Social and Emotional Needs

Information Leaflet 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.

We would like to acknowledge and express a special thanks to Sue Wilkins of The Arches Community Primary School, whose commitment, contributions and insight throughout the development of the Behaviour Pathway / Resource Pack have proven invaluable and have provided the fundamental link to our schools. Thank you for leading and enabling its application into our schools and in the joint work to facilitate improvement and positive change.

Thanks are also given to the following schools and key persons who have helped to contribute to the development of the Behaviour Pathway and Resource Pack through the piloting stage:

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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

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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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  - Child with demand avoidant behaviour: strategies and suggestions

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### Acronyms

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>ADHD</td>
<td>Attention Deficit Hyperactivity Disorder</td>
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<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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<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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<td>PSHE</td>
<td>Personal, Social, Health and Economic Education</td>
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<td>SALT</td>
<td>Speech and Language Therapy</td>
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<td>SDQ</td>
<td>Strengths and Difficulties Questionnaire</td>
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<td>SEAL</td>
<td>Social and Emotional Aspects of Learning</td>
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<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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<td>SLD</td>
<td>Severe Learning Difficulty</td>
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<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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<td>ESAT</td>
<td>Early Support and Access Team</td>
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<td>TAMHS</td>
<td>Targeted Mental Health in Schools</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 iART / 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 /iART
- Sleep management

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

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 if secondary school child with social communicaton needs

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

ASD Pathway: Community paediatrics if primary school child

Complex Cases for Multi-agency Review
Introduction

The Behaviour Pathway has been developed in partnership with agencies. It encourages schools to identify children with additional behaviour / social emotional needs, address any learning and training needs, and put 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 should 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
   b. If ADHD suspected please complete:
      i. “Request for Information Form”, appendix 2
      ii. ADHD-RS, Parent and Teacher, appendix 3
      iii. +/- Analysed SDQ, parent and teacher, both pages 1 and 2
   c. If ASD suspected (or social communication difficulties) please complete “Current Concerns Form”, appendix 4
   d. Strategies that are in place and progress report (this may be evidenced through an SEN Pupil Profile)
   e. 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-focused therapy, family behavioural therapy and a school based behavioural programme, and medication management if needed.

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

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 scheme; Class Dojo points for positive behaviour; Ready to Learn – behaviour management system; house systems; merit awards).

- 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 (www.pshe-association.org.uk/) for guidance on developing a PSHE curriculum.

  Example approaches / programmes may include: Circle Time; Jigsaw, the mindful approach to PSHE (www.jigsawpshe.com); HeartSmart, whole school PSHE resource which builds resilience, emotional intelligence and active empathy in the hearts of primary school children (heartsmartprimary.com); Rise Above for Schools, PSHE lessons and teaching resources for secondary schools (www.pshe-association.org.uk/curriculum-and-resources/resources/rise-above-schools-teaching-resources).

- Establish whole school programmes / approaches, support systems and strategies to promote pupils’ social and emotional development, positive mental health and well-being, and healthy relationships throughout the school.

  Examples may include: My Happy Mind, a programme to help build resilient and happy minds in primary schools (myhappymind.org/); The National Nurturing Schools Programme, embedding a nurturing culture throughout school to enhance teaching and learning and promote healthy outcomes for children and young people (www.nurtureuk.org/our-services/training/national-nurturing-schools-programme); Peacemakers, to help children build healthy relationships and resolve conflict peacefully in primary schools (www.peacemakers.org.uk/); KiVa, evidence-based programme to prevent and tackle bullying through enhancing social-emotional skills (kivaprogram.net); Mindfulness in Schools Project, a mindfulness programme to promote positive mental health, greater well-being, focus and concentration (www.mindfulnessinschools.org/); Peer Mentoring; Restorative Justice 4 Schools - peer mediation/ conflict resolution programmes; Play Leaders; access to a School Counsellor or ELSA support.

  Whole school themed / focus weeks to teach and promote specific qualities and social emotional skills (eg. assemblies; menu of ideas for staff to develop pupils’ emotional and social competencies across the curriculum; utilise weekly school / staff bulletin or notice board - a positive thought / focus for the week for whole school community practice i.e. “Be kind to others”, “How to be a good listener to our peers”, “Practising gratitude / thankfulness”); a whole school ‘relationships policy’ (which addresses the social and emotional development of every pupil and includes all adults within the whole school community).
• Develop pupils’ thinking and reflection skills through varied approaches, programmes and strategies across the curriculum, eg. The PATHs Programme for Schools: Promoting Alternative Thinking Strategies – for primary aged children (www.pathseducation.co.uk); Philosophy for Children (P4C) to develop thinking and reasoning skills (p4c.com); Thinking Classrooms (www.thinkingclassroom.co.uk); 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; staff well-being workshops; social calendar activities.

• Cultivate highly skilled staff with emotional and social skills expertise eg. Emotional Literacy Support Assistants (ELSA), Emotional Mental Health and Well-being Lead, Learning Mentor, School Counsellor, Nurture Lead, Anti-bullying Co-ordinator, Mental Health First Aid Champion in School, 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 eg. Mental Health First Aid training (mhfaengland.org); MindEd e-learning modules (www.minded.org.uk).

It is good practice to audit your whole school / classrooms to review approaches, procedures and practice (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 all 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 eg. monitor roles, prefects, buddies / mentors, School Council across all classes / year groups; Unicef Rights Respecting Schools Award, putting children’s rights at the heart of schools (www.unicef.org.uk/rights-respecting-schools/).
- 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; The Six Principles of Nurture, NGN; implement nurturing principles – see Appendix 6: Growing a Nurturing Classroom).
- Create a safe space / quiet area for relaxation and calm or sensory breaks which children may access within the classroom / school environment, as needed.
- Address challenging issues / behaviours through a whole class focus such as PSHE lesson / Circle Time to target teaching, promote discussion, reflection and community problem-solving.

• 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; register for ELSA drop-ins; peer mediation / mentors).

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

Class Based Programmes / Interventions

Incredible Years Teacher Classroom Management
Universal classroom management programme for teachers of children between the age of 4 and 8. Aims to help teachers develop and support children’s social, emotional and problem solving skills.
www.incredibleyears.com/programs/teacher/classroom-mgt-curriculum/
Also see: guidebook.eif.org.uk/public/files/pdfs/programmes-incredible-years-teacher-classroom-management.pdf

Mindfulness in Schools Project
.b Curriculum, UK’s leading mindfulness curriculum for 11-18 year olds, helping to develop positive mental health, greater well-being, improved focus and concentration. Also see Paws b, a mindfulness curriculum for children aged 7 -11.
www.mindfulnessinschools.org/what-is-b/

Peacemakers Course
Course to help build class relationships through circle time in primary schools. Children develop social and communication skills, emotional literacy and techniques for responding to conflict.
www.peacemakers.org.uk/

R time
R time is a structured programme that builds and enhances relationships for children from early years to the end of primary school.
rt ime.info/uk/

Roots of Empathy
Evidence-based classroom programme helping to reduce levels of aggression among school children by raising social emotional competence and increasing empathy. In the UK, Roots of Empathy is delivered to primary school children during class time.
uk.rootsofempathy.org/roots-of-empathy/

Strengths Gym
Curriculum based application of positive psychology for schools. Course for young people to enable students and teachers to learn about, recognise, build upon, and use their character strengths more. Lessons link to PSHE.
www.pprc.gg/products/
The Resilient Classroom
A resource pack for tutor groups and pastoral staff to help build student resilience; an informative and practical resource for secondary schools. Free to download: youngminds.org.uk/media/1463/the_resilient_classroom-2016.pdf

The Good Behaviour Game – currently being piloted in the UK*
A behaviour management strategy designed to encourage prosocial behaviour and reduce disruptive behaviour, as well as increase academic achievement in the primary classroom. Children are divided into teams and are rewarded with points for good behaviour, according to basic classroom rules which are reviewed in class. Short games are played several times per week.
goodbehaviorgame.org/
Also see: guidebook.eif.org.uk/programmes/the-good-behaviour-game

Schools have a responsibility to ensure that there is a clear evidence-base to support any programme delivered within their school.

General Class Based Strategies
Examples may include:
Negotiate team or class based goals eg. weekly prosocial skills goals; sticker charts; visual timetables; identify and promote positive skills and character strengths through special roles and responsibilities; reward and praise efforts as well as outcomes; reinforce language of ‘choice’ and responsibility – children are responsible for their behaviour / have a choice how they respond; tailored positive behaviour plans / systems; develop a system of earned privileges (VIP of the day; additional Golden Time; points for tangible rewards); involve parents / carers in working together on specific goals / targets; create a child centred One Page Profile with the pupil with specific strategies of how best to support them; Circle Time; embed targeted PSHE / SEAL input within curriculum lessons; 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– does it meet pupils’ needs?; desired behaviour statements for whole staff reference, including midday assistants; guided / daily reflection activities; thinking / reflection time for unwanted behaviour; reflect upon choice of language used and communication with children eg. positive language, empathic communication etc.

Teach, model and practice relaxation exercises (eg. visualisation exercises, breathing techniques, guided meditation / relaxation, exercise / yoga, mindfulness exercises, explore individual calming strategies - likely to be different for each child). Consider ways in which the physical environment may be constructed to support and address pupils' needs (eg. position of seating and furniture; accessible safe space; interactive Emotional Literacy displays, feelings walls, visual emotional barometer, social and emotional thinking questions / keys). Create an emotional toolbox or personalised ‘Cool Box’ with pupils, with strategies and activities to support self-regulation (may also include sensory activities to regulate sensory needs).
Also see:

Appendix 7: General teacher techniques and strategies for de-escalating conflict
Appendix 8: How do we speak with children?
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 regulation:
  - Pupils may have a pass to enter school at break times if needed.
  - Individually plan and rehearse structured strategies for pupils if they need to access a safe and quiet space for calm and relaxation / emotional or sensory regulation.

- Access to a named Key Worker (eg. TA, ELSA, Learning Mentor, Pastoral support), 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’ throughout school day, end of day ‘check-out’ to review and reflect upon positives of the day and discuss next steps).

- 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 SMART targets for pupils and access half termly group supervision 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 cognitive behavioural strategies to help children to reflect upon their thoughts, feelings and actions, and the effect of chosen actions upon others. Set mini goals and tasks to help the pupil to practise new skills or ‘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 – to enhance the inclusion of a child in school who is experiencing difficulties in school because of a disability, personal situation or because of behaviour which may present challenge to others.

- Access of a Nurture Group 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 Nurture UK: www.nurtureuk.org/introducing-nurture/what-nurture-group-0).

  *There is also evidence that less intensive interventions based upon nurturing principles within the classroom 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 such as play therapy or talking therapy (ensure professional accreditation / qualification of counsellor / therapist).

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

- Co-ordinate a risk assessment and establish a risk and support management plan – agreed with parents / carers, staff and pupil, as appropriate.

- Person Centred Positive Behaviour Support Plan in place, with staff trained in Positive Behaviour Support (NB. physical intervention must always been seen as a last resort and used only where there is prevailing or perceived actual or significant risk of harm) e.g. Redstone Positive Behaviour Support Training – reducing behaviours that challenge through person-centred, ethical and evidence based approaches (redstonepbs.co.uk).

*Schools have a responsibility to ensure that there is a clear evidence-base to support any programme delivered within their 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 emotional skills and behaviour. For example, delivered in conjunction with additional whole school approaches, class based strategies, token reward systems, teacher support to model, prompt and reinforce specific skills, booster sessions to facilitate maintenance of learned skills, parent / carer training programmes / sessions.

- Give careful consideration to social skills 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.
# ABCD Chart

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<th>A</th>
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<th>D</th>
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<tbody>
<tr>
<td><strong>Antecedent</strong></td>
<td><strong>Behaviour</strong></td>
<td><strong>Consequence</strong></td>
<td><strong>Desired alternative / outcome</strong></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? How long did behaviour last?</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>
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<tr>
<td>Note: activity child was doing? Classroom environment? Peer / adult presence? Directions / demands made? General mood of child? Consider sensory aspects (e.g. temperature, noise, proximity of people, etc)</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). Record rewards or sanctions used in this incident (including duration of consequence). Identify the outcome e.g. what was the result of the actions taken? How did people feel?</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)? How will others behave when this occurs? How, when and where will you, and others, support the pupil to achieve this action / positive skill? What strategies / plan will be used to achieve this?</td>
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- **Gain the views of the child about what happened (although be aware that the child may not know).**
- **Identify environmental factors (day and time, peers, lesson, where sitting, what doing etc.).**
- **External factors to school (e.g. ask pupil / parents).**

**NB. There will always be an antecedent; the difficulty is working out what it was.**

- **Say what you see the child do. Record the facts.**
- **Identify the responses of all involved (peers and staff).**
- **Record rewards or sanctions used in this incident (including duration of consequence).**
- **Identify the outcome e.g. what was the result of the actions taken? How did people feel?**

It can be difficult to observe what is happening when in the middle of an incident. Having another person observe and record can be helpful.

- **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)?**
- **How will others behave when this occurs?**
- **How, when and where will you, and others, support the pupil to achieve this action / positive skill?**
- **What strategies / plan will be used to achieve this?**

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

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| What was happening prior to the unwanted behaviour?  
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) | Specific action: what exactly did the child do that was unwanted?  
How long did behaviour last? | What happened after the behaviour?  
(NB. behaviours followed by certain consequences, seemingly pleasant or unpleasant, may be reinforcing for the child). | 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? |

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.

**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.*
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.
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<tr>
<th>Specific Observable Behaviour</th>
<th>Lesson Task:</th>
<th>Lesson Task:</th>
<th>Playtime</th>
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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>
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<tbody>
<tr>
<td>Hurting other children.</td>
<td>I I I</td>
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- 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).

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<th>Behaviour</th>
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_Comments:_
**Focused Observation: Time Sampling**

Pupil: ____________________  Lesson / Activity: ____________________  Date: ____________

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

**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 15th 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>
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<th>3</th>
<th>4</th>
<th>5</th>
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**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


Dyslexia Friendly Schools Information Pack

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

We all have mental health, sometimes this can be positive but at other times it can be poor mental health and well-being. No Health Without Mental Health (2011) encourages all of us to make mental health our business, meaning we all have a responsibility to support the mental health and well-being needs of a young person. NICE categorise various mental health needs like specific anxieties or depressive episodes as mild, moderate and severe.

Check below, an example detailing the severity of anxiety and possible steps.

- **Mild anxiety** - Tension of everyday life could produce mild anxiety. This could be managed within school settings offering a little extra support. For many young people this support is enough.
- **Moderate anxiety** - At this level, a person loses the broader picture and they begin to focus only on the cause of the anxiety. By this stage a person may need an increase in the support at school, supportive measures may need to be looked at i.e. time out cards, regular opportunities to check in with a learning mentor, school nurse or a teacher. You may wish to consult with CAMHS for support.
- **Severe anxiety** - At this level, it seems impossible to solve problems, and a person’s focus is completely scattered and there is a considerable impact on daily life. It is not just a blip but an ongoing challenge. At this level it would be wise to consult or refer to CAMHS.

Important considerations: How long has the person been experiencing anxiety? And is it escalating or decreasing?

CAMHS receive approximately 240 referrals in a 3 month period, and are commissioned with staffing to directly support 120 young people in this same period. CAMHS offer families the opportunity to opt in, some do not. Following an initial triage assessment, if it is agreed that further work is not necessary at that stage, this may lead to discharge. However in order to manage capacity CAMHS do need to reject some referrals and prioritise needs in terms of severity.

The CAMHS service work in a number of ways, offering individual therapeutic interventions for a variety of needs (see below), group based interventions, and parenting groups. CAMHS can also be of support indirectly, through professional consultation. CAMHS offer two consultation clinics per month during school term time (see appendix 3). Consultations are NOT part of the CAMHS referral pathway, and do not replace a referral. Consultations are an opportunity for professionals to come along and to discuss the interventions you are offering in terms of support to a young person. CAMHS aim to be a resource to you as individuals as opposed to the solution to the young person’s needs. CAMHS also offer regular training commissioned by the local authority. Over recent years this has included training...

CAMHS offers two tiers of intervention in the community. Tier 3 support moderate to severe needs, often through longer term interventions. Tier 2 offer brief interventions, often assessment and 3 further sessions. The aim of these interventions is to empower the young person, sharing ideas and strategies, signposting to useful information and resources and sometimes, with consent, linking in with schools to consider their ongoing support. CAMHS are an intervention service and not a support service.

CAMHS may suggest that families access parenting programmes such as Magic 1,2,3 or the Incredible Years programme to support them in managing their children’s problematic behaviours at home. CAMHS then recommend that a period of watchful waiting of 6 months takes place so that families are given the time to implement the strategies learnt from the programmes. Families who have attended CAMHS Incredible Years Programme or Cygnet Course can also access one-to-one parenting top up sessions, by contacting CAMHS directly. If no improvements are made it is only after this period that CAMHS would consider a re-referral back into the service.

As mentioned, we all have Mental Health; it links to our emotions and feelings. Remember that our emotions are ok, feelings like anxiety, anger and sadness are all normal human emotions that we are likely to face from time to time in life. However sometimes these emotions can take more control than is helpful and there are strategies that as individuals we can use to manage our difficult emotions.

Examples of issues dealt with at CAMHS. Motivation to change is key and without such motivation change may be unlikely:

**Anxiety**
- **Separation Anxiety** - often common in primary school age young people. This often passes with time, and the interventions may be targeted more so at the parents to help them consider how they manage periods of separation.
- **Social Anxiety** - more common with young teens in high school, as social and friendship issues can change over time. Some young people struggle with their self-esteem and initial interventions around self-esteem from school staff can be of benefit.
- **Generalised Anxiety** - a considerable impact of daily worrying about a variety of situations. It is normal to feel worried but their over analysis can be very upsetting.
- **Panic Attacks** - often seen as part of a very physical response to anxiety, fight or flight reactions. Breathing strategies and other strategies to manage the body’s response can sometimes be beneficial.
- **OCD** - Obsessive Compulsive Disorder. Behavioural routines that a young person feels compelled to comply with based on their feelings of anxiety.
For primary school aged children (Year 5 - 6), CAMHS offer an anxiety group, sharing practical strategies to manage anxiety as this is a period where prevalence of anxiety can rise.

**Depression**
Depression usually starts in the teen years, more commonly nearing adulthood. It is less common in children under 12 years old. It can affect anybody, although it is also more common in girls compared to boys. It is also more common in minority groups. Behavioural activation is a recognised therapeutic approach that encourages the patient to engage in activities that may lift mood e.g. social activities, physical activities, activities that are purposeful and give a sense of achievement. Often considering the patient’s daily routines and encouraging structure and consistency can help. CAMHS offer individual therapy, but also group based Dialectical Behaviour Therapy (DBT).

**Eating disorders**
- **Anorexia nervosa**, often referred to simply as anorexia, is an eating disorder characterized by low weight, fear of gaining weight, and a strong desire to be thin, resulting in food restriction..
- **Bulimia Nervosa** is an eating disorder characterized by binge eating followed by purging.

CAMHS have a dedicated eating disorder team for the assessment and interventions for young people who present with an eating disorder.

**Deliberate self-harm**
Young people self-harm for a variety of reasons, often it is linked to their mental health needs as an expression of how low they feel. For many it is a negative coping strategy to manage their difficult feelings. CAMHS are involved in the risk assessment of young people who present to A&E. Risk assessments are conducted the morning after admission (Monday-Friday). A lot of professionals often worry about raising the topic of self-harm and talking about it, fearing they may make it worse. Young Minds conducted research with young people who suggested speaking about it will not make it worse, often a young person just wants to be heard.

**Post-traumatic stress**
CAMHS offer EMDR, a recognised therapy for patients who have suffered a trauma. Eye Movement Desensitization and Reprocessing (EMDR) is a form of psychotherapy which uses eye movements or other forms of bilateral stimulation to assist trauma victims in processing distressing memories and beliefs.

Regular consultation sessions are offered with primary CAMHS twice a month for school staff (see Appendix 6). There is also an out of hours advice line (see Appendix 6)

For further information on mental health disorders please refer to "Mental Health and Behaviour in Schools - March 2016", pages 34 - 46.
Further resources and Apps linked to Mental Health and Well-being

Mobile Apps

Mindshift – linked to anxietybc website; self-help information

In Hand – helpful for distractions

Headspace – mindfulness tool

SmilingMind – mindfulness tool; separated for age appropriate needs

VirtualHopeBox – helpful for distractions

Breathe2Relax – calming breath tool

SAM: Selfhelp for Anxiety Management – self-help information

Chilled Panda – calming activities; suitable for primary aged children.

Websites

www.mymind.org.uk - local Camhs website

www.startingwell.org.uk - online counsellor available

www.youngminds.org.uk - mental health information for young people

www.anxietybc.org - great self-help resources for teens and advice for parents

www.moodjuice.scot.nhs.uk - some self-help sheets, better for older teens

www.childline.org.uk - online counsellor available

www.kidshealth.org – normalises health conditions; information from brushing teeth to bereavement.

www.psychologytools.com/anxiety.html - lots of pages available to print out that explain various mental health concerns

www.getselfhelp.co.uk/index.html - similar to psychology tools; more suitable for primary aged children or younger high school students

www.cwpcamhscentre.mymind.org.uk/mysleep-guide - helpful information on sleep hygiene; useful for primary aged children and younger high school students.

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. www.pdacontact.org.uk  Professor Elizabeth Newson (Nottingham Early Years Diagnostic Centre) and Phil Christie (Sutherland House School)
Children who may present with demand avoidant behaviour: strategies and suggestions

Extreme demand avoidant behaviour/s may be viewed as an anxiety driven need to be in control and to avoid other people’s expectations. The following strategies are recommended for children who may present with demand avoidant behaviour:

In general:
A keyworker who forms a strong working relationship with the child will be crucial to success however 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 can have flare-ups despite the previous half hour being so pleasant. They 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 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.
Children in Care and Children who are Adopted

Children and young people in the care system, or who have been adopted, often present with additional emotional and social behaviour needs. Children’s presenting needs may be attributed to their previous experiences whilst living with their birth family, for example: exposure to domestic violence; neglect of their basic needs, including inconsistent or possible lack of emotional warmth. The developmental trauma that children can experience may be further compounded by attachment needs, with different placement moves bringing about possible feelings of loss and rejection.

The needs of these children and young people can be complex and require specialised techniques to manage their emotional needs and behaviour, without increasing feelings of low self-worth (eg. traffic light systems can bring about shame; use of ‘Time Out’ can increase the sense of rejection), as well as interventions to meet their emotional social and relational needs.

For children in care, Core Assets provide the Caring to Care service following a referral by the child’s social worker. The Caring to Care service can also support schools and foster carers with therapeutic parenting skills. The Virtual School can offer advice to school staff for these children. Children in Care also have regular Personal Education Plan (PEP) meetings to monitor their progress. They are also entitled to Pupil Premium funding to support their additional needs.

All adopted children and their families can access post adoption support, provided by their originating Local Authority for the first three years after placement with their adoptive family, and thereafter by Cheshire West and Chester if they remain resident in this area.

Referrals can be made to the central office Together For Adoption by email: PASupport@wigan.gov.uk or telephone: 01942 487 272.

If a child is on a Special Guardianship Order (SGO) eg. living with grandparents, support can be accessed through the Local Authority by contacting i-ART on 0300 123 7047 and asking for support for legal guardians (kinship carers).

Complex emotional and social behaviours may persist for many years despite placement stability with nurturing and empathic carers, but with the right therapeutic support, children can be supported to develop their resilience and improve their emotional well-being and mental health outcomes.
Resources and Sources of Information

ADHD and Behavior Management

- 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 – Strengths and Difficulties Questionnaire (Goodman)
  - www.sdqinfo.com
- 123 Magic, book and DVD (Thomas W Phelan)
- Surviving Your Adolescents, book, audiocassette and DVD (Thomas W Phelan)
- Other books for children / young people, schools and parents
  - The Trouble with Dragons (Shire, 2015) - story about a young boy called Olly and his mischievous dragon, Red. Aims to help children understand a little more about ADHD and how to manage it. Age 6+. Also available as an App.
  - Helping Kids and Teens with ADHD in School: A Workbook for Classroom Support and Managing Transitions (Kate Horstmann, 2009) - interactive workbook aimed at engaging young people with ADHD and supporting them as they negotiate the pitfalls of growing-up, and the transition to high school.

Emotional and Social Development

It is useful to explore school PSHE resources which may contain helpful material / resources to support the development of children’s emotional and social skills.

Example resources:

- **Emotions / feelings**
  - PSHE / SEAL resources (Primary / Secondary); for SEAL, see National Archives or access modules through ELSA support website.
  - The Blob Tree; The Big Book of Blob Feelings and other books (Pip Wilson) – playful resource to help children identify and communicate their feelings.
  - The Bear Cards – feelings cards; playful resource (as above).
  - Emotion stones – to help recognise facial expressions / emotions.
  - A Box Full of Feelings - built around four basic feelings of happy, sad, angry and afraid; for children aged 4 – 7 (Incentive Plus).
  - Feelings and emotions cards – to help children recognise emotions / facial expressions (Hinton Publishers).
  - Worry boxes / monsters / dolls – to help children communicate their worries.
o Interactive Balls – to explore children’s skills and understanding, for example in relation to: anger strategies; social skills; less stress; stop, relax and think; bounce back resiliency; respecting boundaries; conflict resolution etc. Great for Circle Time (Incentive Plus).

o Feelings Resilience Cards - useful resource to help children and young people to develop emotional awareness (Small World).

o Empathy Game (Shay and Margaret McConnon) – to encourage students to think about the points of view and feelings of others; for young people aged 12 – 15 (Small World).

o Feelings Programme Cards (Shay and Margaret McConnon) - to help make students aware of their feelings and to develop effective coping strategies. Suitable for all ages (Small World).

**Self-Esteem**

o Strength Cards (Incentive Plus).

o Positive Affirmation Cards (Incentive Plus).

o Helping Children to Build Self-Esteem: activities for children aged 7 – 11 (Deborah Plummer, 2007).

o Talicor Totika, game focused on building self-esteem.


**Emotional regulation**

o The Incredible 5 Point Scale (Second Edition): Assisting students in understanding social interactions and controlling their emotional response (Karin Dunn Buron, 2012)

o Dealing with Feeling resource pack, second edition; for children aged 7 - 14 (Tina Rae)

o Helping Children to Cope with Change, Stress and Anxiety: activities for children aged 7 – 11 (Deborah Plummer, 2010)


o Anger Management: a practical guide (second edition) (Adrian Faupel et al; 2010)


o Temper Tamers in a Jar: Helping Kids Cool Off and Manage Anger Cards

o Emotional regulation / management games e.g. Escape from Anger Island, The Anger Solution Game; Remote Control, Anger Control.

o Making Sense of Behaviour, series of booklets to address difficulties children encounter, with ideas for solutions (Rob Long).

o Relax Kids, books & audios.

o A "5" Could Make Me Lose Control!: An Activity-Based Method for Evaluating and Supporting Highly Anxious Students Loose Leaf (Karin Dunn Buron, 2007).

o When My Worries Get Too Big!: A Relaxation Book for Children Who Live with Anxiety (Kari Dunn Buron, 2013)

o Draw on Your Emotions (Margot Sunderland, 1997) - picture exercises to help children express, communicate and deal more effectively with their emotions.
o HeartMath®, biofeedback programme, developing breathing and positive emotion techniques.
o Mindfulness exercises / Mindfulness in Schools Project eg. paws .b mindfulness programme for children aged 7 – 11; .b mindfulness programme for young people aged 11 to 18 (mindfulnessinschools.org).
o 60 Mindful Minutes: Developing mindful behaviour (Tina Rae, 2014; The Nurture Group Network).
o A Quiet Place, an individually designed school space for emotional support and intervention.

Social skills, competencies and relationships

o Social skills games eg. The Socially Speaking Game (Alison Shroeder); Talkabout Board Game – developing self-esteem, social skills and friendship skills; Social Skills 6 Board Games (Incentive Plus).
o Social Skills role play cards (Hinton Publishers).
o Comic Strip Conversations; Social Stories (Carol Gray).
o Stories to explore theory of mind / understanding points of view (Hinton Publishers).
o Draw on Your Relationships: Creative ways to explore, understand and work through important relationship issues (Margot Sunderland, 2008)
o Steps of Responsibility, teaching children and young people to take responsibility (Kids Skills, Dr Ben Furman).
o Retracking, to promote student effectiveness and support students who may be at risk of exclusion (Jenny Bates).
o The Restorative Classroom: Using restorative approaches to foster effective learning; for children aged 11 - 18 (Belinda Hopkins, 1999).

Example interventions / programmes of targeted work:

Emotional / emotional social development

o The Boxall Profile (Revised), a framework for focussed assessment and intervention of children and young people with social and emotional behaviour needs. Used in connection with nurture groups (below).
o Nurture Groups / accredited Nurture Base: founded on evidence-based practices and offer a short-term, inclusive, focused intervention that works in the long term. See The Nurture Group Network.
o The Cool Kids Program – to help children learn skills to manage their worries (Lyneham, Abbott, Wignall & Rapee, 2003).
o Purr-fect Skills: A social and emotional skills programme for 5 – 8 year olds (Tina Rae, 2000; The Nurture Group Network).
o Emotional Coaching: A practical programme to support young people, aged 7 - 14 (Robyn Hromek, 2007).
o Crucial Skills: An Anger Management and Problem Solving Teaching Programme for High School Students (Penny Johnson and Tina Rae, 1999).


o Beyond Anger management: session plans to improve communication and assertiveness skills for children aged 11 – 16 (E.A Morris, 2012).

o Think Good Feel Good, CBT workbook for Children and Young People (Paul Stallard, 2005).

o The Homunculi Approach, a flexible CBT programme for young people with emotional behaviour needs or on the autism spectrum (Anne Greig & Tommy MacKay, 2013).

o Kids’ Skills Programme, a solution-focussed skills development programme - suitable for primary aged children (Dr Ben Furman).

o Nurturing Social and Emotional Skills: A programme of work based upon nurturing principles, for secondary aged pupils (Dr Tina Rae and Jan Watson, 2017; The Nurture Group Network).

o The KidsKope Peer Mentoring Programme: A Therapeutic Approach to Help Children and Young People Build Resilience and Deal with Conflict - suitable for use with mentors aged 14-18 and mentees aged 9-13 (Nina Wroe and Penny McFarlane, 2014).

o Zippy’s Friends - story-based programme designed to improve younger children’s coping skills and social skills. For 5 -7 year olds. Based on extensive research and endorsed by WHO.

o FRIENDS Programs - a series of Resilience programs aiming to increase social and emotional skills, promote resilience and positive health (Paula Barrett) eg. Friends for life (8 – 11 years); My Friends Youth (12 – 15 years).

Social skills and competencies

o Time to Talk: A Programme to Develop Oral and Social Interaction Skills for Reception and Key Stage One (Alison Shroeder, 2001).

o Socially Speaking: Pragmatic Social Skills Programme for pupils with mild to moderate learning needs; may also be useful for KS2 (Alison Shroeder, 1998)

o Talkabout: A Social Communication Skills Package, Second Edition (Alex Kelly). Talkabout series also includes Developing Self-awareness and Self-Esteem; Developing Social Skills; Developing Friendship Skills; Relationships; Talkabout for Teenagers (Alex Kelly).

o STOP THINK DO Social Skills Training - programmes for primary / secondary aged pupils (Lindy Petersen and other authors, 2002 / 2004).

o Social Skills Training materials (Susan Spence).

o The Skills of Friendship Programme: Emotional Literacy in Action – to help young people develop skills to be successful in their relationships (Shay & Margaret McConnon, 2013).

o Lion’s Quest Skills for Adolescence, structured personal and social development programme for young people aged 11-14, covering 7 skills-building units, delivered over an academic year. Helping young people to make informed decisions, become an active member of the community, resist peer pressure and develop positive personal relationships (Ambition UK).
o Positive Action, evidence-based social emotional program to develop positive attitudes and behaviours, peer relationship and learning engagement in young people. Outcomes have included reductions in unwanted behaviour and increased academic achievement (Positive Action UK).

A large range of resources to address emotional and social needs and development are available from:

- Incentive Plus, incentiveplus.co.uk/
- LDA catalogue, www.ldalearning.com/
- Hinton Publishers Ltd, hintonpublishers.com/
- Small World, www.smlworld.co.uk/

**Workbooks**

Series of Cognitive Behavioural Therapy Workbooks by Kate Collins-Donnelly, which include:

- Starving the Stress Gremlin: A Cognitive Behavioural Therapy Workbook on Stress Management for Young People aged 10+ (2013)
- Starving the Anxiety Gremlin: A Cognitive Behavioural Therapy Workbook on Anxiety Management - for Children aged 5-9 (2014); for Young People aged 10+ (2013)

Series of *instant help workbooks for teens*, by New Harbinger Publications, which include:

- the relaxation and stress reduction workbook for teens
- the think confident, be confident workbook for teens
- the anxiety workbook for teens;
- the worry workbook for teens
- the self-esteem workbook for teens
- the stress reduction workbook for teens
- mindfulness for teen anxiety;
- mindfulness for teen anger
- conquer negative thinking for teens
- adhd workbook for teens
- the shyness and social anxiety workbook for teens
- communication skills for teens
- the social success workbook for teens…. and many more.

See: www.newharbinger.com/self_help/category/all

**Recommended texts for school staff**
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).
Bothered: Helping teenagers to talk about their feelings (Margot Sunderland, 2012).

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.circletime.co.uk](http://www.circletime.co.uk) - Circle Time and The Co-operative Classroom resources for positive behaviour, circle time and citizenship games and activities
- [www.jigsawpshe.com](http://www.jigsawpshe.com) - Jigsaw, the mindful approach to PSHE
- [heartsmartprimary.com](http://heartsmartprimary.com) - HeartSmart, whole school PSHE resource which builds resilience, emotional intelligence and active empathy, for primary
- [myhappymind.org](http://myhappymind.org) - My Happy Mind, programme to help build resilient and happy minds in primary schools
- [www.boingboing.org.uk/academic-resilience-resources-directory](http://www.boingboing.org.uk/academic-resilience-resources-directory) - download free academic resilience resources, including The Resilient Classroom, A Resource Pack for Tutor Groups and Pastoral Support Staff
- [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.twinkl.co.uk](http://www.twinkl.co.uk) - range of primary and secondary teaching resources; search ‘social and emotional skills’ resources
- [www.mindfulnessinschools.org/](http://www.mindfulnessinschools.org/) - information for teachers, parents and students; the .b programme - helping to develop positive mental health and emotional well-being, focus and concentration
- [www.relaxkids.com](http://www.relaxkids.com) – Relax Kids, range of resources for children and young people, including downloads, audios, books; schools may register to access free downloads eg. Happiness Pack; Exam Survival Kiting
- [www.ultimaperformance.co.uk/heartmathinschools](http://www.ultimaperformance.co.uk/heartmathinschools) - HeartMath®, biofeedback programme to support children and young people’s emotional regulation
- [www.nurtureuk.org](http://www.nurtureuk.org) - Nurture UK (previously The Nurture Group Network), information and guidance on Nurture Groups, The Boxall Profile for focused assessment and intervention, as well as other programmes and staff training courses
- [www.worthit.org.uk](http://www.worthit.org.uk) - improving the wellbeing and resilience of children and young people; training, advice and support for schools, including early prevention and intervention programmes such as the School Resilience Programme. Download free wellbeing and resilience guide: ‘Worth it’ for children and young people.
- [www.forestschoolsuk.co.uk](http://www.forestschoolsuk.co.uk) - educational approach to outdoor play and learning; building independence, self-esteem, a positive attitude towards
learning and developing life skills such as communication, team work and responsibility.

- [www.attachmentleadnetwork.net/](http://www.attachmentleadnetwork.net/) - Attachment Lead Network; access to training, information and support for schools eg. how to become an Attachment Aware School.
- [touchbase.org.uk/](http://touchbase.org.uk/) - Touch Base. Attachment Aware and Trauma Informed (AATI) interventions for children, families and schools; see link to Attachment Lead Network.
- [www.bravehearteducation.co.uk/](http://www.bravehearteducation.co.uk/) - Attachment and Trauma; information, training and support for schools.
- [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.startingwell.org.uk/contact-the-online-team/](http://www.startingwell.org.uk/contact-the-online-team/) - My Wellbeing Online team - online support, chat and guidance for young people (11 – 19 year olds)
- [kooth.com/](http://kooth.com/) - Kooth, free online support and counselling for young people (11 – 25 year olds).
- [www.restorativejustice4schools.co.uk](http://www.restorativejustice4schools.co.uk) – information and training for schools; taking a restorative approach to behaviour management.

Information, guidance and support:

- [www.pshe-association.org.uk/](http://www.pshe-association.org.uk/) - PSHE Association, for guidance on developing a PSHE curriculum
- [www.westcheshirelocaloffer.co.uk](http://www.westcheshirelocaloffer.co.uk) - The Local Offer
Appendices

1. Referral and Consent Form
2. ADHD/behavioural - “Request for Information Form” and ADHD-RS
3. Social Communication - “Current Concerns Form”
4. 123 Magic Referral Form
5. 123 Magic Information Leaflet
6. CAMHS Consultation Leaflets
7. General Teacher Techniques and Strategies for De-escalating Conflict
8. How do we speak with Children?
9. How to Grow a Nurturing Classroom
10. TAMHS Risk and Resilience Framework
11. General Tips and Strategies for Parents / Carers
**Community Paediatric Referral and Consent Form**

*This referral Pathway is for children and young people whose GP is in Cheshire West and Chester (CWAC) ONLY. This does not include children and young people who access health services from Vale Royal.*

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

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<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>Is the Child in Care or Adopted?</td>
<td>Has the child been or currently on the child protection Plan?</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 include parental concerns and school concerns or absence of concerns in this section):
Social and Background History:

Please attach supporting documents/reports, to be *completed by school*:

<table>
<thead>
<tr>
<th>Please include</th>
<th>Please do not include</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. If <em>ADHD</em> suspected - complete “ADHD-Rating Scales” and “Request for Information Form”</td>
<td>Sensory Checklist</td>
</tr>
<tr>
<td>2. Summary SEN Pupil Profile if available</td>
<td>ABCD chart or Tally sheet</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. If <em>social communication difficulties/Autism</em> suspected in a primary school child - complete “Current Concerns Form”, appendix 3 resource pack</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.
## Referral Criteria

<table>
<thead>
<tr>
<th>Please tick relevant</th>
<th>Reason for referral -</th>
<th>Referral Criteria</th>
<th>Who to refer to?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral for possible ASD primary school</td>
<td>Please see “ICD-10 Criteria for Autism” and complete “Current Concerns Form”</td>
<td>If fulfils criteria, refer to Primary school ASD Pathway – community paediatrics</td>
<td></td>
</tr>
<tr>
<td>Referral for possible ASD secondary school</td>
<td>Please see “ICD-10 Criteria for Autism” and complete “Current Concerns Form”</td>
<td>If fulfils criteria, refer to secondary school ASD Pathway – CAMHS</td>
<td></td>
</tr>
<tr>
<td>Referral for possible ADHD</td>
<td>Please complete ADHD-RS (ADHD rating scales), and “Request for Information Form”</td>
<td>If fulfils criteria, refer to ADHD pathway - community paediatrics</td>
<td></td>
</tr>
<tr>
<td>Oppositional behaviours at home or school</td>
<td>Oppositional defiance/behaviour difficulties with or without ADHD, anxiety or other conditions</td>
<td>Refer to “123 Magic Course” for preschool and primary school children Consult with CAMHS or educational psychology if problems persist</td>
<td></td>
</tr>
<tr>
<td>Assessment for possible Dyspraxia (Developmental Coordination Disorder)</td>
<td>Motor Coordination difficulties below what is expected for child’s learning ability (not chronological age)</td>
<td>Ask GP to refer to occupational therapy.</td>
<td></td>
</tr>
</tbody>
</table>
REQUEST FOR INFORMATION FORM  
(To be completed by the school) 
Referral to community paediatrics for Inattention/Hyperactivity-impulsivity/Unspecified 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)
- ADHD – Rating scales (RS), appendix 3 +/- 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please return form to:  
Community Paediatric Team, Kingsway Children’s Centre, Kingsway, Chester CH2 2LB
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: ……………………………………
ADHD – Rating Scale (RS) is based on 18 questions. Children 6-17 years must present Often or Very Often on six items out of 9 in at least one category, “Inattention” or “Hyperactivity/Impulsivity”, in more than one setting to display a persistent pattern of ADHD-like symptoms.

Please implement behaviour modification strategies, in resource pack, prior to making a referral unless the child presents with severe symptoms.

### Attention

<table>
<thead>
<tr>
<th>Item</th>
<th>Not at all</th>
<th>Occasional</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fails to give close attention or makes careless mistakes in schoolwork</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Has difficulty sustaining attention to tasks</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Often does not seem to listen</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Has difficulty following instructions</td>
<td>0</td>
<td>1</td>
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<td>3</td>
</tr>
<tr>
<td>Has difficulties organising tasks or activities</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Often shifts from one uncompleted activity to another</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Often loses things necessary for tasks</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Is easily distracted</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Is often forgetful in daily tasks</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

### Hyperactivity/Impulsivity

<table>
<thead>
<tr>
<th>Item</th>
<th>Not at all</th>
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</thead>
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<tr>
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<td>0</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Has difficulty remaining seated</td>
<td>0</td>
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<td>2</td>
<td>3</td>
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<tr>
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<td>3</td>
</tr>
<tr>
<td>Has difficulty playing quietly</td>
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Please implement behaviour modification strategies, in resource pack, prior to making a referral unless the child presents with severe symptoms.

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<td>Often interrupts or intrudes on others</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
CURRENT CONCERNS FORM  
Re social-communication difficulties  
(To be completed by school)

<table>
<thead>
<tr>
<th>Name of child:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School:</td>
<td>Year Group:</td>
</tr>
<tr>
<td>Completed by (by someone who knows the child well in school):</td>
<td>Date completed:</td>
</tr>
<tr>
<td>Role:</td>
<td></td>
</tr>
</tbody>
</table>

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

In general what are the child’s strengths and needs?

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Needs</th>
</tr>
</thead>
</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 Service
- Occupational Therapy
- CAMHS
- SALT
- Autism Team
- Paediatrician
- Looked after/Adopted/Safeguarding

**ACADEMIC ABILITY**

**Child’s ability**: Below Average  []  Average  []  Above Average  []

SATS results with school year:

<table>
<thead>
<tr>
<th>Literacy</th>
<th>Science</th>
<th>Maths</th>
</tr>
</thead>
</table>

Is the child on the Code of Practice?  Yes  []  No  []

At what stage?  
- SEN support
- Top Up
- EHCP

Is the pupil learning and making academic progress in line with their academic ability?  
Yes  []  No  []

Appendix 4
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></td>
<td></td>
</tr>
</tbody>
</table>

Tell us how the child differs in 1:1 versus group situations?

What is the child like with the following?

**Initiating contact**

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

**Co-operating**

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

**Sharing and responding to peers**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>
Follow instructions/Recalling information

Does the child show empathy, how does he/she react if someone is hurt or upset?

2. 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?

3. COMMUNICATION (ALL KEY STAGES)
   How does the child make his needs known? Please give examples
   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........
   Does the child have difficulty joining in a group discussion?
   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>Sensory Stimuli</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noise</td>
<td></td>
</tr>
<tr>
<td>Touch</td>
<td></td>
</tr>
<tr>
<td>Smell</td>
<td></td>
</tr>
<tr>
<td>Any others</td>
<td></td>
</tr>
</tbody>
</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?
- How much attention does he/she demand in the classroom?
What is the child’s self-esteem/confidence like?

<table>
<thead>
<tr>
<th>6. BEHAVIOUR (ALL KEY STAGES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there any specific management difficulties? What are these and what are the triggers (if known)?</td>
</tr>
</tbody>
</table>

How does the child differ at lunchtimes/play times/other unstructured times compared to in the classroom? How does the child behave in assembly?

Tell us about any rigid or unusual behaviours/accepting other people’s views

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
<table>
<thead>
<tr>
<th><strong>Tell us about any unusual mannerisms (repetitive body movements e.g. hand flapping, tensing)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a significant difference in the way the pupil behaves at home and at school?</td>
</tr>
<tr>
<td>Any other comments/concerns?</td>
</tr>
</tbody>
</table>

**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
### Community Paediatrics 1-2-3 Magic Referral Form

**Primary schools only**

Please ensure the family fulfils the following referral criteria, please circle response:

- Live problem or diagnosis - Oppositional defiance or conduct problems with or without ADHD or other conditions. **Yes/no**
- Parent is committed to attend the full course **Yes/No**
- Parent in a position and motivated to implement change? **Yes/No**
- Have social issues been addressed? **Yes/No/not applicable**

Not very effective for autism – consider Early Bird or Cygnet course
Not recommended for Severe Developmental Trauma and attachment issues (i.e. LAC or Adopted child) – refer to i-ART for Therapeutic Parenting

Please note this is an opt in service and parents will only be offered a place on the course if they attend an information session. Please circle preferred location page 2 then send referral directly to the hosting school and give a copy to the carer to present.

There are no childcare facilities.

<table>
<thead>
<tr>
<th>Name of child:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of child:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of primary carer 1:</th>
<th>Contact number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of primary carer 2:</td>
<td>Contact number:</td>
</tr>
<tr>
<td>Address of if different from child:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of family members wishing to attend the training:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of referring school/GP:</td>
</tr>
<tr>
<td>Name of referrer:</td>
</tr>
</tbody>
</table>

Background Information (support already given to family, relevant history about background of family, if any other agencies currently involved e.g. as part of TAF, CIN or CPP)

<table>
<thead>
<tr>
<th>Signed:</th>
<th>Date:</th>
</tr>
</thead>
</table>

Please note any referral form not completed fully will be returned for completion.
Parents should select a preferred location from the following list of schools. Please send the referral directly to the hosting school and give the parent/carer a copy to take with them.

Please note, there are no childcare facilities.

- The Acorns & Whitley Village Federated School
- Acresfield Primary
- The Arches
- Cambridge Road Primary
- Childer Thornton Primary
- Dorin Park Primary
- Dee Point Primary
- Hartford Manor Primary
- Horn’s Mill Primary
- J H Godwin Primary
- Kingsley St John Primary
- Lache Primary
- Meadow Primary
- Our Lady Star of the Sea Primary
- Overhall Community Primary
- Overleigh St Mary’s
- St Saviour’s Catholic Primary & Nursery School
- St Werburgh’s St Columba
- St Wilfrid’s Catholic Primary
- Tarporley Primary
- Upton Heath CE Primary
- Victoria Road Primary
- Weaverham Forest Primary
- Weaverham High School
- Wharton CE Primary
- Whitby Heath Primary
- Willaston CE Primary
- Winnington Park Primary
- Winsford High Street Primary
- Witton Church Walk Primary
- Wolverham Primary
- Woodfall Primary
What is 1-2-3 Magic?

1-2-3 Magic is a behavioural management programme for parents and other carers of young children (2-12yrs). 1-2-3 Magic is easy to learn and it works. The basic logic and simplicity of the method means that it is easy to remember for both parents and children-especially under conditions of emotional stress.

1-2-3 Magic is a parent-in-charge programme that eliminates arguing, yelling or smacking. Emotional reactions and excessive talking do not make for effective discipline/behaviour management.

According to 1-2-3 Magic, parenting consists of three tasks:

1. Controlling challenging behaviour
   (Arguing, whining, fighting, tantrums)
   ….STOP behaviours
2. Encouraging good behaviour
   (Going to bed, homework, eating)
   ...START behaviours
3. Strengthening your relationship with your child

What does it involve?
We deliver the course over 4 weeks with a follow up session 4 weeks after the last session.

**Week 1.....Straight thinking**
- Introductions. What do you want from the course?
- Identifying unwanted behaviours...minor, major and annoying. Start or Stop behaviours?
- Discipline mistakes... too much talking/ too much emotion.

**Week 2.....Managing challenging behaviours**
- Controlling unwanted behaviours
- What to do in public?

**Week 3.....No child will thank you**
- Understanding testing and manipulative behaviours/lying
- Start behaviours...seven tactics for start behaviours

**Week 4.....Encouraging positive routines**
- Rewards and consequences
- Tweens and technology
- Strengthening you relationship with your child

**Follow up session ....discuss and share successes and challenges**

You need to be able to attend every session because each session builds up on the one before.

Please note this is an opt in service and parents will only be offered a place on the course if they attend an information session.

**There are no childcare facilities.**

Parents should select a preferred location from the following list of schools and refer directly to the hosting school:
- The Acorns & Whitley Village Federated School
- Acresfield Primary
- The Arches
- Cambridge Road Primary
- Childer Thornton Primary
We have had very positive feedback from over 50 families that have accessed this course, and consequently we have developed a waiting list and the demand is high.

“I cannot believe the improvements of the children since we completed 123 Magic”
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 01244 393200.
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 01244 393200 with a Tier 2 Primary Mental Health Worker. We squeeze frontline duties into our day to day job, so with telephone consultations we can easily spare 10 minutes for advice, for longer durations and discussions we advise you book into a face to face consultation.

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.
The CAMHS advice line has recently been launched; there is a practitioner available out of hours for families and professionals to consult with.

Children & Young People’s
Out of Hours Advice Line

Are you worried about a young person’s mental health? Would it help to talk to mental health professional?
You can now access mental health advice and support outside of usual working hours by calling the **CYP Out of Hours Advice Line** on

**01244 39 7644**

This service is available

**Monday to Friday 5 to 10pm**
**Saturday & Sunday 12 to 8pm**
### 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>Deflects 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>
</tbody>
</table>

Appendix 8
<table>
<thead>
<tr>
<th>When-then direction</th>
<th>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’.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Privately understand signals</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>Tactical ignoring</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>Redirect behaviour</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>Consequences and sanctions</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>Deferred consequences</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>Indirect instruction</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>
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</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>
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</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>
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<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 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 what 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-focused 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

‘Messages’
Positive Affirmations
Eliciting each child’s voice
Character strengths

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

Quality of Relationships
Adult: Child
Child: Child
Adult: Adult

Belonging and Mattering
Connectivity and Community
Acceptance

Whole school culture and ethos
‘This is what we all do here...’
Nurturing relationships

Communication / use of Language
Verbal and Non-Verbal
Positive communication
‘All behaviour is communication’

Feeling ‘safe to get it wrong’; mistakes are part of learning

What are the aspects of a nurturing classroom?

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

Learning Environment

Teaching social interaction skills and emotional literacy; building resilience
Structure and pace of learning opportunities

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

**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
- Clear, firm and consistent discipline
- Positive attitude, problem-solving approach
- Planner, belief in control
- Capacity to reflect
- Religious faith
- Humour

**Resilience**

- Supportive network
- Support for education
- Good communication skills
- Affection
- Good housing
- Supportive long-term relationship
- Schools with strong academic and non-academic opportunities
- Range of sport/leisure opportunities

**Family**

- At least one good parent-child relationship
- Being female
- Higher intelligence
- Secure early relationships
- Easy temperament in infancy
- High standard of living

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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.