Wellbeing and Pastoral Policy

Policy Owner	Mick Gayle
Role	Head of Pastoral Care

CONTENTS

ROLES OF THE TEAM

Mick Gayle – Head of Pastoral Care
Fiona Ross – Family Support Worker
Jacquie Kearns – Family Support Worker

Head Of Pastoral Care

- Provides Leadership and Management for the school in areas of personal development, behaviour and welfare and safeguarding
- Managing and leading the Children's Services Team
- Lead DSL for the school
- Early Help Intervention
- Organise and oversee training needs in terms of safeguarding
- Provide guidance and support to staff around individual pupils

Family Support Worker

- Providing Early Help
- Work closely with parent/carers providing home with information and advice to help with Independence, Behaviour and Social skills.
- Completing Early Help assessments and holding a caseload of pupils open to social care
- TAFs and CINs
- Monitoring attendance
- Trained ELSA
- Working with children providing interventions around emotional health and behaviour

EARLY HELP OFFER

Providing early help to our children and families of Brackenfield SEND School means we promote effective support as early as possible. Early help means providing support as soon as a problem emerges, at any point in a child's life, from early years through to teenage years.

Here at Brackenfield SEND School, we understand just how complicated family life can be. From time to time there may be situations where you need extra help and support.

If things aren't right at home, please come and talk to us. We have what we call an Offer of Early Help. There are many ways in which we can help.

At Brackenfield SEND School we pride ourselves in knowing the children well: we are alert to the welfare of our children and are vigilant regarding any situation in which we can provide support.

We have a number of systems in place to identify unmet needs and we seek at all times to work in collaboration with families, with openness, integrity and understanding and with the needs of the child at the centre of all we do.

Early Help is everyone's responsibility. As such, you can speak with any member of the school team who would be happy to pass your concerns on to one of our Children Services team.

In school, we have specialist trained staff who form part of our **pastoral** team:

- Mick Gayle – Head of Pastoral Care and Senior Designated Safeguarding Lead
- Fiona Ross – Family Support Worker
- Jacquie Kearns – Family Support Worker

Safeguarding and Child Protection Procedures

The school has a clear and detailed Safeguarding (Child Protection Policy). Currently at school we have four staff members trained as Designated Safeguarding Leads, all of whom are on the Senior Leadership Team. We also have a Safeguarding Governor.

- Mick Gayle – Senior Designated Safeguarding Lead (Delegated by Trish Turner)
- Sophie Evitts - Deputy Designated Safeguarding Lead
- Trish Turner – Designated Safeguarding Lead
- Jessica Lacey – Deputy Safeguarding Lead
- Kimberley Hamblett– Safeguarding Governor

At Brackenfield SEND School, we all work together to ensure that rigorous and robust systems are in place within the school to ensure the safety of all our children. At Brackenfield we always act in the interest of the child.

We meet the needs of our children through a variety of ways.

	Support offered
Open door policy	We are available to talk via telephone and face to face and provide time for our parents to communicate and work with us.
Pupil Voice	Our children are actively encouraged to speak about any concerns they have to a member of staff.
	They know our staff take all their concerns very seriously and they know they can speak to any responsible adult in school
	Pupil voice is captured in a variety of ways
Developing Key Skills	We have an effective PSHE and RSE curriculum which supports children and develop key skills, not only for school but for life.

	Intervention
Head of Pastoral Care – school **Family Support Workers – school** **Personal Health Care Team – school**	• At Brackenfield early help assessments and J2L help identify the specific needs of our children and family, so that they can be assigned to the correct interventions for their educational, social, physical and emotional needs. • These interventions are person centred and may include our threptic intervention offer within school which is focused on prevention, early intervention and recovery. The school have trained staff in Behaviour Box, Play Therapy, and Drawing and Talking. and also Positive Play We also have a qualified sleep practitioner and focus on positive behaviour support in school though a number of interventions.
Health/School Nurse	• Referral to appropriate medical specalist • Registering with appropriate medical support
Early Help Team	• Supported by the transition team which includes Early Help advisiors and Project Officers at Derbyshire County Council
Signposting	• We will signpost families and seek support from different external agencies. There are a number of support agencies who we can access or sign post you to if you are expericing diffciuites at home. Our Children Services Team will work with parents and children to identify and organise additional support. Support and sign posting could involve: • Starting Point • First Contact Team • Single Point of Access referral • Build Sound Minds Derby and Derbyshire • Local Offer Derbyshire • Child and Adolescent mental health via SPOE or CAMHS referral • SV2 • RELATE • Trident Reach the Charity • Health Visitors www.dchs.nhs.uk/healthvisiting • School Nurses www.derbyshireschoolnurses.org.uk • Derbyshire Austism Services • Action for Children • SEND

Derbyshire Local Offer

 https://localoffer.derbyshire.gov.uk

The original 'Derbyshire Local Offer' website was developed with the help of parents, carers and their children and has been well-used as a source of information about a wide range of relevant services and support since it was launched in 2014.

Since then, changes in the way people prefer to search for information and the advance of social media mean we have reviewed the site, again using feedback from the people who use it.

The site features clearly marked sections, an improved search function by area, service or subject with an ability to filter results and direct links to various organisations' social media accounts.

It also has other sections including information about free courses and training, lists of local support groups for parents, their other children, families and carers, details of leisure events, places to go and things to do plus support for professionals.

Organisation Name	Website
Derbyshire T3	https://www.changegrowlive.org/content/derbyshire-t3
Derbyshire Autism Services	http://www.derbyshireautismservices.org
Community Child Minding	https://www.derbyshire.gov.uk/education/early-years-childcare/childcare/childcare-training-business/community-childminders-service/derbyshire-community-childminding-service.aspx
Integrated Sexual Health Services/ Derbyshire Sexual Health	http://www.yoursexualhealthmatters.org.uk/
Home-Start Erewash	https://home-starterewash.co.uk/
Action for Children	https://services.actionforchildren.org.uk/derbyshire/
Inspire	www.inspireculture.org.uk
Remedi UK	http://www.remediuk.org/
Derventio Housing Trust	https://www.derventiohousing.com/
SEND (DIASS)	http://www.derbyshire.gov.uk/education/schools/special_educational_needs/code_practice/default.asp?VD=SEND

Prevention and Inclusion youth team	https://www.derbys-fire.gov.uk/community-work/youth-engagement-scheme-yes-and-fire-cadets/
Trident Reach the Charity	https://tridentreach.org.uk/reach/derbyshire
SV2	https://www.sv2.org.uk/
RELATE	https://www.relate.org.uk/find-my-nearest-relate/centre/derby-southern-derbyshire-relate-centre
Department for Work and Pensions	https://www.gov.uk/government/organisations/department-for-work-pensions
Derbyshire Recovery Partnership	https://www.derbyshirerecoverypartnership.co.uk/contact/

LOOKED AFTER CHILDREN

PFA COACH	HELEN DIGGLE

A looked-after child is a child who is accommodated by the local authority, a child who is subject to a care order or a child who is remanded by a court into local authority care. All Looked After Children (LAC) placements are overseen by the Virtual School for the relevant local authority. The school's Designated Teacher is Sophie Evitts, Deputy Headteacher. The PFA Coach, Helen Diggle, oversees all LAC provision. Every LAC pupil is entitled to additional funding of £2345 per academic year. The funding is applied for during Pupil Education Plan (PEP) meetings. These are held once a term or twice a year. PEP meetings cover the following agenda items: strengths and achievements, views of the student, personalised learning intentions in line with the school curriculum offer, current and target attainment data. Due to the low level of cognitive and developmental needs, Brackenfield pupils' targets are set as their Personalised Learning Intentions (PLIs). This lateral data is used to track progress of the pupil. These PLIs are used as the focus for intervention sessions for each LAC pupil. Intervention sessions are completely bespoke depending on the individuals needs and PLIs. The funding also enables resources to be purchased specifically for use during sessions, considering the interests of the pupil.

Additional information about looked after children can be found in this government guidance:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/683561/The_designated_teacher_for_looked-after_and_previously_looked-after_children.pdf

SCHOOL MENTAL HEALTH OFFER

Background

In December 2017, the government published the green paper on Mental Health Provision for children and young people.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf

DFE guidance:

https://www.gov.uk/guidance/mental-health-and-wellbeing-support-in-schools-and-colleges#full-publication-update-history

Following this, Derbyshire in November 2019, Derbyshire County Council, with Derbyshire CCG introduced the Changing Lives scheme.

Changing lives, launched with new Mental Health Support Teams (MHSTs) to provide extra capacity

for early interventions and ongoing help within school. Mental Health Support Teams (MHSTs) are a new resource, funded by and accountable to the NHS. They will work with, and in, schools and colleges to support with mental health and wellbeing and to treat mild to moderate mental health issues. Schools were encouraged to identify a Senior Mental Health Lead, with an offer of training to help school promote better whole school mental health. The MHSTs for Brackenfield School is part of the special school's cluster, with workers based at the Kingsmead Centre in Derby. The MHSTs will deliver evidence-based interventions for mild to moderate mental health issues.

The teams will carry out interventions alongside established provision such as counselling, educational psychologists, and school nurses building on the menu of support already available and not replacing it. The MHST will provide:

- Individual face-to-face work: for example, effective, brief, low-intensity interventions for children, young people and families experiencing anxiety, low mood, friendship or behavioural difficulties, based on up to date evidence.
- Group work for pupils or parents such as Cognitive Behavioural Therapy for young people for conditions such as self-harm, and anxiety.
- Group parenting classes to include issues around conduct disorder and communication difficulties

For more information please visit:
https://derbyandderbyshireemotionalhealthandwellbeing.uk/adult/emotional-wellbeing-support

They will also support the senior mental health lead in each school or college to introduce or develop their whole school or college approach:

- Work with the senior mental health lead and existing service providers, to map what provision is already in place in settings and where the gaps are.
- Provide targeted help as agreed with the lead, e.g. to support monitoring of well-being across the schools and colleges, teaching about mental health (in the context of health education becoming compulsory from September 2020), understanding how peer support and interpersonal relationships

impact on children and young people well-being and mental health, train others to help children and young people, parents/carers and teachers to identify and manage stress and anxiety.

Brackenfield has in place termly meeting with LD-CAMHS. During these meetings, class teams can request a pupil to discussed to gain insight to support available for them. LD CAMHS will advise on where to refer and offer practical support for the class team to manage behaviours.

Specialist Community Advisor (SCA) are able to advise on appropriate routes to refer to gain the correct support at the correct time. These advisors are able to signpost existing voluntary agencies that can offer mental health support, such as signposting to counselling services.

RISK AND PROTECTIVE FACTORS (DFE GUIDANCE)

Factors that put children at risk

Certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family, or to their community or life events. These risk factors are listed in table 1.

Risk factors are cumulative. For example, children exposed to multiple risks such as social disadvantage, family adversity and cognitive or attention problems are much more likely to develop behavioural problems. Longitudinal analysis of data for 16,000 children suggested that boys with five or more risk factors were almost eleven times more likely to develop conduct disorder under the age of ten than boys with no risk factors. Girls of a similar age with five or more risk factors were nineteen times more likely to develop the disorder than those with no risk factors.

Factors that make children more resilient

Research suggests that there is a complex interplay between the risk factors in children's lives, and the protective factors which can promote their resilience. As social disadvantage and the number of stressful life events accumulate for children, more protective factors are needed to act as a counterbalance. The key protective factors which build resilience to mental health problems are shown alongside the risk factors in table 1, below.

In order to promote positive mental health, it is important that schools have an understanding of the protective factors that can enable pupils to be resilient when they encounter problems and challenges. The role that schools play in promoting the resilience of their pupils is particularly important for children with less supportive home lives, who may not have a trusted adult they can talk to. Schools should be a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems.

Table 1: Risk and protective factors that are believed to be associated withmental health outcomes

	Risk factors	Protective factors	Brackenfield approach to promote protective factors for pupils with SEND
In the child	- Genetic influences - Low IQ and learning disabilities - Specific development delayor neuro-diversity - Communication difficulties - Difficult temperament - Physical illness - Academic failure - Low self-esteem	- Secure attachment experience - Outgoing temperament as an-infant - Good communication skills,sociability - Being a planner and having abelief in control - Humour and a positive attitude - Experiences of success and achievement - Faith or spirituality - Capacity to reflect	- Attachment aware school - Brackenfield characters - Curriculum approach - School wide approach to preparation for adulthood - Total communication approach - Structure, routine, timetable and promotion of independence - Engaging and enriching teaching strategies - Themes - Marvellous Me and Headteacher's awards - SMSC and cultural capital offer - Problem solving approaches

In the family	• Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse, or neglect • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord	• Attachment aware approach • Family support • Keyworker model for communication • Ethos and values • Curriculum approach • Reporting to parents • Safeguarding procedures • Early help offer and external signposting/ referrals

	Risk factors	Protective factors	Brackenfield approach to promote protective factors for pupils with SEND
In the school	• Bullying including online (cyber) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer on peer abuse • Poor pupil to teacher/school staff relationships	• Clear policies on behaviour and bullying • Staff behaviour policy (alsoknown as code of conduct) • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Good pupil to teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences • Positive friendships • Effective safeguarding and Child Protection policies. • An effective early help process • Understand their role in and be part of effective multi-agency working • Appropriate procedures to ensure staff are confident they can raise concerns about policies and processes, and know they will be dealt with fairly and effectively	• Curriculum approaches and behaviour policy • Staff code of conduct • Open door policy with senior leaders for all; pupils, families, staff • Complaints procedure for staff, pupils and families • Parental communication • School ethos and vision • Brackenfield characters • School community events • Early help team; family support workers • Safeguarding policy and approaches to high vigilance within community

In the community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation • Other significant life events	• Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities	• External services contracts • External networking • Team around the family meetings • Social care and healthcare relationships • Referrals to external services • Signposting to social groups • In house parent support group

The mental health offer for pupils, families and staff has been mapped to the Thrive framework.

The Thrive framework is an essential framework for communities who are supporting the mental health and wellbeing of children, young people and their families.

It aims to talk about mental health and mental health support in a common language that everyone understands. This has been proven to improve the support offered to children, young people and their families by different professionals as communication and efficiency is improved.

The framework is needs-led . This ,means mental health needs are defined by children, young people and families alongside professionals through shared decision making. Need are not based on severity, diagnosis or health pathways.

Referenced: https://www.annafreud.org/mental-health-professionals/thrive-framework/
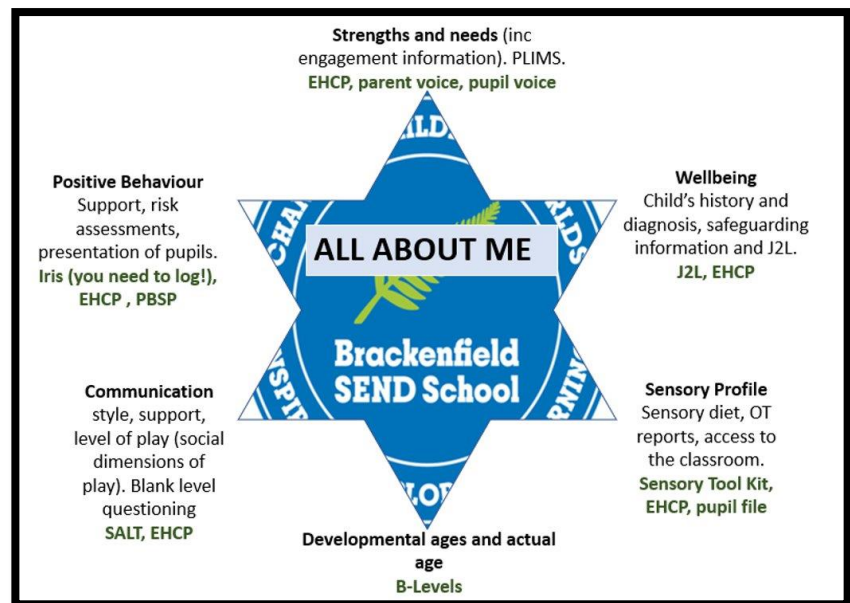
Pupils

Intent

- To proactively support positive mental health embedding approaches within the curriculum
- To provide mental health support for pupils that is appropriate and timely
- To support all pupils to have good mental health and know how to access support when their mental health deteriorates

Implement: Thrive model

Getting advice:

- Class based interventions
- Social stories
- Social groups within timetable
- Exposure to role models
- Exposure to leisure activities
- Social role modelling
- External speakers, including sports leaders, employers, social group leaders

Getting risk support:

- Team Around the Family meetings
- Social care support through child protection plan
- Local authority
- Police/ youth offending teams

Thriving:

- Thorough transition into school and class
- Pathway and class placement to create optimum learning environment-incl. peer group, resources, spaces, timetable, curriculum approach
- Routine, structure, predictability
- Structured time outside
- Exposure to leisure activities
- All About Me: Journey to Learn assessment, Sensory toolkit assessment
- Strengths and needs incl. PLIs- reviewed every 10 weeks, Behaviour support plan, Developmental stages profile, Communication support plan, Intensive interaction/ phatic communication development
- Class based keyworker
- Regular parental meaningful communication
- Total communication approach supporting navigation of space and time

Getting help:

- In-house interventions
- Drawing and talking, artistic expression, Lego therapy, social groups, ELSA
- Targeted support plan i.e., health care
- Early help support-sleep support, routines, medication, getting dressed community visits, transitions

Getting more help:

- Respite / short breaks
- CAMHS
- Educational Psychologist
- Speech and Language Therapy
- Occupational Therapy
- Social care support through ChIN
- Paediatrician
- Learning disability Nursing team
- External therapeutic input

The first stage of pastoral support begins within the classroom. The class team know pupils best; working with them day in and day out- learning their preferences, motivators, narrative and journey to this point. The class team support education through the completion of the 'all about me' for each child. The all about me covers strengths and needs, wellbeing, sensory profile, developmental stage, communication needs and behaviour support. When classes feel their classroom approaches are not fully supporting a pupil to thrive, or there is a change in the pupil, classes will refer to the pastoral team to support.

Referrals for getting help including in-house interventions

Class teams who wish to access mental health interventions for pupils must email earlyhelp@brackenfield.derbyshire.sch.uk. The referral should include details of observations linked to the reason for referral; reasons may include noticing a change in presentation, interactions or relationships; a change in circumstances; or simply something not being right.

Referrals are then triaged and allocated at the weekly pastoral support meeting. Feedback is given to teachers, and signposting to other services if necessary.

At the pastoral support meeting, a decision will be made to the most appropriate service, this might be an intervention provided in school, or a specialist service outside school such as Single point of access (SPOA) for CAMHS services or Single Point of Entry (SPOE) for LD- CAMHS, Clinical psychology and Specialist nursing team.

The pastoral team will seek specialist support from Specialist Community Advisors (SCA) where a referral to specialist services is needed to access appropriate and timely services. Pastoral Support Team has several external agencies they can refer pupils to, should mental health support be needed.

Impact

Classroom timetables and environments are set up to promote positive mental health; stability, routine, predictability and independence. Pupils can access mental health support early, which produces better long-term outcomes. Class teams know a clear route to refer and can do this with already established assessments. Pastoral team staff have appropriate information that ensures they can make a timely referral. Pupils receive the right support at the right time, including referrals into external services and family support. This is evidenced through pupil voice, pupil progress and intervention quality assurance.

Families

Intent

- To proactively support and involve families in their child's education with regular communication, opportunities to feedback and impact on the school community
- To listen and to signpost families to support their child and wider family
- To actively support through the early help offer and safeguarding procedures

Implement: Thrive model

Getting advice:

Parent groups

Parenting courses

Local charity support for equipment

Disability support services

Sleeping advice

Diet advice

Routine advice

Home behaviour advice

Thriving:

- Thorough transition visits into school and class
- Welcome pack and key contact within SLT
- All About Me: Journey to Learn assessment, Sensory toolkit assessment
- Strengths and needs incl. PLIs- reviewed every 10 weeks, Behaviour support plan, Developmental stages profile, Communication support plan, Intensive interaction/ phatic communication development
- Class based keyworker
- Daily notes written in the electronic or paper-based diary by named TA (including personal care, meals/ snacks, activities, reminders)
- **Communication which might cause conflict should be made via telephone.**
- At least 3 PLI updates via MM a week
- At least 3 MM updates to celebrate successes against Brackenfield Characters and the curriculum
- Weekly bulletin via MM/ text link to website
- Letters sent home with pupils as required via MM.
- Half termly newsletter via MM/ text with link to website (paper copies can be sent)
- Parent voice surveys sent via weekly bulletin and MM.
- Invited to family support group hosted by the children's services team.
- Telephone calls returned by key worker at the end of the school day wherever possible.
- 3 Planned and structured consultations/reviews per year

Getting help:

Opportunities will be made for parents, carers, and families to come into school and meet with the teacher as required or for them to go out and meet in the family home if safe to do so.

Opportunities will be made for parents, carers, and families to come into school and meet with the relevant member of the leadership team as required or for them to go out and meet in the family home if safe to do so.

Targeted support plan i.e., health care

Early help support-sleep support, routines, medication, getting dressed community visits, transitions

Getting risk support:

Team Around the Family meetings

Social care support through child protection plan

Local authority

Police/ youth offending teams

Getting more help:

Respite / short breaks

CAMHS

Educational Psychologist

Speech and Language Therapy

Occupational Therapy

Social care support through ChIN

Paediatrician

Learning disability Nursing team

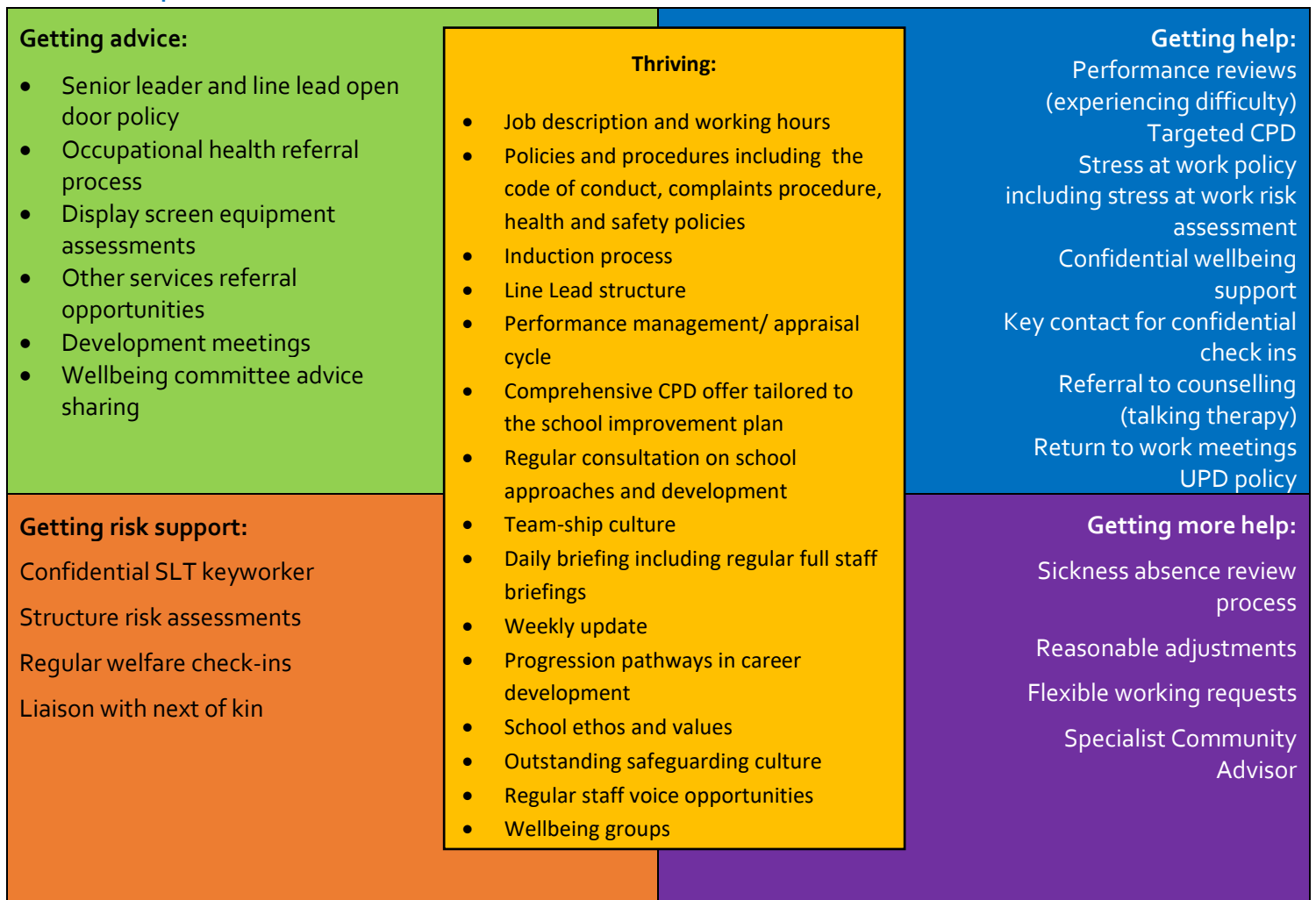External therapeutic input

Impact

Families have open communication with the staff supporting their child and appropriate ways to raise concerns/ queries or seek advice. Staff are approachable with a specialist provision to provide early help. See early help policy in safeguarding handbook for additional information. This will be evidenced through analysis of early help and parental voice.

Staff

Intent

- To proactively promote wellbeing in which every individual realises their own potential, can cope with the normal stresses of life, work productively and make a contribution to their community
- To promote a sense of belonging and quality relationships within the workplace which can cope with life's challenges and recover from setbacks
- To create a 'be kind' community at all levels without exception, promoting protective factors such as humour and positive attitudes

Implement: Thrive model

Getting advice:

- Senior leader and line lead open door policy
- Occupational health referral process
- Display screen equipment assessments
- Other services referral opportunities
- Development meetings
- Wellbeing committee advice sharing

Thriving:

- Job description and working hours
- Policies and procedures including the code of conduct, complaints procedure, health and safety policies
- Induction process
- Line Lead structure
- Performance management/ appraisal cycle
- Comprehensive CPD offer tailored to the school improvement plan
- Regular consultation on school approaches and development
- Team-ship culture
- Daily briefing including regular full staff briefings
- Weekly update
- Progression pathways in career development
- School ethos and values
- Outstanding safeguarding culture
- Regular staff voice opportunities
- Wellbeing groups

Getting help:
Performance reviews (experiencing difficulty)
Targeted CPD
Stress at work policy including stress at work risk assessment
Confidential wellbeing support
Key contact for confidential check ins
Referral to counselling (talking therapy)
Return to work meetings
UPD policy

Getting risk support:

Confidential SLT keyworker

Structure risk assessments

Regular welfare check-ins

Liaison with next of kin

Getting more help:

Sickness absence review process

Reasonable adjustments

Flexible working requests

Specialist Community Advisor

This model is not exhaustive, nevertheless aims to highlight the processes and culture within the workplace to support the wellbeing and mental health of all staff.

The CPD offer to staff is a fundamental part in promoting the developmental and therefore inclusion of the whole staff team. The CPD offer is aligned to the school improvement plan, aiming to bring the staff team on the same journey as the school develops to meet the ever-changing needs of it's cohort. As a research-based school, our curriculum approaches change and it is important staff are given the opportunity to develop their confidence in these new approaches. Change is difficult for many people, as such the leadership team talk openly about a 'team-ship' approach the school offer and bringing our colleagues with us.

When staff are experiencing difficulty in their life, be it personal or professional, the line lead structure is designed to ensure staff are signposted to the right support quickly and confidentially.

Please see the stress at work, absence monitoring, health and safety and code of conduct policies to see further detail on support available to staff.

The wellbeing action plan forms part of the school improvement plan; detailing how the leadership team work towards embedding an ongoing culture of positive wellbeing for one's self and colleagues.

Impact

Staff at all levels are supported to achieve their potential, understand and fulfil their role in the school and feel informed about proactive approaches to look after your own mental health and signpost colleagues, pupils and families. This will be evidenced through analysis of staff voice, sickness absence, staff performance and the overall success of school development.

Mental Health Locality Pathway (Erewash/ South Derbyshire)		
TITLE	**NAME**	**Contact Details**
School Nurse CHAT Health Number		01246 515100
Educational Psychologist	Becky Spong	Becky.Spong@derbyshire.gov.uk
Early Help Team	Laura Kaminski	07766696230
Behaviour Support	Behaviour Support Team South	suzann.banks@derbyshire.gov.uk
Build Sound Minds		01332 679379
Kooth	www.kooth.com	
Urgent Care Team CAMHS Rise	24/7 mental health helpline and support service	0800 028 0077 0300 7900264
Virtual School Contact	Sandra Sharpe	Sandra.Sharpe@derbyshire.gov.uk
Mental Health Support Team	Ilkeston Resource Centre	0300 123 3375
Autism Outreach	DO NOT WORK WITH SEND SCHOOLS	
SEND Support Service	Kay Taylor Jemma Richings	kay.taylor@derbyshire.gov.uk jemma.richings@derbyshire.gov.uk
Domestic Abuse Service	Elm foundation	07483164945
LGBT+ Services	Derbyshire LGBT+ Ryan Whittington	01332 207704 ryanw@derbyshirelgbt.org.uk

CAMHS Specialist Community Advisor (SCA): Saba Shameem: saba.shameem1@nhs.net Administrator

| High Peak & North Dales	Sam Jones Team Lead	samantha.jones27@nhs.net
Chesterfield South & Central	Liz Stephens	e.stephens1@nhs.net
Chesterfield North, Staveley & Brimington	Hannah Crowley-Andrews	Hannah.crowley-andrews@nhs.net
Bolsover and North East District	Sophie Tipple	sophie.tipple@nhs.net
Dronfield, Eckington & Clowne	Sharon Conyers	Sharon.conyers@nhs.net
Derby City	Chloe Martin Team Lead	chloe.martin9@nhs.net
Erewash	Angela Jordan	angela.jordan6@nhs.net
Southern Derbyshire & South Dales	Samantha Hickling	samantha.hickling1@nhs.net
Amber Valley	Clare Lawson	c.lawson5@nhs.net
Derby City Locality 1 & 5	Sonia Simpson-Brown	sonia.simpson-brown@nhs.net

JOURNEY TO LEARN (J2L)

Background

Brackenfield SEND School recognise that pupils with learning difficulties are vulnerable and are therefore more likely to experience Social Emotional and Mental Health difficulties (SEMH). For some pupil's other factors such as experiencing trauma also increase the risk of experiencing SEMH. Being attachment aware and understanding that behaviour is communication is important. People's behaviour is shaped by their experience and in order to positively support behaviour an understanding of the root cause of the behaviour is necessary.

Brackenfield SEND School, worked with Kate Cairns Association and the Derbyshire Virtual School to become an Attachment Aware School, Journey to Learn is the tool kit that evolved from the action research carried out by the school. J2L is informed by research carried out by Kate Cairns Association and mapped against Maslow's Hierarchy of need.

Intent

Maslow's hierarchy of needs is a motivational theory in psychology comprising a five-tier model of human needs, often depicted as hierarchical levels within a pyramid. In Maslow's theory, lower level needs must be met before growth needs can be. For pupils this means feeling cared for and safe in school must happen they are ready to learn. The 9 nine areas of Journey to Learn have been based on this theory with additional content added from the Coventry Grid.
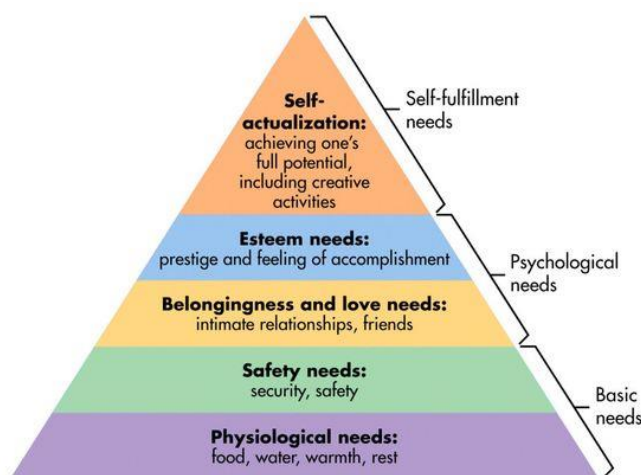
J2L provides school staff with a framework to assess pupils readiness for learning and state of wellbeing, mapping out a pupil's progress through the hierarchy. Based on the premise that behaviour is communication, J2L is used to interpret the message to understand the root cause of behaviour. J2L provides a 'one stop' assessment for the class team that enables targeted interventions that meet individual pupils needs and aiding their success.

J2L is completed by the team around the child, the collaborative assessments provide a holistic overview of the child. The key part of completing the assessment is the narrative it creates between the staff team supporting the child. This narrative builds a comprehensive picture of the child's journey to this point and where the gaps in relationship building and the ability to regulate appear within the 9 stages.

The teamwork through each section to provide a J2L profile.

Each area has a series of criteria that the team around the child make a judgement on. **If the behaviour is seen:**

0 – none of the time

1 – some of the time

2 – most of the time

3 – all of the time

X – N/A or don't know

From the information gathered, a graph is produced to give a clear, simple view of a child's current needs. This enables the class team to quickly identify areas to be supported.

The area being support will be the lowest area in the earliest phase. For example, in the image below, self-regulation is 0.76, however feeling safe is only 1.56 in stabilisation, which would suggest

	Physiological		Emotional & Social		Cognitive	
Stabilisation	Feeling Safe	1.56	Feeling Emotionally Supported	1.00	Feeling Understood	1.14
Integration	Self Regulation	0.76	Emotional Literacy	1.38	Accurate and Coherent Narrative	1.13
Adaptation	Social Responsiveness	1.86	Joy in Living	2.07	Self Esteem	1.14
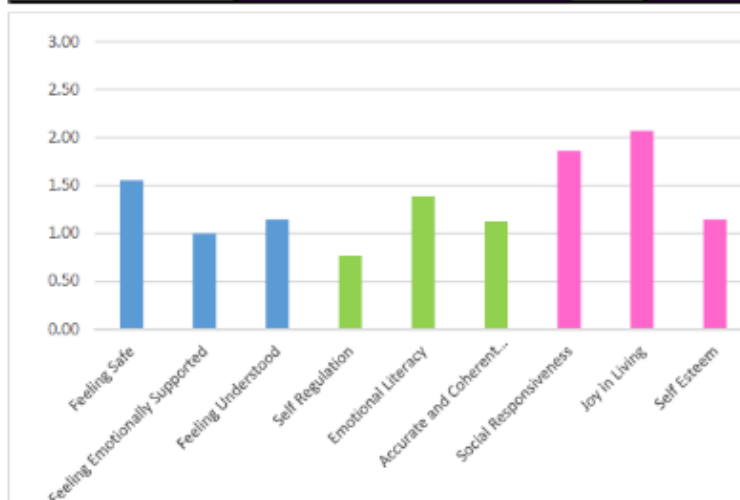
this area needs to be targeted first before moving onto the later stages of stabilisation and then on to integration.

Please note: whilst this is the theory to applying intervention, it is the narrative which will inform the most appropriate phase to target. It is important to remember we are targeting the lowest area of need- which might not be the lowest number; but will more than likely be in the early phases.

As each area is hierarchal interventions need to be targeted to Phase 1 and Stabilisation before other areas can be built upon. For example, a child will not have a high self-esteem if they cannot self-regulate so interventions need to target self-regulation before self-esteem.

Interventions can be put in to support SEMH needs and to support the team around the child understand the function of the behaviour. The graph produced maps out where there are current needs, in line with Maslow's theory. Interventions can then be scheduled that meet the basic level needs before the higher growth needs.

Impact

By mapping behaviour in this way interventions are appropriately targeted to the area of need.

Pupil assessment becomes meaningful and produces a narrative which means all staff understand the child's current state of wellbeing, and class teams can understand behaviour which results in pupils that are more settled and secure.

Long term this produces better outcomes quicker and needs are met holistically.

J2L provides a long-term mapping tool, that enables progress to be mapped that is not solely academic.

INTERVENTIONS AND THERAPY OFFER

HEAD OF PASTORAL CARE   MICK GAYLE

Intent:

- To provide pupils of Brackenfield SEND school with bespoke therapeutic interventions, for Tier two early help; whereby they require support additional to provision within the classroom to support their emotional and wellbeing needs.
- To provide pupils with timely access to Therapeutic interventions to support their mental health and wellbeing.

Implementation:

Referral to therapeutic support within Brackenfield SEND School are made via the Childrens Services Team. Class Teams are to email Earlyhelp@brackenfield.derbyshire.sch.uk. with a brief description of the current concern for a pupils mental health, outlining what they feel support is needed for. At weekly Children Services meeting new referrals are discussed. If the referral is not accepted, the family support worker will inform class and signpost to support available in class, or outside of school. Accepted referrals are added to the waiting list. The waiting list will be reviewed weekly, and a place allocated as soon as possible, to the most appropriate therapy or intervention. Before support commence the family support worker, will check the J2L and complete the intervention spreadsheet, with bespoke target setting. This is shared with the staff member delivering the intervention/ therapy, often not a familiar member of staff to ensure the sessions do not interfere with day to day relationships.

Currently staff are trained to deliver therapies and interventions in Positive Play, Drawing and Talking Therapy, Behaviour Box, Therapeutic Arts and Lego Therapy.

Positive Play: These sessions look to allow pupils to express/communicate their feelings, raise their self-esteem and improve social skills, in a safe and supportive environment. Sessions are held weekly, for 30 minutes on a one-to-one basis in the Sensory Haven. Sessions are completed when the target is met.

Drawing and Talking Therapy: These sessions look to open a pupil's inner world. This work is carried out through the pupil drawing, and then talking about the drawing. It tries to access the pupil's inner world and must be carried out safely and no. non-intrusively, with respect for the pupil's own pace and state of being. Therefore, anyone using Drawing and Talking learns to stay in the world of the pupils drawing. The pupil sets the pace and decides what to bring to the session. Sessions are held weekly, for 30 minutes on a one-to-one basis. Sessions are completed after 12 weeks.

Behaviour Box. These sessions look to allow pupils the time and space to develop their self-esteem and confidence. Behaviour box is broken down into 4 groups - Belong, Body, Brave and Be. Sessions are held weekly, one to one or one to two to allow information to be bespoke for the pupils needs. Sessions are held weekly, for 30 minutes, sessions are completed after 12 weeks.

Therapeutic arts. These sessions look to allow a pupil to explore their feelings around situations. They are led by the pupil, on topics they choose to explore, this may be, emotional or social feelings. Pupils have access to a range of art materials, including music and drama, and take the therapist along with them exploring. Sessions are held weekly, for 30 minutes on a one-to-one basis. Sessions are completed after 12 weeks.

Lego Therapy. These sessions look to support children social and communication skills. Lego therapy provides pupils will experience in communicating effectively with other, problem solving, persevere, fine motor skills, working cooperatively, identifying and discussing their feelings. Sessions are held weekly, for no more than 30 minutes in a small group. Sessions are completed after 6-8 weeks.

Impact, including quality assurance:

Pupils who attend therapy or intervention sessions are provided with a safe space to talk about difficult emotions or experiences, enabling them to be open with us about their mental wellbeing. All pupils make progress towards the outcome target set before sessions start. At the end of each session staff note their progress towards these targets and provide qualitative information. Some outcomes that have been met are:

- Increased attendance at school
- Awareness of emotions and confidence to share with others
- Confidence with friendships
- Ability to discuss life events
- Social group participation
- Ability to recognise anxiety
- Increased management of Anger emotions
- Role modelling

Family support worker keeps in regular contact with class teams on the impact of sessions, looking at decreased behaviours in class and increased engagement in school. Depending on the impact the work maybe continued, changed or discontinued. On some occasions therapies and interventions are not suitable due to the severity of need. In these cases, alternatives are sought, such as referrals to Specialist CAMHS services, or signposting for class teams to support.

The Head of Pastoral Care and Family Support Worker review the waiting list and therapeutic spreadsheet to look at progress and impact of therapeutic interventions on a half termly basis. This information is fed back to Senior Leadership Team as part of the Headteacher's Report to Governors.

The report highlights the following, as well as reviewing successes, concerns and next steps.

Criteria for impact of Therapy	No. pupils	Average RAG			
Pupil is engaging in sessions	XX		XX%	XX%	XX%
Pupil is coming willingly to sessions	XX		XX%	XX%	XX%
Pupil looks forward to sessions	XX		XX%	XX%	XX%

EMOTIONAL LITERACY SUPPORT ASSISTANT (ELSA)

FAMILY SUPPORT WORKER   FIONA ROSS

Background

The Emotional Literacy Support Assistant (ELSA) programme is a targeted intervention developed by Sheila Burton within the Southampton Educational Psychology Service (EPS) and then considerably developed by Educational Psychologists (EPs) in the Hampshire EPS in order to enable school staff to support the emotional needs of children. The programme requires five to six days of training provided by EPs for school employed teaching assistants (TAs), followed by on-going support via half termly reflective supervision sessions with an EP. The programme has gathered an evidence base through peer reviewed publication of results of analyses, as well as local authority evaluations and reports. It is now available to schools in more than 100 local authorities.

The Role of an ELSA involves the development of bespoke intervention programmes working towards specific, measurable, achievable, realistic and timely (SMART) targets, either individually with a child or young person, or in small groups. Sessions are not expected to continue for more than one school term (6-8 sessions) and interventions are tailored to the needs of individuals, therefore SMART targets are defined and reviewed following each session allowing for reflection and responsiveness to needs. Peer-reviewed published research has shown that the ELSA programme has a positive impact on the: wellbeing, emotional regulation, relationships, resilience, academic attainment, school attendance and social skills of children and young people involved (Burton, 2008; Hills, 2016; Krause, Blackwell & Claridge, 2020; McEwen, 2019; Wilding & Claridge, 2016).

Intent

To provide pupils of Brackenfield SEND school with bespoke emotional literacy support, for Tier two early help; whereby they require support additional to provision within the classroom to support their emotional needs.

Implement

Referral to ELSA support within Brackenfield SEND School are made via the Childrens Services Team. Class Teams are to emailed Earlyhelp@brackenfield.derbyshire.sch.uk with a brief outline of the concerns, and what they feel support is needed for. At weekly Children Services meeting new referrals are discussed. If the referral is not accepted, the family support worker will inform class and signpost to support available in class, or outside of school. Accepted referrals are added to the waiting list. Before support commence the family support worker, will check the J2L and complete the therapeutic spread sheet, with target setting.

ELSA sessions are planned to meet the bespoke emotional needs of individual pupils. Sessions are usually 20 to 30 minutes long; a typical ELSA block will look like:

Session 1 Introduction and getting to know you

Sessions 2-5 Targeted work

Session 6 Consolidation of work and ending sessions

Each session runs with the same structure:

- Check-in with emotions. A variety of resources are used for this such as a welcome chat, make-a-face activity, choose an emotion, this is used to ensure a pupil is ready to learn the targeted work, it maybe that a session is changed due to the current emotional state of a pupil.
- Target work is carried out, this dependant on the emotional issue being presented but might include activities that encourage pupils to think about strengths with themselves, remembering activities for bereavements, or breathing control for anger (this is not an exhausted list of the activities used within sessions.
- Check-out activity, this might be mindfulness and relaxations, a chat or a game.

At the end of session five the ELSA, will decide if the targets are met, and ELSA support should cease, due to the demographic of pupils at Brackenfield, sessions may continue for longer as targets set tend to be smaller steps towards a bigger outcome. Cases are reviewed at the Childrens Services meeting weekly.

Feedback to staff is given when needed, and task to be completed outside of the session are explained to class teams.

Impact

Pupils who attend ELSA sessions are provided with a safe space to talk about difficult emotions, enabling them to be open with us about their mental wellbeing. All pupils make progress towards the outcome set within ELSA sessions. Some outcomes that have been met are:

- Increased attendance at school
- Awareness of emotions and confidence to share with others
- Confidence with friendships
- Awareness of own strengths
- Ability to reduce anxiety around specific situations
- Increased management of Anger emotions
- Ability to talk about bereavements

ELSA keeps in regular contact with class teams on the impact of sessions, looking at decreased behaviours in class and increased engagement in school. Depending on the impact the work maybe continues, changed or discontinued. On some occasions ELSA support is not suitable due to the severity of need, or pupil being ready to received the support offered. In these cases, alternatives are sought, such as referrals to Specialist CAMHS services, or signposting for class teams to support.

References

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ATTENDANCE

1 Introduction

2 The Law

3 Leave of Absence and Holidays

4 Persistent Absence

5 Holidays During School Term Time

6 Medical Appointments and Operations

7 Procedures

8 Rewards System

1. Introduction

It is the right of every student to receive a full-time education.

Central to raising standards in education and ensuring all pupils can fulfil their potential is an assumption so widely understood that it is insufficiently stated – pupils need to attend school regularly to benefit from their education.

Absence disturbs the continuity of the curriculum and affects social relationships. Absence from school causes difficulties for teachers who have to respond by providing individual programs of work, which whilst supporting continuity are no substitute for attendance at school.

The government expects:

Schools and Local authorities to:

· Promote good attendance and reduce absence, including persistent absence, which includes all children with an attendance less than 90%

· Ensure every pupil has access to full-time education to which they are entitled; and,

· Act early to address patterns of absence

· Parents to perform their legal duty by ensuring their children of compulsory school age who are registered at school attend regularly.

· All pupils to be punctual to their lessons

In considering the above Brackenfield School have adopted and implemented a traffic light attendance monitoring system for attendance (see appendix 1) and that all absence from school will be subject to this system and the attendance policy.

2. The Law

The law that governs school attendance and the duties that govern school attendance and explains how they apply to local authorities', head teachers, school staff, governing bodies, pupils and parents.

These requirements are contained in:

· The Education Act 1996 - sections 434 (1)(3)(4)&(6) and 458(4)&(5)

· The Education (Pupil Registration) (England) Regulations 2006

· The Education (Pupil Registration) (England) (Amendment) Regulations 2010

· The Education (Pupil Registration) (England) (Amendment) Regulations 2011

· The Education (Pupil Registration) (England) (Amendment) Regulations 2013

· The Education (Pupil Registration) (England) (Amendment) Regulations 2016

· School attendance Guidance for maintained schools, academies, independent schools, and local authorities August 2020

· Addendum: recording attendance in relation to coronavirus (COVID-19) during the 2021 to 2022 academic year.

In brief, parents/carers have a duty to ensure that children of compulsory school age receive "efficient full-time education" which is suitable for their "age, ability, aptitude" and "special needs."

3. Leave of Absence and Holidays

Under education law parents/carers may request a leave of absence for pupils from school. However, the education (Pupil Registration) (England) (Amendment) regulations 2013, makes it clear that head teachers should not grant approval for any leave of absence during term time unless exceptional circumstances exist. A clear, written justification for these occasions should be provided by the parent or carer along with the reasons why the absence needs to take place in term time and over the time requested. (DFE Schools Attendance, Guidance for Maintained Schools, Academies, Independent Schools and LA's, September 2020)

Term times are for education. This is priority. Children have 175 days off school to spend time with their families and for family holidays, celebrating birthdays, visiting family members, traveling to an event, etc. These are not considered exceptional circumstances and as such will not be an authorised absence.

Every application will be considered individually, and the decision to authorise absence is at the head teacher's discretion based on their assessment of the situation.

If the leave of absence is not authorised, it will be marked on the attendance register as unauthorised absence and will be dealt with in line with our traffic light system and policy.

Warning Letters and Penalty Notice Fines may be issued as follows:

4. Persistent Absence

The school can refer to Derbyshire County Council for investigation/ legal intervention if the absence meets the following criteria;

· Two consecutive weeks of unauthorised absence

· Secondary school age – 10 sessions of unauthorised absence in a 5-week period

· Primary school age – 5 sessions of unauthorised absence in a 5-week period, or 10 sessions of authorised absence in a 5-week period where no medical evidence has been received.

· Persistent absence threshold met within the last 12 months and where there is some current unauthorised absence.

5. Holidays During School Term Time

If the school has evidence that a parent has removed a child from school for the purposes of a holiday during term time without authorisation and the level of absence is in excess of the guidelines detailed in section 4, persistent absence, then the school can request the Local Authority to issue Penalty Notices to each parent for each child to whom unauthorised absence applies. The education (Pupil Registration) (England) (Amendment) regulations 2013 states that holidays cannot be authorized retrospectively. Any request should be made to the school in writing for consideration prior to any holiday/leave arrangements being made. You may be issued with a penalty notice should leave be taken which is not authorised. If unpaid this could lead to prosecution under section 444(1) of The Education Act 1996.

6. Medical Appointments and Operations

Where a request for authorised absence is made on medical grounds for students to attend non-routine appointments the school will request that parents/carers provide written conformation before the authorisation is confirmed. It is also requested that every effort is made that the students only misses the AM or the PM session from school where possible. Every effort must be made by the parent/carer to bring the student back into school after the appointment. It is also preferred that appointments for medical reasons are made at the beginning or the end of the school day, where possible, to limit the time absent from school.

7. Procedures

School starts at 8.55-9.10. All children must be in school at this time.

Registers are to be completed by teachers during morning registration 9.00 – 9.15 a.m.

THIS IS A LEGAL REQUIREMENT.

Parents/carers are required to notify the school of any absence by phone before 9.00am, on the first day of absence. An answer phone service is available to leave a message on if the school is not open. If a reason for the absence has not been received a text, in the first instance, will be sent out asking you to provide a reason. An actual reason must be provided for the absence, for example, he/she is poorly will not be accepted and a return text/phone call to the parents/carers will be made to determine the reason for the absence by the office. This information will be input on the student's communication log on the schools MIS with the reason for the absence detailed.

1. If a student is not present in registration (after 9.10am) and where no authorised reason for their absence has been provided they are to be marked as "N" and are required to go to the school's office on arrival to notify school of their arrival.

2. A late mark, (L) is recorded in the register for any student arriving on site between 9.10am and 9.30am. After 9.30am, and if no authorised reason for being late has been provided, the U code (arrived in school after registers closed) will be recorded on the register for that session.

·3. Where an absence is relating to COVID-19, the Addendum: recording attendance in relation to coronavirus (COVID-19) during the 2021 to 2022 academic year, will be used to allocate the appropriate X code for the absence.

4. Where no contact has been made by the parents/carers, before 12pm on the same day as the absence (it is essential to check whether the child is actually in the school), the Pastoral Team will be notified and a phone call will be made to the parents/carers. A record of the conversation will be recorded on the student's communication record on the schools MIS.

5. Where there is no response to the phone call, further phone calls will be made or a home visit carried out.

6. Where students are educated off-site for part of their week their attendance will be monitored on a daily basis by the office. The off-site facility will call the office each day to let them know if the student has arrived and the attendance will be updated on the schools MIS accordingly.

7. All students' attendance will be checked on a weekly basis, so that any patterns of absence or unusual absence is identified and early intervention and support, if required, can be offered to the parents/carers.

8. At the end of every Half Term each student's attendance will be checked and a monitoring report created, where each student will be placed into a category, as per the traffic light system and any action taken as necessary.

9. Details of a child/children's attendance will be provided to all parents three times per year through

the school report.

10. Where a child attendance is causing concern the school will make contact with parents detailing any further action as per our traffic light system which may be taken as a result.

All attendance related correspondence and action is detailed on the schools MIS.

Any written notes in children's home school diary's, concerning absence or medical appointments, must be transferred onto the schools MIS communication log by the class teacher.

8. Rewards System

Brackenfield School recognizes that students should be praised for their attendance and this is achieved in the following way;

An award system is in place to recognise each child's attendance achievement at the end of every Half Term. Pupils will be awarded marvellous me badges, parents will be notified via the marvellous me app)

At the end of the academic year, every student with 100% attendance will be entered into a prize draw.

Any student, who has an 'M' (which is for a specialist appointment, that cannot be rearranged) or an 'I' (for an operation) on the register, will have the mark on the register changed to a present mark for the purpose of the prize draw, as to not disadvantage them because of their medical needs.

Appendix 1

Percentage Attendance to Date	Possible Action
100% - Excellent	None required. Marvellous me badge awarded to celebrate achievement at the end of every Half term.
96%-99% Good	School on-going monitoring.
90%-95% Cause for Concern	Parental contact from the pastoral team Attendance report provided to parent/carer. Barriers to attendance identified and target set for remedial action
85%-89% Cause for Concern	The pastoral team will contact parents and arrange a meeting to discuss attendance. Parental meeting to set targets, look at barriers, and set out urgent remedial action needed, including discussion on action if targets not met. Placement needs looked at. 121 work with the student around importance of attendance, where appropriate
89% and Below – Serious Cause for Concern	Parents to be informed via letter of monitoring, a specific monitoring period will be set for attendance to improve, this will be 15 school days the pastoral team will monitor. Reasons for absence discussed and decision over external service referral/action made. Daily monitoring from school and home visits/follow up as required. 121 work with the students, in the classroom, around the

	importance of attendance and coming to school where appropriate. Referral to specialist support services. Referral to Derbyshire County Council for consideration of legal intervention

Appendix 2 Procedure for attendance monitoring

Daily procedure for attendance.

```
Pupil arrives at school          Pupil does not arrive at school
        │                                    │
        ▼                        ┌───────────┴───────────┐
Teacher marks register           ▼                       ▼
with appropriate code     Parents inform school    Parents have not informed
                          of reason, via telephone,  school of reason.
                          email or home-school diary        │
                                    │                        ▼
                                    ▼                School office staff send
                          Teacher/office staff/      text message to parent
                          pastoral team marks        /carer at 9:30 if not
                          register with appropriate  informed
                          code and adds note for            │
                          pastoral team/ teachers           │
```

Pupil arrives at school

Pupil does not arrive at school

Teacher marks register with appropriate code

Parents inform school of reason, via telephone, email or home-school diary

Parents have not informed school of reason.

School office staff send text message to parent /carer at 9:30 if not informed

Parent/carer does not response to text

Pastoral team contact parents/carers via phone

Teacher/office staff/pastoral team marks register with appropriate code and adds note for pastoral team/ teachers

Parent/carer inform school of reason, via telephone or email.

Parent/carer does not response to Phone call

Pastoral team continue to call for a response, trying all numbers on Integris

If no response to any numbers listed, a home visit is made after 3 days, unless the child is on a Child Protect plan, whereby the DSL will inform the social worker

If no response to phone calls or home visit, inform DSL to instigate referral to social care.