



# **Working with learners with complex needs**

**A guide for specialist  
education practitioners**

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## Foreword

Welcome to 'Working with learners with complex needs; a guide for specialist education practitioners'. This practical guide is for support staff who work specifically with learners with special educational needs, particularly those in specialist settings such as alternative provision units or special schools and colleges.

Working with children with special needs is a rewarding, yet challenging, role. One day is never the same as the next. In September 2021 we surveyed thousands of UNISON members working with learners with special educational needs or additional learning needs. We heard back from teaching assistants, both in specialised settings and mainstream schools, and workers in a range of job roles in special schools and colleges and in alternative provisions. We heard many uplifting comments from our members who love their jobs; and we heard about the challenges they face.

A common concern shared was from those who work with learners who present with significant behavioural challenges as a result of a combination of social, communication, emotional and mental health needs. Traditional behaviour management techniques are often inadequate for learners with a complex range of needs, and we felt that more and better support was needed. We hope that you find this guidance helpful to you in your role.

UNISON is committed to improving our members' working lives by providing relevant resources. For this guidance we looked to Sarah Johnson, who is a hugely experienced behaviour management specialist and a successful author on the subject as well as being a former teaching assistant.

**Mike Short**  
Head of Education, UNISON

## Introduction

I have worked in education for the last twenty years. I am a qualified teacher and have enjoyed working across mainstream school, Pupil Referral Units, Alternative Provision, care home education settings and in-patient services for children with mental health difficulties.

I have a Master's degree in Inclusive Education from the UCL Institute of Education with my focus on writing a behavioural policy with children in psychiatric settings. More recently I have left the classroom to work across the UK and beyond to help senior leaders in school improvement, staff training and building the capacity of staff teams to support children in feeling safe and confident in their school environments.

During my time working with children and the adults around them I have learned a few vital lessons myself:

- Be curious about what might be driving behaviour
- Your mental health is paramount
- Working with others is key
- Asking yourself 'how can I think about this differently?' can help when things feel really stuck.

In these guides, I present an overview of social and emotional mental health needs whilst offering different strategies and ideas to support how you might be part of the jigsaw to piece together a calm, safe environment where every child feels like they belong and they matter.

**Sarah Johnson**

## Additional needs that affect learners' behaviour

In England, "Social and Emotional Mental Health" (SEMH) was first referred to in the SEND Code of Practice. Before then, children presenting as significant difficulties with their behaviour might have been referred to as having "Behaviour, Social and Emotional Difficulties" (BESD) or perhaps "Emotional Behavioural Difficulties" (EBD) amongst other phrases. The term SEMH joined other categories from the SEND Code of Practice including:

- communication and interaction,
- cognition and learning,
- sensory/physical needs.

Children may have difficulties with SEMH along with the other categories detailed within the SEND Code of practice.

In Scotland, Getting it Right for Every Child recognises that additional support needs may arise because of social and emotional factors and includes the desire to teach children and young people about:

- mental, emotional, social and physical well-being,
- planning for choices and changes,
- substance misuse and relationships, sexual health and parenthood.

The SEN Code of Practice for Wales has similar categories to the SEND Code of practice for England in recognising:

- Communication and interaction
- Cognition and learning
- Behaviour, emotional and social development
- Sensory and/or physical needs

Social, emotional and mental health needs are expressed through behaviour. You will know that if a child is feeling worried, scared, angry or finding it difficult to make friends that they may show this in the way they behave. This in turn can make others feel unsafe, can make it difficult to learn (both for them and others) and make it hard for learning to take place. It can also present a strain on the wider communities and relationships such as with parents/carers and siblings.

This overview guidance explores what you can do to support children, other adults and yourself to promote

a place where all feel safe and effective learning can happen. You will find out how social, emotional and mental health difficulties might be shown in the classroom and within the wider school community. Along with this guidance you can find out more in our further information sheets on the subjects of:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Autistic Spectrum Conditions (ASC)
- Anxiety
- Pathological Demand Avoidance (PDA) profile
- Responses to trauma and
- Self-regulation

Further information sheets can be found at the end of the guidance

### Social

Humans, especially children, are seen as social. We often engage with one another from the early days of a child mirroring their parent's smile, to later playing alongside other children before playing with them. Being social can include things such as how we interact with those around us, how we respond to conversations and how we play with one another and later work together. Schools have many social demands on a child, from those who they are familiar with (support staff/teachers) to those who they might have less familiarity with such as midday supervisors, premises staff, external visitors and other children. Difficulties with how children may respond in social situations can emanate from a range of factors such as difficulties with how they understand about what is being said to them, how they express themselves and how they are able to develop relationships with others. The term 'attachment' refers to different ways that infants develop relationships with their primary care givers. If an infant and primary care giver's attachment is disrupted, fractious or even dangerous, it can have a fundamental impact on how a child may be able to form attachments in the future. They may learn that adults are not to be trusted and can be dangerous and this may impact on how a child presents within the schooling environment.

### Emotional

We all have emotions which are influenced by the way in which our environment, feelings, thinking and internal states (for example, hunger or tiredness) may be expressed. For some, how they express their emotions

can make it difficult for everyday life. You may have heard of the term 'emotional regulation', which is the ability to be able to control or influence your internal emotional state. For example, you may see a toddler who is finding things difficult and they may scream out loud, throw things or behave in a way that would feel unexpected for an older child or an adult. The ability to be able to control or influence how you behave depending on how you are feeling is often referred to 'self-regulation'. Sometimes, children who have additional needs might find it difficult to self-regulate and behave in unexpected ways because of how they feel.

### **Mental health**

Mental health is a broad term which refers to how our thoughts, feelings, psychology, social and environment may affect our emotional well-being. It might be that we see children in our schools who seem very sad, they might not talk because they are feeling very anxious, or they might be quick to anger because they feel hopeless. How children express their mental health (or ill-health) is broad and depends on a range of factors.

### **Behaviour**

You may see behavioural needs expressed in the classroom in different ways.

For some children it may be obvious and present themselves 'front and centre' in terms of their behaviour.

They might:

- Throw classroom equipment
- Hide under the tables
- Refuse to do any work
- Swear

In other children it may be less obvious, but equally might be in distress:

- Not talk unless spoken to, or not talk at all
- Complain of aches and pains, for example, tummy aches or headaches

### **What you might notice in the wider school environment**

Children might:

- Struggle to leave their parents/carers at the school gate
- Have poor attendance to school
- Not playing with others at playtime
- Have frequent arguments/fights during playtime – either verbal or physical
- Other children may appear frightened of them and avoid playing/talking to them

## Strategies

Every child is different, and the strategies that follow are general ones to consider. It is important that if a child has an Education, Health and Care Plan (England) / Individual Development Plan (Wales) / Individualised Educational Programme (Scotland), the strategies within these are implemented and understood as the starting point. They have been written carefully with a range of professional input, as well as parents/carers and hopefully the child themselves. So, the first strategy is **know the child**, and this includes the associated paperwork, wherever possible liaising with parents/carers as well as the teacher. The child may have an idea of what is helpful for them as well. So exploratory conversations when they are calm can be helpful to find out ways to support a child before things become difficult for them. Many of the strategies below are in response to difficulties rather than being pre-emptive. Tom Bennett's work on [Managing Difficult Behaviour in Class](#) (see resources section) may be useful around building a culture of positive behaviour.

A child who is having difficulties is likely to benefit from having a key adult. This key adult may be yourself, as a teaching/classroom assistant, or another member of staff. Knowing who the key adult is will be helpful in liaising with them about some of the difficulties and challenges a child may be having. **Knowing who the key adult is** and having effective liaison is helpful for children who have special/additional needs. You can signpost them to that member of staff if they need someone to talk to or approach if things are difficult. Some children with SEMH may have difficulties with attachment, that is the relationship between child and adult carer. A key adult within the school can be used to as someone that provides consistency, security and develops a trusting relationship between the pupil and the adult. The key adult can be used to meet the child in the morning to see if there are any difficulties, to support with transition from home to school and vice versa. They can also model positive relationships with adults to help a child develop a reciprocal healthy relationship with an adult.

**Ask what you want to happen** rather than focusing on whether the behaviour is disruptive. For example, rather than saying "stop walking around the class" you might ask a child to "sit down". Or perhaps if they are talking to their friend next to them and you want them to focus on the task you could ask 'let's do this work together'. This

helps re-direct a child and reaffirm your expectations rather than focusing on the activity you don't want them to do. Can you think of re-framing the examples below into more positive actions?

Instead of saying	You can reframe
Stop walking around	Can you sit down please?
Stop talking to [pupil's name]	Let's do this work together.
Stop turning around	
Will you stop chatting?	
Can you stop shouting?	

**Scripting** can be a useful way of responding to behaviour; noticing when things are going well for a child as well as opening up more challenging conversations. Scripting refers to having pre-determined phrases to say to a young person. For example, if you notice a child is doing well, you might say 'Alison, I can see you are working really hard!' or perhaps more generally to the class 'I see that the middle row are working really well together! If you are reading this, you are more likely to be interested in how to shape conversations when things aren't going well. Some examples below which may help are:

- I notice that you seem really upset/angry/frustrated/sad, is that right?
- Can you tell me what has happened?
- Things seem difficult right now, can you tell me what is going on?
- What were you thinking when x happened?

**De-escalation techniques** Involves using an approach which aims to support calming down for the individual. All the examples provided in this section aim to de-escalate a situation, but de-escalation also includes other considerations. For example, the way you stand, your voice, where you are in an environment. Beginning with your voice – how quickly are you talking? Are you talking quietly and softly, or do you find that the level of your voice is raised and could be considered shouting? Next consider your positioning, are you standing or sitting? If it is safe to do so, you may want to lower your position so that you appear less threatening, this may be especially helpful for children who are quite small or for adults who are quite tall! Consider whether you can ask the child to go a quieter space if they are in a classroom or playground, 'I want to find out what has happened, is there anywhere we can go where you feel comfortable to tell me properly?'. Finally, allow children to process statements or questions. When a child is upset or angry

or showing other signs of distress it might be difficult to process information. Allowing time can provide for more effective decision making and allowing a child to make better choices around their behaviour.

The use of **time-out cards** can support a child that needs permission to leave the class before their behaviour escalates. It's vital that this approach is discussed with the teacher as whether or not it is an appropriate strategy. A time-out card is a visual tool that children can either use independently or be given by an adult in the classroom to let others know that their behaviour is escalating and before it gets to this point, they should take a moment away from the situation. Depending on the understanding of the individual child this could be with words written on it or a picture to signal it is now time to stop and go to an alternative space either in or out of the classroom before returning. For some older children, this may be a pastoral space with the use of additional adults to find out what is happening for them, for others it might be the use of sitting in a reading corner or sensory room to practice other techniques to start regulating their emotions.

This is a visual resource supported with words which can be used across key stages to support communication to a child or young person who needs a reminder to take time out before or during 'crisis' behaviours. It is a card suitable for lanyards which can be laminated. This is a simple yet very useful resource to help avoid sensory overloads.

**Grounding** refers to things you can do to focus on the physical rather than emotional response. For example, if you feel worried, scared or angry, you might find that your breathing quickens, and your pupils dilate as you focus on a potential threat. Grounding aims to slow your breathing and become calmer. A common grounding technique focuses on your five senses for example you can encourage children to tell you:

- 5 things you can see
- 4 things you can hear
- 3 things you can feel
- 2 things you can smell
- 1 thing you can taste

Grounding can also be things such as taking a moment to encourage deep breathing, closing your eyes or focusing on one part of your body. Sensory activities may help with this such as blowing a feather across a table, taking a walk outside and not talking but listening

to the sounds around you or focused tensing and relaxing different muscles in your body.

Children may be concerned about moving from one activity to another. The use of now and next cards can help manage children's expectations of transitions during the day. Whilst a visual timetable is a pictorial representation of the overview of the day, now and next cards break down the activity in more detail. For example, in a visual timetable it may be broad topics such as literacy, numeracy and break time; with now and next cards it will say what a child should be doing now and what they can expect to do afterwards. For example, 'tidy up' followed by 'play-time' rather than the broader subject areas.

### Looking after yourself

When supporting a child that is finding things extra difficult, it can have an emotional toll. We want children to feel safe, supported, and be in a place in which they flourish. However, that does not mean that you are not important. People often talk about the idea of not being able to pour from an empty cup, this meaning that you can't support others without supporting yourself first. Just as children are very different, so are adults and what may work for one person may not be helpful for you. Schools have a duty of care towards all staff and will have access to different types of help. It is important to find out what is available within your school to help your emotional well-being as well as being confident to ask for support as necessary. Some approaches should be routine such as:

- Regular meetings with line managers
- Opportunities to look at strategies and approaches to supporting a child
- Being able to alternate staff when working with a child, especially during heightened emotional times
- Routine briefing and debriefing to plan for support
- Positive relationships with teaching and wider staff team to include discussions around curriculum as well as specific interventions or times in which things may be more difficult (for example transition)

Have a look at the ideas below to see what might be helpful for your own personal well-being:

- Creative activities after work (journalling, sewing, crocheting, writing)
- Down-time (watching television, listening to music, podcasts, playing computer games)
- Spending time with family or friends
- Time with nature (walks, gardening, animals)

## Putting techniques into practice

Daisy is an eight-year-old girl who is very anxious and worried. She finds it difficult to leave her mum or dad at the school gate and can often cling to them before going into class. She is very tearful and will cry throughout the morning saying that she doesn't want to be at school. You notice that she picks at her skin until it bleeds. At school she won't put up her hand or really respond to questions from the teacher. She speaks to one of her friends at play-time but will often be seen sitting on her own. She often seems frightened and worried.

- What do you notice about Daisy?
- What do you think might help Daisy?

Muhammed is a fourteen-year-old boy who is diagnosed with ADHD. He is a popular boy, loves swimming and is in regular national swimming galas. In line with his diagnosis, he struggles with listening and attending in class. He can often walk about, ask to use the toilet, and likes to chat to his friends. He often needs to be refocused on a task and without regular support will leave the class without permission, sometimes get annoyed and throw his book on the floor. If challenged when leaving the class, he will swear at his teacher or other adults and still leave.

- What are Muhammed's strengths?
- What do you think might help prevent the Muhammed swearing at adults in the class?
- Are there strategies that you think would support Mohammed?

Hannah is a sixteen-year-old girl who was adopted at the age of five. She has a history of trauma from her early childhood with her mother and father being unable to care for her or keep her safe from harm. This meant that care proceedings were initiated at a fairly young age, and Hannah spent much of her early years in foster care with different carers before being adopted. Hannah attends a special school for children with SEMH after she was permanently excluded from her mainstream school. Hannah can be violent and aggressive. She doesn't seem to have many friends and has attacked staff on several occasions when being asked to follow instructions. Hannah won't leave the classroom when asked and instead will sit and disrupt the learning of others by shouting insults to the teacher and adults.

- What do you think are the core difficulties for Hannah?
- How can you find out what might work for Hannah?
- What strategies do you think you could implement that might be helpful

## Further resources and support from UNISON

### Managing difficult behaviour – Tom Bennett

<https://shop.unison.site/product/managing-difficult-behaviour-in-schools-a-practical-guide/>

<https://shop.unison.site/product/managing-difficult-behaviour-in-colleges-and-further-education-institutions-a-practical-guide/>

### Skills For Schools

Skills for Schools is an online guide to careers, training and development for support staff in schools  
[www.skillsforschools.org.uk/about-us/](http://www.skillsforschools.org.uk/about-us/)

### UNISON College

UNISON College brings together the learning, education, and training that we provide for UNISON members and activists into one coherent offer.

Building on our long tradition of providing high quality training, it will equip our activists with the confidence, knowledge and expertise they need to advocate for our members, and empower our members to take control of their lives and shape their careers.

<https://learning.unison.org.uk>

### How it works

UNISON College opportunities are delivered by UNISON staff and by external providers in existing learning centres, regional offices, employers' facilities, and online. Some are organised nationally and are open to members and activists across the union. Others are organised locally by regional education teams.

To find out about learning opportunities for members and activists visit the UNISON College website or contact your Regional Education Team



## Information Sheet

# Attention Deficit Hyperactivity Disorder (ADHD)

You might have heard ADHD being referred to as neuro-developmental. This means that ADHD relates to the way the brain has developed and how it works. ADHD is diagnosed by children showing symptoms that relate to their behaviour. These are: inattention, hyperactivity and impulsivity.

We aren't exactly sure what causes ADHD, but some studies have shown that you are more likely to have a diagnosis of ADHD if you are born prematurely (before 37 weeks of pregnancy), if you have a low weight at birth or if a parent has smoked, or has used alcohol or drugs whilst pregnant. However, children may also have ADHD without these risk factors in their histories. ADHD is also more common in those with learning difficulties but can affect anyone.

### What might I see in the classroom?

A child with ADHD will be hyperactive. You might notice the hyperactivity of a child in the classroom by them:

- getting out of their seat,
- walking around,
- fidgeting,
- tapping feet.

Children with ADHD might find it hard to settle to a task, require additional reminders of what they are meant to be doing, distracted by things happening around them and may find it hard to sit still. You might notice that some may seem as if they are 'day-dreaming'

Children with ADHD often have difficulties with being organised, so you might notice that they forget school equipment, get mixed up if there are changes with their timetable or arrive late to school. Others might find it hard to listen to instructions and therefore need reminding or prompting about the task that has been set.

### What might I see around school?

Children with ADHD can find it difficult to regulate their emotions (control). This might mean that some children find it difficult to make and keep friends. This might be made more difficult when children might say things without thinking first and upset others with what has been said. Some schools have mid-day supervisors, teaching assistants or other staff supporting such children in quieter spaces where they can intervene, and model as needed.

### What can I do to support?

There are lots of ways that support staff can help children with ADHD.

### Routines

Children with ADHD may find organisation difficult. This can be even more difficult if there are changes to routines or if there are no routines at all. Talking to a child in the morning and checking they know what lessons they have and what they need can be a helpful way in reminding a child of what is expected but also setting them up to be successful. For example, in maths do they need a calculator? Or have they forgotten a compass? Supporting a child to be organised can help set them up for the day being more successful.

### Permission and opportunities to move

With discussion with the teacher, giving a child permission to move can be helpful if they are finding it hard to sit still. This might be simple tasks such as giving out books, taking the register back to reception or opening and closing a window in the classroom.

### Step-by-step instructions

In the classroom, you can reword teacher instructions, so they are split into different steps. For example, the instruction below has several parts that might make it difficult for a child to remember:

*“Can the class go to page sixty-two, and read the paragraph about ox-bow lakes. Using that information explain how ox-bow lakes are formed. Make sure you write in your exercise books and put the title.”*

With a child, instead, being able to give the instruction in parts might help the child get to the end of the activity. Additionally, you will notice that the writing in the exercise books is given at the end of the instructions when the book is needed at the beginning. Rewording this for the child may help their success.

### Check understanding

Rather than asking if a child understands a task, ask the child to explain what they have been asked to do. This can help you make sure there are no misconceptions,

and that the child has actually understood what they are meant to be doing.

### **Other resources**

- ADHD and Me Helping me and others to understand what ADHD means to me by Claire Ryan
- Self-regulation information sheet Unison
- Behaving Together: A Teacher's guide to nurturing behaviour by Sarah Dove

# Information Sheet

## Autistic Spectrum Conditions (ASC)

### What is ASC?

You may have heard the following terms to describe ASC:

- Autistic Spectrum Disorder (ASD)
- autism
- autistic
- Asperger's syndrome.

You might have heard ASC as being described as neuro-developmental. This means that ASC relates to the how the brain has developed and how it works. Some people use the term neuro-diverse to describe the idea that some individuals experience and relate to the world around them in different ways.

For the purposes of this information sheet, we have chosen to use the term autistic spectrum condition to describe a neuro-developmental condition that affects the way children may communicate and interact with others, understand the way in which other people think or feel and take longer to process information.

Autistic children may also become anxious or upset in unfamiliar events or places where there are loud noises, lots of people or bright lights.

We also say that children are autistic rather than 'with autism' as many autistic adults have expressed their preference to be referred to as autistic.

### What might I see in the classroom?

ASC is often associated with other needs including:

- ADHD
- anxiety
- dyslexia
- epilepsy

This is sometimes referred to as co-occurring or co-morbid conditions. You may notice that in addition to ASC, children might also be overactive, have difficulties in processing and reading information, and feel worried about being in social situations. In terms of ASC the breadth of need is diverse (hence the term spectrum) and you may see a wide range of behaviours within the classroom. We have provided some key examples and explanations below to help you understand ASC and how children may behave.

### **Sensitivity to sensory input**

- Children might find things too noisy and put their hands on their ears or try to leave the class.

### **Stimming**

- This refers to what others might see as repetitive actions such as turning in circles, flapping hands, hand biting, hitting heads etc.
- It is understood that children might stim in response to over stimulation.

### What might I see around school?

Not being in the classroom can often be more demanding for a child in terms of more social demands and less planned activities during play-time. Therefore, the things that you see within the classroom environment might also be like what you see around the school but more obvious.

### **Play in ways that you may not expect**

- Some children might enjoy lining up toys in a particular way, or show a particular interest in what others may see as 'narrow interests'
- Some people might call these 'restricted', or 'repetitive play', others 'special interests'

### **Not understanding questions that relate to other's emotions**

- For example, you might hear a report that a child has hurt themselves in the playground and ask 'is David okay?' to Satish. Satish's response might be 'I don't know' because whilst they were there with David, he doesn't directly know if David is okay!

### **Finding transition difficult**

- This might include changing from one lesson to another, or from an activity to something else, or coming in from breaks or going out to break.

### What can I do to support?

There are lots of things that you can do to support children who are autistic and depends on the individuality of the child. Sometimes, children might be able to tell you the things that they find helpful, other children on the autistic spectrum might not talk and therefore you will have to take clues from their behaviour or speak to their parents/carers directly who are likely to know their child well. Below are some suggestions



that may help but we recommend using these as examples with the child and/or parent/carer directly and find out what things they might find helpful for a more collaborative approach.

### **Visual timetables**

A visual timetable is a pictorial representation of the day so that children can see quickly what to expect throughout the day. These are bigger chunks of the day and normal relate to subject areas, movement to assemblies, play/breaktimes and end of school days. These can be referred to help a child orientate themselves throughout the school day.

### **Now and next cards**

Children may need extra support to understand what they are expected to be doing and what they can anticipate after. Now and next cards are visual prompts to help a child know what they should be doing now and what they can expect to do next. A simple example is provided below:

Now	Next
 <p data-bbox="177 1397 248 1420">Reading</p>	 <p data-bbox="400 1397 464 1420">Writing</p>

The plain board can be printed out and laminated to prevent damage. The visual images (in this case reading and writing) changed to make sure that they are kept up to date and reflective of the tasks expected.

### **Consider sensory input**

Some autistic children find sensory input very challenging. They might be under-sensitive to sensory input (hyposensitive) and/or over sensitive (hypersensitive). This can include how they might respond to sounds, smells, tastes, touch and textures. If you can, find out more about strategies. Each child is unique and what strategies that might be helpful for one may not be so for another. However, some ideas include; use of ear plugs/headphones, responsive to food choices, consideration of alternatives for certain materials for school uniform, adjusting leaving class to avoid busy transition times.

### **Other resources that you might find useful**

- *The Reason I Jump: One boy's Voice from the Silence of Autism*  
by Naoki Higashida
- *The Biggest Surprise: Jadon and the Talking Trains*  
by Taneisha Pascoe-Matthews
- *Championing Your Autistic Teen at Secondary School: Getting the Best from Mainstream Settings* by Debby Elley with Gareth D. Morewood

# Information Sheet

## Anxiety

### What is anxiety?

Anxiety is the feeling you get when your safety feels threatened. The threat to that safety does not have to be a real one but it will give you the same feelings. Anxiety is more than just feeling worried about something. For example, a child might feel worried about starting school for the first time, or if about a test or whether they might make friends at a club. However, anxiety goes beyond that and can affect a child's everyday life. It might make them avoid them doing things or trying something new, affect their attendance, or even how they behave in situations.

Feeling worried is a way of protecting us from potential harm. Anxiety is often explained using evolution. In our evolutionary past, if our ancestors were threatened by a predator we might run away (flight), respond aggressively (fight), or stop and be still (freeze).

Anxiety disorders are defined as being an excessive worry. Those with anxiety will find it difficult to control their worry. Whilst anxiety might be seen as a normal response to difficult, stressful, or threatening situations, for some it can interfere with everyday life.

Anxiety disorder includes a range of different difficulties and is a very broad term. For example, some children might have specific phobias, whilst others may have generalised anxiety, or perhaps emotional based school avoidance. Anxiety disorders can include:

- Emotional based school avoidance (EBSA)
- generalised anxiety disorder
- Obsessive Compulsive Disorder (OCD)
- selective mutism
- separation anxiety
- social anxiety disorder
- phobias.

Each one of the above examples will have specific difficulties. For example, a child with EBSA will likely have struggles with attendance to school whilst a child with generalised anxiety disorder may have worries that permeate throughout school life. Depending on how the anxiety manifests will have an impact on what you might see in the classroom and in the wider school environment.

### What might I see in the classroom?

Anxiety can have a range of effects on the individual and therefore how a child may act or respond within

the classroom. Some children might find it difficult to get to sleep because of their worries as well as waking up throughout the night. Therefore, children might be restless, tired, irritable and find it difficult to concentrate.

You might find that children respond to the feelings of anxiety within the model above of 'flight, fight or freeze'. Examples of this within the classroom are outlined below:

Flight		The experience of needing to run away from that which is threatening	<ul style="list-style-type: none"> <li>▪ Hiding under tables</li> <li>▪ Running away or out of the classroom</li> </ul>
Freeze		The experience of being still to avoid a danger	<ul style="list-style-type: none"> <li>▪ Not being able to speak</li> <li>▪ Not being able to move</li> <li>▪ Feeling stuck in one place</li> </ul>
Fight		The experience of acting aggressively to defeat a perceived threat	<ul style="list-style-type: none"> <li>▪ Being irritable</li> <li>▪ Refusing to undertake a set task</li> <li>▪ Kicking, punching or acting out physically</li> </ul>

Illustrations: Baz Roswell, Phoenix Education Consultancy

### What might I see around school?

There are lots of things that you might notice if a child has anxiety. If a child has EBSA (sometimes called 'school refusal') then you may notice that it affects their attendance to school. Children may start to worry the night before going to school and therefore be tired and find it hard to concentrate. They might excessively worry over things that might seem quite unimportant; for example, things such as having the right equipment for school might play over and over in their minds.

Children with anxiety might also complain about having tummy aches, describe having '*butterflies in their tummy*' or headaches. You might also notice that children will avoid the thing that is the source of their anxiety. For example, if anxious about certain subject areas or performing certain tasks, you might notice that they behave in ways to avoid it all together by doing things that will mean they are sent out of the classroom.

Some people with anxiety might also need to use the toilet more. They therefore might spend longer using the toilet or ask to use it during lesson times. Worrying about not being allowed to use the toilet might also add to worries.

## **What can I do to support?**

### **Toilet pass**

In discussion with others that are involved in supporting a child, the use of a toilet pass can be very helpful for a child. The very act of having a toilet pass can make it easier for children by them not having to worry about whether they will be allowed to use the toilet. It can also be helpful if a child's symptoms of anxiety include increased need to use the toilet.

### **Checking in**

There are lots of ways that you can 'check in' with a child and how they are feeling, depending on their specific needs. For example, some secondary children wear red, amber and green wristbands and change them depending on whether or not they want someone to check in on them. For example, red would be an invite that they are feeling anxious and need intervention, whilst amber may be a private message to friends and adults that they are finding things a little bit difficult and might need a distraction. Some children use a similar approach but with cards in their homework diaries or other everyday resources they use within the classroom.

Other schools use more general approaches, and not just targeted for children with anxiety, for example having a scaling system of 1-10 where they can move their faces across the scale depending on how they are feeling. This might be a simple act, but you can see quite quickly if a child is finding things a bit harder than normal, or perhaps that finding things difficult is a common feature of how they are feeling.

### **Communication**

There are lots of ways that a child may find it easier to express how they are feeling. Some schools use a 'worry monster' that eats a child's worries. The worry monster has a mouth that allows for paper to pass through and metaphorically eat the worry that has been written down. For some children it may be that a response is required, and they can have their worry eaten by the monster but then reviewed by pastoral staff to formalise a response. Older children are likely to respond to alternatives such as a post box that they can post their worries to for a reply to be provided.

Other approaches around communication may include that between home and school through a home-school diary where a child's concerns are written down; their thoughts and the parent/carer can also let the school know if something specific has happened that they feel is important for school to know.

### **Other resources**

- *Autistic Spectrum Conditions information sheets UNISON*
- *Self-regulation information sheet Unison*
- *Behaving Together: A Teacher's guide to nurturing behaviour by Sarah Dove*
- *Binnie the Baboon: Anxiety and Stress Activity book – a therapeutic story with creative and CBT activities to help children aged 5-8 who worry*
- *Helping your Child with Fears and Worries by Cathy Creswell*

## Information Sheet

# Pathological Demand Avoidance (PDA) profile

### What is Pathological Demand Avoidance (PDA)?

PDA is not a diagnosis but a profile that some children have as a wider Autistic Spectrum Condition. PDA are behaviours which are an extreme resistance to typical demands of ordinary life. The extreme resistance stems from a child's anxiety and is a method to protect themselves from this anxiety.

Some people refer to PDA as Extreme Demand Avoidance (EDA). PDA can be understood as a response to significant anxiety. The behaviour is not intentionally oppositional, intentionally awkward or challenging authority but to avoid that which is making them anxious. The difficulties that children with PDA have are wide-ranging and can include:

- being able to tolerate everyday pressures,
- obsessive behaviour,
- impulsivity.

### What might I see in the classroom and around school?

As are the difficulties with PDA are wide-ranging so is how they may respond in the school environment. They may:

- refuse to follow the instructions of adults,
- attempt to negotiate undertaking a task,
- struggle with moving from one activity to the next,
- delay starting activities,
- shouting or screaming,
- not returning to class from break time

### What can I do to support?

Whilst an autistic child typically benefits from clear routines, structures and timetabling, those with the addition of a PDA profile are likely to need a more tailored approach. This is because these routines that may be comforting to many children, are a source of anxiety for those with PDA and can initiate behaviour that challenges.

### Use indirect language

A key aspect of supporting children with a PDA profile is to promote choices so that they feel like they are controlling what is happening around them. In schools we often use direct language to instruct children and for many children this is very helpful. For those with a PDA profile this can be a source of anxiety. Examples of using indirect language are provided right:

Direct	Indirect
Put your shoes on	Do you want to put your wellington boots or trainers on to go outside?
It is time to finish reading your book	Is it time to finish reading?
Complete questions 1-3	I wonder if we can work this out together?

### Follow child's interests

A child's interest can be a great source of comfort for children and can be a way of them exerting control over their in a positive way. If you are able to incorporate this into learning it can be a great way of accessing opportunities of learning through informal channels. For example, can you encourage the child to tell you more about their interest in cats, fossils or trains? Do they know about travel routes that you can find out more about?

### Use distraction

Demands can feel overwhelming for children with a PDA profile and are likely to be a source of intense anxiety. Moving away from the demand and using distraction can be a way of defusing the situation. For example, you may wish to encourage the child to move from one space to another and rather than just providing the instruction, you can utilise distractions on route, such as 'shall we see how many children we can see wearing coats on the way to the assembly hall?'; 'I wonder what is on the menu for lunch today?' or 'how many different types of cat can you name?' whilst walking in the general direction.

### Other resources

- *The Teacher's Introduction to Pathological Demand Avoidance: Essential Strategies for the Classroom* by Clare Truman
- *Autistic Spectrum Conditions information sheet* by UNISON
- *Anxiety information sheet* by UNISON
- *Understanding pathological demand avoidance syndrome in children: A guide for parents, teachers and other professionals (2011)* by Christie, P., Duncan, M., Fidler, R., & Healy,





# Information Sheet

## Responses to trauma

### What is trauma?

Trauma is a wide-ranging term and broadly speaking is the experiences that have children may go through that are stressful, scary or distressing. Emotional trauma can affect how a child may respond to situations, how they relate to others around them and how they experience their environment. It can affect children's ability to respond emotionally to everyday situations. For example, they may react in a way that we may see as exaggerated or even lack a response to a situation. Trauma should not be mistaken for specific behaviours that can be diagnosed as Post Traumatic Stress Disorder (PTSD).

Sometimes trauma is referred to as Adverse Childhood Experiences (ACEs) and these can include:

- Experiences of domestic violence, abuse or neglect
- Growing up in a household where people abuse drugs or alcohol
- Parental separation through an adult being imprisoned
- A family member who attempts or dies by suicide
- Poverty

There are many more examples of what could constitute trauma or ACEs but these are likely to affect a child's feelings of safety, relationships, health, well-being and overall experiences of belonging. Trauma can affect children in many ways depending on the individual and the nature of their trauma.

If children don't feel safe, they might find it difficult to get to sleep and to remain sleeping. This might mean they come to school tired and irritable, find it hard to concentrate and easily become frustrated, angry or upset. You may notice that they find it difficult to be organised so will forget to bring schooling items. You may notice that their clothing doesn't appear to be cared for or they might not care for their own appearance. You may also notice that they are quiet and withdrawn. It is really very important that any concern relating to a child's mental health, well-being or safeguarding is shared in line with the school/organisations safeguarding policy as you might notice things that others don't.

### What might I see around school?

You might notice that the child is withdrawn, doesn't talk much to other children or perhaps that they find it

difficult to control their feelings so may get into conflict and arguments with others. Sometimes children that have suffered from significant trauma might find it difficult to come to school because they don't want to leave a parent/carer or have experienced lots of changes in their life, so they don't feel safe.

### What can I do to support?

#### Noticing changes

As support staff you are in an excellent position to notice if things seem different. It might be that you are not able to say exactly what you are noticing but there has been a change. It might be that a child is quieter, noisier or has ceased attending the groups or clubs. Noticing something different can be a really important way of seeing if something is affecting a child's well being.

#### Positive relationships

Children that have experienced trauma may have had poor relationships with others around them; in some circumstances the adults in their lives may have found it difficult to respond to their needs and keep them safe. Developing positive, professional relationships can be very difficult as there are likely to be many barriers. Much can be achieved by openness, honesty and positive regard. Positive regard refers to the attitude of acceptance of a child even if their behaviour challenges. It is about acknowledging that a child's behaviour may be 'bad' or 'disruptive' but the child themselves is not bad.

#### Calm predictable environments

Children who have suffered trauma are likely to have had environments which are unpredictable, especially those that have been in households with domestic violence. Creating and sustaining a predictable environment can be difficult in the role of support staff and will need to be held as important as a school approach. However, you can support this by making sure that you are aware of any changes in timetables, routines and so on to help let the child know in advance. You can also contribute to a calm, predictable environment by making sure that you yourself adhere to timings and schedules to help a child know that if you say you are going to be somewhere at a certain time then you are, whilst also communicating if there were unavoidable issues or changes.

## **Re-model language**

<b>They might use</b>	<b>You can reframe</b>
I am stupid	“You might not be able to do this yet, but let’s try together”
This is taking ages	“It is taking a while, but that is because you are being careful”
This is pointless	“This is taking a while, shall we look at it together?”

## **Other resources**

- *Inside I’m Hurting: Practical Strategies for Supporting Children with Attachment Difficulties in Schools* by Louise Bomber
- *The Simple Guide to Child Trauma: What It is and How to Help (Simple Guides)* by Betsy de Thierry

# Information Sheet

## Self-regulation

Self-regulation is the way we develop skills to recognise and control our emotions and our behaviour. Self-regulation describes our ability to manage everyday activities such as concentrating on tasks, developing relationships with others as well as the way in which we can function in everyday life. Most of us can manage our feelings of frustration, sadness or anger and still be able to do other things whilst not letting our emotions take over. There may be times in which our feelings are harder to control especially if there are other stresses in our lives. If a child is finding it difficult to self-regulate, you may have heard people say they are 'dysregulated'. Emotional dysregulations refer to poorly regulated responses that we would not typically expect from someone. For example, we would anticipate and expect an infant to cry when they were hungry, and a toddler to shout if they were frustrated by something. It would be less expected for an older child to respond in this way.

### What might I see in the classroom?

Children that are dysregulated have difficulties controlling their emotions; you might see this by children shutting down, refusing to do work, throwing or ripping up work or walking out of the classroom. They may shout and swear at adults or other children. They may appear to react out of context to a situation by being very tearful or behave angrily. You might also notice that a child finds it difficult to form relationships with adults around school as, depending on the nature of the trauma, they feel that adults may not be trustworthy. Others might be hypervigilant, meaning that they are looking out for anything that could be a threat to their safety and responding quickly if they are concerned that there is a threat, even if not perceived or experienced by others around them.

### What might I see around school?

You might see that children are less tolerant of arguments in the playground and may get into verbal or physical fights with other children. They might sit on their own and cry as they are not able to tolerate their overwhelming feelings. You may notice that they are quick to get into arguments with those they do not have frequent contact with, such as midday supervisors or staff that do not directly teach them.

### What can I do to support?

#### Recognising emotions

There are different ways that you can support a child to recognise their emotions and, depending on the context of your school as well as the child's age and stage of development, some examples provided will be better than others. Some schools use a whole class approach of a feeling board where they place their name under a specific visual image that denotes their feelings, so school staff can look at patterns or follow up if a child seems like they are having a more difficult day than normal. It can also mean you intervene early if you notice that a child who is less able to self-regulate has indicated that they are finding things difficult.

Some children might need a more personalised approach and the Zones of Regulation (Kuypers writes about this in depth in the resources suggested below) can help with children that really struggle with their emotions. The Zones of Regulation use a 5-point scale with associated colours. The colours that are used in the scale move from blue (boredom/sadness) then green which is the regular state (okay), yellow (frustration/excitement) and red symbolises the heightened state (anger/fury). You can encourage children to recognise which zone they are, and plan accordingly. For example, a child in 'red' might benefit from access to their self-soothing box, or perhaps something that allows them to be physically active such as a quick walk around the playground.

#### Self-soothing resources

This is a collection of resources put together in either a box or a bag for a child to be able to use if they are feeling particularly worried or angry. The idea being that the child is in control of what they find helpful when things are difficult for them or in the 'red zone' as indicated above. The self-soothing resources can be things that incorporate a range of senses. For example, some children respond well to a scented piece of material, or a piece of fabric they can stroke to help calm them down. There might be specific toys such as a car or a teddy bear, or photographs of things that are important to them. It is important that the self-soothing resources are available to help move a child from a state of high alert to calmer, more neutral emotions. It is not about 'rewarding' poor behaviour but helping children develop strategies to self-soothe.

## Responding to emotions

Children who have difficulty with self-regulation may find it very difficult to respond in socially appropriate ways to feelings. Whilst we may expect a toddler shouting, crying, throwing things or themselves to the floor, it is less expected in older children. It can be difficult to keep calm in these situations as we might feel threatened or intimidated by their behaviour.

It might be that in this instance, someone else supporting a child to de-escalate their behaviour may be entirely appropriate.

There are other approaches which may help when responding to heightened emotions. One is referred to as 'attunement'. This refers to our ability to be aware and respond to a child's needs. It is about not dismissing what a child is feeling but recognising their emotions. Attunement is about being in tune with the feeling of others. Attunement is a lot more complicated than the scripts provided below but gives a sense of an approach that you can incorporate into the way you may speak to a distressed child. You will need to also consider body language, use non-threatening postures such as trying to get to eye level if possible and not standing over a child.

Instead of...	Try instead...
"Stop shouting!"	"I can hear that you are really angry, can you tell me what has happened?"
"No more crying"	"I can see that you are crying, can you tell me what has upset you"
"Get on with your work"	"You are so frustrated and that's okay, what can I do?"

From the responses you can then move on to next steps of trying to identify the cause of the difficulties and what may be the most appropriate response in context.

## Other resources

- *Inside I'm Hurting: Practical Strategies for Supporting Children with Attachment Difficulties in Schools* by Louise Bomber
- *The Simple Guide to Child Trauma: What It is and How to Help (Simple Guides)* by Betsy de Thierry
- *Zones of regulation: Curriculum designed to foster self-regulation and emotional control* by Leah M. Kuypers
- *The Developing Mind: How relationships and the brain interact to shape who we are* by Daniel J. Siegal
- *Responses to trauma guide* by Unison







