www.aquietplace.co.uk/schools/](http://www.aquietplace.co.uk/schools) - design A Quiet Place within your school to support the development of emotional health and well-being within an emotional intelligence curriculum
- [www.elsa-support.co.uk/](http://www.elsa-support.co.uk/) - resources to support emotional literacy in schools
- [www.incentiveplus.co.uk](http://www.incentiveplus.co.uk) - practical and professional educational resources, supporting additional needs, plus personal, social and emotional development
- [www.minded.org.uk/](http://www.minded.org.uk/) - MindEd, resource on children and young people’s mental health, learning programmes for adults
- [www.mymind.org.uk](http://www.mymind.org.uk) - NHS website, run by CWP CAMHS. Information for children and young people, parents / carers, professionals. See ‘The Box’ for helpful activities / tools for children and young people
- **www.mindfulnessinschools.org/** - information for teachers, parents and students
- **www.nurturegroups.org/** - The Nurture Group Network, information and guidance on Nurture Groups, The Boxall Profile for focused assessment and intervention
- **www.relaxkids.com** – information and resources for children and young people
- **www.twinkl.co.uk/resources/special educational_needs-sen** - primary resources to support children’s special educational needs, including emotional and social development
- **www.ultimaperformance.co.uk/heartmathinschools** - HeartMath®, biofeedback programme
- **www.xenzone.com/kooth.html** – Kooth, free online advice and counselling for young people (11 –25 year olds)
- **http://www.theyellowkite.co.uk/** Attachment support service for schools

Information and advice:

- **www.autism.org.uk/** - The National Autistic Society, information and support
- **www.westcheshirelocaloffer.co.uk** - The Local Offer
- **www.iassnetwork.org.uk/find-your-iass/north-west/cheshire-west-chester/** - Information, Advice and Support Service (IASS)
Appendices

1. Referral and Consent Form
2. ADHD/behavioural “Request for Information Form”
3. Social communication “Current Concerns Form”
4. CAMHS consultation leaflets
5. General Teacher Techniques and Strategies for de-escalating conflict
6. How do we speak with children?
7. How to Grow a Nurturing Classroom
8. TAMHS Risk and Resilience Framework
9. General Tips and Strategies for Parents / Carers
## Community Paediatric Referral and Consent Form

Please send completed form to: Community Paediatric Team, Kingsway Children’s Centre, Kingsway, Chester CH2 2LB

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth</td>
<td>Year Group</td>
</tr>
<tr>
<td>Address and telephone number</td>
<td>GP Name and address</td>
</tr>
<tr>
<td>Name and role of person completing form</td>
<td>Referral Accepted</td>
</tr>
<tr>
<td>Date:</td>
<td>Reason for rejection</td>
</tr>
</tbody>
</table>

Reason for this referral:
Please attach supporting documents/reports, **completed by school:**

<table>
<thead>
<tr>
<th>Please include</th>
<th>Please do not include</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Analysed</strong> SDQ</td>
<td>Sensory Checklist</td>
</tr>
<tr>
<td>2. Summary SEN Pupil Profile</td>
<td>ABCD chart</td>
</tr>
<tr>
<td>3. Relevant Professional reports e.g. autism team, Educational psychology report, SALT report</td>
<td>Detailed Child Observation record. You may include a summary of your observation/analysis</td>
</tr>
<tr>
<td>4. “Request for Information Form”, appendix 2 resource pack, if <em>inattention/hyperactivity/uncertain behaviour difficulties/ possible ADHD</em> observed in a child</td>
<td>Tally sheet</td>
</tr>
<tr>
<td>5. “Current Concerns Form”, appendix 3 resource pack, if <em>social communication difficulties</em> observed in a primary school child</td>
<td>No need to send “Developmental History form” but record parental and any other concerns on this form</td>
</tr>
</tbody>
</table>

I give my consent for my child to be assessed and supported within the behaviour pathway. This may include sharing information between agencies involved e.g. community paediatricians, schools, school nurses, speech and language therapy, the autism team, educational psychologists and the child and adolescent mental health service.

<table>
<thead>
<tr>
<th>Parent signature and name</th>
<th>Young person’s signature if applicable</th>
</tr>
</thead>
</table>

**CC GP:** Dear GP, school have referred this child, to the community paediatric team, for assessment of behavioural needs. Please contact the referrer or the paediatric team if you have any queries or information to add. Many thanks.
REQUEST FOR INFORMATION FORM
(To be completed by the school)
Referral to community paediatrics for Inattention/Hyperactivity-impulsivity/Behaviour difficulties/ possible ADHD

Child’s Name……………………………………… DOB………………………………………

School……………………………………………… School Year…………………………

Attainments at school = Below Average Average Above Average

SATS Results with Date:
Literacy
Maths
Science

Code of Practice Yes/No

SEN support Top Up Education and Health Care Plan (EHCP)

Support provided:

Please enclose the following documents:
- Referral and consent form explaining reason for referral and child’s details (appendix 1, page 42)
- SDQ
- Record of strategies applied and progress (this may be evidenced through an SEN Pupil Profile)
- Professional reports

What Professionals/Services are involved:-

<table>
<thead>
<tr>
<th>Name</th>
<th>Service</th>
<th>Professional report attached</th>
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<tbody>
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</table>

Please return form to:
Community Paediatric Team, Kingsway Children’s Centre, Kingsway, Chester CH2 2LB
Child’s Name: - …………………………………………………………………………………

I would be grateful if you could detail some of the behavioural difficulties observed at school and the child’s response to rules and discipline.

- Classroom behaviour in lessons which demand attention and tasks completion. Taking into account any learning difficulties.

- General organisational skill, e.g. correct books in lessons, stationary, P.E. kit remembered etc.

- Relationship with peers in play and co-operative classroom work.

- Level of activity, attention span and impulsiveness in relation to child’s learning age.

- Level of self-esteem.

Signature: …………………………………….. Date: ……………………………

Role: ……………………………
# CURRENT CONCERNS FORM

Re social-communication difficulties
(To be completed by school)

<table>
<thead>
<tr>
<th>Name of child:</th>
<th>Is this a Child in Care? Y / N</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School:</td>
<td></td>
<td>Year Group:</td>
</tr>
<tr>
<td>Completed by (by someone who knows the child well in school):</td>
<td>Date completed:</td>
<td></td>
</tr>
<tr>
<td>Role:</td>
<td></td>
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</tbody>
</table>

*Please complete as fully as possible giving examples where you can*

<table>
<thead>
<tr>
<th>In general what are the child’s strengths and needs?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengths</td>
<td>Needs</td>
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<td></td>
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</tbody>
</table>

*Please list any professionals you know of who work with this child in addition to school staff:*

*Please attach relevant professional reports*

- The Psychology Team
- Occupational Therapy
- CAMHS
- SALT
- Autism Team
- Paediatrician

## ACADEMIC ABILITY

<table>
<thead>
<tr>
<th>Child’s ability</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>SATS results with school year:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Literacy</td>
<td>Science</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the child on the Code of Practice?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>At what stage?</th>
<th>SEN support</th>
<th>Top Up</th>
<th>EHCP</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Is the pupil learning and making academic progress in line with their academic ability?</th>
<th></th>
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</table>
1. **SOCIAL INTERACTION (ALL KEY STAGES)**

<table>
<thead>
<tr>
<th>Does the child have particular friends?</th>
<th>How easy is it for the child to make and keep friends?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the child popular?</td>
<td>Tell us how the child differs in 1:1 versus group situations?</td>
</tr>
</tbody>
</table>

**What is the child like with the following?**

**Initiating contact**

<table>
<thead>
<tr>
<th>With peers</th>
<th>With adults</th>
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</table>

**Co-operating**

<table>
<thead>
<tr>
<th>With peers</th>
<th>With adults</th>
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</table>

**Sharing and responding to other people**

<table>
<thead>
<tr>
<th>With peers</th>
<th>With adults</th>
</tr>
</thead>
</table>
## Follow instructions/ Recalling information

<table>
<thead>
<tr>
<th>With peers</th>
<th>With adults</th>
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**Does the child show empathy, how does he/she react if someone is hurt or upset?**

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## IMAGINATION (KEY STAGE 1)

If appropriate, what sort of pretend games does the child engage in, if any? Is he/she creative or elaborative in his/her imagination? Does he allow others to participate?

<p>| | |</p>
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**How does the child use the home corner? (If appropriate)**

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## COMMUNICATION (ALL KEY STAGES)

**How does the child make his needs known? Please give examples**

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Can he have a two-way to and fro conversation (not just answering questions). Does he talk freely about specific topics only or a variety of topics? With you? With other children? Examples........

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</table>

**Does the child have difficulty joining in a group discussion?**

<p>| | |</p>
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</table>
Does he/she use body language effectively to communicate e.g. eye contact, facial expressions and gestures?

Are there any ‘unusual’ aspects to the child’s speech? (Tone of voice, volume, echoing, repetition or unusual vocabulary) Please give examples

For Key Stage 2+ only:
Does the child grasp abstract concepts or inferential tasks?

### 4. SENSORY (ALL KEY STAGES)

Tell us about any unusual response the child has to the following:

<table>
<thead>
<tr>
<th>Noise</th>
<th>Touch</th>
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</table>

<table>
<thead>
<tr>
<th>Smell</th>
<th>Any others</th>
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</table>

### 5. COORDINATION (ALL KEY STAGES)

How does the child do at PE? Does the child seem more or less co-ordinated than other children? In what way?

What are his/her organisational skills like?

What is the child’s concentration like?
### 6. BEHAVIOUR (ALL KEY STAGES)

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much attention does he/she demand in the classroom?</td>
<td></td>
</tr>
<tr>
<td>What is the child’s self-esteem/confidence like?</td>
<td></td>
</tr>
<tr>
<td>Are there any specific management difficulties? What are these and what are the triggers (if known)?</td>
<td></td>
</tr>
<tr>
<td>How does the child differ at lunchtimes/play times/other unstructured times compared to in the classroom?</td>
<td></td>
</tr>
<tr>
<td>How does the child behave in assembly?</td>
<td></td>
</tr>
<tr>
<td>Tell us about any rigid or unusual behaviours/accepting other people’s views</td>
<td></td>
</tr>
</tbody>
</table>
If there is a change, how does the child react? E.g. change in the timetable e.g. Christmas Play, a school trip or a new teacher

Does the child have unusual highly specific narrow interests or obsessions? Or enjoys collecting, numbering or listing? Please describe

Tell us about any unusual mannerisms (repetitive body movements e.g. hand flapping, tensing)

Is there a significant difference in the way the pupil behaves at home and at school?

Any other comments/concerns?

Thank you for taking time to complete this form. The information provided is an important part of the full assessment of this child and will hopefully assist in reaching an appropriate diagnosis and identify his/her needs.

Schools, please return form to Community Paediatric Team, Kingsway Children’s Centre, Kingsway, Chester CH2 2LB
West Cheshire Tier 2 0-16 CAMHS Consultation Service

- Are you working with children aged 0-16 and their families?
- Are you unsure if a CAMHS referral is needed?
- Would you like to talk about cases where children's mental health is a concern and gain some advice?

If so, Tier 2 CAMHS are offering consultations to all professionals who are working with children and families either face-to-face or by telephone. We can offer advice, guidance and suggestions to help you support the young person and their family in a Tier 1 setting.

**Face-to-face consultations**
To access this consultation please book a 30 minute slot per case on **07795 814 247**. Please let us know if you have more than one case to discuss so that we can allocate more time. 
*Please note you must obtain parental consent to discuss a named child.*

Alternatively you can access a telephone consultation on **07795 814247** with a Tier 2 Primary Mental Health Worker. The answer phone will be checked every weekday at 1:00pm so please leave a message and we will get back to you as soon as possible.

Please note, this number is for **Tier 2 consultation purposes only** and is in addition to the Tier 3 emergency frontline service. If you would like to discuss a child who is already open to CAMHS and has an allocated worker, please use the landline number **01244 393 200** and not the consultation mobile number.

**Is my case suitable to discuss at a Tier 2 CAMHS Consultation Slot?**
Within the 0-16 CAMHS team there are two tiers, Tier 2 and Tier 3. Please find below a brief summary of both:

**Tier 2** — Mild-moderate mental health difficulties such as mild anxiety, phobias, low mood, challenging behaviours combined with a mental health difficulty.

**Tier 3** — Moderate to severe enduring mental health difficulties and disorders, such as depression and self-injury.

If your enquiry is of an urgent nature, or you wish to speak with a Tier 3 frontline worker, please contact us on **01244 393 200** Monday to Friday, 9:00 - 5:00.
**General Teacher Techniques**

The following techniques have been shown, for example through the work of Bill Rodgers (2002), to be part of the effective teacher’s management of pupils’ off-task behaviour.

<table>
<thead>
<tr>
<th>Teacher techniques</th>
<th>How?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Choice</strong></td>
<td>Gives pupils some control over a situation which is less likely to initiate point-blank refusal. Providing pupils with a choice of options can allow them to save face in front of their peers. Examples include: ‘I want you to get on with your work or (consequences), it’s your choice’. ‘If you choose to (action), then (consequence) will happen’ or ‘(NAME), you can sit over here or sit next to Peter (implicit choice)’</td>
</tr>
<tr>
<td><strong>Take-up time</strong></td>
<td>Allows pupils not to lose face. Watching and waiting is, in a way, issuing a challenge. We need to be clear and confident about expressing expectations. Follow an instruction with a pause to allow pupils time to comply. Examples include: ‘Could you open your book and start work now, Jane. I’m going to see Bill who needs some help but I’ll come back in a minute if you need any help’</td>
</tr>
<tr>
<td><strong>Vigilance and vigilant ignoring</strong></td>
<td>Sometimes attention to an unwanted behaviour can equal a reward for a pupil even when it’s negative attention; this may unintentionally increase the chance of it happening again. A good rule of thumb is to pay no obvious attention to minor unwanted behaviour that’s not on the class charter list – however unwanted. However, these behaviours can be addressed through use of Fair pairs to praise pupils who respond in the way that you want</td>
</tr>
<tr>
<td><strong>Assertive and implied Instruction</strong></td>
<td>‘NAME, I need you to listen carefully to the instruction, so that I know you have heard the information, thank you.’ Adding ‘thank you’ to the end of an instruction communicates an implied expectation to a pupil.</td>
</tr>
<tr>
<td><strong>Fair Pairs and Three Part Praise.</strong></td>
<td>This is the idea of dealing with unwanted behaviour by focusing on an incompatible ‘good’ behaviour by another peer, with three part praise. Three part praise includes: pupil name, clear praise and specific behaviour. Eg. Gary, you’ve got your hand up, that’s good. What can you tell us? ; Superb sharing. I love the way David has been very kind; Tom, great to see you thinking carefully about the choices you’re making. When the target pupil has shown the desired behaviour, provide them with three part praise also.</td>
</tr>
<tr>
<td><strong>Partial agreement</strong></td>
<td>Reflects confrontation with pupils by acknowledging concerns, feelings and actions. Examples include: ‘Yes, you may have been talking about your work but I would like you to...’ ‘Yes, it may not seem fair but...’</td>
</tr>
<tr>
<td>Approach</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------------------</td>
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</tr>
<tr>
<td><strong>When-then direction</strong></td>
<td>Avoids the negative by expressing the situation positively. Examples include: It is better to say, ‘When you have finished your work, then you can go out’ than ‘No, you cannot go out because you have not finished your work’.</td>
</tr>
<tr>
<td><strong>Privately understand signals</strong></td>
<td>Draws the class together and builds in sharing times. Examples include: clapping your hands gently twice; or standing next to a ‘learning zone’ poster in the room. An individual pupil may recognise a gesture from the teacher as a reminder to concentrate on work.</td>
</tr>
<tr>
<td><strong>Tactical ignoring</strong></td>
<td>May be appropriate for attention-needing behaviour. This could be an example of secondary behaviour. Ignore the ‘target’ pupil but praise the nearby pupil. If target pupils change their behaviour, praise them. Examples include: The teacher may say to a nearby pupil: ‘Well done. You have remembered to put your hand up to answer a question’.</td>
</tr>
<tr>
<td><strong>Redirect behaviour</strong></td>
<td>Reminds the pupils what they should be doing and avoids getting involved in discussions about what the pupils are doing wrong. It may be possible to focus their attention on the required task. Examples include: ‘Okay, Maria and Mark. We’re looking at the extract from Tennyson on page 23 of your books’.</td>
</tr>
<tr>
<td><strong>Consequences and sanctions</strong></td>
<td>Needs to be in line with the school policy and be implemented clearly and consistently. Examples include: ‘Remember the school rule, Phil. If you are late for lessons without a pink slip you make up the time at lunchtime. It’s there on the poster to remind us all.’</td>
</tr>
<tr>
<td><strong>Deferred consequences</strong></td>
<td>Deals later with a pupil who is misbehaving and therefore removes the ‘audience’, that is the rest of the class who are watching the drama unfold, and also avoids a possible confrontation. Dealing with a pupil in a one-to-one situation is more likely to have a positive outcome. Examples include: ‘I’d like to sort this out, Annie, but we can’t do it now. I will talk with you at 10.30.’</td>
</tr>
<tr>
<td><strong>Indirect instruction</strong></td>
<td>Some pupils may seek to actively avoid direct instructions / demands placed upon them. For these pupils, direct instructions often do not work. Instead, you may need to practice ‘asking without asking’ and provide indirect whole class / group instructions (eg. ‘I wonder if someone can show me how to…’). Also, try to present CHOICES, so the child feels in control of the situation.</td>
</tr>
</tbody>
</table>
**Strategies for de-escalating conflict**

The following strategies have been shown as effective when managing pupil conflict within the classroom.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>How?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Modelling</strong></td>
<td>The key strategy for managing minor conflict within the classroom is for the teacher to model positive conflict resolution behaviour. If a teacher uses sarcasm, overuses shouting, always responds punitively to minor infringements, holds a grievance, etc... then the students may view this as the ‘rules of engagement’ in the classroom and act accordingly.</td>
</tr>
<tr>
<td><strong>Use of Language</strong></td>
<td>Use constructive language when advising students on their interactions with one another, “Please speak politely to each other”. Rather than “Don't call each other names.” For some students with concentration and receptive language difficulties, using the negative means they automatically focus on the negative – and then tend to act impulsively on this thought.</td>
</tr>
<tr>
<td><strong>Triggers</strong></td>
<td>Try to spot discreet triggers amongst the students who regularly engage in conflict – especially comments (often seemingly harmless single words), leading questions, sly nudges and throwing etc... that some students will use to provoke confrontation whilst avoiding unwanted teacher attention/classroom sanctions. If possible, ask a colleague to come and ‘help out’ in a lesson with the aim of spotting these triggers and those students involved.</td>
</tr>
<tr>
<td><strong>Diversion Tactics</strong></td>
<td>Following conflict, ask the student/s involved either going with another member of staff to do a job for 5 – 10 minutes or if you can trust them, running an errand. This will help provide ‘cool off’ time and distract their attention from the previous issue.</td>
</tr>
<tr>
<td><strong>Solution-Focused</strong></td>
<td>If students are in constant conflict, remove either individually or together from the classroom audience to discuss the issue. Move away from the typical ‘who started it’ discussion and direct them towards ‘moving on’. Students with social difficulties are likely to have a deeply embedded view that the only way of ending a conflict is by ‘winning’ the argument and will need repeatedly coaching in ‘letting go’.</td>
</tr>
<tr>
<td><strong>Slow Motion Repeats</strong></td>
<td>Some students fall into a habit of ‘quick responding’ - they will misread situations and rapidly respond defensively/aggressively. On talking through a conflict, try to break it down into steps to raise their awareness of how the conflict emerged. Where appropriate, it can be useful to have another adult sit and explain what happened as a ‘neutral’. It is important during this process, that the language ‘taking responsibility’ and ‘putting things right’ is focused upon rather than ‘blame’ and ‘punishment’.</td>
</tr>
</tbody>
</table>
How do we speak with children?

How do we speak of children?
How do we speak with children?
How do we write about children?
How do we listen to children?
How do we listen to ourselves (when working with children)?

(Billington, 2006, p.8).

It is important to reflect upon our own language and non-verbal communication (body language / gesture) during interactions with children and young people and to consider how this may influence such interactions and situations.

Remember the following when speaking and communicating with children and young people:

- Provide clear and positively framed instructions (state what you want to happen, not want you don’t)

- Use a calm, neutral tone and body language.

- Acknowledge and validate their feelings and possible viewpoint about a situation.

- Focus on the incident and the behaviour, not the child (don’t personalise). Separate the ‘problem behaviour’ from the child; the problem is the ‘behaviour’, not the child.

- Be solution-focussed and aim to look for positive intentions in their behaviour so that you can reframe it for yourself and the child / young person.

- Use names of individual children to elicit comments and check back - Using students’ names makes communication more specific and more personal, and can therefore have more effect especially when praising, instructing or asserting a rule. However, it is important to remember that it also makes things more personal when delivering a reprimand - this might not be what you want…..

- Use the word “we” rather than “you” when correcting work or behaviour (eg. “we must not throw things round the classroom”). This makes the rule clear and that it is nothing personal, but applies to everyone without putting the student on the spot and gives no cause for self-justification or denial.

- Give positive affirmations.
- Use visual supports, non-verbal prompts or gesture to reinforce positive actions and efforts (you may wish to agree a private prompt signal with the child).

- Use humour (*only use as appropriate to the individual child – you should know whether this is a strategy your child does or does not respond well to).

- Explicitly demonstrate, model and communicate active listening skills, emotional expression and regulation as well as social problem-solving behaviour (it is important for children to see from the adults around them how key skills are exercised).

- Discipline with empathy, not anger or confrontation, e.g. ‘I know it can sometimes be hard for you to…., but remember that you now have to …’.

- Practise assertive communication, not aggressive or passive. Develop the art of ‘clean feedback’, in which you separate out a description of a behaviour and what you infer from it.

- Develop a common vocabulary which re-frames behaviour in an attempt to understand what might be driving it or what it might be showing us. Ask, for example, “What is the child’s need?”; “What do we want?”; “What might be happening for the child underneath the presenting behaviour / surface?”; “How does this make you feel?”

- Find ways to comment indirectly or wonder aloud – “I’m wondering if...” or “some people find it tricky / horrible to...” – this can help to ease anxiety by putting a name to it (it is not necessary to be able to interpret at this stage).

- Try to read the mood (‘emotional climate’) of the child before choosing a particular strategy.

- Remember ARC:

Accept Respect and Change

A good principle to follow is called ARC. This stands for Acceptance Respect and Change and is applicable to all interactions.

Acceptance: - This means that in trying to change something we start from where people are at, rather than where we think they should be. A practical example would be we believe that Callum should have learned the rules of the class. But if Callum hasn’t learned the rules, we accept that, and work from that point. This might mean giving him some time on finding out where he is, giving him information and time to catch up.
Respect: - This means that we don't make any assumptions about the intentions of students whose behaviour has been problematic. In general, people don’t see their behaviour as problematic; they have reasons for doing what they do. Respect demands that we assume that their intentions are not bad unless there is clear evidence otherwise. Pupils who recognise this measure of respect are more likely to go along with suggestions.

Change: - While we accept where they are, and respect their motivations, we believe that change is always possible – no one is lost! In fact, by the acceptance and respect that we show, change is made more possible because plans will be more appropriate and the student will feel better disposed.

Note - it is important to ‘know your child well’ in view of their strengths, interests and needs. Give careful consideration when implementing specific strategies and interventions as not all strategies will be appropriate to every child.

We become the stories that people tell about us

(as suggested by Bruner, 1986)

As adults around our children and young people, we are in a privileged position. We have a duty of care to open up new possibilities for our children and young people, through the words we choose to use and the stories we choose to tell.
How to Grow a Nurturing Classroom

**Social Environment**
- Feeling ‘safe to fail’

**Quality of Relationships**
- Adult: Child
- Child: Child
- Adult: Adult

**Use of Affirmations**

**The Teacher** (and other adults in school) is the key resource

**Belonging and Mattering**
- Connectivity and Community

**Whole school culture and ethos**
- ‘This is what we all do here…’

**Use of Language**
- Verbal

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**Physical environment**

**Furnishing and Resources**
- Carefully chosen to meet a variety of needs/purposes

**Organisation of Equipment**
- Accessibility
- Care and maintenance
- Attractive storage

**Sensory Experiences**
- Consideration of our need to see, hear, touch, taste, and smell good things around us

**Teaching environment**
- Teaching social interaction skills and emotional literacy

**Learning Environment**

**Access to the Curriculum**
- Differentiation of task, teaching approach and recording method.
- Recognition and use of children’s preferred learning styles.

**A broad and balanced curriculum**
- **Academic**
  - Creative – music, arts, drama
  - Physical Education – sports, games, gym, dance, swimming
  - Interpersonal skills – friendship, co-operation, negotiation, empathy
  - PSHE and SRE – emotional literacy skills, relationships, citizenship, health and well-being, staying safe
- **Thinking skills** - philosophy, problem solving, decision making

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What are the aspects of a nurturing classroom?
# Growing a Nurturing Classroom

Nurturing Ideas shared by Teachers and Support Staff:

<table>
<thead>
<tr>
<th>Physical Environment</th>
<th>Teacher as a Resource</th>
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<tbody>
<tr>
<td>• Nurturing ethos</td>
<td>• Knowledge base of psychological influences on child development</td>
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<tr>
<td>• Display of positive rules</td>
<td>• Personally communicative with each children</td>
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<td>• Clear routines</td>
<td>• Good observation skills</td>
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<tr>
<td>• Positive recognition systems</td>
<td>• Joint planning / assessment and peer supervision</td>
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<tr>
<td>• Quiet area / tent with soft furnishings</td>
<td>• Use of non-verbal communication as well as language</td>
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<td>• Class feelings check-in display</td>
<td>• Realistic expectations</td>
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<td>• Emotional literacy cushions</td>
<td>• An understanding of each child’s holistic needs</td>
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<tr>
<td>• Smiley charts</td>
<td>• Positive and playful</td>
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<td>• Music, photographs, feelings books</td>
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<td>• Classroom mascots</td>
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<td>• Thinking chair</td>
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<td>• Calm box (range of calming, soothing activities)</td>
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<td>• Worry box / dolls</td>
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<tr>
<th>Strategies / Interventions</th>
<th>Extending support beyond school</th>
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<tr>
<td>• Circle time</td>
<td>• Home visits / family support</td>
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<td>• R time</td>
<td>• Developing open and trusting</td>
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<td>parent / carer and school</td>
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<td>relationships</td>
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<td>• Parents / carers feel</td>
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<td>valued and welcomed</td>
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<td>into school (open mornings)</td>
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<td>• Responsibilities and</td>
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<td>involvement</td>
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<td>• Parent / carer workshops</td>
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<td>in school</td>
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<td>• Protected, positive parent</td>
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<td>– pupil time in school</td>
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<td>• After school activities /</td>
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<td>outside of school clubs–</td>
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<td>developing autonomy</td>
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<td></td>
<td>• Reflective time for teachers</td>
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<tr>
<td>• Boxall Profile/other tools</td>
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<tr>
<td>• Nurture groups (see The Nurture Group Network)</td>
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<tr>
<td>• Peer mentoring / Buddying</td>
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<td>• Circle of Friends</td>
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<td>• Peer Mediation systems</td>
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<td>• Setting up friendships groups</td>
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<td>• Persona dolls, Talking toys</td>
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<td>• Responsibilities /special tasks</td>
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<td>• Importance of play</td>
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<td>• Reflective space for children</td>
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<tr>
<td>• Mindfulness for children / teachers</td>
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Risk and Resilience Framework
TAMHS Risk and Resilience Framework

Everybody's Business
CAMHS Tier 1 training

RISK
- Socio-economic disadvantage
- Overt parental conflict
- Failure to adapt to child's changing developmental needs
- Parental psychiatric illness
- Family breakdown
- Abuse - physical, sexual and/or emotional
- Parental criminality, alcoholism and personality disorders
- Death and loss
- Other significant life events

ENVIRONMENT
- High morale school with positive policies for behaviour, attitude and anti-bullying
- Supportive network
- Supportive long-term relationship
- Absence of severe discord
- Schools with strong academic and non-academic opportunities
- Range of sport/leisure opportunities

FAMILY
- At least one good parent-child relationship
- Clear, firm and consistent discipline
- Affection
- Support for education
- High standard of living

SELF
- Being female
- Higher intelligence
- Secure early relationships
- Easy temperament in infancy
- Positive attitude, problem-solving approach
- Good communication skills
- Planner, belief in control
- Capacity to reflect
- Religious faith
- Humour

Handout 3 Session 1
NCSS with HASCAS, 2006

Yvonne Anderson
General Tips and Strategies for Parents / Carers

Managing a Child’s Behaviour

- **Separate the behaviour from the problem** - ensure that we communicate to our children that it is their *behaviour* which is the problem, NOT the child themselves. Communicating this enables a better understanding that children can change their behaviour, helping to prevent a child from identifying with a problem / negative identity.

- **Listen to your child** – Listening to our children helps us to build trust and honesty with them. Stop, look and listen closely to your child (show active listening). Give value to what they say. *If we listen to our children, they will learn to listen to us and to each other.*

- **Be self-aware** – Be aware of our own feelings when managing children’s behaviour. It is important to acknowledge, accept and express our own feelings appropriately so that they do not get in the way of us managing our child’s behaviour calmly and consistently (they may need to be put aside temporarily).

- **Show understanding** – show understanding of our children’s feelings and behaviours. Notice and tune in to their emotions (excitement / distress) and help them to regulate their emotions through explicit commenting, describing and modelling. Much behaviour will likely include tantrums which are a natural stage of development – so don’t expect too much too soon.

- **Acknowledge their feelings / emotions** – it can be all too easy to dismiss children’s ‘upset / temper’ behaviours, especially when we have our own pressures, stresses and jobs to attend. It is really important to show active listening to our children (as we might wish them to show to us) and to acknowledge and validate their feelings / emotions (eg. ‘NAME, I can see you are feeling upset right now because... Let’s [shared strategy / activity] to help you feel calmer and to find your ‘Mr Cool / Mr Calm’). 

- **Create clear and firm boundaries** – ensure ‘clear, fair and consistent’ boundaries and expectations are communicated. This is important for children to be confident, independent and responsible. Children need to test boundaries in order to feel safe. We need to remain firm and calm to help them with this. Creating and keeping boundaries is a ‘family affair’ – everyone needs to agree to them and stick to them.

- **Teach cause and effect** - Be explicit about the cause and effects of behaviour, outlining the consequences of your child’s actions (picture storyboards are likely to help with this). Children are likely not to anticipate the consequences of behaviours / actions to the level that adults do. They will benefit from explicit and positive reminders.

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5 Based on The Parenting Puzzle, Family Links (2005)
- **Time to calm** – give children time to calm. This helps us to keep clear boundaries without nagging or adding our own angry outbursts (eg. ‘I can see you...; Now you’re feeling calmer, let’s...; It’s so nice when you...’).

- **Diverting and distracting** – if your child is showing an unwanted behaviour, switch your child’s attention to something of their interest. Offer them a different object or activity (without mentioning the unwanted behaviour).

- **Provide two choices** – if your child is insistent upon having their one way, provide them with two choices. Describe these clearly (‘NAME, you can choose ____ or ____’). Both choices should be ones you are happy to provide! (ie. ‘good / OK choices’).

- **Praise your child** – give specific praise to our children. Giving praise helps us, and our child, to remember what we’d like them to do. It helps us to feel good too. Where a child is finding a particular skill / behaviour difficult to do, remember to also praise ‘small steps towards’ them (parts of skills / behaviours).

- **Reward **EFFORT**!** – praise / reward **effort** as well as achievement. Rewarding effort it is often overlooked and can be more important than rewarding achievement. It is good to do this little and often. **Remember, our time, pleasure and attention are the best rewards!**

- **Celebrate family life** – ensure that you celebrate being together as a family and build in quality family time. Planning individual and protected ‘special one to one time’ with your child will also be of great value and benefit.