

GUIDE FOR LEADERS OF ALTERNATIVE PROVISION AND SPECIALIST SETTINGS ON THE PHASED RETURN OF PUPILS

MAY 2020

Leaders of alternative provision (AP) and specialist settings have developed this guide to support others who are leading in these areas. The aim of this guide is to provide additional information that AP may need to consider when preparing for the gradual return of our cohort of pupils.

We hope that some of these suggestions will be helpful to leaders as they make decisions and plan this important work during this challenging time.

Mark Vickers	Olive Academies (Chair AP/SEND CEO Network)
Cath Kitchen	CEO, The Skylark Partnership (Director of National Association of Hospital Education)
Sarah Dove	Phoenix Education Consultancy (President of PRUsAP)
Emma Bradshaw	Alternative Learning Trust
Nic Brindle	The Yes Trust
John Bradshaw	London East Alternative Provision (LEAP)
Rob Gasson	The Wave Multi-Academy Trust
Marie Gentles	Co-Director of Magic Behaviour Management

Background

AP settings have remained open during the coronavirus (COVID-19) pandemic carrying out specialist targeted work with pupils with a variety of additional needs. AP's will soon have the opportunity to be able to start to welcome back more pupils from year 6 as well as, where appropriate, start to provide more face-to-face support for additional pupils in year 10 and 11. Hospital school settings, like special schools, have the autonomy to offer teaching across the year groups, as best fits their cohorts.

The starting point for planning any increase in offer is ensuring it is carefully targeted to those pupils who need it most and that it builds incrementally on the work which is currently taking place.

To date, this work has focused on ensuring that the needs of pupils are met through the implementation of tiered support programmes. We see this as an opportunity for leaders to develop this work further to directly support those pupils who need it most.

Some children and young people may have fallen further behind during the last few months despite the considerable work that has been undertaken by AP settings. AP leaders know their pupils best and therefore are best placed to target the increased direct support for those pupils, providing personalised learning programmes delivered in their settings with specialist staff. This provides an excellent opportunity to continue to place the wellbeing needs at the centre of any decision-making by leaders which will form the bedrock of any individualised offer.

Pupils of all ages will inevitably be anxious about the implications of missing so much formal schooling during the pandemic. For AP leaders planning a range of specialist support programmes to help pupils overcome these barriers is already part of our everyday work and transitions support for years 6, 11 and post 16 programmes are well developed and established. The work to welcome more pupils provides the opportunity for AP staff to increase their current offer and assess each pupil's pastoral and academic needs so that they can be helped to feel better prepared for the next stage of their education. It is hoped that AP settings can continue to offer many of the flexible programmes that are currently being provided, and that pupils have the opportunity to remain with their AP until they are ready to transition. Any increase in offer over time should form part of a local continuum of offer over the remainder of the summer term.

AP leaders welcome the opportunity to reconnect, reform those essential relationships and support their pupils using the skills that already exist in the sector.

We know that every AP leader knows their cohorts, their context, their communities. This guide is not designed to be a 'handbook'. However, we hope that you will find it a useful source of information whilst considering any changes to your offer as you start to consider widening your offer to students.

1 Deciding your priorities

1a Determining the effectiveness of each current provision

It is likely that settings have already undertaken risk assessments and identified which pupils will most benefit from additional face-to-face contact. This is not an exact science and will depend on each setting's understanding of individual pupils and their situations. Some examples of considerations include:

- pupils who have limited IT or educational resources at home;
- pupils who need confidence-building or motivational support to complete work;
- pupils who are in crisis or who live in chaotic environments;
- pupils who are risk of becoming NEET at the end of Year 11 - without a clear education, employment or training plan.

There is a need to ensure a best-fit provision for all of the pupils - leaders should recognise this is an additional offer and should look to prioritise those pupils who will *most benefit* from this time on-site whilst remembering that all pupils should still be 'in-school' via an appropriate distance model of education.

1b Allocating groupings, which are appropriate to each individual setting and its physical environment

Once the pupils have been prioritised appropriately according to need, they should be divided up into classes of no more than 15 – however as a result of the particular needs of your cohorts, it is likely these groups will need to be much smaller. This is an opportunity to reconnect with pupils, to provide additional support around transition for Year 11s, and to provide support to current Year 10s who might otherwise face a significant disadvantage going into their final year of secondary education. Groupings should be based on individual needs and how best to support pupils to advance educationally and/or emotionally.

1c Assessing and planning how to implement to protective measures guidance

When on site, it is recommended that pupils should not work outside of their allocated group unless absolutely necessary. This will safeguard against excessive contact between pupils and ensures that social distancing guidelines can be maintained regardless of how many pupils are on site. The protective measures guidance gives careful consideration to the age of learners and should therefore support leaders to reflect on their priorities. In addition, a reflective approach will be imperative (utilising risk assessments, in consultation with other professionals as appropriate) to assess the ability of pupils to comply with social distancing and other necessary changes to the usual school routines and procedures. Remember that this is not a return to full timetables, pupils are not back in school and this should be viewed as additional support.

1d Determining which staff are best placed to support those pupils on-site

It is essential that in considering staffing, your site assessments are carried out to see whether plans offer an equitable and manageable workload for staff – many of whom who will still be offering remote learning to all pupils. It will be important to consider ratios of staffing for exceptional incidents such as should a pupil become ill during the school day, or should a pupil become dysregulated and require a higher staff ratio or some 1:1 time. Some other questions to consider are:

- What is the purpose of the planned support?
- What is the quality of the relationship between staff members and the identified group or individual pupil?
- Should staffing be consistent or rotated?
- How might staffing be timetabled across the remainder of the term?
- Does the provision require regular input or is it a one-off motivational support session which may be reviewed and/or followed up at a later date?
- Is it part of a wider multi-disciplinary approach?
- How can staff and leaders work together to implement a staffing structure which meets both the needs of pupils and acknowledges the external pressures on staff (e.g. current home context, vulnerabilities, anxieties etc)

1e Determining the frequency of this additional offer

As previously stated, this is an additional offer and should not be considered or structured as a fulltime educational offer for all pupils who are offered support on-site. Careful considerations of the following notions will be useful:

- Which subjects are hardest to deliver remotely?
- Can a one-off subject specific catch-up session be offered for all or some subject areas? Should the focus be on core subjects?
- How do prioritised pupil needs impact on the offer put in place?

This will be different in every setting: there is no precise, uniform model. Leaders should determine how best to meet the explicit needs of individual pupils as well as defined groups in order to establish which model is appropriate, possible and safe in their individual settings.

1f Making the final decision

Consider the above carefully (and in discussion with relevant staff and stakeholders) before making any final decisions on the additional provision. Be honest and professionally reflective on your setting's capacity (or need) to offer this additional on-site provision. At this stage it may be decided that no additional support is needed (dependent on the quality of current provision as outlined in 1a) or possible (for example, if the site or staffing levels do not provide a safe environment for pupils or staff).

A fundamental priority for hospital education is that staff work with medically vulnerable children. When staff go onto the hospital site, they bring all of their social contacts with them to these medically vulnerable children: this is of particular concern for staff using public transport. To that end, staff should seek to minimise contact with inpatients in time (shorter sessions) and space (proximity) wherever possible, and to consider whether it is more appropriate to continue teaching remotely rather than in person if the risk assessment indicates this is in the best interests of the patient's health. Other factors to consider:

- Are patients allowed visitors? Does the ward have restrictions in place limiting access? The visiting rules have been different at different hospitals for obvious reasons. If limitations are in place, it is unlikely that an additional visit from a teacher would be appropriate.
- Are there any patients who are not linked up to their home schools? All patients should be dual registered with their home school, and the home school should be

providing the same education as it is to all other pupils on their roll. This should mean that the impact on educational progress during school closure is the same as their peers (notwithstanding the impact of their illness).

- Which patients have been in for the longest period? They may benefit more from seeing a teacher, particularly if they have not been allowed any visitors.
- What do the hospital infection and prevention teams say? Education staff are effectively 'guests' in the hospital providing education and although not employed by the NHS trust, are bound by the same working arrangements. There is some disparity between NHS trust knowledge of what education staff provide and how they do it which may need to be clarified.

Ultimately, leaders need to have confidence in applying their own risk assessments in light of the hospital advice but cannot be entirely driven by them.

2 Practical considerations

AP leaders should seek to communicate with staff, pupils, parents and carers throughout the process. It would be inadvisable to increase the cohort coming on-site too quickly and to phase in over-time. This phased introduction can be used in conjunction with the pupils' remote education and will allow for gradual planning when introducing more vulnerable pupils into the setting.

Before you begin your increase of pupils you will need to review all current risk assessments you have put in place. Additional protective measures can then be added where needed to help reassure staff and reduce risks, for example by adjusting timings of the school day so breaks through the day are not at the same time for all pupils. The overriding aim here is to minimise contact between adults and pupils while supporting pupils' reintegration into a school routine to further support their personal wellbeing, safeguarding needs, and wider engagement in learning. You may wish to consider the following steps if they are possible in your context:

- Engage with all staff before increasing numbers of pupils and discuss the changes and behaviour expectations within the setting as well as any new risk assessments that have been completed.
- Consider an appendix to your behaviour policies specific to the current risks e.g. more stringent sanctions for spitting
- Dry run the day before any increase in pupils is planned to help identify any conflict points (not being able to maintain government guidance / potential increasing contact) and allow staff to raise ideas and concerns with the new processes. This will help pupils settle into the new routine and staff will be able to further guide pupils throughout the day.
- Consider how you might stagger start and end times by a short period to reduce volume at the entrance. For those pupils who get transport, undertake appropriate risk assessments and work with the Local Authority (LA) / transport provider) to support flexible and safe travel to and from school.

- Consider that not all pupils will be able to engage in learning straight away and will need help and time adjusting to the major changes in school.
- Spend some initial time speaking to the pupils about the changes they will see in school and the expected behaviour that will be needed for successful transition. Where possible see pupils face-to-face prior to their return (obeying social distancing guidance for example, by standing in their front garden or on the doorstep) - this will help you assess understanding and acceptance of the changes.
- Use signage to guide pupils if different entrances/exits are being used. You will want to communicate this to pupils in advance.
- Work out arrangements for breaks so that ideally only one group of pupils (a teaching group) has a break at a time. Also work out a clear rota for supervising breaks such that staff get a break as well, if applicable, but also making sure you limit the number of additional adults each group comes into contact with.
- Consider pupils undertaking learning in the same classroom for multiple subjects, i.e. staff moving around, though supervision at these times would have to be considered. Where this isn't possible, remind pupils of the expected behaviours at change-over times and try to stagger these so not all pupils are out of class at the same time.
- What, if any, catering is required? Given the potential small numbers at any one time, it may be better for pupils to bring in packed lunches. Provision for FSM, however, will need to be considered. Plans will need to be in place to ensure food orders are in place where needed. Grab and go lunches would be a way of minimising contact compared to a standard served meal.
- Plan arrangements for lunch so that pupils have limited contact with other pupils and adults – this could include:
 - having a number of shortened lunch sittings in rotation;
 - having a slightly longer lunch break to accommodate more sittings; serving lunch in more than one location including if appropriate in a classroom;
 - or asking your caterers to look at other flexible ways of giving pupils access to lunch such that it can be eaten in the small group setting (for example taking cold or 'packed' lunches to pupils in the areas they are in for the day).

This, of course, is determined by the numbers of pupils in a setting at any one time.

- Organise regular opportunities for pupils to wash their hands / use anti-bacterial gel to minimise the potential spread of germs.
- Ensuring that staff do not come together physically in small spaces (e.g. staff rooms) as a group at lunchtime or during breaks.
- Speak to the LA / other home schools and providers to determine plans for Year 10 & Year 11 dual registered pupils taking into account the need to reduce contact time between different groups.

In hospital settings, all practical considerations should be discussed with the relevant NHS trust and risk assessments carried out collaboratively. Hospital education leaders may have no control over NHS trust procedures and practices but will need to be clear on their own risk

assessments which will have been discussed and agreed with their governors/management committees/trust boards. Other factors to consider for hospital education:

- Staff re-induction to working on the wards – staff will need time to assimilate the detailed new behaviours required for working in hospital settings, particularly those to minimise staff to staff, staff to surface, staff to NHS staff and staff to pupil interactions. They will need to feel confident that they are safe and are minimising the risk of the spread of infection. Leaders will need to factor this and build up to it as and when the risk assessment allows when planning staffing levels on return.
- Will the bedside allow for teaching when practising social distancing? In many hospitals, the hospital school room has been recommissioned for use by the NHS trust. This means that there is no longer a teaching space available, and any teaching will have to take place by the bedside. This will need to be fully risk assessed.
- Will staff be required to wear the same PPE as NHS staff? Will this be provided by the NHS trust or by the hospital education provider? Education staff will be required to adhere to the procedures which are applied on the ward and will need to discuss this aspect with health professionals.
- Will the patients have fewer opportunities for learning from hospital staff teaching one to one at the bedside, rather than teaching small groups remotely? Teaching one to one means less access to education, and education staff may deliver fewer sessions depending on the need for PPE or to change PPE in between each session. Hospital education leaders will need to take these factors into account when making decisions including whether the hospital allows visitors.
- Will staff have to move from one ward to another to teach? Do different wards have different rules? Hospital education leaders will need to work with NHS trusts so that they are aware of the requirements on different wards e.g. oncology, cardiac, kidney dialysis, and whether it is more practical to assign one teacher to a ward, despite not being able to offer subject specialisms.
- What are testing protocols required by the NHS trust? Will staff need to be tested before coming on site and how routinely will they be tested following this? Hospital education leaders will need to know this information in order to prepare staff for return to hospital and to be able to manage a retesting schedule and understand its impact on staff availability.
- Hospital education leaders will need to consider how staff travel to work when considering staffing. If they are required to use public transport, careful risk assessments will need to be put in place with NHS trust staff to ascertain if this would increase the possible risk of infecting medically vulnerable children

3 Reviewing your staff for availability in school

AP settings are used to working flexibly with their staff. This will be essential when planning the next phase of work. It will be important that leaders are fully aware of the guidance on shielding and clinically vulnerable adults before conducting an essential staffing audit which will need to be reviewed daily.

AP leaders understand the need to always ensure that all DBS and safeguarding checks are carried out on any additional volunteers or other adults who may be starting to work with children and pupils in specialist settings during the pandemic.

The regular ongoing communication between leaders and their staff which takes place should be maintained as a priority (and increased where needed). This will help to reduce staff anxieties as well as ensure that the work taking place in each setting to enable a safe welcome of more pupils is communicated effectively to all staff. This will enable the incremental increase in pupil numbers over time to be managed effectively with staff.

4 Preparing the site

Preparing the site for AP settings may have significant challenges. Many AP settings have multi-site provision, and some may be in physically small sites. AP settings are all different (design and size) and will all require very different arrangements to ensure that they can be opened safely. We therefore suggest that whilst acknowledging government advice for primary and secondary schools, the following is also taken into account:

- Recognise that many of the staff may have been working on site, to continue to build upon the good practices already being followed.
- AP leaders should meet with senior site staff to discuss specific changes relating to their sites.
- A skeleton staff team should be on site before pupils arrive and after they leave. This is to ensure that the site is ready for pupil arrival.
- Consider guidance from relevant stakeholders such as the LA, school trusts and unions.
- Ensure that all members of the wider school team are part of discussions around phased re-opening, but especially those that may have already been working on-site providing support to vulnerable and key worker children.
- Ensure requirements relating to social distancing and return-to-work plans take account of staff needs and job role.
- Expect to keep some buildings closed during this phase. Vocational centres will require particular thought. Practical sessions, which require close proximity staff supervision may not be suitable to re-open as part of this phase.
- Some provisions which are co-located on hospital sites may have been recommissioned for storage of PPE, direct clinical work or for other uses relating to planning for coronavirus management. Careful discussion will be required with the clinical services manager on the re-use of these rooms as classrooms and specific requirements of deep cleaning in these settings.

- In hospital settings, NHS trusts are responsible for cleaning regimes, and hospital education leaders should quality assure these processes as part of their own risk assessment.

5 External support

5a. AP settings work with external agencies to support pupils with SEND needs, social emotional, mental health needs, social care needs, safeguarding needs and other issues. Setting leaders will need to check with LA, Clinical Commissioning Groups (CCGs) or other providers (including the voluntary sector) of such support services to ascertain when such services will be available. It may be necessary to make different arrangements if such services are not available in their normal form from when we are required to reopen.

- Check with LA arrangements for delivering SEN assessments for EHCPs at this time, ensuring AP pupils are prioritised and how specialist placements are accessed for children completing EHCP assessment process.
- Review with DSLs, SENCO local access/ arrangements for CAMHS, Educational Psychology, Social Care, YOT and other agency support.
- Link with local planning groups / Local Safeguarding Partnership Boards to ensure that AP pupils are being prioritised for both face-to-face and virtual support – understand the local offer around support with domestic abuse
- Ensure provision is connected to local voluntary sector and LA emergency fund hubs to access welfare support where needed.
- Develop transition planning for year 11s and ensure strong planning and safeguarding handovers are completed with placements, with particular focus on pupils that have a history of mental health needs.
- Make sure that Fair Access Panels are running and that mainstream schools are working with yours and other AP settings to prevent exclusion. Wherever possible influence schools to work with other agencies to prevent exclusion and secure preventative support to keep pupils included in mainstream provision.
- Ensure Fair Access Panels are getting attendance from all settings and are discussing prevention and support of vulnerable pupils who may be at risk of exclusion, taking particular care for planning for these pupils and their return to school.

5b Leaders of AP settings should also be aware that there will be an increased number of pupils who display symptoms of stress or anxiety and additional support may be needed for them alongside those who already have treatment and support for their mental health. The setting should check with LAs on their capacity to support with this. If they cannot provide the necessary support, there should be challenge as the sector needs to be prioritised and this can be escalated through LA and CCG leads. There may be other reputable organisations who can provide further support.

- Compile a list of local services and how they are accessed, including how they are supporting the setting with a return to school curriculum and available support.

- Connect with local area LA and CCG to see what support is being commissioned in your area to support anxiety and mental health issues
- Make contact with school nursing / other local agencies to review offer re welfare support, this could be local youth organisations, both from the statutory and voluntary sectors.

6 Behaviour changes for staff and pupils when on-site

Regardless of the smaller number of pupils attending, AP settings will need to update/modify their behaviour policy to reflect new changes and routines. The policy will need to be shared with *all* staff and pupils, as well as be available to parents/carers.

6a Consider the following:

- The approval process for obtaining approval of changes/updates to the policy.
- If feasible, allow flexibility to include the staff and pupils in the process so they feel that they are an integral part of the decisions. This will help pupils regain a feeling of trust and security.
- Ensure all pupils have seen and discussed the policy and changes before they attend. On attending their first session go through policy and get them to sign and agree. Make sure the same happens virtually with parents and record this.
- Be consistent in practice by positive reinforcement as well as issuing consequences where necessary as per the policy.
- Regularly reinforce behaviour requirements for safety throughout the school day.
- Be proactive in teaching any revised changes to all stakeholders.
- Explicitly teach and model health and hygiene arrangements.

6b If feasible, 'meet' with staff online prior to opening and/or use an INSET day to go through the behaviour policy and any modifications. Ensure that *all* staff are present if possible and be mindful of the time and need to provide emotional containment for the staff as well as the pupils. Consider how containment for staff can be continuous throughout the day/week for example, ensuring/insisting that all staff take a break, staff morning and/or afternoon briefing.

6c Ensure that all staff are aware of any changes and equipped to enforce them consistently. Consider staff access to PPE if First Aid / searching / wanding / restraint needs to happen. Allow time for any questions or queries to eliminate the possibility of inconsistency in order to maintain an emotionally safe environment.

6d Ensure that transitions around the building and site are well planned for and thought out prior to the pupils return to school. Complete a building risk assessment involving staff. This should include:

- entry and exit in/out of school
- break and lunchtimes

- movement to/from different classrooms/lessons
- movement to/from pupil toilets
- movement in corridors e.g. one-way systems, queuing etc

6e Focus on repairing the ruptures in attachments caused by coronavirus. Support pupils in how to tell an adult if they are experiencing symptoms of coronavirus or if they have anything else that they would like to share. Consider different options for modes of communication for example, 'Do you need to talk' box/letterbox that can be checked daily by a member of staff, offering regular opportunities to talk. In addition, consider which adults have the most secure attachments with pupils to de-escalate undesirable behaviour and encourage pupils to communicate where they can. Physical restraint is a last resort and should only be used if a pupil becomes a risk to themselves or others and not to enforce social distancing. Start this process before any pupil comes on-site through tutor/ keyworker phone calls. Ensure information is provided online and risk assessments are reviewed and updated regularly.

6f Limit any visitors to the setting during school hours. For any meetings that cannot be conducted virtually and must take place on-site, ensure that the space where the meeting is to be held is large enough to comply with social distancing. Ensure rooms can be cleaned between meetings and anti-bacterial spray is available to wipe surfaces down.

6g Leaders should be mindful of any expectation that may have been significantly affected by the pandemic, such as new clothing or shoes unable to be purchased, school equipment, amount of work able to be completed at home. There is a need to consider the emotional impact of other such basic school demands and how being in school may elevate some of the pressure for the most disadvantaged young people.

7 Communicate with parents

A model letter is provided (to be altered for each setting and communicated in a variety of ways)

In AP settings communication with parents is key to managing the next steps to re-opening fully. Alongside writing to parents, a full communication strategy utilising a variety of methods should be considered as the parents in this vulnerable cohort often have a range of barriers to understanding and responding to communications from settings. Make sure all written communication takes on board the needs of the community. Thinking about using verbal, written and visual communication through a range of mediums and not just as a one-off event. Recognise this is the continuation of an on-going dialogue. Ensure all staff communicating with parents through welfare calls etc. are clear about the next steps and key messages you want to convey.

- Use website, text, letters, phone conversations, consider using specialist staff like speech and language therapists to support communication and share with the multi-agency network so social workers etc are all supporting the same message

- Science – give evidence of why government guidance has changed, refer to government documents and diagrams, include key messages e.g. lower infection rates especially in children
- Reassure families that this will be continually reviewed
- Each setting will be different and will be planning provision dependant on needs and resources, staffing, and building space available
- Enclose an appendix of the changes to the behaviour policy
- Follow up all written communication with phone calls and joint risk assessments with families and other agencies

Dear Parent /Carer

The number of infections with Coronavirus is now reducing. The government has asked schools to plan a re-opening. This will involve working with you as parents to support your child going back to school. We will contact you individually to plan what this might look like

Some pupils will be part-time, others will continue to work mostly at home. As we start this process, we will continue to monitor the situation and change plans if we need to.

We want to reassure you that we will be;

- *altering how we work*
- *change how we use the buildings and classrooms,*
- *keep safe distances between pupils and staff as far as we possibly can.*

We have to manage this with reduced staff numbers as well. This will mean that we will have a less children in the building than normal. We will also be doing things differently and we enclose our new behaviour policy for you to read with your child.

We will be in touch to talk this through.

Stay safe and we look forward to working with you as we take this next step.

Yours sincerely

8 Supporting pupil and staff wellbeing and mental health

Within AP settings there is evidence that there is a higher proportion of children with mental health difficulties. The coronavirus outbreak may have heightened these difficulties and affected their well-being. It may also be the case that as children return to their mainstream school, there may be some difficulties with managing their behaviour and AP settings may see an increase in referrals from mainstream schools, wanting to draw upon their expertise. It is important to balance ideas of 'getting back to normal' with recognising how difficult things may have been within the home and during periods of isolation. It is likely that the majority of your pupils will need additional support, but you may wish to particularly consider the following groups;

- children who have found the long period at home hard to manage
- children in kinship care of older family members who may be vulnerable to Covid-19
- children who have siblings or other family members with underlying medical conditions
- children with pre-existing anxieties as well as those who have developed additional anxiety related to the virus
- those about whom there are safeguarding concerns
- those who may make safeguarding disclosures once they are back in schools
- children who may have preferred their home environment and now struggling to return

Some children may also have experienced bereavements in their immediate family or wider circle of friends or family or had increased/new caring responsibilities.

Some children may have missed the routine of school, seeing their friends, and being supported by their teachers and other adults

- Staff may wish to provide opportunities for pupils to share their experiences of the past few weeks through a variety of medium including talking or drawing
- provide opportunities for one-to-one conversations with trusted adults
- some refocused lessons on relevant topics, for example, mental wellbeing or staying safe
- pastoral activity, such as positive opportunities to renew and develop friendships and peer groups
- other enriching developmental activities
- use resources that factor in the age and stage of the young person with a particular focus on communication and interaction
- work with transition timetables that build up time within school
- use of scaling to identify emotional state (i.e. 1-10, Leuven scales) and ways of exploring this together
- utilise the wealth of information available from experts to support teachers when they work with pupils on their mental wellbeing

The different experiences all pupils will have had at home will naturally play a large part in how easily they re-adapt to attending school and its routines. Staff will need to strike an appropriate balance between reintegrating pupils into a reassuring and familiar work ethic to support their mental wellbeing on the one hand and identifying and taking time to address explicitly individual concerns or problems on the other.

If safeguarding issues come to light, they should be addressed using the setting's safeguarding policy, which may need to be updated in light of wider opening. Leaders should consider how they might manage any increase in referrals as pupils return to school.

Alongside this, governing boards/management committees/trust boards and setting leaders must consider the mental health and wellbeing of staff (including senior leaders themselves), and the need to implement flexible working practices in a way that promotes good work-life balance for teachers and leaders. This may include consideration of:

- supervision
- coaching/mentoring
- regular 1:1 meetings
- use of external resources such as employment advice helplines
- staggered start and end times
- effective rotas and timetabling that allows staff to have defined breaks

Governing boards/management committees and hospital education leaders will need to be aware of the increased pressure and stress of teaching in a hospital setting, where adhering to their procedures and practices which could be critical to medically vulnerable patients. Adjustments may be required, and appropriate arrangements made to support staff wellbeing (see above).