

# Guidance to Support Positive Behaviour

## *Supporting pupils returning to school (COVID-19)*

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### **For further support please contact:**

The Inclusion Team – [inclusionteam@norfolk.gov.uk](mailto:inclusionteam@norfolk.gov.uk) or call the Inclusion Helpline on 01603 307736.

## Introduction

The purpose of this guidance is to help school leaders reflect on changes to their behaviour policy ahead of the wider opening of schools from the 1<sup>st</sup> June, in accordance with DfE policy. It has been produced by Inclusion Advisers, the Norfolk STEPs team and the Norfolk Health, Safety and Well-Being Team and it reflects current guidance from the DfE and Public Health.

It complements the wider safety measures schools are implementing and is in line with the Public Health message which promotes a risk-based approach and acknowledges that settings need to strategically plan and respond in a way appropriate to their context.

This guidance seeks to provide clarity between behaviours that may need managing differently due to Public Health advice, and those which do not. It assumes planning for pupils will be informed by whole school, and where appropriate, pupil specific risk assessments.

**Please note: Schools must follow the [Compliance code for all educational settings - recovery plan phase 2](#) and [risk assessment](#) in order to ensure that they are stringently following all required control measures. These combined measures reduce the risk associated with infection transmission, including those that are associated with close contact.**

**Increased risks must be assessed where staff have underlying health conditions outlined in [your health and your safety when working in educational settings](#) and pupils have underlying health conditions as detailed in the compliance code.**

## Supporting the behaviour of pupils returning from long term absence

Pupils make positive choices when they feel safe and valued; calmly and consistently communicating clear and reasonable expectations, together with the structure of the school day, is key to achieving this.

When reviewing their behaviour policy (as described in the COVID-19 Compliance Code for all educational settings), school leaders are encouraged to reflect upon what works well and to continue to draw upon these strategies – particularly when managing behaviours which do not require a different approach due to COVID-19. By drawing upon what works for pupils and basing decisions in child / pupil centred approaches and de-escalation strategies pupils have the best chance of returning to schools successfully. It is important that when school leaders review their behaviour policy, they are not drawn into creating a list of sanctions for specific behaviours but rather ensure that any changes reflect their commitment to a personalised risk led approach.

New routines will need to be taught and modelled for younger pupils and particular consideration will need to be given for pupils with complex and additional needs who may find adjusting to changes in school routines more difficult. [Norfolk guidance](#) for planning provision for younger children has already been published.

In preparing for pupils to return to school following their absence due to stay at home requirements associated with COVID-19, ensure parents, and pupils as appropriate, understand the changes to school routines and the expectations for pupils to work within these for the safety of the school community.

[The Whole School Approach Transition Toolkit](#) offers a systematic approach to transition and includes several areas to reflect on which will have implications for school behaviour policies.

## Use of Restrictive Physical Intervention (RPI)

For a small number of pupils, there may be behaviours identified in risk assessments which can be safely managed through restrictive physical intervention (RPI) to avoid foreseeable and actual harm to themselves and others. Public Health advice has been captured in Norfolk Health and Safety guidance around the use of [Personal Protective Equipment](#) (PPE) and there is no specific requirement to wear PPE when using RPI in order to prevent the potential spread of COVID-19. This is because schools can stringently follow the primary infection control measures that are detailed in the Compliance Code. However, the PPE guidance does allow for the use of PPE in some specific circumstances where it will support staff to take the appropriate actions relating to behaviour. This must always be balanced with the other risks this may create to both staff and pupils e.g. whether it impedes appropriate actions being taken or if it may escalate the behaviour.

Schools may find planning support for pupils where RPI is identified in risk management plans difficult if staff trained in these strategies are unable to work e.g. if they are shielding because they are extremely clinically vulnerable. There is guidance about this in the following sections.

### Short term interim provision for pupils when the risk of harm cannot be managed safely

There may be situations where whole school and pupil specific risk assessments create challenges in providing for pupils with complex and additional needs: [DfE guidance](#) provides information on the provision for pupils with complex needs with SEND who may, or may not have an EHC plan.

The DfE approach is to 'trust professionals who know each child and young person to make appropriate risk assessments based on each individual's needs', and the guidance supports 'a phased and safe transition back to full-time educational provision'.

Where whole school and pupil specific risk assessments identify a training need to enable a pupil to safely transition or increase their attendance, schools need to plan alternate short-term interim provision through home-based learning in discussion with parents. Consideration will need to be given to any proposed home-based learning and if this reflects the offer other children are receiving. Where a training need relates to Norfolk STEPs this will be prioritised as outlined below.

### Accessing SEND and Inclusion Support

Schools can continue to access free inclusion and SEND support and advice to help support the attendance of vulnerable pupils and those with additional needs.

From the 1<sup>st</sup> June please email [inclusionteam@norfolk.gov.uk](mailto:inclusionteam@norfolk.gov.uk) or call the Inclusion Helpline (01603 307736). Requests will be triaged, and support will be provided by the most appropriate team.

### Additional Training

Where staff absence results in gaps in staff knowledge and skills relating to Norfolk STEPs, additional training will be prioritised and provided. The Norfolk Steps Team are currently working on how this training can be provided safely for everyone involved. Please contact the Inclusion Team by emailing [inclusionteam@norfolk.gov.uk](mailto:inclusionteam@norfolk.gov.uk) or call the Inclusion Helpline (01603 307736). Training will be prioritised for schools where it will enable pupils to attend and there will be no cost to schools; this will be reviewed periodically as guidance regarding schools develops. Schools with Norfolk STEPs tutors who are STEP Up trained can also share their expertise across trust and local partnerships.

Other SEND and Inclusion training will also be provided wherever possible.

## Links to Guidance and Advice – as of 27 May 2020

### DfE Guidance

[Supporting children and young people with SEND as schools and colleges prepare for wider opening](#) – 26 May 2020

[Preparing for the wider opening of schools from 1 June](#) – 25 May 2020

### Norfolk Guidance

[Norfolk H&S Guidance](#) – 20 May 2020

[Norfolk Educational Settings Risk Assessment](#) – 20 May 2020 *(link within page)*

[Norfolk Pupil Risk Assessment](#) – 20 May 2020 *(link within page)*

[The Whole School Approach Transition Toolkit](#) – 22 May 2020

[Norfolk PPE Guidance](#) – 20 May 2020

[Provision for Young Children Guidance](#) – 22 May 2020

## Appendix A: Behaviour Policy: reflect and review

The following questions will help to schools reflect on provision and changes to their behaviour policy. Changes will need to be agreed by governors / trustees and communicated with parents and carers. Consideration will need to be given to how any changes are included in school's recovery curriculum as pupil attendance is opened up to wider year groups.

- How will you adapt the physical environment and the social and emotional environment to support the return to school for individual pupils?
- How will you adapt your curriculum to meet the needs of individual pupils?
- How will changes to school routines and expectations be shared, modelled and supported? How will these approaches be adapted for younger pupils and those with additional needs?
- How will hygiene expectations be taught and modelled, especially to younger pupils and those with additional needs?
- How will the needs of pupils who need physical and activity breaks be provided?
- How will expectations for not sharing equipment be communicated? How will this be communicated for younger children and those with additional needs?
- How will decisions around the provision for individual pupils with SEND be balanced alongside other support principles within the Equality Act?

## Appendix B: Managing Specific Behaviours

Behaviour	Useful Strategies for Managing Risk	Related Risk / H&S context
Behaviours that require the use of Restrictive Physical Intervention (RPI)	<p><b>General Principles</b></p> <ul style="list-style-type: none"> <li>▪ Staff must be trained in safe RPI techniques</li> <li>▪ Risk assessments should be in place that ensure that staff have analysed behaviour and have identified recognisable patterns/triggers</li> <li>▪ Recognise when the child/young person is moving towards crisis behaviours and put strategies in place to avoid the crisis, eg, safe space, distraction</li> <li>▪ Be aware of any prior trauma linked to use of physical restraint</li> <li>▪ Do chairs/benches need to be positioned in certain areas of the school to reduce the distance the child needs to be moved during RPI?</li> <li>▪ Ensure that the use of RPI is written into PCP/behaviour plans</li> <li>▪ Where appropriate explain RPI to the child (what it looks like, why it happens...) when they are in a calm state</li> </ul> <p><b>Before and During incident:</b></p> <ul style="list-style-type: none"> <li>▪ Clear scripts and de-escalation strategies to be used</li> <li>▪ Limit use of language – the child will not be able to ‘take it in’ – this needs to be consistently implemented by all staff</li> <li>▪ Have a clear understanding of when RPI should be used with each individual child, this must be detailed on their individual Risk Assessment and staffing consistency considered</li> <li>▪ If RPI is required, staff should use the least intrusive techniques bespoke to child/young person as per audit of need</li> <li>▪ Remove other pupils from the proximity – have a plan in place for this</li> <li>▪ Follow Norfolk STEPs guidance</li> </ul> <p><b>Post Crisis:</b></p> <ul style="list-style-type: none"> <li>▪ Hold a debrief with child/staff</li> <li>▪ A restorative/ reflective conversation should take place with the child – visual aids may need to be used</li> <li>▪ Record the incident and inform parents</li> <li>▪ If possible, change the context to change the behaviour</li> <li>▪ Put protective and educational consequences in place</li> </ul>	<ul style="list-style-type: none"> <li>• Availability of staff trained in safe use of restrictive physical techniques e.g. Norfolk STEPs</li> <li>• Schools have restructured staff to work in different ways and may have less staff to draw upon</li> <li>• School environments have been changed and breakout spaces may be allocated for use</li> <li>• Raised anxiety for staff and pupils around expectations for social distancing and how this may be perceived to conflict with RPI</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Symptomatic pupils and staff will not be attending</li> <li>• Access additional training for Norfolk STEPs through the Inclusion Team (see page 3)</li> <li>• Provide appropriate information, instruction and training for staff and pupils (detailed in the Compliance code and risk assessment) and ensure that staff understand the safety arrangements that are in place and how they reduce the risk. Encourage the pupils to talk about their concerns and anxieties to work these through</li> <li>• Provide appropriate information, instruction and training to staff and pupils (detailed in the Compliance code and risk assessment) and ensure that staff understand the safety arrangements that are in place and how they reduce the risk.</li> <li>• Ensure that all control measures in the COVID-19 Risk Assessment are implemented, increase specific personal infection control measures such as ensuring that hand washing is carried out after physical contact.</li> <li>• Consider any further supportive measures that may be needed where members of staff have increased levels of anxiety if appropriate.</li> </ul>

Behaviour	Useful Strategies for Managing Risk	Related Risk / H&S context
Spitting/ Biting	<p><b>Use of behaviour analysis:</b></p> <ul style="list-style-type: none"> <li>▪ ABC/Roots and Fruits</li> <li>▪ Tracking of behaviours to identify patterns i.e. analysis of the behaviour e.g. which context? time of day? Specific triggers? And when identified plan accordingly using risk assessments and behaviour plans</li> </ul> <p><b>Understanding the purpose of the behaviour</b></p> <ul style="list-style-type: none"> <li>▪ Is it linked to a particular person/activity?</li> <li>▪ Does it happen at home?</li> <li>▪ Does RPI need to be used or used sooner to prevent child getting to the point when they spit/bite?</li> <li>▪ How can distraction/diffusion techniques be used to reduce these behaviours?</li> </ul> <p><b>What is the need behind the behaviour?</b></p> <ul style="list-style-type: none"> <li>▪ <i>Social communication difficulties</i> – use of communication interventions e.g. Cards/visual support to help communicate, Lego Group... Limit use of language when child is dysregulated.</li> <li>▪ <i>Sensory dysregulation</i> - Would a chew toy help?</li> <li>▪ <i>Emotional difficulties</i> – support child with emotional awareness and regulation - how can we prevent the child getting to the level of frustration when they spit/bite? E.g. 5 point scale, Zones of Regulation etc.</li> </ul> <p><b>Further techniques to manage these behaviours</b></p> <ul style="list-style-type: none"> <li>▪ Remind child of expected behaviours</li> <li>▪ Use of consistent, scripted, disempowering responses</li> <li>▪ Understanding that biting may need an RPI response</li> <li>▪ Social story to help understand why behaviour is not appropriate and to help understand more appropriate behaviours</li> <li>▪ Put educational consequences in place where possible</li> <li>▪ Use of recognition charts for when behaviours meet expectations</li> <li>▪ Use of restorative/reflective conversation/practice</li> </ul>	<ul style="list-style-type: none"> <li>• Availability of staff trained in de-escalation strategies and specific Norfolk STEPs strategies to manage these behaviours when using RPI</li> <li>• Increased level of staff anxiety about spitting and biting due to the perception of an increased level of vulnerability to COVID-19</li> <li>• Increased levels of anxiety for pupils who may spit and bite as a stress response</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Symptomatic pupils and staff will not be attending</li> <li>• Consider the need for additional support for pupils' mental health and training for staff to anticipate and recognise early signs of anxiety to implement proactive and supportive measures</li> </ul> <p>Encourage the pupils to talk about their concerns and anxieties to work these through</p> <ul style="list-style-type: none"> <li>• Access additional training for Norfolk STEPs and inclusion support through the Inclusion Team (see page 3)</li> <li>• Provide appropriate information, instruction and training to staff and pupils (detailed in the Compliance code and risk assessment) and ensure that staff understand the safety arrangements that are in place and how they reduce the risk.</li> <li>• Ensure that all control measures in the COVID-19 Risk Assessment are implemented, increase specific infection control measures such as ensuring that hand washing is carried out at increased intervals as well as planning increased cleaning and disinfection in response to behaviour events.</li> <li>• Consider any further supportive measures that may be needed where members of staff have increased levels of anxiety if appropriate</li> </ul>

Behaviour	Useful Strategies for Managing Risk	Related Risk / H&S context
Absconding/ Self-exiting	<p><b>Use of behaviour analysis:</b></p> <ul style="list-style-type: none"> <li>▪ ABC/Roots and Fruits</li> <li>▪ Tracking of behaviours to identify patterns/triggers</li> <li>▪ Is it linked to a learning need?</li> <li>▪ Is it linked to a specific teacher or room/environment or subject? Can we plan to avoid this for a limited period of time to break the cycle?</li> <li>▪ Has it become a habit which is now hard to break?</li> </ul> <p><b>Possible adaptations:</b></p> <ul style="list-style-type: none"> <li>▪ Curriculum adaptation - Movement/change of subjects. Change of rooms. Learning support/adaptation of task.</li> <li>▪ Resilience - School to consider how to build resilience through the use of social stories, teacher modelling of mistakes and specific praise linked to resilience. (if running is linked to learning need)</li> <li>▪ Provision of safe space - Do all staff understand how it works? Is the child left alone and observed from a safe distance when in the safe space? Has use of it been practised when the child is regulated?</li> <li>▪ Use of a 'time out' card – Is it clear what they do/where they go when they use it?</li> <li>▪ Has the child been given a non-verbal way to signal that they are not ok (e.g. green/red smiley card)?</li> <li>▪ Shorter learning sessions - How can we give the child a positive learning experience which does not result in them running out of the room? Shorter time in room then leave the room to do a positive activity to 'break the cycle' of them running out.</li> <li>▪ Use daily check ins with a trusted adult to start to learn more about why the running is happening. School to consider using the anxiety map as a tool to talk during the morning check ins – this would alert staff to any lessons which may be difficult that day and trigger running and give them time to proactively respond to this.</li> <li>▪ Use of educational consequences to allow the child to 'repair damage'</li> <li>▪ Use of restorative conversations to further unpick behaviours and offer alternatives</li> </ul> <p><b>During incident:</b></p> <ul style="list-style-type: none"> <li>▪ Watch from a safe distance. Avoid chasing unless imminent risk to child's safety.</li> <li>▪ Disempowering the behaviour through consistent scripts and tactical ignoring – a planned adult response</li> <li>▪ Ensure that all plans are shared with staff to avoid too many adults approaching the child/ commenting on behaviours</li> <li>▪ Call police and parents if child goes off school site.</li> <li>▪ Use of script – limit language.</li> <li>▪ Record on the child's risk assessment/ behaviour plan and share with parents</li> </ul>	<ul style="list-style-type: none"> <li>• Availability of staff trained in de-escalation strategies e.g. Norfolk STEPs</li> <li>• School environments have been changed and breakout spaces may be allocated for use</li> <li>• Increased anxiety for staff and pupils if 'bubbles' or 'family groups' are disturbed by another child</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Symptomatic pupils and staff will not be attending</li> <li>• Access additional training for Norfolk STEPs and inclusion support through the Inclusion Team (see page 3)</li> <li>• Consider the location of class spaces for pupils where absconding is a known risk so that the impact of any absconding can be reduced</li> <li>• Ensure that all control measures in the COVID-19 Risk Assessment are implemented, increase specific infection control measures such as ensuring that hand washing is carried out at increased intervals as well as planning increased cleaning and disinfection in response to behaviour events.</li> <li>• Consider any further supportive measures that may be needed where members of staff have increased levels of anxiety if appropriate</li> </ul>

Behaviour	Useful Strategies for Managing Risk	Related Risk / H&S context
Refusal to follow school rules/ adhere to safety measures	<p><b>Use of Behaviour Analysis</b></p> <ul style="list-style-type: none"> <li>▪ Unpick why the child is refusing to do something – Anxiety? Fear? Unmet learning need? This should then be used to plan for behaviours and reduce the risk of refusal</li> </ul> <p><b>Possible strategies:</b></p> <ul style="list-style-type: none"> <li>▪ Use of disempowerment strategies (eg, deflect/distract)</li> <li>▪ Don't get 'angry'. Make the task or situation fun / a game, use humour to diffuse the situation</li> <li>▪ Join in with the task eg, hand washing</li> <li>▪ Use of 'when/then' 'now/next' 'first/then' language</li> <li>▪ Plan tasks you know they will enjoy/engage in to build up success in following adult direction.</li> <li>▪ Give the child limited choices to allow them to have a sense of control</li> <li>▪ Give choices around things which don't matter as much – pen or pencil? Should we draw or write first?</li> <li>▪ Let child choose order of activities in the day then 'lock them in' – if refusal happens still, remind of the order they chose. When calm, return to what they refused to do (if pitched appropriately and support is available) to ensure they understand that refusal does not mean they avoid doing the task they didn't want to do.</li> <li>▪ If there is a lesson you know the child will find difficult to manage, consider putting something different in place: <ul style="list-style-type: none"> <li>✓ Could the sessions be shorter or be delivered in a more practical way?</li> <li>✓ Could they access movement breaks during the lesson?</li> <li>✓ Could we use lower demand tasks, project-based tasks or adapt tasks to reflect interests?</li> <li>✓ Could it be accessed in a different room in a small group/1:1 setting?</li> <li>✓ Could the timetable be changed for a period of time?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Availability of staff trained in de-escalation strategies e.g. Norfolk STEPs</li> <li>• Increased anxiety for staff and pupils about the perception of the spread of COVID-19</li> <li>• Risks to wider safety measures across the school being compromised</li> <li>• Disruption to new school routines</li> <li>• Additional risks to pupils and staff who require measures to be stringently applied due to managed health conditions</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Communicate expectations to pupils (and parents) before returning to school</li> <li>• Consider use of peer mentors and student leadership to promote required school safety measures</li> <li>• Consider focused communication with specific cohorts of pupils who historically find complying with school expectations difficult</li> <li>• Review need for additional mental health support for pupils for pupils vulnerable to persistent disruptive behaviour</li> <li>• School behaviour policy to be followed and pupil specific risk assessments to be updated following incidents of non-compliance</li> <li>• Review specific COVID-19 age appropriate educational consequences for pupils who deliberately breach school expectations</li> <li>• Contact inclusion team to review risk assessments and strategies in place for pupils</li> </ul>
Deliberate/provocative behaviours	<p><b>Use of Behaviour Analysis</b></p> <ul style="list-style-type: none"> <li>▪ Unpick why the child is refusing to do something – Anxiety? Fear? Unmet learning need? This should then be used to plan for behaviours and reduce the risk of deliberate/ provocative behaviours</li> </ul> <p><b>Possible strategies:</b></p> <ul style="list-style-type: none"> <li>▪ Use of disempowerment strategies (eg, deflect/distract)</li> <li>▪ Use humour or a game to diffuse the situation</li> <li>▪ Don't allow yourself to be provoked/ become angry – use short, scripted responses</li> <li>▪ Give a short instruction e.g. 'I need you stop doing that, thank you' and then give take up time for compliance</li> <li>▪ Reflect back how the child/ young person may be feeling 'I can see you're angry/ upset, I'm here to help when you're ready'</li> <li>▪ DO NOT make threats i.e. 'You will be excluded if you keep doing that'</li> <li>▪ If behaviours are dangerous remove others from the area</li> <li>▪ Have a restorative/reflective conversation after the event to unpick behaviours</li> </ul>	<p>Ensure that all control measures in the COVID-19 Risk Assessment are implemented, increase specific measures such as ensuring that hand washing is carried out at increased intervals and plans to increase localised cleaning and disinfection in response to behaviour events.</p> <ul style="list-style-type: none"> <li>• Consider any further supportive measures that may be needed where members of staff have increased levels of anxiety if appropriate</li> </ul>