Manchester Inclusion
Strategy Toolkit

Supporting Document to Manchester Inclusion Strategy

Working together to enable Manchester's Children and Young People to lead happy, healthy, safe, independent and successful lives

> We believe it is important that every child and young person in our early years' settings, schools and post 16 provisions, whatever their age, identity, circumstance or ability, has a sense of belonging, feels respected and is valued for who they are.

Manchester Inclusion
Strategy Toolkit

Structure of the Toolkit

SECTION ONE: Principles and Purpose

Introduction

Manchester City Council is committed to the inclusion of all children and young people across our city. We believe

"it is important that every child and young person in our early years' settings, schools and Post 16 provisions, whatever their age, identity, circumstance or ability, has a sense of belonging, feel respected and is valued for who they are."[1]

This commitment is supportive of Manchester's overarching Children and Young People Plan vision;

 "Our Manchester – building a safe, happy, healthy and successful future for children and young people".

This plan acknowledges that children and young people matter in Manchester, as our city's long-term future and prosperity will only be secured with them.

Manchester's Inclusion Strategy sets out a vision of partnership working across the city to promote educational inclusion and prevent exclusion (in its many forms). It was developed to help early years' settings, schools, post 16 providers, the Local Authority and other services work in a coherent way, with the aim that every child and young person:
- is known
- is understood
- is supported
- thrives.

The Inclusion strategy was informed by an extensive, year-long multiagency consultation process. As part of this process a number of "we will" commitments were made with the purpose of supporting education settings and services to review current practices, draw on existing good practice and develop new ways of working where needed. This supporting document was written by One Education EP Team in consultation with Manchester City Council, education settings and families to address two key '**we will**' statements;
- Develop and promote inclusive practice guidance, including the use of evidence-based approaches.
- Develop and share a multiagency toolkit of resources.

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[1] Consultation with headteachers, senior school leaders, teachers and key partner agencies took place in Spring term 2020 to identify shared core values. This statement received the strongest agreement and has been adopted as our central guiding principal.

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Guiding Principles

Manchester is a diverse and growing city where frequently education settings creatively provide place-based responses to challenges which are tailored to the communities they serve. However, as a city, it is also important to have some shared core values which underpin and guide the way we work. We believe shared values are powerful motivators to find collective solutions.

As part of the development of this toolkit, senior school leaders, teaching staff and key partner agencies were surveyed to gain an understanding of what beliefs and aims are shared about inclusion across Manchester.   These shared values have been taken to form a firm foundation of guiding principles upon which to build a toolkit of resources and ideas for support.

They recognise Manchester as an inclusive, collaborative learning community which seeks to promote the best outcomes for all children and young people.

Principles which informed the writing of this toolkit.

We believe:

- Relationships lie at the heart of inclusive practice. We put relationships first. This requires an ethos across all our education settings that promotes strong relationships between staff, children/young people, their parents/carers, other education settings and partner agencies.

- It is important to take a non-judgemental, curious and empathetic attitude towards behaviour and learning. Children and young people presenting with additional needs should be regarded as vulnerable not troublesome and we all have a duty to explore their needs and provide appropriate support.

- Finding solutions is often a complex process. Therefore, it is important we are always open to learning from others and willing to share knowledge and best practice

- Being 'fair' is not about everyone getting the same (equality) but about everyone getting what they need (equity).

- Exclusion should be the absolute last resort.

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We will strive to:

- Maintain high expectations around behaviour. Children and young people need predictable routines, expectations and responses in education settings but with sufficient flexibility to allow an empathetic and personalised approach.

- Ensure parent and children/young people's opinions and wishes are sought and fully listened to. It is important children, young people and their parents participate in decisions taken about them.

- Ensure all teaching and non-teaching staff are equipped with the skills needed to adapt the curriculum appropriately to meet the needs of children and young people.

- Ensure we are reflective and responsive. For example, if suspensions are becoming frequent we will reflect if this approach is effect for this particular CYP and whether a different response might provide a more effective response.

- Ensure all children and young people have daily access to qualified, curriculum-linked teachers.

- Ensure we are confident that, before a decision to exclude permanently is made, all reasonable options have been exhausted and that this action will lead to reflection and improved practice in the future.

In writing these guiding principles, it is recognised that schools and other education settings can face significant challenges managing to include pupils with complex needs. It also acknowledges the responsibility held by headteachers for looking after the well-being of all members of the school/setting community. It is hoped that taking a city-wide approach and working together in a consistent and supportive manner, these challenges can be openly discussed and collaboratively solved. Leading to a Manchester where every child and young person;

"has a sense of belonging, feel respected and is valued for who they are."

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Aims of the Toolkit

This toolkit was written by One Education Educational Psychology Service in consultation with Manchester City Council. It is not possible to produce an exhaustive directory of all resources, services and good practice examples across the diverse and ever-changing field of inclusive education. However; this good practice toolkit aims to;

- set out the 'Guiding Principles' which we believe should inform educational systems, policies, and practices across Manchester.

- describe the key qualities we believe are indicative of high quality inclusive universal education provision.

- encourage a whole-school planned approach to support inclusion which is evident across all aspects of life in your setting.

- Provide 'quick links' to help all those supporting children and young people to find information about specific educational needs, evidence-based approaches and links to useful resources and supporting agencies/services.

Following feedback from settings, the toolkit now includes extra information for Early Years and Post-16 settings either included within the chapter or in a "Top Tips" box!
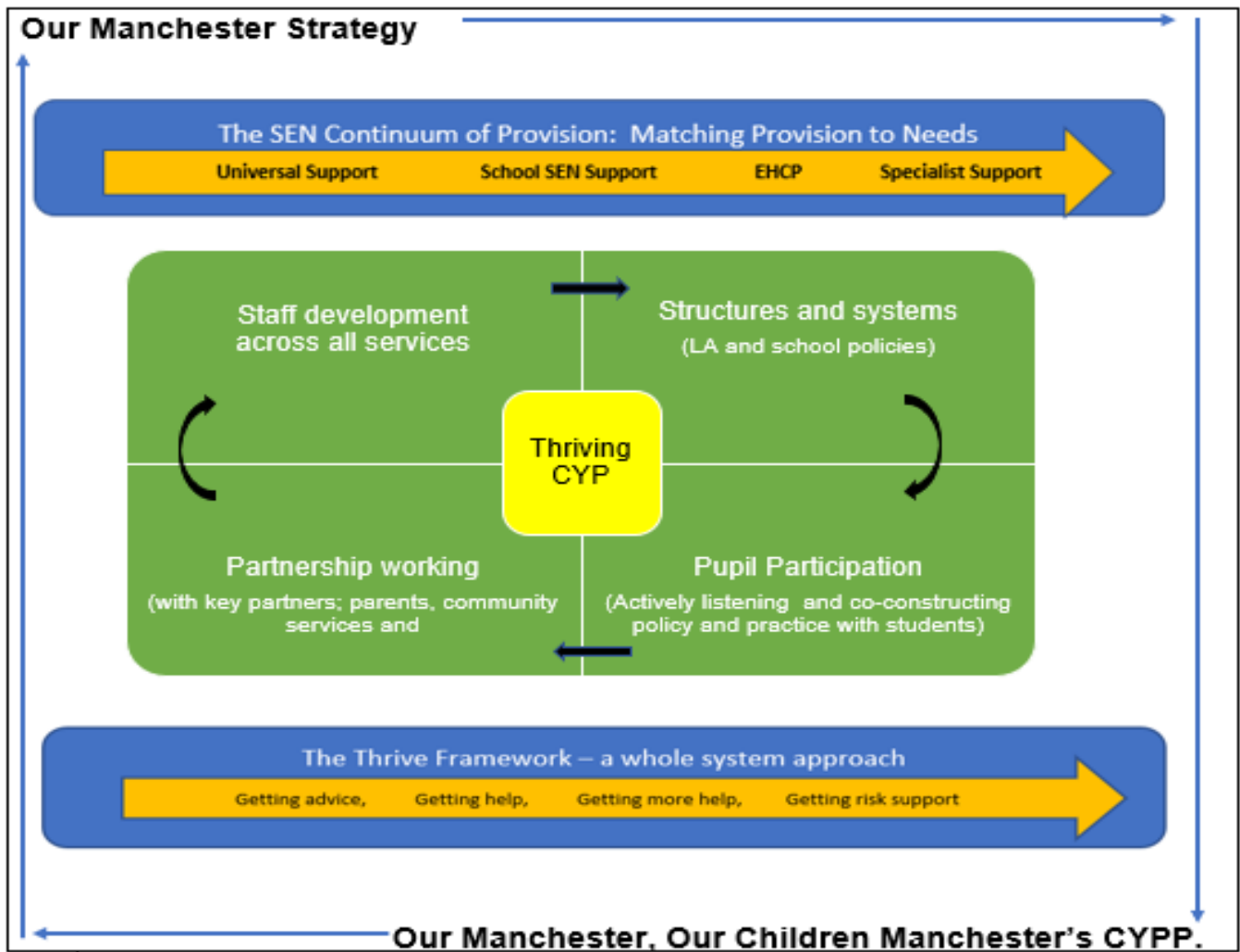
The information in this toolkit seeks to complement rather than replace the detailed documentation, policy and advice already provided by the Local Authority. As far as possible readers will be signposted to where existing information is available to enable this to be accessed easily. It is vital the principals and practices described within this document are seen as sitting within local context frameworks and strategies. These include:

- **Our Manchester Strategy**
https://www.manchester.gov.uk/MCRstrategy

- **Manchester's Inclusion Strategy**
https://www.manchester.gov.uk/downloads/download/7154/manchester_inclusion_strategy_november_2019_%E2%80%93_july_2022

- **Greater Manchester's iThrive Programme**
http://implementingthrive.org/greater-manchester-i-thrive/

- **Manchester's Early Help Strategy**
https://secure.manchester.gov.uk/info/266/childrens_services/7998/early_help_strategy

Please also refer to the '**Graduated Response**' chapter in this toolkit for information about MCC SEND documentation (including 'Matching Provision to Needs' and 'Ordinarily Available Provision'.

A full list of Manchester City Council Policies/Strategies can be found here:
https://www.manchester.gov.uk/directory/99/a_to_z/

The Local Offer can be found here:
https://hsm.manchester.gov.uk/kb5/manchester/directory/localoffer.page?localofferchannel=0

Our Manchester Strategy

The SEN Continuum of Provision: Matching Provision to Needs

Universal Support   School SEN Support   EHCP   Specialist Support

Staff development across all services

Structures and systems (LA and school policies)

Thriving CYP

Partnership working (with key partners; parents, community services and

Pupil Participation (Actively listening and co-constructing policy and practice with students)

The Thrive Framework – a whole system approach

Getting advice,   Getting help,   Getting more help,   Getting risk support

Our Manchester, Our Children Manchester's CYPP.

Where possible we have made links to key documents in the following two places:

Manchester Safeguarding Partnership

Manchester Schoolshub

We have also created opportunities to give general feedback and to give more specific feedback about updates/changes needed

General feedback
https://www.surveymonkey.co.uk/r/InclusionStrategyFeedback

Update/Changes alert
https://www.surveymonkey.co.uk/r/Toolkit_update

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Definitions and Indicators of Success

Defining Inclusion:

'Inclusion' itself is a term that is numerously defined and interpreted. UNESCO define inclusion as

> *"a process that helps overcome barriers limiting the presence, participation and achievement of learners." (2017, p13)*

It identifies inclusion education systems as ones that remove the barriers limiting the participation and achievement of all learners, respect diverse needs, abilities and characteristics and that eliminate all forms of discrimination in the learning environment.

Most accepted definitions of inclusive education deem it to be a continuous process of development, review and adjustment reflecting changes in our own communities and in the wider world, not as something to be achieved. This view is endorsed by Manchester City Council.

Indicators of Success

We will know we are travelling in the right direction when;

- Children* report a sense of belonging to their setting.
- Children report that they actively participate
- Children report feeling safe
- Children report feeling respected and valued.
- When attainment is maintained or improved
- Children and their families report being active partners in decision making.
- Children and their families report productive engagement with appropriate services when needed.
- Education staff report that they have opportunities to take part in continuing professional development regarding inclusive practices in its many forms and feel more equipped to support diverse needs.
- All partners who work with learners and their families understand and support Manchester's Inclusion vision.
- Leaders at all levels articulate consistent policy goals to develop inclusion and support the best possible education outcomes for children and young people across the city.

Ultimately this should contribute towards

> **ensuring we are building a safe, happy, healthy and successful future for children and young people.**

[*please note: we use the term 'children' to denote any learner from 0 – 25 years of age.]

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'Quick Links' contents page

Below are 8 strands or areas of practice. Please click on the title of the chapter you want to read and a hyperlink will take you straight to the page. Overleaf (for ease) is also a list of chapters in alphabetical order, again, hyperlinked.

Inclusive Universal Provision	Evidence based good practice	Problem solving tools for CYP and adults	Neurodiversity	Mental Health	Identity and Inclusion	Family and community factors	Specific areas of need
Inclusion, diversity and children' rights	A graduated response to need	Circle of adults	ASC	Mental Health Overview and Referrals	Adoption and (Placement breakdown)	Domestic abuse	Medical Needs
Belonging	Supporting good transitions	Staff supervision	Autistic Girls (and internalised presentation)	Wellbeing/ SEMH audits & measures	Coming into Care (LAC) and (Placement breakdown)	Adolescent to parent violence (APVA)	Tourette Syndrome
Attachment and trauma aware	Relationship based behaviour policies	Appreciative Inquiry	ADHD	Emotional regulation skills	Socially Just Practice: Race and Culture	Parental Substance Misuse	Acquired Brain Injury
Nurture	Eliciting Pupil voice	Solution circles	Dyslexia	Anxiety	Culturally and linguistically diverse pupils	Children of parents in prison	Epilepsy
Restorative Practice	Co-production ways of working	Circle of friends	Dyscalculia	Anxiety Based School Avoidance	Unaccompanied asylum-seeking children	Child Sexual Exploitation	Speech and Language Needs
Setting-wide mental health and wellbeing	Reduced timetables	Peer mediation	Developmental Co-ordination Disorder	Low mood/ depression	LGBTQIA+	Child criminal exploitation County Lines	Hearing and visual impairments
Inclusion Audit Tool	Managed moves		Selective Mutism	Non-Suicidal Self-Harm	Bullying and cyberbullying	Impact of poverty	Harmful sexual behaviour
	Exclusions: Best Practice		Sensory processing and regulation	Emotion coaching approaches			Bereavement

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Please click on the relevant section(s)

Alphabetical Contents Page

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Inclusive Universal Provision

Our aim: Creating education settings where children and young people feel they belong.

Some approaches

- Inclusion, diversity and children's rights
- Belonging
- Attachment and trauma aware approaches
- Nurturing principals
- Restorative practices
- Setting-wide mental health and well-being approaches

General feedback
https://www.surveymonkey.co.uk/r/InclusionStrategyFeedback

Update/Changes alert
https://www.surveymonkey.co.uk/r/Toolkit_update

SECTION TWO: Inclusive Universal Provision

Inclusion, Diversity and Rights of the Child

Overview Description

Inclusion means welcoming and respecting the diversity of Manchester's children and young people in all its forms:

- **Neurodiversity**
- **Linguistic, cultural and religious diversity**
- **Diverse life stories including attachment and trauma**
- **Diverse sexualities, identities and personalities.**

Manchester is lucky to be a thriving multicultural city which is one of the most linguistically diverse, relative to its size, in Europe. Some 40% of Manchester's children speak more than one language (United Nations, 2023). Our children come to our educational settings from a diverse set of backgrounds and with a huge range of preschool experiences and familial and cultural influences.

When considering the potential vulnerabilities and differences of our population, it can be helpful to consider the protected characteristics of the Equality Act (2010) plus wider characteristics that shape lived experiences of discrimination, inequality and privilege such as socio-economic disadvantage, occupation and care-experience. Having a protected characteristic means that you have a right not to be treated less favourably, or subject to an unfair disadvantage, by reason of that characteristic. The protected characteristics relevant to children include:

- Age
- Disability
- Race, including colour, nationality, ethnic or national origin
- Religion or belief
- Sex
- Gender reassignment
- Sexual orientation
- Pregnancy and maternity (pregnant young women would be covered by this).

As far as possible, rights of different protected groups should be balanced as there is no hierarchy of protected characteristics. Where rights clash, this should be treated sensitively, on a case by case basis, and in a way that ensures all interested parties feel heard and understood.

In many settings, steps are being taken to ensure that all children are more likely to see themselves represented in the curriculum. Using books by non-white authors, including non-white role models in history, science and politics is important. Those with physical and developmental disabilities, chronic illnesses, and neurodivergent students, should also see themselves represented in print and as role models. An acceptance of different sexualities is also increasingly embedded in PSHCE curricula.

As well as being aware of the protected characteristics of their students, those working with children and young people are also increasingly being asked to understand the impact of early life experiences and trauma on children's development. This is because it is now understood that children with unmet attachment needs and/or adverse childhood experiences (including trauma) are much less likely to thrive in education.

This toolkit offers specific additional information on various aspects of diversity, including but not limited to:

- Neurodiversity – incorporating:
  - autism
  - ADHD
  - dyslexia and dyscalculia
  - Developmental coordination disorder (Dyspraxia)
  - selective mutism

- Race, language and culture

- LGBTQ+

- Medical needs

- Conditions that impact learning and development

- Other disabilities such as hearing or visual impairments

- Attachment and trauma

It is important, however, to recognise the individuality of all children and young people's experiences (see discussion of intersectionality overleaf). Although this toolkit aims to support you in your work, **nothing is as powerful as professional curiosity and empathy; listening, being flexible and demonstrating empathy when working with children and their families.**

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Intersectionality: considering layers of influence:

In 1990 Marilyn Loden and Judy Rosener [2] developed a framework for thinking about the different dimensions of diversity within individuals and institutions, known as the diversity wheel. This is a useful tool for thinking about how different characteristics intersect with systems and structures to shape a person's experience.

Taken from: https://www.gov.scot/publications/using-intersectionality-understand-structural-inequality-scotland-evidence-synthesis/pages/3/
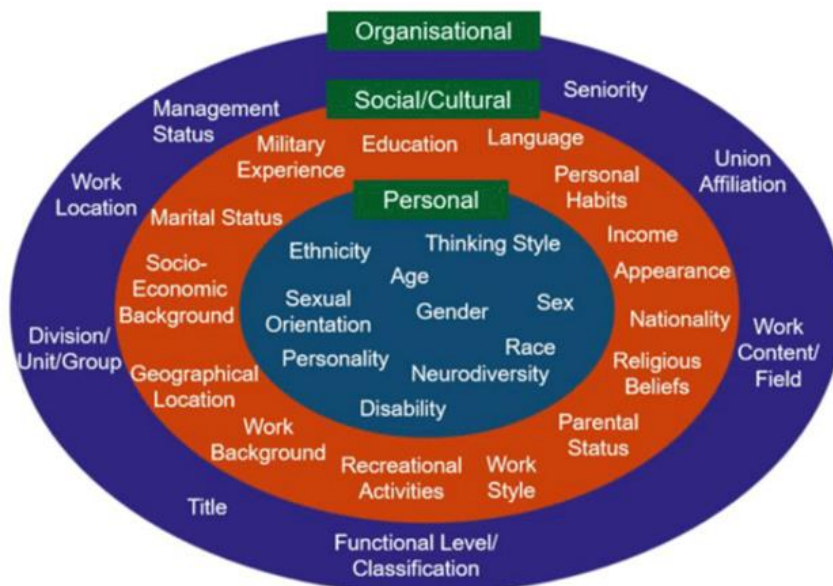
Intersectionality was first coined by Dr Kimberlé Crenshaw in 1987 to introduce a frame through which the intersectional discrimination faced by black women could be made visible. E.g., that potential marginalisation from being black and from being a woman adds up to more than the sum of both alone. Today its meaning has broadened. It is a framework for understanding how a person's various identities combine to create different modes of discrimination and privilege. Intersectionality recognises multiple factors of advantage and disadvantage.[3]
An intersectional approach to diversity and inclusion is one where interweaving identities are recognised. **Every child is seen as a unique, multifaceted individual with rights and we have a responsibility to consider how the various aspects of their identity interact to affect their lived experiences.**

This is an important part of becoming an 'child friendly city!'

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[2] Loden, M. & Rosener, J. (1990) *Workforce America! Managing Employee Diversity as a Vital Resource,* McGraw-Hill Professional Publishing

[3] Runyan, A.S. (2018). What Is Intersectionality and Why Is It Important?. *Academe.* 104 (6).

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Putting children's rights at the heart of all we do!

Fundamental to Manchester's understanding of 'inclusion' is ensuring that we recognise and promote children's rights. Manchester has embarked on work towards international recognition as a **UNICEF UK Child Friendly City**.

"A child-friendly city aims to create equal opportunities for all children. This entails identifying the most marginalized and vulnerable children, the barriers to inclusion that they face and removing these barriers".

https://childfriendlycities.org/guiding-principles/

A child-friendly city is one which implements the **UN Convention on the Rights of the Child** at the local level. As such, the guiding principles of building a child-friendly city mirror the overarching principles of the Convention. These principles include:

Non-discrimination: The rights of all children are respected, without discrimination of any kind irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

Best interests of the child: The best interests of children are a primary consideration in decisions that may affect them with the government assuring the care and protection necessary for their wellbeing.

The inherent right to life, survival and development: Children have the right to life, with the government committed to ensuring the maximum extent possible, their right to survival and healthy development.

Respect for the views of the child: Children have the right to voice their opinions and have these be taken into account in decisions that affect them.

These principles align closely to those already outlined as Manchester's guiding principles for inclusion.

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A summary of the UN Convention on the Rights of the Child can be found here:
https://www.unicef.org.uk/wp-content/uploads/2019/10/UNCRC_summary-1_1.pdf

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Becoming a Rights Respecting School

In line with Manchester's goal of becoming an accredited child friendly city, many schools in Manchester are already working towards their UNICEF Right's Respecting Schools bronze, silver, gold or sustaining gold award. This is something Manchester is very proud about.
Information about this award can be found here:

https://www.unicef.org.uk/rights-respecting-schools/getting-started/

Unicef also provide really helpful free resources which can support any setting working with children:

These can be found here: **https://www.unicef.org.uk/rights-respecting-schools/resources/teaching-resources/guidance-assemblies-lessons/**

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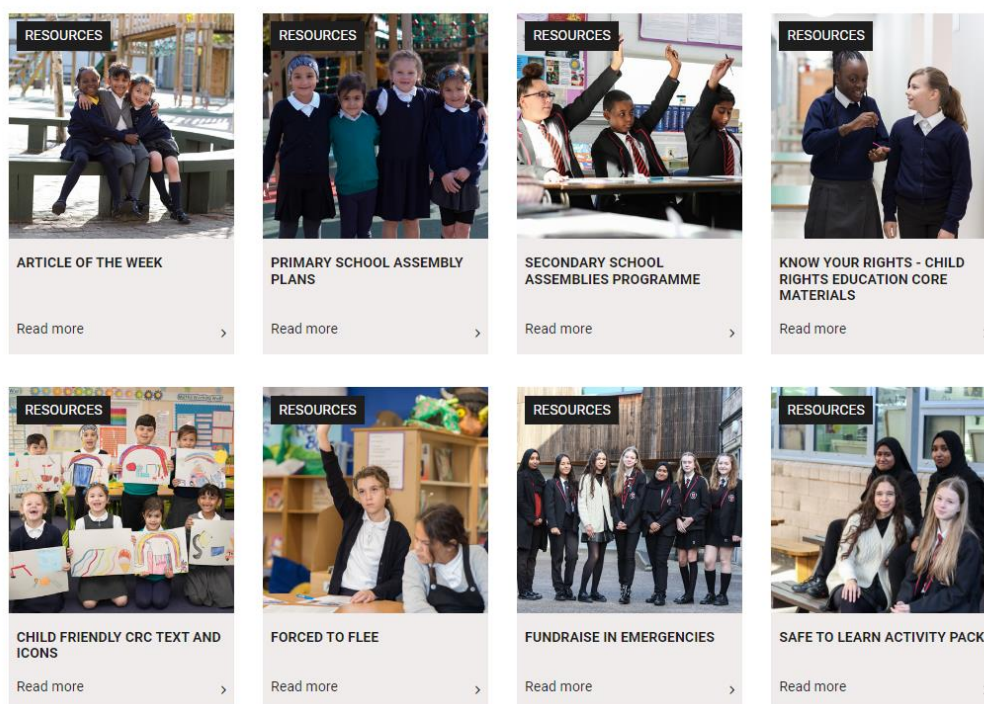
Particularly useful is Unicef's 'Article of the Week'

This is a regular set of learning activities centred on a specific article. It is a flexible resource is intended to provide easy-to-use, rights-related learning for primary and secondary learners, their families and the adults who work with them. Each topic contains PowerPoint slides with lesson and activity ideas. Examples of topics this year are:

2022/23 Sets

- Knowledge of Rights – Article 42 – 25 August (Scotland only)
- Views of the Child – Article 12 – published 1 September
- International Day of Peace –Articles 38 & 39 – published 8 September
- Making Rights Happen – Articles 1, 4 & 41 – published 15 September
- Black History Month – Articles 2 & 30 – 22 September
- Right to Education – Article 28 – published 29 September
- OutRight 2022/23 – Articles 24 & 13 – published 6 October
- Right to Privacy – Article 16 – published 13 October
- Law and Justice – Articles 37 & 40 – published 20 October
- Remembrance – Article 38 – published 27 October
- Anti-Bullying Week – Articles 19, 15 & 2 – published 3 November
- World Children's Day – Article 45 – 10 November
- International Day of People with Disabilities – Articles 23 & 2 – published 17 November
- Human Rights Day – Articles 4 and 41 – published 24 November
- Social Security and Adequate Standard of Living – Articles 26 & 27 – published 1 December
- Freedom of Thought – Article 14 – published 8 December
- Identity – Articles 7 & 8 – published 12 January
- LGBT History Month – Article 2 – published 19 January
- Safer Internet Day, Articles 19, 17 & 34 – Safer Internet Day – published 26 January
- Freedom of Expression – Article 13 – published 2 February
- Best Interests of the Child– Article 3 – published 9 February
- World Book Day – Articles 17, 29 & 31 – published 16 February

Other helpful places to find information and resources relating to the UN Convention of the rights of the Child are:

https://rights4children.org.uk/contact/ : this is a site for children so they can access the information they need to support them in ensuring their rights are considered.

https://crae.org.uk/our-guide-childrens-rights-and-law/laws-protecting-childrens-rights : The Children's Rights Alliance for England (CRAE), part of Just for Kids Law, promotes children's rights and monitors government implementation of the UN Convention on the Rights of the Child.

https://academy.amnesty.org/learn/course/external/view/elearning/221/an-introduction-to-child-rights : a free 90-minute webinar which introduces Children's Rights.

https://www.nurseryworld.co.uk/features/article/eyfs-best-practice-all-about-children-s-rights : a site dedicated to considering children's rights in the EYFS age group

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Inclusion Top Tips

Our systems and settings are often tailored to the needs of the 'majority' group, to those with more powerful positions in society, and to those who share experiences or identities to ourselves.

The views, experiences, and needs of individuals and groups who are marginalised in our society are often overlooked (see chapter 1 for protected characteristics). For example, students with minoritised racial, cultural, or ethnic identities have reported school experiences and outcomes that differ significantly from 'white British' students who identify. Similarly, neuro-diverse individuals often face stigma and discrimination, as a result of an ableist society's view of what is and is not 'normal' or 'typical'. This stigma can impact how some young people view the label they have been given.

We have, therefore, recommended some key points for you to consider after reading any and all of the chapters within the remainder of the Toolkit.

- ❖ Consider the communities you and your setting serve (e.g., who makes up your student and staff populations? What aspects of individual's identities are important to them or influence their experience? Who is represented currently?)
- ❖ Seek and listen to the voices of those communities and individuals. It is only by listening to each other that we can begin to understand and tailor the support required, and uncover any barriers or blind-spots (e.g., barriers to access, power imbalance, relationships, linguistic barriers).
- ❖ What beliefs, values, experiences, knowledge, and influences might you bring to this topic? How might these differ or be similar to the communities you are serving? How might you use these to help to have a positive impact?
- ❖ How can we promote the sense of self-worth and confidence of all young people we work with? How can we help young people to understand and have a positive view of their possible differences (e.g., social communication differences) and identities?

Creating education settings where children and young people feel they belong.

In Manchester, a key indicator that our children and young people are thriving in education is that they have a strong sense of belonging to their education setting.   This is clearly stated in our belief statement articulated at the start of this toolkit:

"it is important that every child and young person in our early years' settings, schools and Post 16 provisions, whatever their circumstance or ability, has a sense of belonging, feel respected and is valued for who they are."[4]

School belonging is frequently described as

"*the extent to which students feel personally accepted, respected, included and supported by others in the school's social environment*" (Goodenow & Grady ,1993, p. 80).

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[4] Consultation with headteachers, senior school leaders, teachers and key partner agencies took place in Spring term 2020 to identify shared core values. This statement received the strongest agreement and has been adopted as our central guiding principle.

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Why is belonging important?

Robust research[5] has found that a sense of school belonging is related to students' emotional wellbeing, inclusion, engagement with school (attendance and academic motivation) and educational outcomes. It also mediates the association between peer-bullying and mental health difficulties, particularly for LGBTQIA+ students (Hatchel, Espelage, and Huang, 2020). It can also empower peers to confront perpetrators of discrimination and harassment (Tam & Brown 2020).

"*The psychological sense that one belongs in a classroom and school community is considered a necessary antecedent to the successful learning experience.*" (Beck and Malley, 1998, p. 133).

The Government, too, has acknowledged its importance in promoting children and young people's mental health:

"school should be a safe and affirming place for children where they can develop a sense of belonging" (DfE, 2016, p.8).

School Belonging

The value of school belonging is further highlighted when thinking about who might not experience a sense of belonging and connectedness to school.

There is research and anecdotal experiences that indicates those who do not experience of belonging to school may seek belonging with other groups that offer solidarity and membership. This may mean seeking belonging from the community (Rhamie & Hallam, 2002); however, in some cases, this might be from groups associated with exploitation (Roffey & Boyle, 2018; Timpson, 2019).

High levels of school belonging are associated with

Academic Outcomes	Wellbeing Outcomes	Behavioural Outcomes
• Higher educational motivation and task persistence • Classroom engagement • Improved school attendance • Academic performance is strong	• Life satisfaction and happiness • Higher levels of self-efficacy • Better friendships • Improved relationships with teachers • More help-seeking behaviour	• Reduction in absenteeism • Fewer incidents of bullying, aggression, and discrimination. • Lower rates of substance misuse.

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[5] Osterman (2000); Craggs & Kelly (2018b)

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Belonging is sometimes conceptualised as a 'psychological hub'; the central cog which supports other psychological processes such as motivation, persistence, self-belief and engagement.
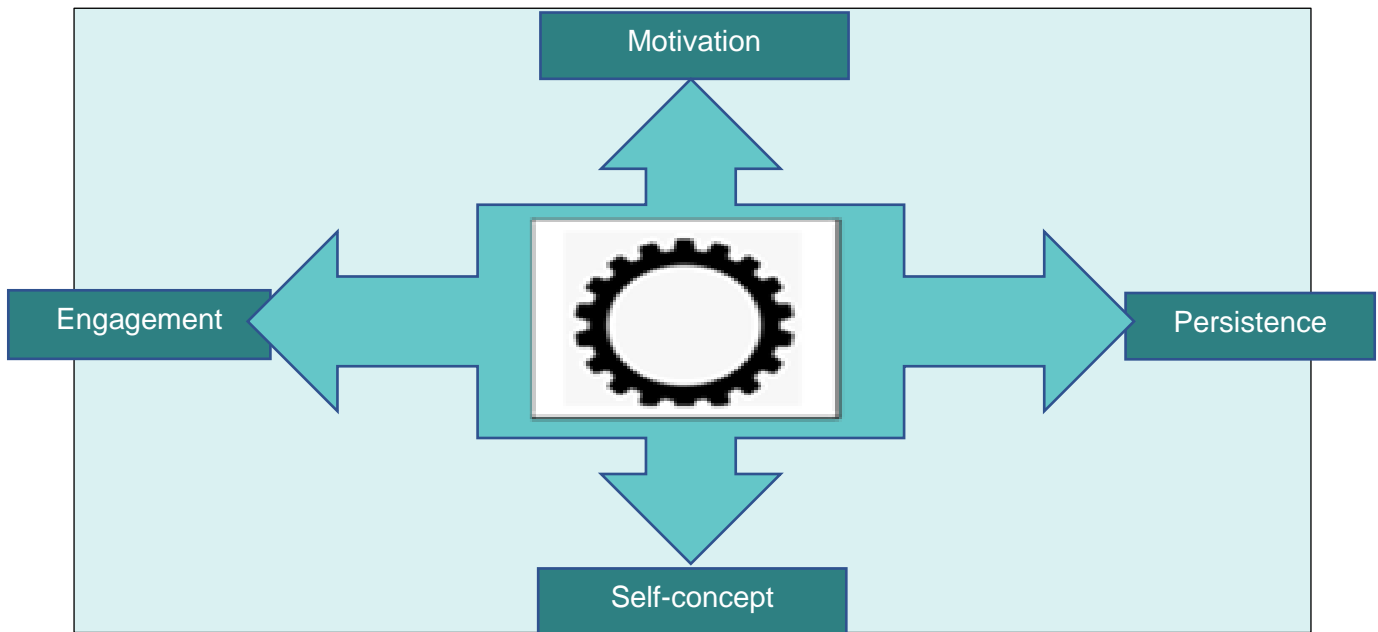
Which children/young people is this relevant to?

Belonging is understood to be a universal human need – we all need to belong. We can all recognise the thoughts and feelings associated with feeling excluded from a group or rejected by a group of people. Neuroscientists now have research to support the notion that physical and social pain are not that different from one another. Simply observing the social pain of others can give us painful feelings.

When our sense of belonging is threatened, however mildly, we know intuitively that it feels unpleasant[6].

The lives of children and young people are socially complex. They are constantly monitoring their belonging status. Key times when a sense of belonging seems particularly important are:

❖ Early adolescence, particularly owing to the increased impact of social rejection.
❖ During transitions between year groups and particularly between education settings

Differences in students' sense of belonging

While the majority of children feel a sense of belonging to school, **1 in 4 children do not**[7]. There are some themes within the group that feels a lower sense of school belonging in England, which includes:

• Children from disadvantaged communities (Riley et al, 2020)

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[6] Baumeister & Leary (1995)
[7] Riley, Coates, & Allen (2020)

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- Those with additional educational needs
- Those experiencing discrimination in school[8]
- Young people from some ethnic groups, for example children who identify or are identified as Black, Black British, Caribbean or African reported lower sense of school connectedness[9]
- Pupils that have been excluded[10] (of which some ethnic groups and students with special educational needs are overrepresented)
- Pupils that present with behaviours that challenge and/or present as withdrawn

Discrimination due to protected characteristics (e.g., race/ethnicity, gender, and sexuality) have been shown to reduce a sense of belonging. This is at the interpersonal level and system level (e.g., discriminatory policies), lower teacher expectations for some groups, and inadequate responses to discriminatory incidents).

This is particularly relevant to the Manchester community as the #BeeWell annual survey and 2020 Runnymede Trust report suggest that young people in Manchester have reported experiencing discrimination because of their race, skin colour, country of birth, gender, sexual orientation, special educational needs and disability.

Why might a child/young person's sense of belonging impact upon their feelings and behaviours?

How we interpret what is happening around us and to us can be deeply affected by how we perceive the world. Children and young people who have a strong sense of belonging to a community (for example a school/education setting) will be more resilient at times of difficulty. They will tend to see 'the best' rather than 'the worst' in a situation and react according. It is important to recognise that many children and young people in our education settings arrive in the morning 'expecting the worst'. This is not necessarily because the education setting itself has let them down – teaching staff may be going the extra mile – but their life experiences to date are making them vigilant to perceived threats (jokes made by peers, constructive criticism about work from teachers).

Do I Fit in Socially?

Classmate didn't say "hi" in hall

I'm not sure I belong …
→ No one at this school likes me.
→ Less effort toward relationships.

Yes, I belong!
→ It was loud in the hallway.
→ Be more direct next time.

Interpretation

Response

Walton & Cohen (2007)
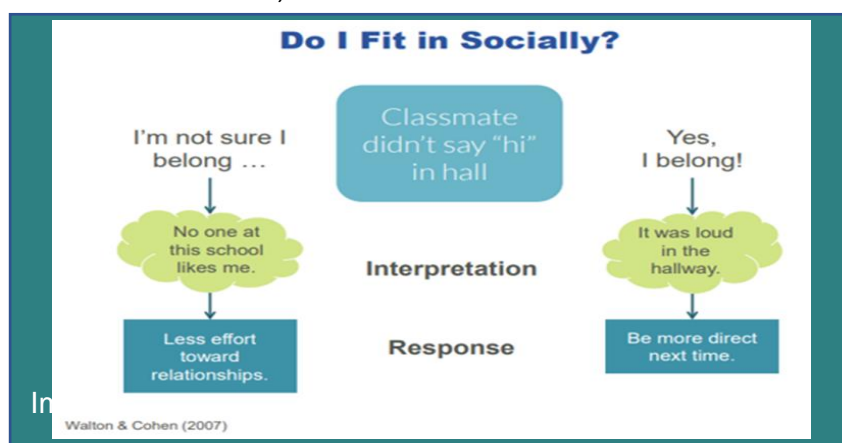
This can create a vicious circle where the beliefs of children and young people create behaviours which, in turn, can lead to adults excluding them and peers ostracising them. When young this might just be a small child being corrected by an adult and asked to sit away from

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[8] Aerts et al. (2012).
[9] Chung (2019)
[10] Allen (2019)

the group on the carpet ...but when these experiences occur time and time again (due to events at home, in education and in the wider community), the child's beliefs about the world grow stronger and their reactions can become more problematic. Where possible – keep this in mind. Support poor behaviour restoratively, seeking to find ways to help the child and young person to successfully re-enter their group (class, friendship group, school) and feel valued and accepted again. Be clear that disapproval is for the act not the person and you retain positive regard and high expectations for them.

So how do education settings foster a sense of belonging?

Listening to student's views has been shown to support a sense of school belonging (Shaw, 2019). There have been a number of research studies exploring what children and young people believe has fostered their sense of belonging in education. Some of the things they have identified are:

> ❖ Having friends and being a friend
> ❖ Being able to express yourself without fear of negative judgement
> ❖ Not feeling under threat of exclusion or isolation
> ❖ Feeling known as an individual
> ❖ School acceptance and understanding of ethnic, cultural and religious identity
> ❖ Schools valuing participation in a broad range of activities
> ❖ Teachers holding high expectations of all students[1]

As a starting point, becoming aware and listening to the voices of the individuals and communities your educational setting serve is vital. It is only by listening to students, families, staff, and other stakeholders that we can understand the needs and any barriers for individuals and groups, that are specific to our contexts (E.g., home-school relationships, experiences of discrimination, linguistic barriers, representation, power dynamics).

Research studies often refer to four elements of school belonging: teacher-student relationships, peer relationships, extra-curricular activity involvement, and discrimination (e.g., ethnic/racial, gender, sexual orientation). These have differing impacts for each individual and group.

Post-16

Top Tip

In post-16 settings, three factors are particularly important to support belonging:
o   Social acceptance
o   Peer support
o   Faculty support (e.g., reducing barriers to participation consistently)

Vaccaro et al 2015

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Research[11] suggests the following support children and young people to develop a sense of belonging to their education settings, by addressing these four areas:

Prioritising Relationships

- Connection with teachers
  - Teachers who are available and willing to speak
  - Demonstrate respect and provide support (Ryan & Patrick, 2001)
- Home-school relationships (Wallace 2019, Wright et al 2016)
- Peer relationships
  - Including between classes and year groups
  - Friends with shared aspects of their identity can support belonging

School level support

- Commitment from leadership
- Good communication between staff
- Engagement with local community
- Moving beyond 'inclusion' to a commitment to foster belonging for all students, through:
  - Representation of local community in the workforce and curriculum (including extra curricular activities)
  - Recognising and valuing the achievement, strengths, and contributions of individuals and communities served by school
- Staff who feel skilled and confident, through training and support, to:
  - Understand their identities, biases, attitudes, influence, and power
  - Address and discuss discrimination
  - Respond to incidents of discrimination (Lewis, 2016)
  - Teach about the nature of discrimination
  - Support students to understand their identities and what it means to them
  - Develop critical thinking skills about discrimination and power
- Monitoring progress of students at risk of not feeling a sense of school belonging (see above)
- Supporting school staff members' sense of belonging and wellbeing. Again seeking staff views on what would support their belonging will be key.

What is important for children and young people who have already experienced a lack of belonging?

When children and young people who had already experienced disruption in their education places (managed moves, moves to alternative provision or permanent exclusion) were asked whether feeling a sense of belonging to their education settings was important they

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[11] Greenwood & Kelly (2019)

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unequivocally said it was. In other words – not belonging did not diminish their desire to belong. They identified similar factors that they felt supported them to feel they belonged.

Friendships	Feeling understood and accepted	Feeling safe	Feeling Supported	Contributing
Facilitators *Adults prioritise fostering peer relationships *Positive peer relationships	**Facilitators** * Being listened to * 'Fitting in' – finding your place * An opportunity to redefine your identity	**Facilitators** * Respectful school climate – sense of equity amongst teachers and pupils * Sense of community	**Facilitators** *Adults willing to include CYP with complex needs and take a holistic view of challenges *Personalisation/ SEN support	**Facilitators** * Pupil voice is valued Extra curricula activities * Physical and recreational space
Barriers *Fear about being able to make friends * Feeling pressure to conform to peer stereotypes * Rejection by peers	**Barriers** *Being pre-judged negatively *Stigma associated with SEN *Poor adult relationships	**Barriers** *Victimisation by peers *Trail period/last chance narratives * Public scolding * FTE or isolation	**Barriers** *Adults not seeing pupil needs' as in their expertise or their responsibility *Inflexible school systems * Inadequate SEN Support	**Barriers** * Where it is a shared placement – the pupil does not ever attend the home school.

The opportunity to be accepted (without being prejudged by their previous mistakes) was very important. Remember the vicious circle.
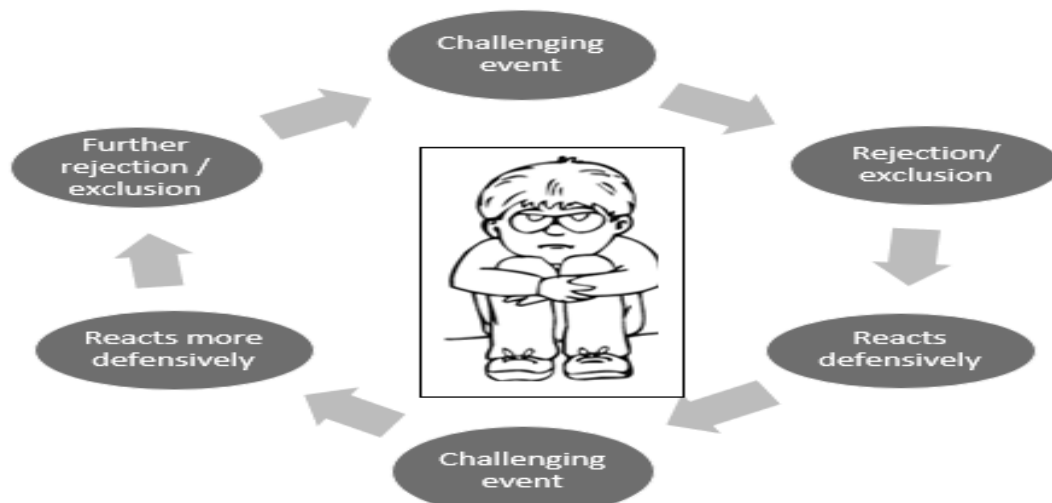
Studies

Cockerill (2019); Craggs & Kelly (2018); Ellis et al. (1998); Nind et al. (2012); Pesonen et al. (2015)

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So how do you know if children and young people feel like they belong?

A good conversation can often be the best starting point. Asking young children to draw or take you to people and places in school which make them happy can be helpful. For slightly older children and young person you can explain what the word belonging means and then ask them to draw a web of ideas about what, in school, helps them feel they belong. Below is a drawing completed by a pupil from Manchester Secondary PRU.
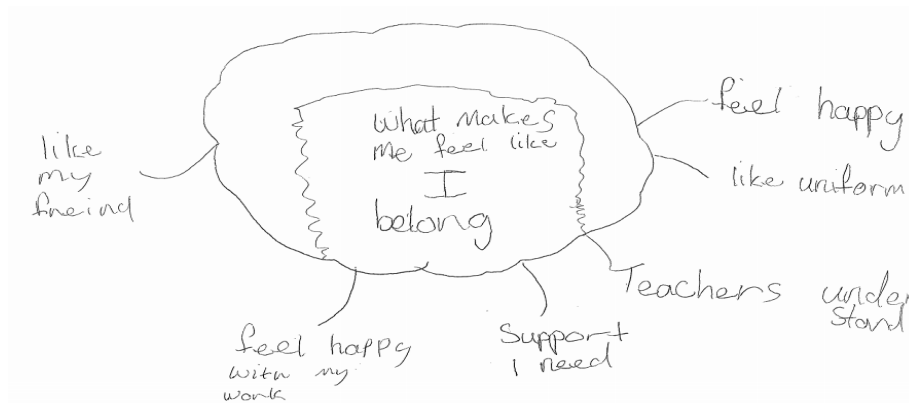
The Psychological Sense of School Membership (PSSM) was created by Carol Goodenow (1993) and is widely used in research as a measure of school belonging. It is a short scale.

It can be downloaded here:

https://youthrex.com/wp-content/uploads/2019/10/PSSM-Scale.pdf

It has 18 questions, each of which the CYP answers using by selecting a scale point.

Psychological Sense of School Membership Scale

Circle the answer for each statement that is most true for you.

1) I feel like a part of my school.	Not at all true 1	2	3	4	Completely true 5
2) People at my school notice when I am good at something.	Not at all true 1	2	3	4	Completely true 5
3) It is hard for people like me to be accepted at my school.	Not at all true 1	2	3	4	Completely true 5
4) Other students in my school take my opinions seriously.	Not at all true 1	2	3	4	Completely true 5
5) Most teachers at my school are interested in me.	Not at all true 1	2	3	4	Completely true 5

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The School Belonging Scale

This was developed by Kelly-Ann Allen and Margaret Kern (2018) who have researched and published extensively in the area of school belonging. They encourage the use of the scale as a means of understanding the needs of students and intervening to support their sense of belonging. Instructions are provided below.

Use as a practitioner tool:

In reviewing the research (Allen, Kern, Vella-Brodrick, Hattie & Waters, 2018), we identified 6 individual and relational factors that have been found to impact upon school belonging: academic motivation, social and emotional competencies, mental health, teacher, support, parent support, and peer support.

To help identified which factors are most relevant to the needs of your students, have your students complete the following questions. Then, use the scoring codes to determine which areas students are doing well at and where they might be struggling. You could also have students complete this again after intervention has occurred to see if scores improve.

_____

Directions

Read each of the following statements and indicate how well this describes your thoughts, feelings and experiences (not at all, somewhat, or very much)

	Not at all	Somewhat	Very much
Connecting with Teachers			
1. I feel connected with my teachers			
2. I get along well with my teachers			
3. My teachers care about me as a person			
4. My teachers care about my learning			
5. I can talk to my teachers about both academic and personal issues			
6. My teachers treat me fairly			
7. I respect my teachers			
8. I feel like my teachers understand who I am as a person			
9. I communicate well with my teachers			
10. I feel close to my teachers			
Connecting with Parents/ Caregivers			
1. I feel connected with my parent(s)/ caregiver			
2. I get along well with my parents			
3. My parents care about me as a person			
4. My parents care about my learning			
5. I can talk to my parents about both academic and personal issues			
6. My parents treat me fairly			
7. I respect my parents			

	Not at all	Somewhat	Very much
8. I feel like my parents understand who I am as a person			
9. I communicate well with my parents			
10. My parents support my learning			
Connection with Peers			
1. I feel connected with my peers at my school			
2. I get along well with my peers			
3. My peers care about me as a person			
4. My peers support my learning			
5. I can talk to my peers about both academic and personal issues			
6. My peers are accepting and tolerating of others			
7. I respect my peers			
8. I feel like my peers understand who I am as a person			
9. I communicate well with my peers			
10. I feel close to my peers			
Connecting with Oneself			
1. I know my strengths and weaknesses			
2. I believe I can do the things I try			
3. I believe things will work out, even if challenging at the time			
4. I understand my thoughts and emotions			
5. I like myself as a person			
6. I understand who I am as a person			
7. I am proud of what I do			
8. I get along well with others			
9. I'm good at managing my emotions			
10. I regularly set and achieve goals			
Connecting with Learning			
1. I enjoy learning new things			
2. I am a good student			
3. I am motivated to learn at school			
4. I have high aspirations for my future			
5. I value my classes			
6. I have a regular study routine			
7. I value my school			
8. I feel engaged and interested in my classes			
9. I feel comfortable asking for help with my schoolwork when needed			
10. I embrace failure			
Connecting with Help			

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	Not at all	Somewhat	Very much
1. I effectively deal with stress			
2. I cope well when things go wrong			
3. I feel connected with one or more groups at school			
4. I have numerous ways to deal with problems			
5. I feel comfortable asking for help when needed			
6. I'm generally in a positive mood			
7. I easily let go of worries			
8. I know where to go for help			
9. I rarely feel anxious or depressed			
10. I am kind to myself			

Scoring

Within each category, score the responses as:

Not at all = 0   Somewhat = 1   Very much = 2

Add up the scores for each category

Connecting with teachers: _____   Connecting with parents: _____

Connecting with peers: _____   Connecting with oneself: _____

Connecting with learning: _____   Connecting with help: _____

Scores can range from 0 to 20 in each category. Consider focusing on area where students score lowest.

Allen, K-A. & Kern, M. (2018). *School Belonging Scale.* Retrieved from
https://figshare.com/articles/online_resource/Untitled_Item/7163864

Useful Resources

Boosting School Belonging in Adolescents Interventions

for Teachers and Mental Health Professionals
Kerry Ann Allen
This has practical strategies/interventions to support the
fostering of School belonging.

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https://www.ucl.ac.uk/ioe/departments-and-centres/centres/ucl-centre-educational-leadership/creating-place-and-belonging-schools
This has information about school belonging and then five videos

https://www.ucl.ac.uk/ioe/sites/ioe/files/place-and-belonging-unlocking-possibilities.pdf

Description of the role of leadership and research findings from work in UK schools

https://www.futurelearn.com/info/courses/inclusive-learning-for-students-building-inclusive-practice-into-your-life-during-higher-education-and-beyond/0/steps/309315

An article discussing the role of belonging in an inclusive learning community

https://blackequityorg.com/education/

Black Equity Organisation outline the current barriers to black students in UK education, including the right to belong.

https://theblackcurriculum.com/

A social enterprise promoting belonging through addressing the eurocentrism of the UK curriculum

https://hedcoinstitute.uoregon.edu/blog/2/lgbtqia-school-belonging

A blog outlining evidence-based strategies specific for LGBTQIA+ youth (US based)

https://asksource.info/sites/default/files/131028%20CDA%20Belonging%20Paper_web.pdf

A document outlining school belonging for students with disabilities, including strategies (Australia based)

https://www.autism.org.uk/advice-and-guidance/professional-practice/school-experience

Guidance from National Autistic Society about improving the school experience and sense of belonging for Autistic students

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Attachment Awareness, ACES and Trauma-Informed Practice

Overview Description

Schools, settings and professionals who work with children and young people are increasingly being asked to understand the impact of early life experiences and trauma on children's development. This is because it is now understood that children with unmet attachment needs and/or adverse childhood experiences (including trauma) can emotionally be in a place where they are unable to engage or relate at the most basic levels. These are the children who, therefore, often struggle to access learning /social situations and are the children who become increasingly at risk of not being engaged in education, employment or training. By developing attachment-aware and trauma informed knowledge, skills and practices adults are better able to mitigate the impacts.   Children and young people given the right tools can begin a recovery journey back towards a readiness for engagement and learning; ultimately leading towards better educational and life outcomes.

Theory, research and practice in this area is vast and education settings can sometimes be greeted by an array of approaches to consider based upon seemingly different theories: 'Attachment Aware practice"; "Trauma Informed approaches"; "ACES". While it is important to understand the implications of research in these areas, it is also reassuring to know that each highlight the importance of **relationships** and the powerful role education settings can play in supporting children and young people to achieve positive life outcomes.
Good practitioners understand that *how* they are, is as important as what they know, say or do. Relationships are central to practice.

For clarity each area will be addressed in turn and, in doing so, hopefully the interrelationships will become apparent.

Attachment Theory

Bowlby believed that attachment is what allows children to develop a secure base from which they can explore the world

Attachment Theory was originally developed in the mid-20th century. John Bowlby (1907 to 1990), child psychiatrist and psychoanalyst was the first to describe the importance of attachment in human development.   Attachment is a biologically driven behaviour, which is triggered by external threats and dangers. Its primary function is to ensure that a baby has comfort and protection at times of stress and danger. This drive is about survival. Babies are helpless and they need another to provide physical sustenance and protection. Research shows that a child's ability to form relationships and to learn is shaped by their very early life experiences. The bond is a two-way process from the

start of life. Eye contact, smiles and warmth encourage reciprocity and create a bond between the primary care giver and child. Babies are biologically pre-disposed to seek out attachment from a protective adult.   Crying is a very effective communication from a baby to show that it needs something from the carer and the bond that has been created, ensures that these needs are met.

Attachment to caregivers lays the foundations for social and emotional well-being and the capacity to learn and develop.   Literature on Attachment identifies that when a caregiver consistently responds to a child's needs, the child will develop trust that the world is safe, adults are caring and close relationships are satisfying. This creates in the child an internal working model for each child that informs them, "I am safe, I am lovable, I can achieve things," and that other people, "are available, understand me and can be trusted."   In contrast infants and children who live with care-givers who are inconsistent, withdrawn or hostile may develop an internal working model that they are undeserving or unworthy or love, friendship and care. This informs the way they react and behave in social situations.

The impact of abuse, neglect and loss on children and young people, means that they will need additional care and nurture to help them come to see the world as somewhere safe where they are valued.

The Secure Base model provides a model of caregiving that recognises that all infants / children and adolescents need a secure base care giver who provides comfort when they are distressed, who reduces a child's anxiety and enables a child to explore, learn and enjoy activities.

Research shows that the key elements of a positive attachment figure are –

- The key person is an active presence.
- The key adult enables the child to become dependent before becoming independent.
- The adult attunes to the needs of the young person and is available to them.
- The adult works with that child to develop a capacity for enjoyment and fun.
- When they are not there, the child knows that they are being kept in mind
- The key adult guides social interactions and works with the child to help them belong and be with other children.

Neuroscience and Attachment

The field of neuroscience and attachment is a new one. Most research is less than 20 years old.

The information to date indicates that the attachment process described by Bowlby is broadly correct. Attachment serves to regulate emotion, calming anxiety and stress. Securely attached children have emotionally available and responsive carers who are able to regulate stress. These responsive relations build children's brains and help them to self-regulate. When children do not have their attachment needs met they suffer unregulated stress and do not develop stress regulation. The overwhelming stress can lead to stress injury and additional developmental impairment. The automatic response to stress and trauma in the brain involves the production of toxic amounts of stress hormones which can lead to significant difficulties in brain function, body systems and social functioning. Connections in the brain are lost through toxic stress. The lasting effects of traumatic stress injuries are;

- Brain development, functioning and processing impairments
- Physiological and regulatory difficulties (leading to difficulties in managing feelings / behaviours and levels of arousal)
- Physical and Health needs (as also identified in research around Adverse Childhood Experiences)
- Emotional difficulties (disassociation and shame)
- Social difficulties (understanding others, empathy, self-esteem and fun).

Neuroplasticity

However - neuroscience shows that recovery is possible. The brain can adapt to changes in an individual's environment by forming new connections over time. Neuroplasticity explains how the brain is able to adapt, master new skills, store information and memories and information even after trauma. As children develop, future relationships can have an impact on brain development (an ability to feel safe and emotionally regulate). The brain can form new connections but it takes time, patience and lots of learning opportunities.

A core emphasis from neuro-science is that to experience positive relationships, a child needs to experience safety first. Because children / young people in crisis may be experiencing high levels of arousal and stress, activity is required to bring down the arousal levels (see section - What does a child need).

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Adverse Childhood Experiences (ACES)

Adverse childhood experiences are highly stressful or challenging experiences that may occur during our childhood. All children and young people experience some emotionally stressful events in their lives (moving house, changing educational settings, making/breaking friendships) but some experiences can be chronic/persisting and have the potential to cause lasting impacts on the outcomes of young people. These can include:

Taken from https://youngminds.org.uk/resources/policy-reports/addressing-adversity-book/

Forms of ACEs include:

Maltreatment
i.e. abuse or neglect

Violence & coercion
i.e. domestic abuse, gang membership, being a victim of crime

Adjustment
i.e. migration, asylum or ending relationships

Prejudice
i.e. LGBT+ prejudice, sexism, racism or disablism

Household or family adversity
i.e. substances misuse, intergenerational trauma destitution, or deprivation

Inhumane treatment
i.e. torture, forced imprisonment or institutionalisation

Adult responsibilities
i.e. being a young carer or involvement in child labour

Bereavement & survivorship
i.e. traumatic deaths, surviving an illness or accident

Living in a family where there is domestic violence, where one parent has severe mental health needs or substance misuse difficulties or experiencing the death of a parent are all examples of ACES. These ACEs are exacerbated by wider social conditions and circumstances that create inequalities in the ways that children and young people live, and are treated by those around them. These inequalities include levels of material deprivation or child poverty and institutional prejudice in state and support services.

Aces are not uncommon, almost half of adults living in the UK have experienced at least one form of adversity in their childhood or adolescence[12]. As a result, researchers often refer to the '**cumulative effects**' of ACES, suggesting that as the number of ACES increase so the risks of poor life outcomes can also increase.

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[12] Bellis, M. A., Hughes, K., Leckenby, N., Perkins, C. and Lowey, H. (2014) 'National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England' BMC Medicine: https://bmcmedicine.biomedcentral.com/articles/10.1186/1741-7015-12-72

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The Impact of ACES

A major US study (CDC-Kaiser[13]) uncovered a strong relationship between ACEs and risk factors for ill health and poor wellbeing. Research in England, Wales and Scotland replicated these findings and suggest that ACEs are strongly associated with adverse behavioural, health and social outcomes in childhood, adolescence, adulthood and later life. It is suggested that experiencing significant adversity in childhood can lead to disrupted neurodevelopment which in turn can lead to social, emotional and cognitive difficulties and the adoption of unhelpful and/or risky behaviours or coping strategies (for example, smoking/drinking). This can, overtime lead to increased morbidity (living with a health condition such as heart disease or a mental health condition) and, in turn, lead to premature mortality.

Taken from https://youngminds.org.uk/resources/policy-reports/addressing-adversity-book/
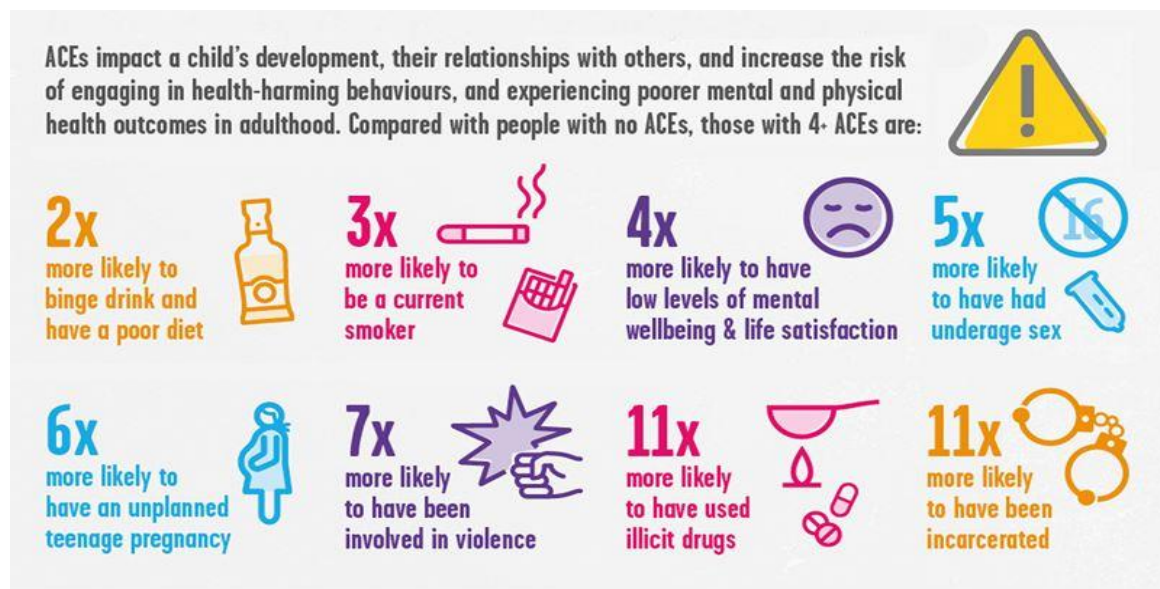
For example, witnessing domestic violence is the most frequently reported form of childhood adversity. Research using neuroimaging has shown that experiences of domestic violence in childhood can change brain structures and increase the risk of mental ill health, in a way that is akin to soldiers who have trauma following armed conflict. Experiencing adversity during childhood impacts our autonomic nervous system. These experiences can alter our neuroception, which is our automatic detection of whether or not there is a threat in our external environment. This means that these children and young people spend a significant amount of time in a state of hyperarousal, facing significant emotional distress, which adversely changes a young person's ability to regulate their emotions. We should see people's reactions and responses to adverse and traumatic events as attempts to survive and make meaning in their lives

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[13] Further information on the Adverse Childhood Experiences (ACEs) studies coordinated by the Centers for Disease Control and Prevention is available at: http://www.cdc.gov/violenceprevention/acestudy/index.html

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What helps mitigate these adverse experiences?

Not all young people who face childhood adversity or trauma go on to develop health difficulties. Adversity does not predestine children to poor outcomes, and most children are able to recover when they have the right supports. There are personal, structural and environmental factors
that can protect against
adverse outcomes, as shown in the
protection
wheel opposite.

Further Information about ACES

	Manchester aspires to be a 'Trauma Informed City'. Our Strategy Plan 2019-2025 can be found here: https://www.manchestersafeguardingpartnership.co.uk/wp-content/uploads/2019/11/2019-11-12-ACEs_Trauma-Informed_Strategy_2019-25.pdf

There are lots of useful documents and resources on Manchester's safeguarding partnership pages – see reference at the end of this section |
| | This guide provides a lot of helpful detail and references to relevant research. https://youngminds.org.uk/media/2715/ym-addressing-adversity-book-web-2.pdf

It provides detailed practical ideas about how professionals working with children and young people can address adversity to support better life outcomes. |

Also see books and website links at the end of this chapter.

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ADVERSE CHILDHOOD EXPERIENCES (ACEs)

Further Information
To get involved in this movement please contact:

- Gareth Nixon, Project Manager at gareth.nixon@manchester.gov.uk
- Daniel Unsworth, Senior Researcher at daniel.unsworth@manchester.gov.uk

Find out more on the MSP website at www.manchestersafeguardingpartnership.co.uk

What are ACEs?
Adverse Childhood Experiences (ACEs) describe a wide range of stressful or traumatic experiences that may occur up to the age of 18.

The original ACEs study in the late 1990's referred to ten specific categories of exposure including:
- Abuse - emotional/physical/sexual
- Neglect - emotional/physical
- Household e.g. DVA, substance abuse, mental illness, parental loss.

Other types of adversity exist eg. poverty, homelessness, bullying, discrimination, separation from care giver to foster care or migration.

Why Do They Matter?
ACEs are common - in the UK nearly 50% of people have experienced at least one ACE, with 9%-12% experiencing 4 or more ACEs.

There is a dose response relationship between ACEs and the development of poor physical, mental and behavioural health.

Experiencing 4 or more ACEs is associated with significantly increased risk for 7 out of 10 - leading adult causes of death, including heart disease, stroke, cancer, COPD, diabetes, Alzheimer's and suicide.

What Are We Doing?
Following our pilot project in Harpurhey we are rolling out ACE awareness training & developing trauma informed approaches across Manchester. We have a strategy that outlines our plans.

Our ambition is for Manchester to become a trauma informed city by 2025.

What Do We Know?
Exposure to intense, frequent, or sustained stress; without the buffering care of a supportive adult; can lead to long-term changes in our brains and bodies, such as an increased risk of developing high blood pressure or infection and autoimmune disease.

In the face of interpersonal trauma, all the systems of the social brain become shaped for offensive and defensive purposes.

What Can We Do?
Look 'behind the behaviours' and consider what the root cause of the presenting behaviour may be.

Use protective factors to build resilience e.g. secure attachment, opportunities for positive activities and supportive networks.

Adopt a trauma-informed approach with a focus on 'what happened to you?' instead of 'what's wrong with you?'

Consider how to apply the core principles of trauma-informed practice:
Safety – Choice – Collaboration - Empowerment - Trust.

Why Is This Important To Manchester?
Manchester residents have poorer health outcomes and a lower life expectancy than people living in other areas of the country. We have one of the highest rates of premature deaths in the country and high infant mortality rates.

Health services alone cannot improve people's health and reduce health inequality. We owe it to our residents to change the way we work and do something differently to improve their health and reduce inequality across all age groups.

More information can be found on our website at www.manchestersafeguardingpartnership.co.uk
Contact us at manchestersafeguardingpartnership@manchester.gov.uk

MSP
Manchester Safeguarding Partnership

SECTION TWO

Trauma and Developmental Trauma

The term 'Trauma' refers to a person's emotional response to a distressing experience. Few people can go through life without encountering some kind of trauma. Unlike ordinary hardships, traumatic events tend to be sudden and unpredictable, involve a serious threat to life—like bodily injury or death—and feel beyond a person's control. Most important, events are traumatic to the degree that they undermine a person's sense of safety in the world and create a sense that catastrophe could strike at any time. Parental loss in childhood, sexual assault, a car accident are all events which could create a trauma reaction.

Not all children who experience adverse experiences also experience a sense of trauma. Some children have sufficient supports around them to mitigate the impact.

Developmental trauma is a term frequently used to describe the effects of prolonged or repeated experiences of trauma in childhood which impact on a child/young person's social, emotional and/or cognitive development.

Primarily, the term Developmental Trauma is used to describe the trauma that has occurred for young children during early childhood. These relate to the adverse experiences that have occurred in a time-frame when a child's sense of belonging and of safety in and relationships with others is forming (early childhood) and as such has a lasting impact on a child's development and how he/she learns how to relate to others. Often the trauma experienced is described as chronic or complex and refers to multiple events in early childhood that have occurred over a prolonged period.

Common stories include –

A baby or child removed or relinquished from birth parents because they have been neglected and / or physically / emotionally / sexually abused.

A child who is removed from birth parents and goes on to experience multiple adverse experiences; such as movement between carers, illness, challenges in placements.

A child who experiences periods of instability in parental care and multiple adverse experiences.

A child who has experienced severe health problems and multiple medical interventions.

The psychiatrist Professor Bessel Van der Kolk, tells us that early trauma creates an assault on child's development over time. Not only do children develop a range of unhealthy coping strategies which is how they adapted to prolonged threat, they do not develop essential daily living skills that children need to manage impulses, solve problems, learn new information or manage social situations.

Toxic Stress

POSITIVE — Brief increases in heart rate, mild elevations in stress hormone levels.

TOLERABLE — Serious, temporary stress responses, buffered by supportive relationships.

TOXIC — Prolonged activation of stress response systems in the absence of protective relationships.
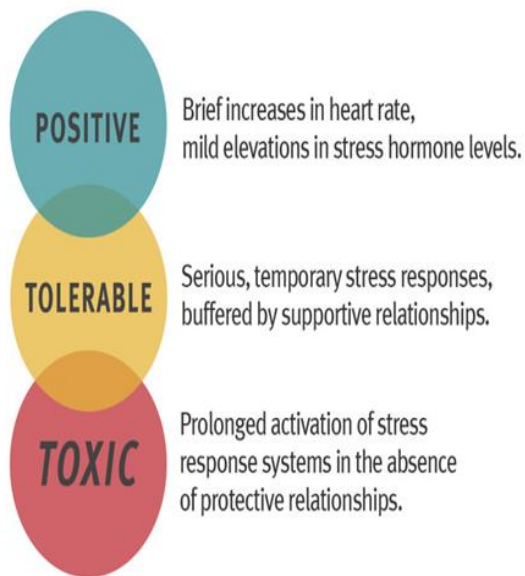
When we are threatened, our bodies prepare us to respond by increasing our heart rate, blood pressure, and stress hormones, such as cortisol. When a young child's stress response systems are activated within an environment of supportive relationships with adults, these physiological effects are buffered and brought back down to baseline. The result is the development of healthy stress response systems. However, if the stress response is extreme and long-lasting, and relationships that can help mitigate the effects are unavailable to the child, the result can be it can have a cumulative toll on the child/young person's physical and mental health.

The Brain and Trauma

Advances in neuroscience over the last 20 years increasingly demonstrate that attachment theory is largely accurate in describing the importance of relationships to child development, whilst minimising the effects of trauma is vital in consolidating that development over time.

A Window of Tolerance: Fight / Flight / Freeze and Flop behaviours:

The main difficulty for children who are traumatised is that when they move into a safe environment, they do not experience that safety. These children are developmentally stuck in their primitive brain - see diagram overleaf - and very little information gets passed to the higher parts of their brain, where rationalising happens. All their resources are used up. A child in survival mode, will find even small things like an unplanned change / or a slight raised voice a signal to their brain that it is it is in life and death danger.   For this reason, children who are existing in this state, frequently display or react with fight / flight / freeze / collapse behaviours.

A further behaviour sometimes observed is befriend - these are children who have learnt that a key strategy for keeping alive, is to stay in the mind of the adult nearby. These children have learnt that to keep safe they must keep key adults and carers close by. These children may show angry / distressed and chaotic behaviours - when in a crisis they can disarm a potentially angry response by becoming vulnerable or needy.

Beacon House
Therapeutic Services and Trauma Team

Develops Third
Cortical Brain
Thinking, learning, language and inhibiting

Develops Second
Limbic Brain
Attachment and emotional development

Develops First
Brainstem
(Primitive Brain)
Sensory motor input and survival

Children's brains develop from the bottom up.

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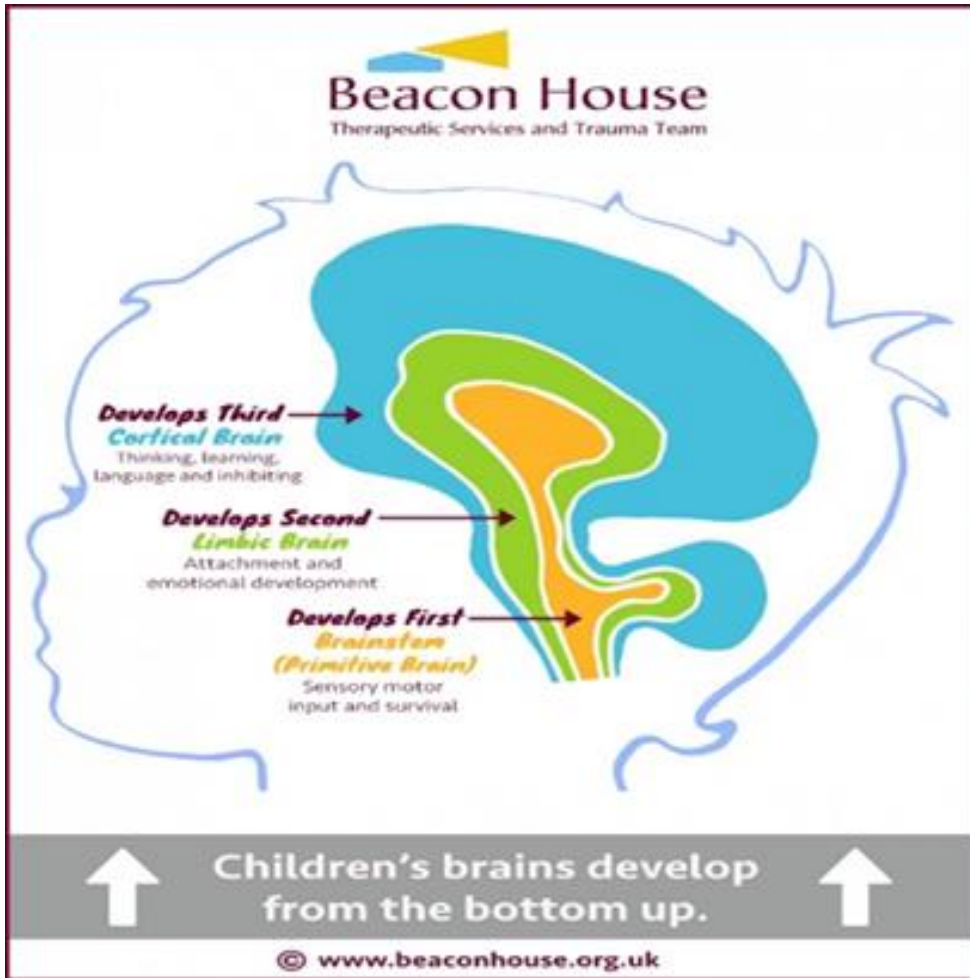
Those who have experienced trauma have a smaller Window of Tolerance than other children who have had secure, stable and safe childhood experiences/relationships. In other words, small 'every day' triggers can be intolerable and unbearable for children who have lived with developmental trauma.

HYPERAROUSAL
Use mindfulness, grounding, Breath work
Overreactive, unclear thought, Emotionally distressed
Can't calm down

WINDOW OF TOLERANCE
The body is in its optimal state, Can access both reason and emotion, Mentally engaged

Shutting Down
Depressed, lethargic, numb, unmotivated
Use mindfulness, breath work, physical activity

HYPOAROUSAL

Window of Tolerance

SECTION TWO
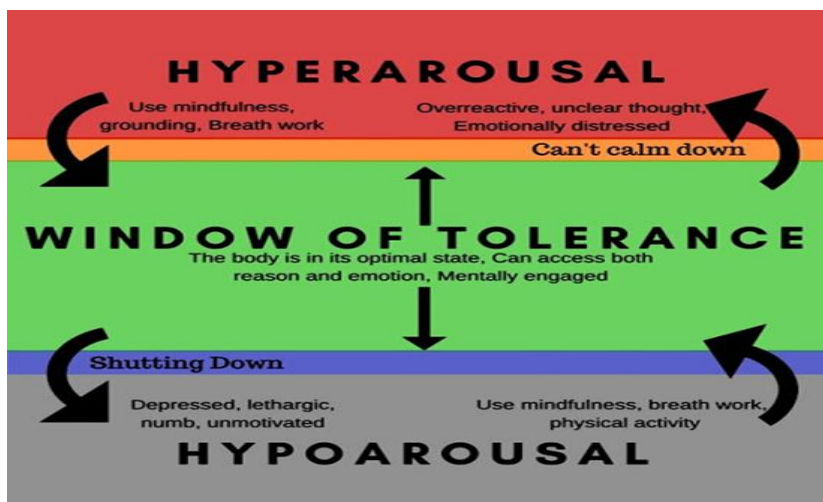
What helps?

Emotional regulation and safety are key ingredients required to support children who have experienced trauma. Perry (2010) says that children need patterned, repetitive, rhythmic, somatosensory activity. Activities include singing, dancing, drumming and most musical activities. Swimming, running, trampoline work are rhythmic exercises. Equine grooming or animal therapy. "People with developmental trauma feel so threatened that they get into a fight-flight alarm state and the higher parts of their brain shuts down," reports Perry. "First the stress chemicals shut down their frontal cortex (thinking brain). Now they cannot think. Ask them to think and you only make them more anxious. Next the emotional brain (limbic brain) shuts down. The only part of the brain left functioning is the most primitive part of the brain: the brain stem and the diencephalon cerebellum." The lower parts of the brain are mainly unconscious and concerned with survival. The lower parts of the brain need to be regulated before we can move to the higher parts of the brain that will enable them to connect, to think or to relate.

> **Trauma healing ingredients are referred to as the 6Rs. Activities which draw on the 6Rs will be supportive to CYP:**
>
> - **Relational (safe)**
> - **Relevant (developmentally matched to the child)**
> - **Repetitive (patterned)**
> - **Rewarding (pleasurable)**
> - **Rhythmic (resonant with neural patterns)**
> - **Respectful (of the child, family and culture).**

Studies show that these activities are much more effective first step approaches, than talk type therapies for young people who have experienced trauma.

Developmental Trauma can start to be repaired with a holistic, 'bottom up' approach; with safe and sensitive relationships with adults being central.

SECTION TWO

Attachment, ACES and Developmental Trauma – So what can we do to support children and adolescents?

Research strongly indicates that what supports children and young people is a 'bottom up' approach which focuses on ensuring feelings of safety and security first and then the provision of strong positive relationships with adults including members of the extended family and education staff.

Pyramid of Need
Kim Golding

Explore Trauma, Mourn
Resilience & Resources
Self-esteem & Identity
Empathy & Reflection: Managing behaviour in relation to others
Comfort & Co-regulation: Eliciting care from others
Developing Relationships
Feeling Safe: physically & emotionally

www.oneeducation.co.uk

No significant learning occurs without a significant relationship.

Adults need to provide relational support that helps children and young people to feel safe and that builds trust. This relational support needs to be proactive, as well as reactive at times of difficulty, so that the protective factors of connection, belonging and community are in place. As represented in the picture below if we do not focus on the relational elements of trust and safety then learning simply will not be able to take place. The messages from neuroscience are very clear: it is not a choice between focusing on relationships (trust and safety) and learning. Our pupils will need us to focus on trust, safety and learning. Trust and safety are two of the cornerstones of a trauma-informed approach

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Key relationships can and do make a difference!
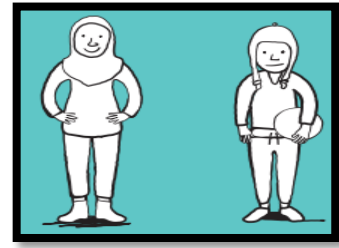
The core ingredients of key adult care are:

- **Availability – helping the child to trust**
- **Sensitivity - helping the child to manage feelings safely**
- **Acceptance - building the child's self-esteem.**
- **Cooperation - helping the child to feel effective.**
- **Family / Setting membership - helping the child to belong.**

Be available – help children and young people to trust

- Provide nurture and reassurance and support exploration
- Be there for young people physically, psychologically and emotionally.
- Help the child know you are thinking of them when apart.

Be sensitive - help young people to manage feelings

- Name feelings and help a child make links between feelings and behaviour.
- Be curious about what a child is thinking and feeling
- Encourage empathy - think about how others are feeling. Reflect on news, books, television, films - how might that person be thinking and feeling.
- Emotion coaching is a key tool to support this area of work.
- Create places and spaces of safety to go to when things feel over-whelming.

Acceptance - building self-esteem.

- Enjoy a child for who they are
- Find activities to do and share - support achievements whilst also enabling failures and setbacks to be managed.
- Promote idea that no one is good at everything but everyone is good at something.
- Collaborate of One Page Profiles or One Page Passports with the young person.
- Model and teach the child / young person to accept and celebrate identity in self and others - appearance, ethnicity, religion, sexual orientation, personality, talents etc.

Cooperation – helping a child / young person feel effective

- Promote choice, effectiveness and autonomy but with a level of containment.
- Work cooperatively to help a child achieve results (mediated learning opportunities).
- Find activities that give clear result or produce something as a clear outcome e.g. baking together.
- Create opportunities for small tasks and responsibilities within a child / young person's capability.

- In school consider work station approaches and include a reward activity that provides shared relaxation /shared attention without adult demand.
- Create opportunities to be collaborative with others – work towards shared, common goals. Be there to manage the situation supportively.
- Respond quickly to a child's signals for support and comfort or reassure that you will respond as soon as possible.

Belonging

- Help young people understand their place in the world. Be there to make sense of a child / young person's story / where they come from. Accept them for who they are.
- Ensure the young person has their own place and space. Offer verbal and non-verbal support for safe exploration.
- Help the young person to feel valued for themselves and as part of the group - foster a sense of positive belonging.

PACE or PLACE

A further model devised by Dr Dan Hughes is that of PACE. PLACE, developed from this, is a way of thinking, feeling, communicating and behaving in a manner that aims to make the child feel safe. It is based on the connections that are demonstrated in secure parent - child relationships. The aim of PACE is for a child to experience core features of a relationship that allow the child to begin to experience the adult as someone from which they can explore the world; this also is a model that aims to enable a child to be safe enough to start to allow others close, to *see him / herself* as someone who is liked and valued. From this place, the child can start to regain trust. The key ingredients of PLACE are –

- **Playful.** Positive, shared experiences that provide fun, are soothing and allow a child to develop self-worth (not dissimilar to ingredients of therapy). Playful moments reassure both that conflicts and separations are temporary and will not harm a relationship.
- **Liking.** Allowing a child to know that they are liked even when they misbehave. Helping children overcome rejection.
- **Acceptance.** Unconditional acceptance is a core feature of a child's sense of safety. Acceptance is actively communicating that you accept the wishes, feelings, urges, motivations and perceptions that are underneath the outward behaviours**.** Accepting a child for all that they are; even when they misbehave. This is about enabling the child to learn that whilst the behaviour might be contained, this is not the same as criticising a self-worth. The overall relationship remains secure.
- **Curiosity.** Wondering aloud about the child's inner world and feelings. Making sense of an inner world that may not make sense to the child (a core ingredient in Emotional Coaching). Curiosity involves a quiet accepting tone that conveys a simple desire to understand the child. Being curious is communicated without

annoyance - for example being sad rather than angry when a child makes a mistake. A light curious stance can get through to a child when anger cannot.

- **Empathy.** Empathy lets the child feel the adult's compassion for them. This communicates that no matter how stressful the experience, the adult will stay with the child emotionally. The child will not be abandoned at a time the child needs them the most.

Recognising the challenges our children and young people experience is not the same as a lack of hope for the future!

The golden opportunities in repairing mistakes: Kintsugi

Directly translated to 'golden joinery', this artform from Japan celebrates the ability to value repair and can be used as a metaphor for thinking about the beauty gained from growth.

Children who have experienced trauma can be thought of as having many splits, chips and fractures in their development, leaving them vulnerable and possibly less psychologically robust.

Positive and highly valuable experiences — such as attuned relationships with key adults in their lives — can act as the golden lacquer seen in Kintsugi, creating stability and forging new pieces which celebrate the beautifully unique history of the artefacts — breaks and all.

OneEducation
Putting children first

Education settings can make a difference!

We know that:

- Quality of adult life is closely related to educational qualifications

- Teachers are key figures in a child's life and can provide very important relationships for children and young people.

- Building resilience in children aged 6–17 years has been shown to mitigate the negative impact of adverse childhood experiences.

- Nurturing approaches which focus on building strong relationships with children and families have been found to improve social, emotional and educational attainment.
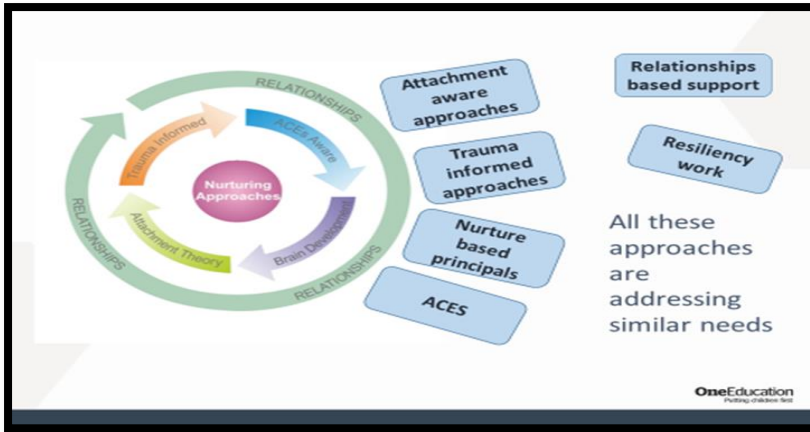
All these approaches are practices we know about and use in education and all of these provide children with the core ingredients necessary for repair: enabling them to move towards positive outcomes in education and adult life.

A takeaway note to remember as a professional is –

- Our role is not to heal trauma or resolve all issues.
- We can only work within our professional remits.
- In our work, and in our work with settings and carers, we have an additional duty to look after our own wellbeing and ensure appropriate support, guidance and supervision is in place.

Top Tips!

For Early Years

- Provide children with a nurturing, consistent and calm environment within the setting. Remember for many of these children, the setting is a 'safe space'.
- Allocate the child a stable key person with whom they can have time to bond and play with.
- Provide plenty of structured and modelled social play opportunities with peers to support relationship building.
- Model naming emotions and allow children to find their preferred method to express themselves; this may be through play, art, verbalising. Try to remain calm if children choose to share difficult past experiences with you and remind them that it is your job to keep them safe
- Provide parents with support and activities for building positive relationships as a family such as: https://learning.nspcc.org.uk/research-resources/leaflets/look-say-sing-play-early-years-resources-parentsm

Useful Links:

https://www.annafreud.org/early-years/early-years-in-mind/resources/what-is-attachment/

Supporting children in the early years who may have experienced trauma: https://www.youtube.com/watch?v=XKJuBemELjI&t=1s

Trauma and Repair: https://youtu.be/fNQcMebZYto

Recognising signs of traumatic stress: https://youtu.be/R_tZckGhuh0

SECTION TWO

Post-16

Top Tips!

Attachment has been suggested to impact peer relationship difficulties and anxiety in post-16 education. It may also impact adjustment to separating from family and significant others when leaving home. It is important for post-16 setting staff, particularly pastoral staff, to have an awareness of this.

The following guidance by US-based researcher, Davidson (2017), outlines how to recognise the impacts of trauma in post-secondary education learners and trauma-informed practice recommendations:
https://educationnorthwest.org/sites/default/files/resources/trauma-informed-practices-postsecondary-508.pdf

This article also applies trauma informed principles to higher education
https://www.timeshighereducation.com/campus/traumasensitive-approach-teaching-and-learning

References / Resources

Evidence base for Attachment and Trauma Informed Practice:

- Attachment is crucial to children's psychological welfare and forms the basis of personality and socialisation (Bowlby 1988)
- Nurturing adult attachments provide children with protective safe havens and secure bases from which to explore and engage with others in their environment (Bowlby 1988)
- The biological function of attachment is survival; the psychological function is to gain security (Schaffer 2004)
- Early care giving has a long-lasting impact on development, the ability to learn, capacity to regulate emotions and form satisfying relationships (Siegel 2012).
- Secure Base Model (University of East Anglia research with Mary Beek on foster care 1997 to present)
- Relational Buffering Bruce Perry (2007).
- Neurosequential Model of Therapeutics (NMT)

Further Reading and References

Websites –

https://beaconhouse.org.uk

- A wealth of information, resources and reading. Free to access

- Includes entry level reading to the Neuro-sequential model, Repair of Early Trauma and Polyvagal Theory (how the nervous system copes with threat)
- Comprehensive signposting to further reading.

https://uktraumacouncil.org

Free resources and information about childhood trauma.

Includes free resource on child trauma and brain development. Information is also given about how to promote resilience and recovery. Links with Anna Freud Centre (for Child Mental Health) information and resources.

https://youngminds.org.uk/resources/policy-reports/addressing-adversity-book/

Lots of free resources and information for parents and professionals about trauma/ACES.

https://youngminds.org.uk/media/3091/adversity-and-trauma-informed-practice-guide-for-professionals.pdf This is a short guide for professionals

https://youngminds.org.uk/media/2715/ym-addressing-adversity-book-web-2.pdf
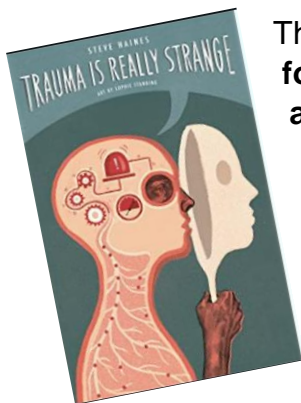
This is the longer text which is extremely useful. **See Chapter 3 for a graphic story which describes trauma to adolescents in an accessible manner.**

Taken from Steve Haines's book Trauma is Really Strange (Jessica Kingsley).

https://www.traumainformedschools.co.uk

- subscription based service
- Access to at cost webinar training
- Further reading and signposted resources to PACE model

https://www.echotraining.org/infographics/

- Lots of free infographics and posters which provide advice and support to settings on addressing adversity and trauma

https://attachmenttraumanetwork.org

Further reading for teachers creating a trauma informed classroom practice.

Books

There are many different books and guidance for further reading. These are provided, as accessible reading suggestions for teachers and interested professionals:

Betsy de Thierry, The Simple Guides to Attachment, Trauma and Shame. 3 little books designed to be pick up, read and absorb with accessible advice about the concepts with ideas about how to work with children, to boost their confidence and self-esteem.

Timpson group. Free books. Sir John Timpson has written three little guide books, based on his experience as a foster carer. *A Guide to Attachment, How to Create a Positive Future and Looking After Children.* These books can be picked up in any Timpson store.

Louise Bomber and Andrea Perry (2020) Know Me to Teacher Me: Differentiated Discipline for Those Recovering from Adverse Childhood Experiences. A practical read that looks at the balance between relational practice, trauma recovery; with ideas for being creative and inclusive in educational settings. Louise Bomber is the author of several books, all of which are hands-on and easy to read and absorb.

Andrea Perry (editor) Teenagers and Attachment. Helping Adolescents engage with life and learning.

Daniel A Hughes, Kim S Golding, Julie Hudson (Authors) Healing Relational Trauma with Attachment-Focused Interventions. ISBN-13.978-0393712452

Hinton House Publishers. Have a resource section Attachment and Education. They have put together text bundles for schools and professionals under heading of *Trauma Informed Schools - Key Texts Best Buy Pack with books from key authors Margot Sutherland, Daniel Siegal, Bessel Van der Kolk and Paul Dix.*

Worksheets and Resources

Hinton House Publishers. Have a resource section Attachment and Education. They have put together text bundles for education settingls and professionals under heading of *Therapeutic Storybooks Best Buy Pack.* Stories are a powerful way to enable children and young people to understand and communicate their feelings; they are starting points to help key adults and professionals support children to talk about their lives. *The themes in the books include fear and frightening events; emotional regulation and feeling calm; grief and loss in its many forms; anxiety and worries. Many of the books have guidance for how to use.* Your link educational psychologist will be able to give you further guidance about how to plan and use Therapeutic Stories.

Varleisha Gibbs. Self-Regulation and Mindfulness. This book has 82 work sheets for Sensory Processing. Although aimed for young people with ADHD or Sensory Processing Disorder, the exercises are suitable for all young people who may have difficulties with arousal, attention or social participation.

Lisa Weed Phifer and Laura Sibbald. Trauma-Informed Social Emotional Toolbox for Children and Adolescents: 116 Worksheets and Skill-Building Exercises to Support Safety, Connection and Empowerment.

Manchester Safeguarding Partnership - **ACES**
https://www.manchestersafeguardingpartnership.co.uk/resource/adverse-childhood-experiences-aces-resources-for-practitioners/

Trauma
https://www.manchestersafeguardingpartnership.co.uk/resource/coping-traumatic-events-advice/

Neglect
https://www.manchestersafeguardingpartnership.co.uk/resource/neglect/

Private Fostering Arrangements
https://www.manchestersafeguardingpartnership.co.uk/resource/private-fostering/

SECTION TWO

Private Fostering

Questions to consider & discuss

- Are there children in our care who could be in these arrangements?
- Do we know what to do if we think a child or young person is being privately fostered?
- Complete our action plan

For more information visit the MCC website:
www.manchester.gov.uk or the MSB website
www.manchestersafeguardingboards.co.uk

What to do

Notification of a PF arrangement should come from the parent or carer, but professionals can help in identifying these arrangements and advising parents and carers of their responsibilities.

If you know a child is being privately fostered, and you think the council is unaware, please notify them on **0161 234 5001** or encourage the carer or parent to do so.

You will not be breaching confidentiality.

Background

A private fostering arrangement is one that is made privately (i.e. without the involvement of a local authority) for the care of a child under the age of 16 (under 18 if disabled) by someone other than a parent or close relative with the intention that it should last for 28 days or more.

The local authority has a legal responsibility to recognise, monitor and support privately fostered children (Children's Act 2004).

Once a referral is made children's social care will visit and check the arrangement is suitable.

Examples of PF arrangements

- children sent to this country, for education, sports schools or for health care by parents who live overseas
- teenagers who live with their partner's family
- a teenager living with a friend's family because they don't get on with their own family
- children living with a friend's family because their parents' study or work involves unsociable hours, making it difficult to use ordinary day care or after-school care
- children or teenagers on holiday exchanges for more than 28 days.

Why it matters

It is estimated that around 10,000 children & young people are privately fostered.

In over 50% of cases the local authority is not being notified and when they are informed, it is nearly always after the arrangement has started.

This is a huge cause for concern, as privately fostered children without the protection provided by the local authority are a particularly vulnerable group. Victoria Climbié was privately fostered by a relative who went on to abuse and murder her.

Information

A child who is privately fostered is a child or young person looked after by someone **other than** a parent, step-parent, sibling, aunt, uncle or grandparent for a period of more than 28 days.

Support and advice will be offered to all parties involved with a private fostering arrangement.

Requirements

A Private Fostering (PF) arrangement is only legitimate if the parent gives informed consent; and the local authority knows about and agrees with the arrangement.

It is a legal requirement that councils are notified of all private fostering arrangements – they will then check that the children or young people are kept safe and are well cared for in appropriate accommodation and happy.

Parents will still hold Parental Responsibility and will need to be consulted when decisions are made.

MSB
MANCHESTER SAFEGUARDING BOARDS

More information can be found on our website manchestersafeguardingboards.co.uk

Contact us at manchestersafeguardingboards@manchester.gov.uk

SECTION TWO

Nurture Principles

Overview description

Nurture is defined as to grow, develop and succeed. Human babies are born relatively immature in relation to other species and can do little unaided, a baby's survival is reliant on another to provide near constant physical and emotional care. That is, they need someone to nurture them. The formation of these strong nurturing bonds are what leads to secure and strong attachments with primary carers and allows a child to flourish and thrive. However, as we know there are times that primary carers may not be in a position to provide nurturing care or difficult life events may mean that nurture is no longer forthcoming for a child. This can lead to insecure attachments, and development of a negative sense of self for a child or young person.

Throughout the life course we will all need varying levels of nurture and this is true in our education experiences too. For some children and young people who have not experienced optimal levels of nurture, they may need a constant key nurturing adult in the education environment. For others, they may need a short nurturing intervention to get them through a tricky point in their life and others may simply need a broader nurturing ethos across the education community.

Key Aims of Nurturing Approaches

Nurture based approaches allow children to flourish emotionally and develop and grow as an individual and based on their individual needs. These approaches often have an emphasis on early intervention, a focus on behaviour as communication and they take time to understand the reasons behind a behaviour. Most importantly put relationships at the forefront.

Nurturing activities are often those that are soothing, calming and reassuring, they make the world feel predictable, safe and warm. They allow the child to feel taken care of and build the idea for the child that they are valuable and worthy of love.
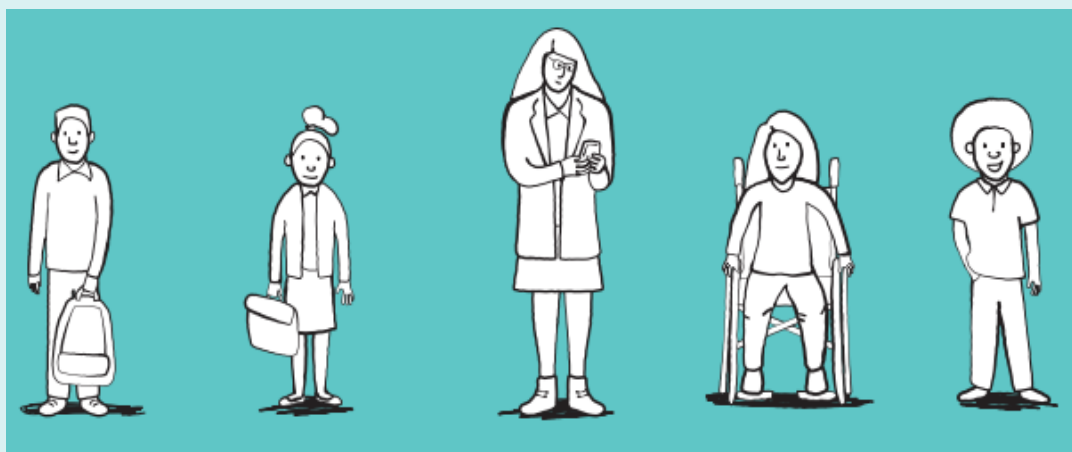
Setting-Wide Nurturing approaches

Whole setting nurturing approaches fit well with the DfE's description of 'quality first' teaching.

Nurture UK have identified 6 fundamental principals at the heart of setting-wide nurture approaches.

'Teachers make the education of their pupils their first concern, and are accountable for achieving the highest possible standards in work and conduct... forge positive professional relationships; and work with parents in the best interests of their pupils.'
DfE Teachers' Standards (England)

THE SIX PRINCIPLES OF NURTURE

CHILDREN'S LEARNING IS UNDERSTOOD DEVELOPMENTALLY

THE CLASSROOM OFFERS A SAFE BASE

THE IMPORTANCE OF NURTURE FOR THE DEVELOPMENT OF WELLBEING

LANGUAGE IS A VITAL MEANS OF COMMUNICATION

ALL BEHAVIOUR IS COMMUNICATION

THE IMPORTANCE OF TRANSITIONS IN CHILDREN'S LIVES

Education Scotland 2018 states that whole school nurturing approaches have the following components:

- A positive role model from teachers
- Positive relationships in school/college which are reliable, predictable and consistent
- Inclusive, respectful relationships across the whole community, including learners, staff and parents/carers.
- An understanding of attachment theory.
- A balance of care and challenge.
- Incorporation of attunement, warmth and connection.
- Alongside structure, high expectations and a focus on achievement and attainment
- A particular focus on those pupils with missing early nurturing experiences
- The development of resilience and capacity to deal more confidently with life.

Nurture Groups

Nurture groups were developed in the 1970s in London to help support children who were struggling with their social and emotional skills. They are usually a provision within a mainstream school with 2 staff and between 6-10 children. They aim to provide nurture to children whose difficulties are considered to result from disrupted intersubjective learning in the early years, due to fractured or chaotic family relationships (Bennathan & Boxall, 2000). They are designed to recreate missed early social and emotional experiences and usually have the following features:

- They feel homely.
- The learning is based on each individual's developmental stage not chronological age.
- They offer lots of opportunity for one to one and small group work.
- They focus on social learning through interactions.
- They are predictable and have a consistent routine.
- Activities are planned for smaller chunks of time.
- They focus on preparing children for a return for mainstream classes.

Individual Nurturing Activities

Activities that involve food can often be nurturing for example:

- Having a hot drink and a snack together.
- Have a child close their eyes and guess what you are feeding them, if this feels hard for the child you could put it in a container for them to feed themselves.
- Eat a snack and listen together for the noise it makes when the child is chewing it. For example, listen out for the crunches when eating a crisp.
- Feed the child alphabet cereal and think of something positive about them with that letter.
- Cook together and share what you have made.

Activities that involve noticing/showing you care about a child are nurturing. For example;

- Looking after child's cuts or grazes if they come to show them to you, applying cream or a plaster.
- Putting feathers/decorations in each other's hair so that they match, noticing that the colour of the feather suits them etc.
- Using paper to measure a child's height or arm span and commenting positively about this.
- Remembering something about the child.

Activities that involve appropriate touch can be nurturing. For example:

- Peer massage
- Drawing on the child's back with your finger, you could draw the weather, make a pizza or for older pupils trace a positive message on their back.
- Making lotion or talcum powder hand prints together, this involves putting lotion or talcum powder or both on to your hands and printing them on to black paper/card.
- Manicure, have the young person soak their hands in warm water, apply lotion to their hands and then nail polish if they are comfortable with this.

Nurture in Manchester

Both Bridgelea Primary School (Primary PRU) and The Endeavour Federation (SEMH Specialist) incorporate nurture principals at the heart of their practice.

Endeavour Federation Policy

Bridgelea Primary School have worked closely with Nurture UK to develop a 'Nurturing Schools Programme' and are currently working with a number of schools across Manchester to develop their whole school nurturing practice.

Top Tips!

For Early Years

The principles of a nurture approach are at the heart of the early years curriculum and a woven into daily practice. The following give some explicit ways of incorporating nurture approaches in our early years settings:

- Social snack and lunch times where children are encouraged to chat with one another, share news and build relationships with peers and adults.
- Ensure you are weaving PSED opportunities into learning/play activities and your continuous provision.
- Some children may require a smaller group for social elements of their day, think about having a 'nurture circle' intervention to mirror whole class circle/story/singing inputs.

Post-16

Top Tips!

It is important to remember that we all need nurture and care no matter our age or circumstances. The level of nurture will vary throughout our life depending on our life experiences and circumstances.

Talk to the student and find out what helps them to feel cared for and nurtured. Support them to learn about what will help to prepare them for adulthood and to manage within their future careers. E.g. help them to think about activities that are soothing, calming, reassuring, what they need and what they can do to help their world feel predictable, safe and warm or what helps them to feel taken care of, valued and worthy of love in a healthy relationship or interaction.

Evidence-base

Supporting theory and research for Nurture

Attachment research indicates that nurturing and consistent interactions are important in developing secure relationships (Ainsworth, Blehar, Waters and Wall 1978).

Bowlby's research in 1988 showed that comforting responses create an atmosphere of acceptance and create a secure base.

Touch which is important in nurturing approaches is key in human interaction, Brazelton 1990 says this is first important for survival and then for meaning. Touch has been found to raise levels of oxytocin which is calming to both adults and children (Makela 2005).

In Porges (2011) research he noted that "both the giving and receiving of caregiving or love has the capacity to protect, heal and restore."

Evidence base for Nurture Groups in schools

Please follow this link for a comprehensive summary regarding the evidence for nurture groups.

https://www.nurtureuk.org/research-evidence/impact-and-evidence/nurture-group-research-faq

Useful links & Resources

Book: Sunshine Circles: Nurture your classrooms with play by the Theraplay institute.

Book: Why love Matters, how affection shapes a baby's brain by Sue Gerhardt

Book: Nurturing Natures, Attachment and Children's Emotional Sociocultural and Brain Development.

https://www.nurtureuk.org/

https://www.twinkl.co.uk/search?term=nurture

https://new.boxallprofile.org/?utm_source=Gads&utm_medium=web&utm_campaign=2021Q2&gclid=EAIaIQobChMI2ZPbhpmP8AIVtRoGAB2AzAJxEAAYASAAEgLGWPD_BwE#how

https://gov.wales/sites/default/files/publications/2018-12/nurture-groups-a-handbook-for-schools.pdf

https://education.gov.scot/improvement/Documents/inc55ApplyingNurturingApproaches120617.pdf

https://blogs.glowscotland.org.uk/fa/public/epspractitioners/uploads/sites/2864/2018/09/Nurturing-Schools-Pack-FINAL.pdf

Restorative Approaches

Overview description

A restorative approach in education settings helps develop a healthier learning environment,
where children and young people take responsibility over their own behaviour and learning. These approaches help resolve conflict and prevent harm. They focus on strengthening and repairing relationships, listening with empathy, valuing the young people's opinions and being curious about what has happened. Restorative approaches enable those who have been harmed/upset to convey the impact of the this to those responsible and for those responsible to acknowledge the impact and take steps to put it right.

A restorative approach is based on
- Respect for one another, acknowledging that each person has an opinion that is unique but still of value
- Taking responsibility for your own actions
- Developing the skills of the whole community to solve problems and repair harm

In avoiding attributing blame and instead encouraging insight and taking responsibility for their actions, young people are supported to develop pro-social behaviour to repair harm and develop better relationships.

To be effective, restorative approaches must be in place across the setting. This means all pupils, staff (including non-teaching staff), management and the wider community need to receive training so they understand what acting restoratively means and how they can do it.

Key aims of approach

To create a learning environment where there is better attendance and fewer behavioural incidents

To raise CYP's awareness of the impact of their choices on others

To develop emotional literacy, responsibility and empathy
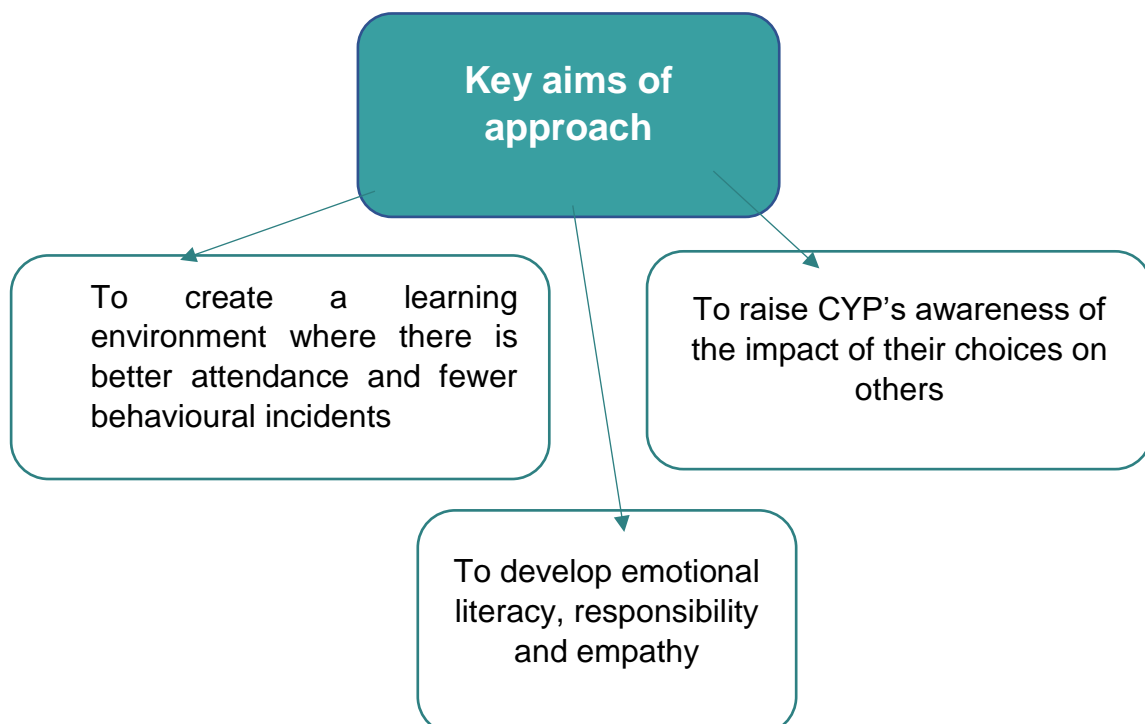
Evidence-base

Research indicates that Restorative approaches can:

- Increase attendance and reduce exclusions
- Prevent bullying and respond to bullying effectively
- Increase the confidence of staff to deal with bullying and conflict
- Build a culture of respect and discipline within the setting.

For example, the DfE (2010) survey 283 schools and found that 97% of schools felt that restorative justice reduced bullying. The majority of schools also reported that this approach was cost effective and easy to implement.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/182421/DFE-RR098.pdf

Outline of the process

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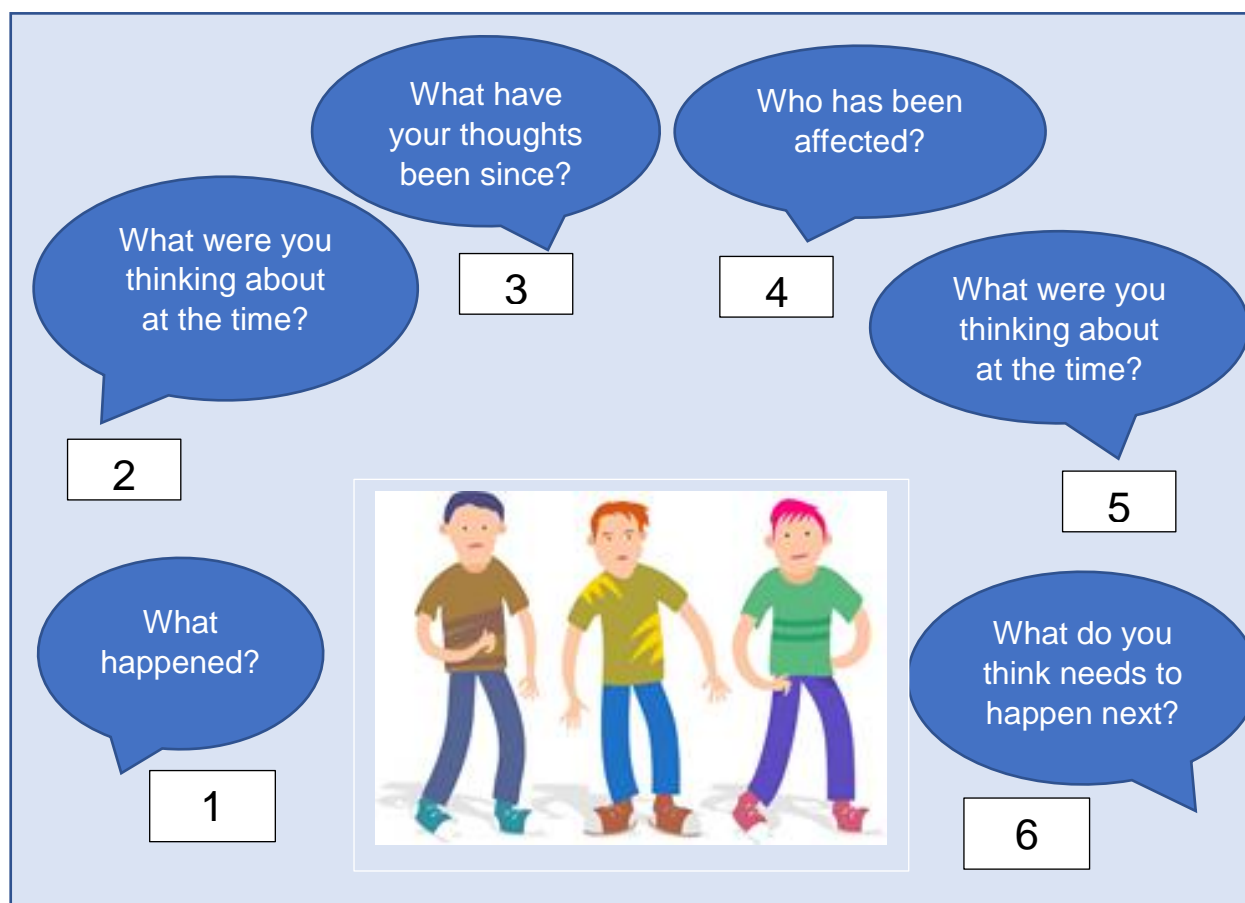
- Children in the early years will need our support in teaching, modelling and scaffolding appropriate conflict resolution. They cannot be expected to find ways of doing this if they have never seen respectful or meaningful restorative approaches.
- Work with children to come to an appropriate resolution together and use this as a teaching opportunity. For example: "How could we make your friend feel happy again" rather than asking them to simply say sorry.

Key text ideas:
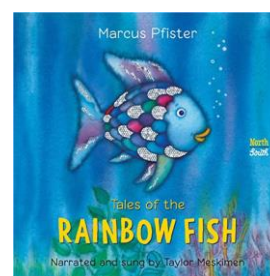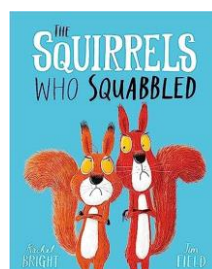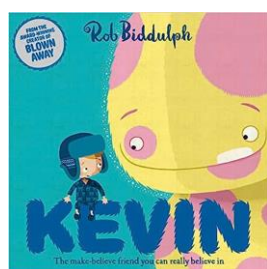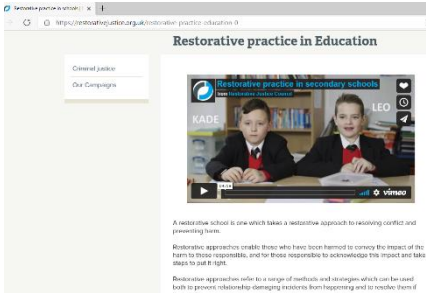
Useful Resources

Resource packs include:

- https://www.surreycc.gov.uk/__data/assets/pdf_file/0019/101827/Introduction-to-restorative-approaches-for-schools.pdf

- https://www.tes.com/teaching-resource/behaviour-restorative-justice-workbook-11078282

- https://www.restorativeresources.org/educator-toolkit.html

Useful links

URL and Description	Website
https://restorativejustice.org.uk/restorative-practice-schools This website provides two short clips on restorative justice. One in secondary school and one primary school.	

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http://www.restorativethinking.co.uk/
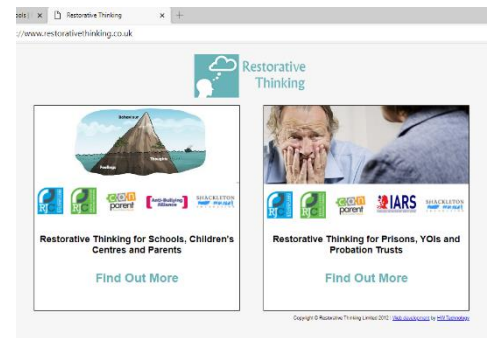
Manchester Safeguarding Partnership –
Restorative Practice
https://www.manchestersafeguardingpa
rtnership.co.uk/resource/restorative-
justice-advice-practitioners/

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Setting-Wide Approaches to Mental Health and Wellbeing

Overview Description

A setting-wide approach involves all parts of the education setting working together and being committed. It needs partnership working between senior leaders, teachers and all staff, as well as parents, carers and the wider community.

The National Institute for Health and Care Excellence (NICE) advises that primary schools and secondary schools should be supported to adopt a comprehensive, "***whole school' approach to promoting the social and emotional wellbeing of children and young people***".

The DfE also identifies a whole-school and college approach to promoting good mental health as a protective factor for child and adolescent mental health.

The culture, ethos and environment of the educational setting can have a profound influence on both pupil and staff mental wellbeing. Environments that are hostile, aggressive, chaotic or unpredictable can be harmful to mental health, and can lead to stressful teaching and working conditions. Schools and colleges are in a unique position, as they are able to help prevent mental health problems by promoting resilience as part of an integrated, whole school or college approach that is tailored to the needs of their pupils. A whole school or college approach is one that goes beyond the teaching in the classroom to pervade all aspects of life, including:

• culture, ethos and environment: the health and wellbeing of pupils and staff is promoted through the 'hidden' or 'informal' curriculum, including leadership practice, the settings policies, values and attitudes, together with the social and physical environment;

• teaching: using the curriculum to develop pupils' knowledge about health and wellbeing; and

• partnerships with families and the community: proactive engagement with families, outside agencies, and the wider community to promote consistent support for children's health and wellbeing.

DfE, (2021) Promoting children and young people's mental health and wellbeing

What is mental health and wellbeing?

Mental health and wellbeing do not have universally agreed definitions and these terms are sometimes used interchangeably. Mental health is not simply the absence of mental illness. It is generally agreed that mental health is integral to general health and wellbeing - there is no health without mental health. Good mental health is integral for us to be fully included at school and in society in general.

Mental health

Whilst there is not a universally agreed definition of mental health some definitions include:

> *"a state of mind characterized by emotional well-being, good behavioural adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life"*

<div align="right">The American Psychological Association</div>

> *"a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community"*

<div align="right">World Health Organisation</div>

Wellbeing

Mind (2015) describe a state of 'mental wellbeing' and state that prolonged periods of low mental wellbeing, are more likely to lead to mental health problems:

> *"Mental wellbeing describes your mental state - how you are feeling and how well you can cope with day-to-day life. Our mental wellbeing is dynamic. It can change from moment to moment, day to day, month to month or year to year.*
>
> *If you have good mental wellbeing you are able to:*
>
> - *feel relatively confident in yourself and have positive self-esteem*
> - *feel and express a range of emotions*
> - *build and maintain good relationships with others*
> - *feel engaged with the world around you*
> - *live and work productively*
> - *cope with the stresses of daily life*
> - *adapt and manage in times of change and uncertainty"*

Public Health England and Evidence Based Practice Unit explicitly highlight that mental wellbeing does not just mean the absence of mental illness. They state that mental wellbeing is a broader indicator of social, emotional and physical wellness that is influenced by a wider context within which the child or young person lives.

Their conceptualisation is summarised in the figure below. In other words, wellbeing is understood to be influenced by not only within-child characteristics but also their environment.

Figure 1: High-level domains that inform measurement of mental health and wellbeing (informed by PHE publication: Measuring Mental Wellbeing in Children and Young People)

SECTION TWO

Risk and protective factors for CYP's mental health

RISK FACTORS

Child
- ✗ Genetic influences
- ✗ Low IQ and learning disabilities
- ✗ Specific development delay
- ✗ Communication difficulties
- ✗ Difficult temperament
- ✗ Physical illness
- ✗ Academic failure
- ✗ Low self-esteem

Family
- ✗ Family disharmony, or break up
- ✗ Inconsistent discipline style
- ✗ Parent/s with mental illness or substance abuse
- ✗ Physical, sexual, neglect or emotional abuse
- ✗ Parental criminality or alcoholism
- ✗ Death and loss

School
- ✗ Bullying
- ✗ Discrimination
- ✗ Breakdown in or lack of positive friendships
- ✗ Deviant peer influences
- ✗ Peer pressure
- ✗ Poor pupil to teacher relationships

Community
- ✗ Socio-economic disadvantage
- ✗ Homelessness
- ✗ Disaster, accidents, war or other overwhelming events
- ✗ Discrimination
- ✗ Other significant life events
- ✗ Lack of access to support services

Child | Family | School | Community

Child
- ✔ Secure attachment experience
- ✔ Good communication skills
- ✔ Having a belief in control
- ✔ A positive attitude
- ✔ Experiences of success and achievement
- ✔ Capacity to reflect

Family
- ✔ Family harmony and stability
- ✔ Supportive parenting
- ✔ Strong family values
- ✔ Affection
- ✔ Clear, consistent discipline
- ✔ Support for education

School
- ✔ Positive school climate that enhances belonging and connectedness
- ✔ Clear policies on behaviour and bullying
- ✔ 'Open door' policy for children to raise problems
- ✔ A whole-school approach to promoting good mental health

Community
- ✔ Wider supportive network
- ✔ Good housing
- ✔ High standard of living
- ✔ Opportunities for valued social roles
- ✔ Range of sport/leisure activities

PROTECTIVE FACTORS

Source: Public Health England (2016) The Mental Health of Children and Young People in England

SECTION TWO

Whole school mental health and wellbeing approaches:

Key steps

In 2021, Public Health England published a paper called **Promoting children and young people's emotional health and wellbeing: A whole school and college approach.**

This document sets out key actions that senior leaders in schools/colleges can take to embed a whole school approach to promoting emotional health and wellbeing.

It identified 8 key principals shown in the diagram below.
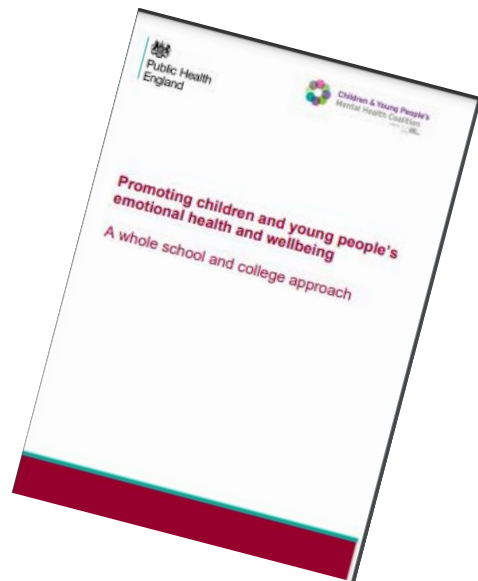
PHE (2021) p. 7

Evidence Base for the benefits

Professor Katherine Weare has researched and written extensively on mental health, wellbeing, and social and emotional learning in educational settings.

She argues that there is now a sound evidence base that well-being interventions can confer the following **positive outcomes:**

- **academic learning**, motivation, and sense of commitment and connectedness with learning and with school

- **staff well-being**, reduced stress, sickness and absence, improved teaching ability and performance.

- **pupil well-being** including happiness, a sense of purpose, connectedness and meaning.

- the development of the **social and emotional skills and attitudes** that promote learning, success, well-being and mental health, in education settings and throughout life

- the **prevention and reduction of mental health problems** such as depression, anxiety and stress.

- **improving behaviour** including reductions in low-level disruption, incidents, fights, bullying, exclusions and absence

- **reductions in risky behaviour** – such as impulsiveness, uncontrolled anger, violence, bullying and crime, early sexual experience, alcohol and drug use.

"*Schools can be confident that a focus on well-being and mental health not only enables them to provide healthy and happy school environments for pupils and staff and prepare the citizens of tomorrow with sound character and values, but also directly supports their more immediate mission: the promotion of effective learning*". (P.12)

https://www.ncb.org.uk/sites/default/files/uploads/files/ncb_framework_for_promoting_wellbeing_and_responding_to_mental_health_in_schools.pdf

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Professor Weare has drawn from a number of systemic literature reviews to suggest a framework which she suggests can help inform schools about how best to implement changes to improve wellbeing outcomes.

ENGAGE THE WHOLE COMMUNITY

- Engage pupils through encouraging pupil voice, authentic involvement in learning, decision-making, and peer-led approaches
- Engage parents/carers and families in genuine participation, particularly those of pupils in difficulties whose families may feel blamed and stigmatised

Prioritise professional learning and staff development

- Understand the risk factors to well-being, and help pupils develop the resilience to overcome adverse circumstances
- Raise staff awareness about mental health problems and the school's role in intervening early
- Base their response on a sound understanding of child and adolescent development
- Help all pupils cope with predictable changes and transitions, and keep abreast of new challenges posed by technology.

Adopt whole-school thinking

- Use a 'whole school approach', which ensures that all parts of the school organisation work coherently together
- Provide a solid base of positive universal work to promote well-being and help prevent problems
- Develop a supportive school and classroom climate and ethos which builds a sense of connectedness, focus and purpose, the acceptance of emotion, respect, warm, relationships and communication and the celebration of difference
- Start early with skills based programmes, preventive work, the identification of difficulties and targeted interventions. Work intensively, coherently, and carry on for the long term
- Promote staff well-being, and particularly address staff stress levels

Develop supportive policy

- Ensure that there are robust policies and practice in areas such as behaviour, anti-bullying and diversity, including tackling prejudice and stigma around mental health

Implement targeted programmes and interventions (including curriculum)

- Ensure high-quality implementation of specific programmes and interventions
- Explicitly teach social and emotional skills, attitudes and values, using well-trained and enthusiastic teachers and positive, experiential and interactive methods. Integrate this learning into the mainstream processes of school life

Implement targeted responses and identify specialist pathways

- Provide more intense work on social and emotional skill development for pupils in difficulties, including one-to-one and group work
- Use specialist staff to initiate innovative and specialist programmes to ensure they are implemented authentically, then transfer responsibility to mainstream staff whenever possible, to ensure sustainability and integration
- Where pupils experience difficulties, provide clear plans and pathways for help and referral, using a coherent teamwork approach, including in the involvement of outside agencies such as CAMHS

Connect appropriately with approaches to behaviour management

- Respond wisely to 'difficult' behaviour, both responding actively with clear consequences and also understanding its deeper roots, taking opportunities to model and teach positive alternatives

Taken from
https://www.ncb.org.uk/sites/default/files/uploads/files/ncb_framework_for_promoting_wellbeing_and_responding_to_mental_health_in_schools.pdf

SECTION TWO

Setting-Wide Approaches

There are a number of different commercial packages and programmes available that can help support education settings to develop their whole school or setting mental health and wellbeing practices. Three examples are

Emotionally Friendly Settings (devised by Salford's Educational Psychology Service)

https://www.emotionallyfriendly.co.uk/

There is a financial cost to this package

5 Steps to Mental Health and Wellbeing (devised by Anna Freud, National centre for Children and Families

https://www.annafreud.org/5steps/

Users need to register but resources are then free of charge.

Sandwell Wellbeing Charter Mark (devised by Sandwell Educational Psychology Service).

https://www.sandwell.gov.uk/info/200343/well-being_charter_mark

There is a financial cost to this programme.

One Wellbeing Approach (devised by One Education Ltd. Educational Psychology Service).

www.oneeducation.co.uk

There is a process where settings receive support through the Thrive in Education and Mental Health Support Team.

Any setting working with One Education Ltd Educational Psychology can request support through their link EP.

There is a financial cost to this programme.

Setting-Wide Audit Tools

There are a variety of audit tools schools can use to help think through their whole school approach to emotional health and wellbeing. Below are some examples with links.

	The NCB coordinates the School Wellbeing Partnership, which is a national network of nearly 50 organisations from the education, health and wellbeing, and children's sectors. The website has lots of helpful resources (see resources section later).
This audit tool can be accessed here: https://www.ncb.org.uk/sites/default/files/uploads/files/NCB%20School%20Well%20Being%20Framework%20Leaders%20Tool%20FINAL.pdf	

	Emotionally Healthy Schools also provides a free audit. This tool allows you to identify strengths and areas for development. Schools can consider the descriptors and record how they are currently meeting them using a RAG rating approach followed by an action plan.
This audit tool can be accessed here: https://emotionallyhealthyschools.org/review-and-celebrate/auditing-tools/	

	This audit tool from the Education Endowment Foundation is specifically focused on primary school settings.
This audit tool can be accessed here: https://educationendowmentfoundation.org.uk/public/files/Publications/SEL/EEF_SEL_Audit_Tool.pdf	

Setting-wide mental health and well-being support in Manchester

Schools/education settings may not always recognise this; however, they are experts in being able to support the wellbeing of their community. The existing policies, ethos, staff and curriculum plays an immense role in protecting and promoting the wellbeing of their population.

Schools and colleges looking to extend their setting-wide mental health and well-being approach can refer to The Manchester Emotional Resilience and Mental Health and Wellbeing Directory (September 2020 MERMHWD) and Manchester Thrive in Education documents (September 2020). These provide a comprehensive guide to whole school wellbeing services available to schools www.manchester.gov.uk/schoolhub.

Some examples of services in Manchester include:

Healthy Schools, which offers a free service to all schools in Manchester. Schools continue to access support and training across speciality areas: Mental Health, Social and Emotional Health, Relationships and Sex Education, Healthy Lifestyles, Injury Prevention, Drugs and Alcohol and PSHE. Their offer includes: Policy Development, Training (Face-to-face and Virtual), Network Meeting, 1-2-1 consultation, Resource and Curriculum Development and Covid-recovery support resource. Healthy Schools have also developed **Ensuring a Whole School/College Approach to Mental Health Recovery: Audit Tool** and following this are offering Mental Health Consultations with school leaders to action plan next steps.

The Manchester Thrive in Education Team (MTiE), launched in 2020, designed to complement the whole school approach offered in schools. The service includes practitioners from CAMHS, voluntary service partners from 42nd Street, Manchester Mind and Place2Be and Educational Psychologists from One Education. Its key functions include supporting the senior mental health lead in each education setting to introduce or develop their whole school/college. This year MTiE Educational Psychologists have worked in five secondary schools implementing the Sandwell Wellbeing Charter Mark (see below for more information). The services are being rolled out across Manchester schools over the coming years.

Education settings through commissioned services can continue to access Educational Psychology Services (EPS). This allows all settings to work at an organisational level to develop and implement broad and targeted provision and to capacity building through research, training, workshops and consultation.

For information about whole school and college mental health support in Manchester please go to the Mental Health chapter

Useful links

Links to articles and resources to support mental health and wellbeing in higher education https://www.timeshighereducation.com/campus/collections/looking-after-wellbeing-higher-education

Resources for promoting mental health in further education settings, with specific strategies relating to areas such as anxiety, eating disorders, exam stress, self-harm and unhealthy relationships. https://mentallyhealthyschools.org.uk/getting-started/further-education/

References

Education, universities and childcare during coronavirus: Supporting wellbeing (DfE, 2020) available at https://www.gov.uk/guidance/supporting-pupils-wellbeing

Mental Health and behaviour in Schools (DfE, 2018) available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools__.pdf

Promoting children and young people's emotional health and wellbeing (2015, PHE) available at https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing

Inclusion Audit Tool

Introduction

The benefits of self-evaluation, peer review and reflective practice are widely known. Manchester City Council endorses the view that inclusion is a continuous process of development, review and adjustment. 'Inclusion' is an ongoing journey towards equity of educational access.

An Inclusion Audit Tool has been created as part of Manchester's Inclusion Strategy work to support schools in their inclusion work. This can be downloaded separately from the One Education Inclusion Toolkit Webpage.
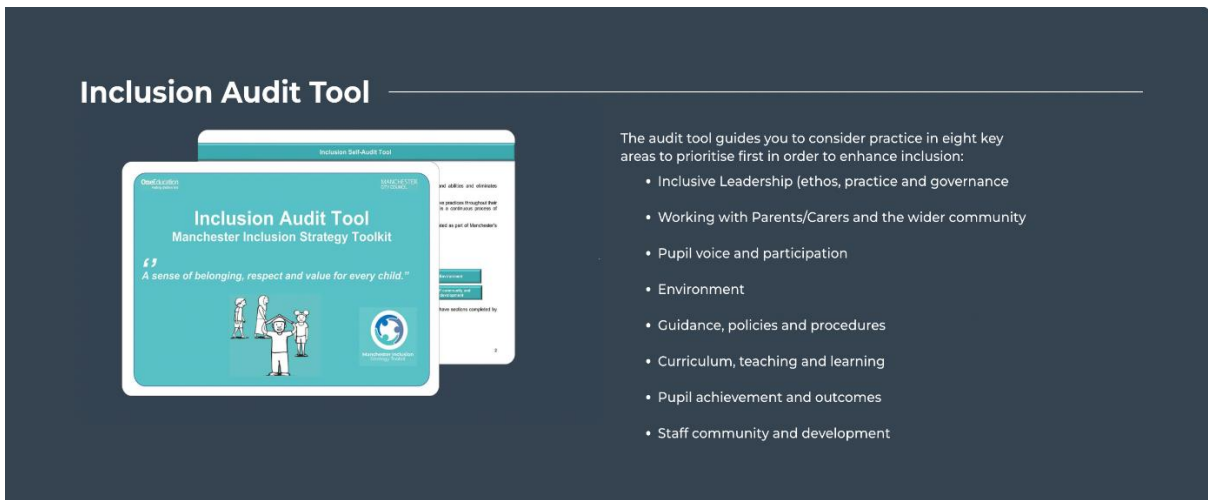
How to use the audit tool

The audit tool guides you to consider practice in 8 different areas:

Inclusive Leadership (ethos, practice and governance)	Working with parents/carers and the wider community	Pupil voice and participation
Environment	Guidance, policies and procedures	Curriculum, teaching and learning
Pupil achievement and outcomes	Staff community and development	
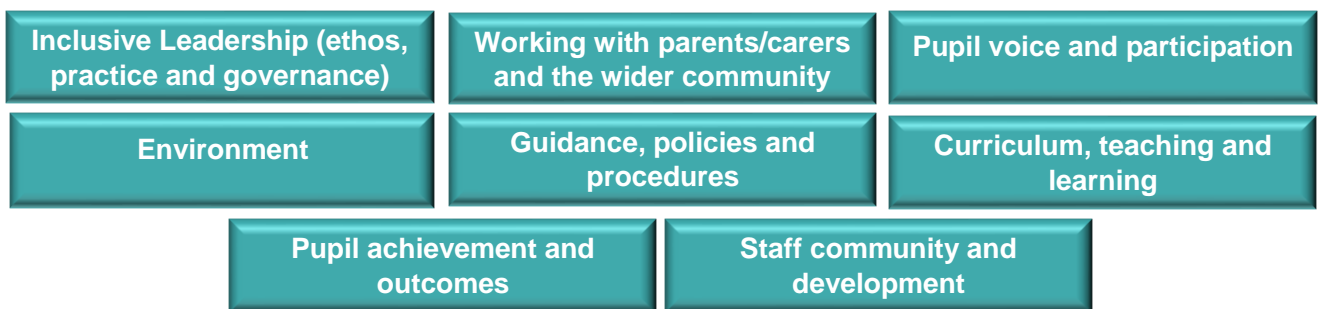
It will help you to identify which areas you need to prioritise first to enhance inclusion. It may be helpful to have sections completed by different people within your setting to give a picture of how well these are currently embedded.

The audit tool has been informed by the Whole School SEND and NASEN 'Demonstrating Inclusion Tool', the Greater Manchester Combined Authority (GMCA) Whole Mental Health guidance tool and good practice in relation to the UN Convention of Children's Rights.

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Evidence based good practice in relation to policies/processes

- The Graduated Response to SEND

- Supporting good transitions

- Relationship based behaviour policies

- Eliciting and listening to pupil voice

- Co-production ways of working

- Managed Moves

- Reduced timetables

- Exclusions

General feedback
https://www.surveymonkey.co.uk/r/InclusionStrategyFeedback

Update/Changes alert
https://www.surveymonkey.co.uk/r/Toolkit_update

SEND Support and A Graduated Response to Need

First steps when a child or young person isn't making progress or is displaying indicators of need?

The first step when a pupil is making less progress than expected, should be high quality teaching targeted at their areas of weakness or difficulty. The code of practice (2014) makes it clear that nurseries/schools/colleges should regularly review the quality of teaching for all students, including those at risk of underachievement.

What is Ordinarily Available Provision?

The term 'ordinarily available provision' comes from the SEN Code of Practice and refers to the range of activities, opportunities and strategies that are offered as basic good practice to meet a range of additional needs without the need for a formal diagnosis or specialist support

To help schools and settings to understand the types of everyday support and adaptations that can be made as part of normal teaching practice or through this 'ordinarily available provision', Manchester is developing Ordinarily Available Provision (OAP) Guidance documents.

Early Years
The guidance document is available here:
https://hsm.manchester.gov.uk/kb5/manchester/directory/advice.page?id=Fzzl8Tage oQ

Manchester Local Offer

Ordinarily Available Provision

for children and young people with
Special Educational Needs and Disabilities (SEND)
A Guide for
Early Years Providers
in Manchester
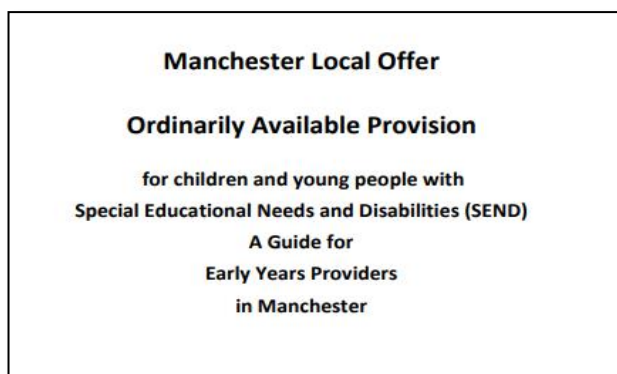
Primary School

This document will be available to schools in September 2023 via the Manchester Directory (as above)

It is anticipated that a document for secondary schools will be available in 202

'Ordinarily Available Inclusive Practice' guide has been produced.

Ordinarily Available Provision is the range of activities, opportunities and strategies that are offered as basic good practice to meet a range of additional needs without the need for a formal diagnosis or specialist support.

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Next Steps

If concerns persist, the next step is for action planning to take place.

Information sharing and joint planning should also take place involving the class teacher, the SENDCo [14], the pupil's parents and, wherever possible, the pupil themselves. The aim is to identify the pupils' strengths and areas of need and to decide if more targeted SEN support is required to meet the pupil's needs.

Definition of SEN

"*A pupil has SEN where their learning difficulty or disability calls for special educational provision, namely provision different from or additional to that normally available to pupils of the same age.*"

(The SEND Code of Practice: 0-25 years)

What are considered special educational needs?

There are four broad areas of need and a child/young person may have needs across one, some or all of these areas. Their needs can change over time and should inform the level of support they require.

Communication and Interaction

Difficulty with speech and language development and/or social communication and interaction. This means the child or young person may have difficulty saying what they want, understanding others and developing relationships.

Cognition and Learning

Children or young people have difficulty learning or remembering basic skills. They learn differently from others and may have difficulty with literacy or numeracy or learn at a slower pace.

---

[14] SENDCo – Special educational needs and disability coordinator.

SECTION THREE

Social, Emotional and Mental Health

Children and young people may have difficulties managing their emotions and/or their social interactions. They may have difficulty making friends or relating to adults. They may be withdrawn, isolated or find controlling their behaviour difficult. They may be experiencing mental health problems such as low mood or anxiety or have a diagnosed mental health condition such as ADHD.

Sensory and Physical

Children or young people with visual or hearing impairments or who have physical difficulties or medical conditions which affect their learning.

What is the graduated response to SEN?

The graduated response recognises that there is a "*continuum of special educational needs.*"   The SEND Code of Practice says…

> **"Every teacher is a teacher of pupils with Special Educational Needs".**

SEND support should take the form of a four-part cycle – Assess, Plan, Do, Review. This is referred to as the 'graduated response'.

Additional needs become more individualised along the continuum as a more personalised response is required. The graduated response also recognises that increasing specialist expertise should be accessed to assist the child/young person with the difficulties they are experiencing if progress is not made.

Taken from Manchester's Matching Provision to Need
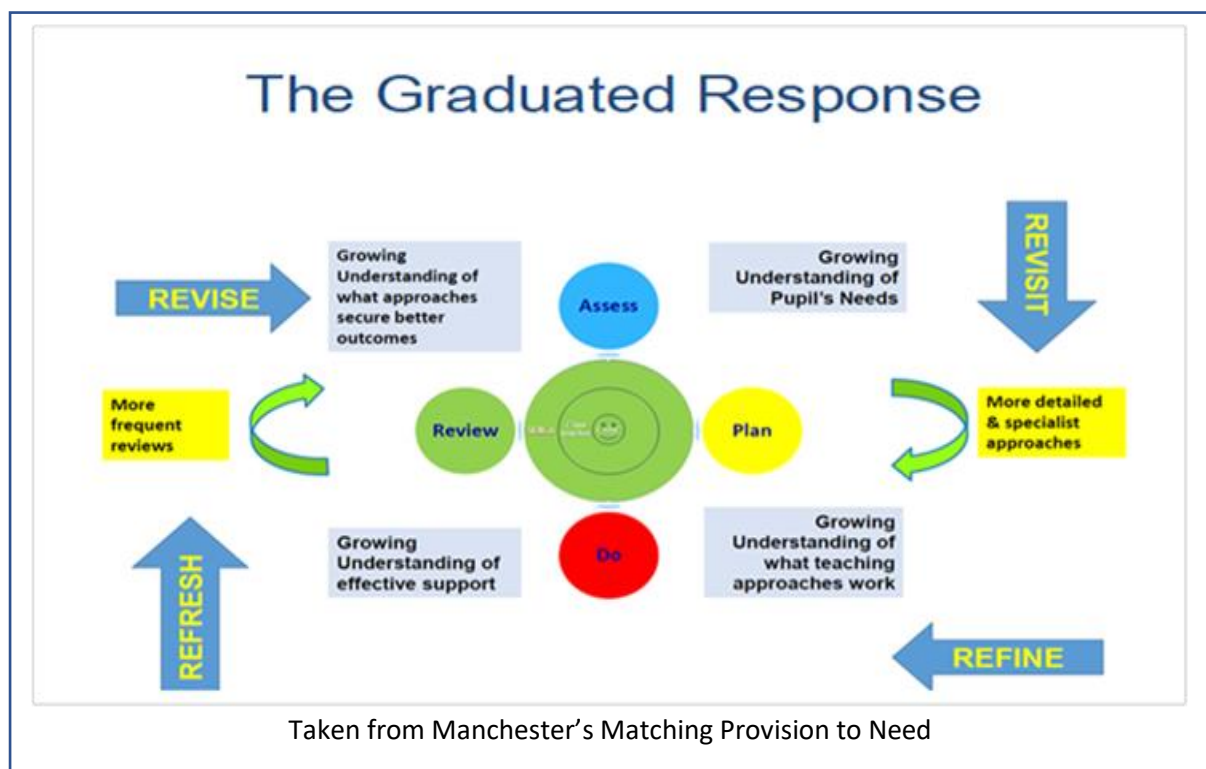
ASSESS

Teachers should gain a secure understanding of a child or young person's needs by accurately identifying strengths, gaps and barriers to learning. The SEND Code of Practice suggests a range of sources of information that teachers can draw on:

- Teacher assessment and knowledge of the pupil.
- Data on the pupil's progress, attainment, attendance and behaviour.
- The individual's development in comparison with their peers.
- The views and experience of parents and families.
- The pupil's own views.
- Advice from external support services and specialist assessments if required.

It is important that the teachers (not just the SENCO) know and understand the outcomes of these assessments and use them to inform adjustments to their day-to-day teaching or to targeted interventions.

PLAN

Two areas need to be considered when planning provision:
- High-quality class and/or subject teaching
- Targeted provision

Once a thorough assessment of a pupil's needs has been completed, the SENCo might support the teacher in determining what changes, adaptations and adjustments to day to-day class/subject teaching they need to make.

SEN Support could include, for example:
- additional materials and/or equipment.
- interventions or programmes for the individual child.
- interventions in small groups.
- focused work with the class teacher, SENCo or other school staff.
- help for a child to join in class activities or interact with other pupils.
- advice and support from other professionals for the school staff, this could be a specialist teacher, an educational psychologist or a speech and language therapist.

The SENCo should ensure that the views of the pupil and their parents/carers should be sought and considered when planning provision. A plan of action should be co-produced and shared to ensure that all teachers and support staff who work with the pupil are made aware of their needs, the support provided and any teaching strategies or approaches that are required to help the pupil make expected progress.

DO

The 'do' stage of the graduated response enables teachers to gain a growing understanding of what effective support looks like for the pupil and what teaching approaches will be successful. Teachers will work closely with teaching assistants or other specialist staff to plan, implement and assess the impact of targeted interventions. The role of the SENCo in enabling professionals to reflect together on what is going well is essential, and can be both supportive and developmental.

REVIEW	The impact and quality of the support and interventions is evaluated and the views of the pupil and their parents listened to. This should feed back into the analysis of the pupil's needs. The class or subject teacher, working with the SENCO, can then revise the support provided in light of the pupil's progress and development. Decisions about changes to the support and outcomes will be made in consultation with the parent and pupil.

This first cycle of Assess-Plan-Do-Review (APDR) will, therefore, inform the next.

Some children and young people may only need one cycle of APDR in order to meet their educational needs. Other children and young people may need APDR cycles completing three or more times a year over a number of years.

For the vast majority of pupils, the process of undertaking regular APDR cycles which support the effective delivery of SEN Support will be sufficient in meeting their educational needs. For a small number of pupils, despite the school having taken relevant and purposeful action to identify, assess and meet the special educational needs, they may still not make expected progress and the school or parents should consider requesting an Education, Health and Care needs assessment.

Supporting the Graduated Response – Manchester's Matching Provision to Need Tool (MPTN).

The Matching Provision to Need Tool has been developed to:
- Support schools by setting out the levels of need and provision they are responsible for which is funded from their notional SEND budget,

- Support colleges by setting out the levels of need and provision they are responsible for which is funded from the 'disadvantage' component of programme funding

- Set out the level of need and provision that the Local Authority is responsible for and which is funded from a centrally retained budget out of which comes Element 3 funding and all agreements for temporary Element 3 funding.

Matching Provision to Need
A tool to support schools
Primary and Secondary Version

A TOOL TO SUPPORT SCHOOLS WHEN IDNTIFYING AND MAPPING PROVISION FOR PUPILS WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND)

MANCHESTER CITY COUNCIL
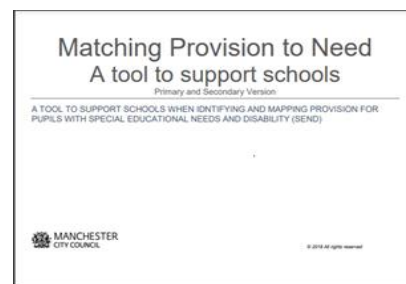
It can be found on Manchester's School Hub.

https://www.manchester.gov.uk/schoolhub/downloads/download/243/matching _provision_to_need_tools

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There is one MPNT tool for children and young people aged between 0 and 25 years but this is separated into three separate suites:

- 0 - 5 years
- 5 - 14 years
- 14 – 25 years

Description of the Matching Provision to Need Tool

The tool provides a set of descriptors which are divided into two sections:

- descriptions of things which a child/young person may find difficult;
- descriptions of the things which a child/young person may need to help with to overcome their difficulties.

In each of the four areas there is a description of the levels of need found across the whole mainstream school population. They set out expectations of what effective universal provision should be and how the notional SEND budget should be used by schools to provide a graduated response across the continuum of provision. It also suggests at which points on the continuum, schools/colleges should be seeking specialist advice and/or support for individual children/young people. Within each section, descriptors are mapped along a continuum of graduated response. The points on this continuum are:

Universal provision – the descriptors identify the things that all children/young people may experience from time to time and set out aspects of effective quality first teaching provision which all students should have access to.

Catch up/Wave 2 – the descriptors identify things which some children/young people may find difficult and outline some of the learning opportunities to help the student which are 'additional to and different from' the good quality universal provision. Element 2 funding can be utilised here by the school.

SEND Support – these descriptors identify the things that a few children and young people will find difficult and outline the graduated response schools should adopt when planning provision for these students. This still includes good quality universal provision plus other services schools may need to involve for support and advice. Element 2 funding can be utilised here by the school.

Statutory assessment/EHC plans - At the high end of the matrices, the school /college can request a statutory assessment to identify whether an EHC plan is needed. In very exceptional circumstances a school can request some time limited temporary element 3 funding.

The Inclusion Toolkit does not seek to replace Manchester's MPTNs document. Where there are concerns about a child/young person's inclusion, it is important education settings follow a graduated response and use Manchester's MPTN document as a framework for assessing need and intervening.   The Inclusion Toolkit sits alongside Manchester's SEN documentation and offers suggestions for effective approaches with regards to both setting-wide and more individualised interventions and/or support.

Overview

What is an Educational Transition?
Our daily lives are filled with transitions. Bronfenbrenner (1979) said that transitions occur when an individual's position within their environment is altered as the result of a change in role, setting or both. Throughout education, a huge variety of transitions occur, some of these are predictable and others are less predictable. These may be small, medium or large scale.

Predictable vs Less Predictable Transitions
Some transitions are more predictable than others and easier to plan for, for example, most Children and Young People (CYP) will transition from Year 6 to Year 7 meaning they change schools. Whereas, less predictable transitions may be the ones that are not always accounted for or expected meaning that they are more challenging to plan for, for example, staff sickness, a fire alarm, an exclusion resulting in a CYP moving to a Pupil Referral Unit. In this chapter, we will consider strategies that can and should be applied to both predictable and less predictable transitions but for the latter these strategies may need to happen more quickly or reactively.

It is important that CYP have positive experiences of both predictable and less predictable transitions to support them with their development and prepare them for adulthood. Please see some examples below for your reference:

PREDICTABLE TRANSITIONS

Small scale   Medium scale   Large scale

Change in seat in class

A known change of teacher or keyworker

Moving schools from Year 11 to post 16 provision

LESS PREDICTABLE TRANSITIONS

Small scale   Medium scale   Large scale

Unexpected change in task

Having to stay in for wet playtime.

Going on a managed moved to a new school
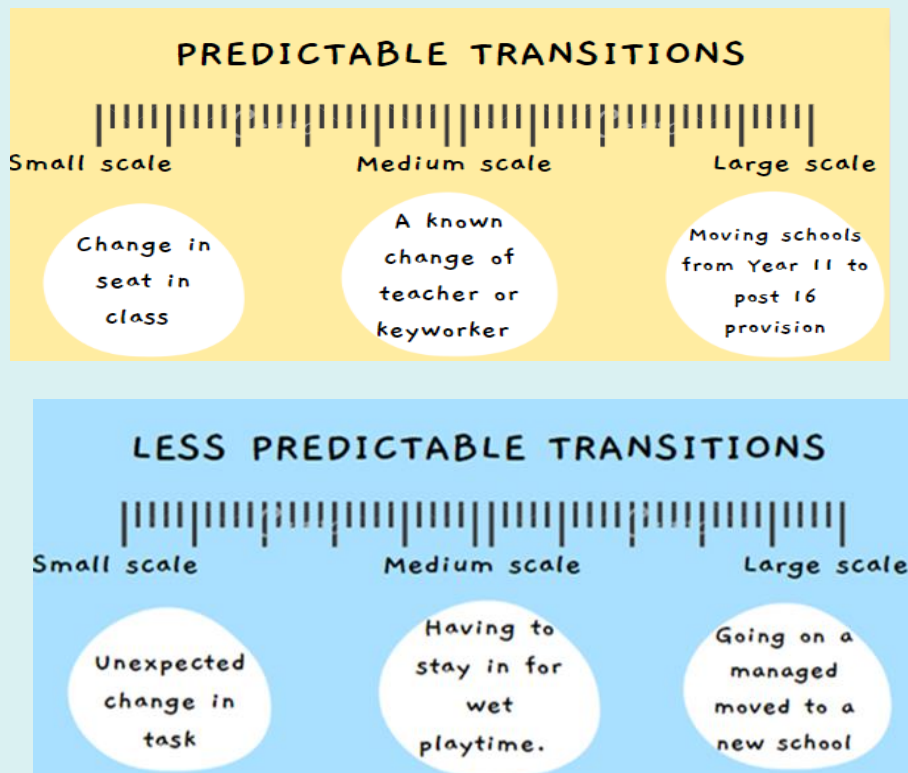
Transitions are a daily part of our lives, but why are they so difficult?

For many children (and adults) change can be scary. New adults and new environments can equal uncertainty and unpredictability and may increase feelings of insecurity and fear. All children need our help to learn how to make connections with adults and peers. To make sure they get their basic needs met we need to support students to reduce the challenge of new starts, to help them to feel safe to explore and benefit from a new beginning. It is important to consider Maslow's Hierarchy of Needs, and to bear in mind that a CYP cannot achieve 'self-actualisation' unless their safety needs are met.

There are some CYP that are likely to need some more support in meeting their safety needs. It may also be that those less predictable transitions are more difficult for them. Please see some examples of some who may find these times to be more challenging, please note that not all CYP in these groups will find them challenging and this is not an exhaustive list, but it provides an outline of some risk factors:

- **Trauma** - CYP who have experienced developmental trauma may have had experience of the world which means they have: developed an understanding that the world is unsafe and unpredictable, a lack of trust in others, difficultly handling negative emotions, levels of confidence about their ability to do things (self-efficacy) may be low and this will impact upon levels of motivation, perceptions of their ability to succeed and their attempts to adapt to new contexts (Gore-Langton, 2014, 2016).

- **Looked After Children (LAC)** - these CYP have experienced more transitions within their life find changes and moves more difficult. The change of routine and the inevitable losses and separations bring back old feelings of abandonment and threat. CYP may also experience transitions outside of their educational setting and for some, these may have negative outcomes, such as being removed from their parent.

- **Adopted/Previously Care Experienced CYP** – these may be CYP that have previously been in care, are adopted or under a special guardianship. As above, they will also to have some experiences of perceived negative outcomes of transitions due to their life experiences. It is important to consider their previous experiences and trigger times in the year such as when they were removed from key attachment figures, birthdays, Mother/Father's Day etc.

- **Neurodivergent CYP** – this may include CYP on the Autism spectrum and those with an ADHD diagnosis where unexpected changes may be distressing – even those not requiring additional SEN support in their current setting.

- **Children with special educational needs** **–** all CYP receiving SEND support will require careful transition planning. See Manchester Schoolshub (and this chapter) for information about how we support this process in Manchester.

- **CYP presenting with Anxiety Based School Avoidance (ABSA) behaviours** – this is a broad umbrella term used to describe a group of children and young people who have difficulty in attending an educational setting due to emotional factors, often resulting in prolonged absences from school or college. It is important to consider that these CYP are experiencing a transition each time they attend school or college, therefore, strategies that support positive transitions should be continually used. You can find more information on ABSA in the chapter within this toolkit.

How might a CYP react or behave at times of Transition?

Transitions can mean that CYPs experience a lot of mixed emotions such as happiness, anger, sadness, anxiety and worry etc. Often, these emotions will be experienced simultaneously which will add to the overwhelming feelings of the transitions. When CYPs feel these feelings, they can present with behaviours that help us to know how they are feeling but these may also be challenging within any setting.

For CYP who find transitions particularly challenging, this might be because they have additional feelings that are triggered including rejection, blame or shame. Many CYPs who have experienced trauma or adverse life experiences develop "'wise adaptations' to lessons that life has taught them" (Beacon House, 2021): these behaviours are conscious or, most often, unconscious ways to keep themselves safe but might not always be the most helpful or socially acceptable.

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The following are some behaviours you might see during transitions:
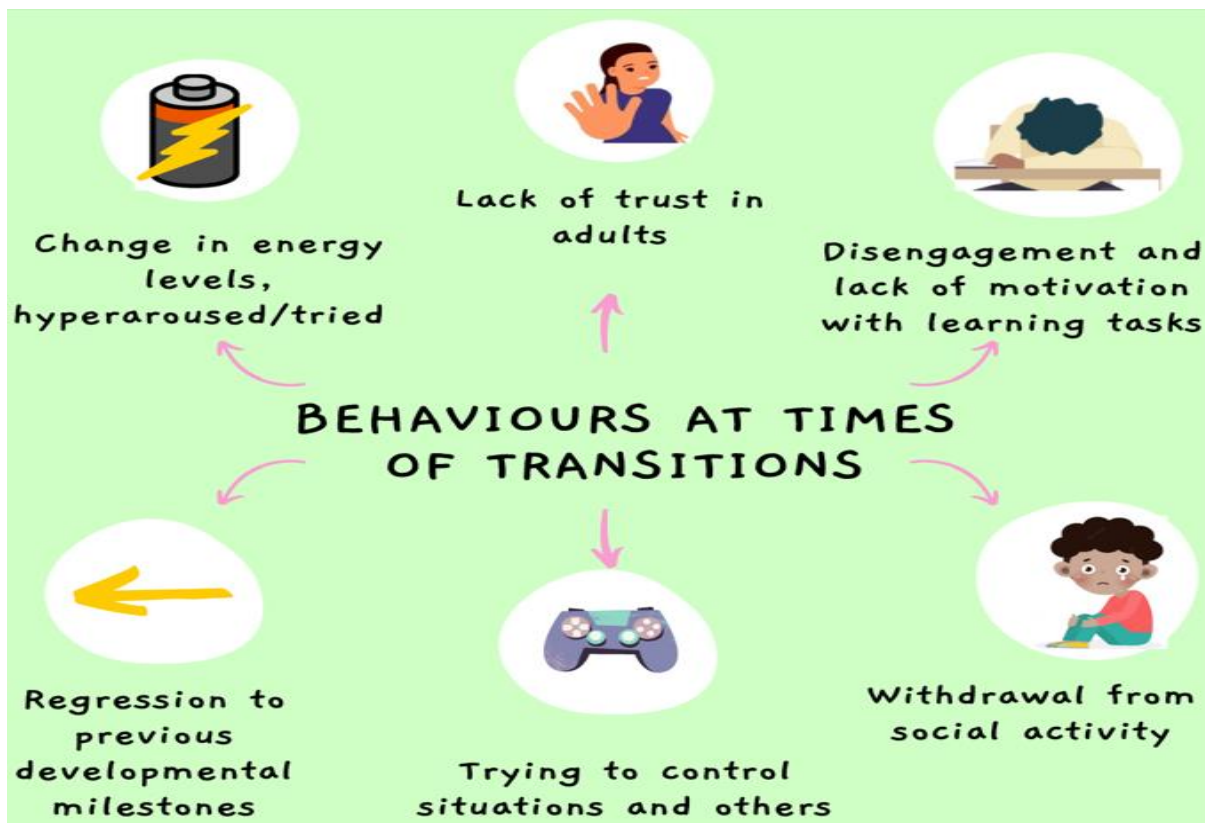
What can we do to support CYPs through transitions?

Protective Factors

It is always helpful to consider what protective factors are already available in your setting that can be used to support transitions. Below are some examples of protective factors that may already exist: CYP that already have these present are more likely to have a positive experience during times of transition. The rest of this chapter will be looking at ways to create protective factors to support CYP.
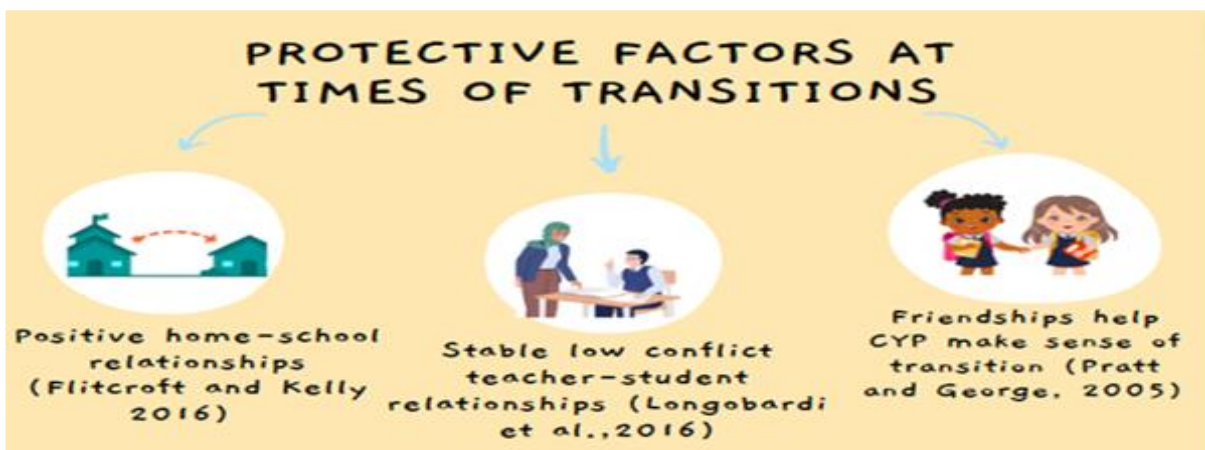
When considering strategies, it is important to remember that different CYP will need different levels of support. Manchester City Council highlight the below categories:
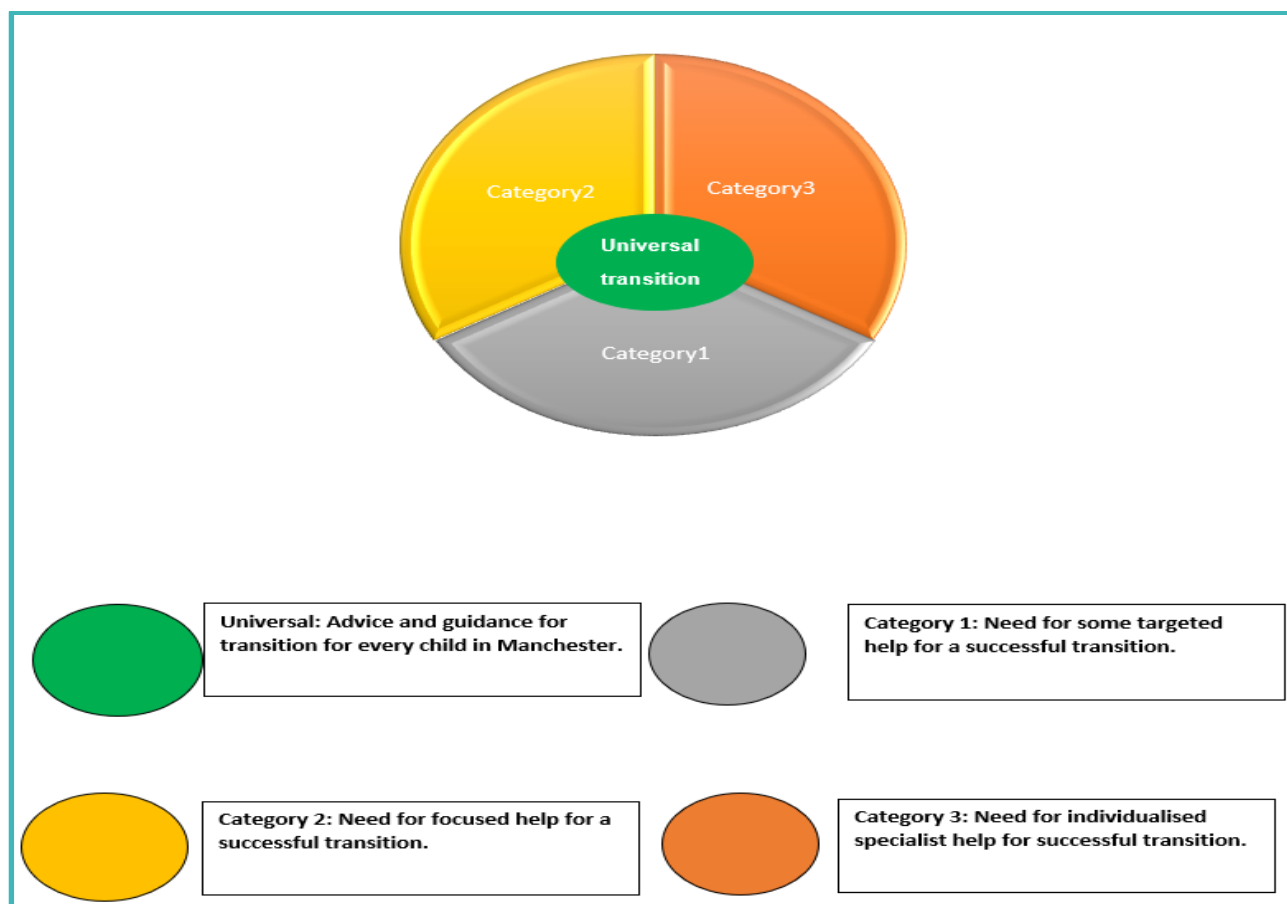
Identifying which level of support students need

It will be important to consider the wider experiences of each student in your setting to help to identify which level of support that they might need. Consider carefully what has happened in students lives previously and currently at home, in the community and in education in order to understand whether they find transitions more challenging.

A key part of this is good information sharing. When information sharing is done well, it helps setting to plan and provide appropriate support for CYPS. One barrier can be the concerns around sharing confidential information particularly when a young person has not yet been offered a place. It is important that the educational setting has a clear policy in place regarding how and what information would be shared in the young person's best interests.

These processes will help you to be proactive in support rather than reactive to behaviours.

Universal Strategies for Transitions

These are some common strategies that should be used universally throughout your setting to support all CYPs to experience positive transitions.

- *Visual timetable* - This helps all CYP to make the day/week more predictable in a time when they may be experiencing lots of change.

- *Experiencing the change* – This includes supporting CYP to consider the potential changes they may experience. For example, finding out about their courses/new lessons and visiting college.

- *Be crystal clear* - Tell them the things they **need** to hear, don't wait for them to ask because they don't yet know that they need to be told! This includes any factual information about the transition/change but may also need to include: how much they are cared for, that you are not going anywhere, that they are in your mind even when they are not with you, that they are safe and protected.

- *Name it to Tame it* - Helps the CYP to name their feelings that they may not have the words for and supports them to make connections between their behaviours and feelings e.g. "when you run away, it makes me wonder if you don't know where to feel safe?". It might be helpful to acknowledge that "the end of x is coming, I'm here to help you through".

- *Help their body* - Children feel fear in their body. Think about ways to help them to regulate their body through breathing, here are some ideas: Doing short bursts of physical activity frequently, do body calming activities and playfully ask them to breathe deeply in the mornings and evenings e.g. blow bubbles, blow away feelings

Coming Soon!

SECTION THREE

These are some common strategies that should be used for some CYPs who need a little extra support to manage transitions:

- *Now/next timetable* – some CYP may need the visual timetable broken down into smaller steps, so a Now/Next visual timetable may be useful.
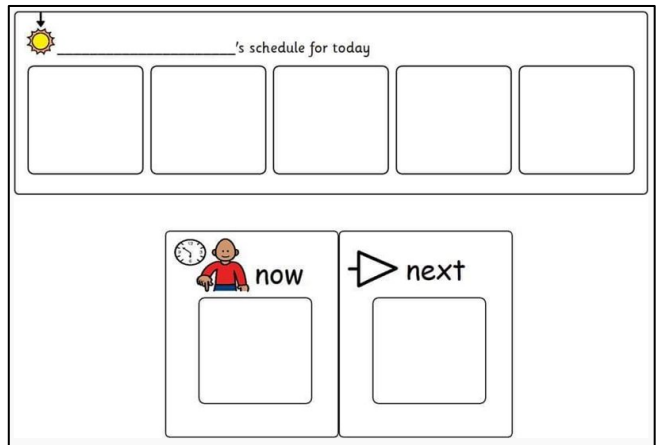
- *Transition passports or pupil profiles* – These are a great way to capture the CYPs interests and needs while keeping them at the center of planning and support. Where possible, these should be created in collaboration with the CYP. If this has been completed by someone on behalf of the CYP, please make a note of this. There are a variety of examples, and you can shape them to meet the needs of your CYP, below are two examples that are linked in the resources section. When you have completed these, it is sometimes useful to step back and consider *'does this represent this CYP? Will others who do not know them have a full picture of them and their needs?'*. You could ask the student to share their views and adapt it appropriately.

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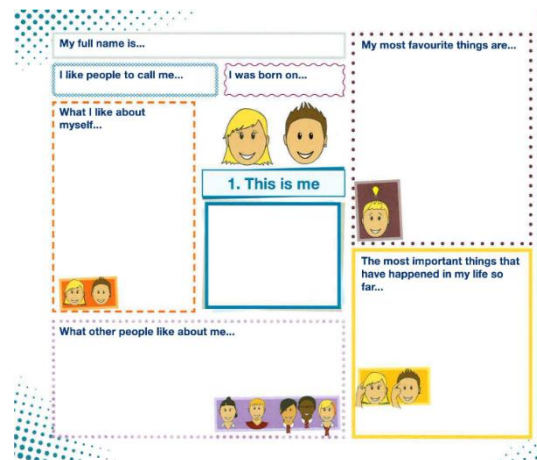
- *Encouraging self-determination* - Self-determination refers to an understanding of one's strengths and limitations together with a belief in oneself as capable and effective (Wehmeyer, 2004). Manning (2016) found that CYP expressed their active involvement supporting positive experiences of transitions. Based on this, goal setting, problem solving any challenges and making informed decisions based on their own interests for their next steps may all be important to promote this.

Category 2/3: Focused help and individualised specialist support

These are some strategies that should be used for CYPs who need targeted and specialised support to have a successful transition:

- *Stay connected* – For some CYP, they may have experienced negative or very upsetting transitions that may have resulted in a breakdown of some relationships. It is important that they know that they are still connected to you even when apart. You may use 'transitional objects', for example: a physical object or transition cards (Beacon House have some great examples, see resources section).

- *Gathering the views of the young person* - If possible, speak to the child about their past experiences – what have they enjoyed? What are they good at? What might they find challenging? What helps them feel ok? Who will they miss? During these conversations, giving them space to ask questions and discuss any worries. For CYP in this category this would need to be specific and personalised to them.

- *Sharing practical plans with the CYP* - In order to build an understanding that their world is safe and predictable, they can trust others, they can adapt to this new environment, they can try to manage experiences positively, their emotions will be contained. This may include things like additional visits to the new setting and opportunities to build new relationships. If possible, a timetable for their first day. It is also useful to consider how emotional regulation activities are going to be provided for the CYP and how their safety needs will be met.

- *Mentoring* – Manning (2016) found that mentoring from keyworkers worked well to work through difficult questions about their transition and support them to develop goals, aspiration and confidence about their future.

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- *Positive planning meetings*- A positive planning meeting is a useful structure to identify strengths and additional areas for consideration. The format below was taken from One Education's Adoption Positive Planning Framework and developed from Nottingham's Educational Psychology service.

Positive planning meetings

All attendees should have post it notes and should be invited to contribute at each stage. Please see the stages below:

1. Introduce the purpose of the meeting and everyone attending. The overarching goal for the meeting is to support a positive transition to X.

2. Strengths, Positives, Joy. Explore the positives in the child's life, when do they experience joy, what strengths do they show and what did they show at their last educational setting? Example Questions: When does X experience joy? When do we experience joy with X? What are X's strengths? What are X's interests?

3. Outcomes. Explore what needs to happen for the child to have a positive transition? Example Questions: What do they need? What support needs to be in place? What has worked previously?

4. Complete a possibility rating. Organise the outcomes into high, medium or low rating, based on the likelihood that this outcome will be achieved (i.e. the support or activity will be possible)

5. Consequences: Where outcomes are rated low, what are the consequences when it is not possible to put this in place?

6. Action Planning: Create an action plan for a positive transition. You might focus on all areas or just focus on the low and medium rated outcomes.

These may be the transition to Nursery, to Reception and to Year 1. Much of the focus surrounds school readiness how this can be promoted.

UNICEF's description of school readiness states that three elements together increases children's likelihood of success, these are: Children's readiness, Early years setting and schools readiness, and families' readiness. More information on how to promote and increase this can be found here: https://www.nurseryresources.org/articles/school-readiness/school-readiness-a-definition-and-how-early-years-key-workers-can-help/

- **The child's voice** - In line with United Nations Convention on the Rights of the Child (1989), children have the right for their voice to be heard and listened to. It is important to consider this carefully at an Early Years stage as the child has not yet developed a means of verbal communication. Therefore, you may wish to consult with those that know them best or conduct observations to ascertain their likes/dislikes and strengths.

- **Understanding roles** - It is important that both educational professionals and parents/carers understand what is required of them at each stage. This document below may be useful as guidance, you may need to negotiate these roles with families depending on individual need and circumstance. https://www.pacey.org.uk/Pacey/media/Website-files/school%20ready/School-transitions-timeline-(2).pdf

Top Tips!

For Year 6 to 7 Transitions

During this time, pupils have adapt to a more challenging school setting with different academic structures and expectations as well as changes in social interactions with teachers and peers. A research study by School Transition and Adjustment Research Study (STARS) found that a successful transition from year 6 to 7 involved

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functioning well in two areas: 1) being academically and behaviourally involved in school and 2) feeling a sense of belonging to school.

 It is also important to consider:

- **Loss or instability in friendships:** substantial instability in friendships across the transition to secondary school and losing old friendships was a major source of concern for pupils across the course of the study. Students benefit from help to sustain friendships and support to create new friendships.

- **Change in expectations** – there is a leap in expectations regarding personal organisation. For example, bringing own equipment to school, remembering to do homework, remembering to attend clubs/detentions at different times of the day.

- **Environment –** there is a much larger and more complex physical environment, it is important to consider how those with sensory needs may be supported with this change.

- **Key staff –** CYP are likely to transition from having one class teacher that knows them and their needs well to several different teachers throughout the day. For CYP that are Category 1,2 or 3, it is important that they have at least 2 key adults they can speak to throughout the day and will hold regular check ins with them.

Top Tips!

For Year 11 to Post 16 Transitions

The transition that takes place at post 16 may further heighten emotions due to the greater number of possible destinations available. This can be a challenge because there can often be last minute changes to transition due to changes in exam results, meaning that it can be more challenging to plan a transition. A young person is likely to be at risk of becoming NEET (Not in Education, Employment or Training) if a transition is not successful.

- At this stage, it should be about supporting CYP to develop the skills they need for successful transitions now and in the future. Therefore, they should be as involved as possible in the process and this may include things like attending planning meetings.

- Due to likely last-minute changes in provision around results day, it is important that the CYP still receives the same induction process as other students and if needed the additional support depending on which category they fall into.

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- Young people should be supported to make informed decisions and receive accurate information about the courses and provision they are looking to select.

- The work should be appropriately scaffolded for that CYP, information should be gathered from their previous provision to understand what support what put in place.

- Mallinson (2009) found that lack of work experience opportunities was a predictor of drop out, therefore, it is important that these are provided and are relevant to that young person.

- It is important to consider the Preparation for Adulthood framework that identifies four outcomes, these being: paid employment, good health, independent living and community inclusion. More information can be found here: https://www.ndti.org.uk/resources/preparing-for-adulthood-all-tools-resources.

- In Manchester, The Growth Company provides support for Year 11 students who are at risk of becoming NEET. They provide mentoring and tasters at their skills centers, more information can be found on their website here: Skills Support for Growth - Growth Company Brochure

Top Tips!

For less predictable transitions and managed moves
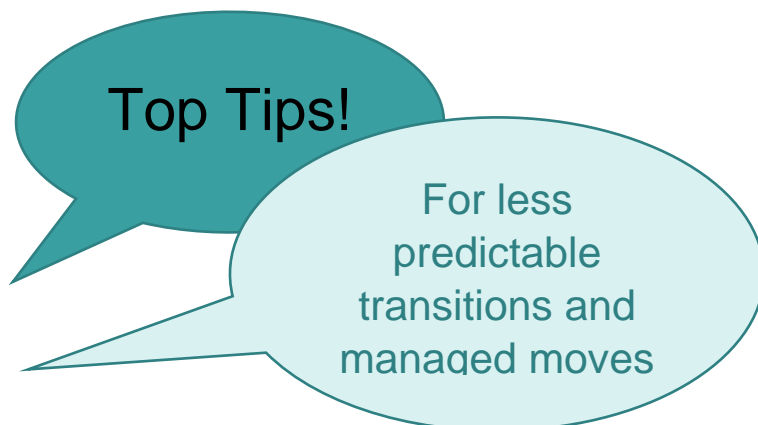
Top tips for less predictable transitions and managed moves
As mentioned previously in this chapter, CYP may undergo some less predictable transitions. Our suggestion is that the same strategies are used for these CYP but they may need to occur in a shorter space of time. For a resource on managing these transitions, see: https://www.annafreud.org/schools-and-colleges/resources/managing-unexpected-endings-and-transitions/

Managed moves are often implemented when there are peer dynamic difficulties and breakdown of relationships between CYP and staff. It is important to consider that this is a transition that should be carefully considered using the strategies above, particularly if the managed move has a negative outcome and they transition back to their 'home' school. For more information on managed moves see chapter in this toolkit.

Manchester transition documents

Please see below an outline of Manchester City Council's documents surrounding transition. These can all be found on Schools Hub following the chain below or alternatively, you can click the links:

- **Wider curriculum - Early Years KS1-5 - Transition KS2-KS3**
  https://www.manchester.gov.uk/schoolhub/info/93/support_to_schools/9/transition_to_secondary_school
- **Vulnerable Learners (LAC and SEND) - Special Educational Needs and Disability - Support to schools - Transition across the Key Stages**
  https://www.manchester.gov.uk/schoolhub/info/12/wider_curriculum_early_years_ks_1_-_5/555/transition_ks2-ks3

Early Years – Transition Timeline

This document includes information and top tips for the transition to Nursery and Reception.

Manchester Early Years (EY) Transition Timeline

A good transition ensures that children and young people settle well into new placements and have their needs met. Careful preparation is good practice for all children, but for those with additional needs, it can make the difference between a successful move and a distressing experience for all involved. Thank you to Octavia Holland, from the NCB (National Children's Bureau) who supported the Manchester Action Learning Set focusing on EY Transition. Thanks also to the many early years professionals, parents, SENCOs, LA SEND officers and health professionals who worked together draw up this 'best practice' timeline to ensure that all children in Manchester experience successful transitions.

Year 6 Transition Data Spreadsheet

This should be completed by Primary schools for all students and sent to Secondary schools.

Forename	Legal Surname	Gender	Current Primary School	% Attendance	% Punctuality	Number of fixed term exclusions	Total days of fixed term exclusion	Previously permanently excluded	Medical Needs	SEN Status (EHCP/SEN Support/None)	SEN Need	Public Care Status (CLA/No)	Social Services Involved	PEP (Yes/No)	Young Carer (Yes/No)	Asylum Seeker/ Refugee	Home language	Learning Progress						Covid-19	Transition Package
																		Reading	Writing	SP AG	Maths	Science	RAG rating		

An approach to managing transition from Year 6 to Year 7 in 2023
This document details:

- How to share information/what needs to be shared
- Categories for transition
- Good practice for transition for year 6 pupils

Helping Hand Transition resources

The Helping Hand tool is a resources used to encourage Independent Skills and good habits. The idea is that this is introduced during the hand of year 6 and reinintroduced in year 7. All of the resources can be found on schools Hub.

High School Transition (mainstream schools)
Guidelines and Resource Pack

A Helping Hand

All about the Helping Hand

The Helping Hand was developed in 2010 by CMFT Speech and Language Therapy Services. It was developed as part of a Health Inequalities Project by Pat Larkin, Speech and Language Therapist.

We wanted to deliver effective key messages to support older children as they make the transition to High School

The five messages were developed in consultation with young people in Year 6.

The Helping Hand is introduced to Year 6 pupils by the Class Teacher and/or the school link Speech and Language Therapist.

It needs to be introduced again at the beginning of Year 7.

In Summer Year 6: Class Teacher introduces Helping Hand to pupils

Young people who have failed or struggled to learn a skill will not have discovered the power of that skill.

We need give them a brief explanation of **why** we want them to use the Helping Hand.

The Helping Hand is a tool to encourage independent learning skills and good habits.

A copy of the Helping Hand is available on the MEWAN website.

In Autumn term Year 7: Run a Helping Hand assembly

Please see assembly pack.

Transition planning Profile

This is a RAG rating document to be completed for an individual child to allow staff members to identify their strengths and needs.

MANCHESTER CITY COUNCIL   Central Manchester University Hospitals NHS

High School Transition (mainstream schools)
Guidelines and Resource Pack

Transition planning profile

Completing the profile:

- Read each statement and consider the child's readiness for transition in this area.
- Against each area, indicate your level of concern by shading:

Green	= Minimal/no concern
Amber	= Moderate concern
Red	= High level of concern

- For areas which are Amber or Red, you can use the **Bank of Strategies and Resources**. For example, if "A7: Understanding Timetables" is an area of concern, then look at the Bank of Strategies and find advice listed "A7: Understanding Timetables"

Part A: Coping with new situations and problem-solving	R	A	G
A1. Having several teachers for different subjects			
A2. Understanding and recognising bullying			
A3. Finding way round school building, getting lost or confused			
A4. Travelling to school			
A5. Breaktimes and lunch times			
A6. Coping with noisier environments			
A7. Understanding timetables			
A8. Organising self			
A9. Homework (planning, organising and carrying out)			
Comments			

Bank of individualised strategies for high school transition

Depending on the are of need identified in the document above, individualised strategies can be used from the sections here. For example, if a child is Red for A4 Travelling to school, strategies can be taken from that section. The document includes ideas that can be used by Primary and Secondary Staff.
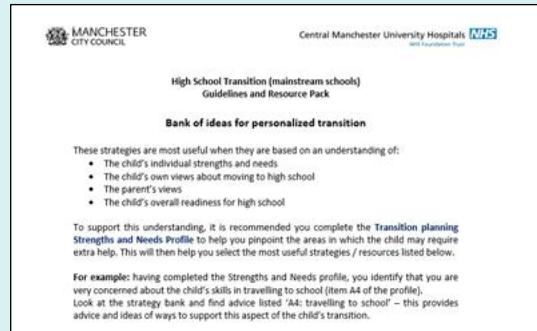
Year 6 lessons plans for high school transitions

This document includes 7 lesson plans that can be used with the whole class/small group.
Please see the lesson topics below:

- Thinking about High School
- Getting to High School
- Reading High School timetables
- Packing a school bag
- Thinking about 'What if…?' scenarios
- Friendships
- Questions and answers

Ideas for good practice during high school transitions

The ideas in this document have been taken from good practice which already exists in local schools. It includes suggestions for both Year 6 and Year 7.
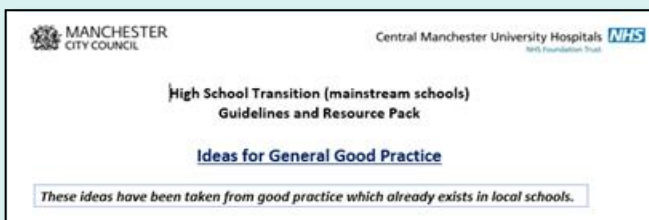
Individual Transition plan

This document is to be started in Autumn of Year 6 and continued into Year 7 and may be suitable for Category 2 and 3 CYP.

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MCC High School Survival Guide

A child facing document that includes information and worksheets to support them with their transition.

Example Secondary School Transition Policy

Communication Profile and One Page Profiles

These can be created for children who may need additional support and should be shared with all relevant staff at Secondary school. Ideally these should be created in collaboration with the child and family.

Additional Resources and Further Reading

There are a wealth of resources online, which you can find by searching education transition resources SEND.   Some of these include:

- Transition resources from Beacon House - https://beaconhouse.org.uk/resources/
- Creative.Clinical.Psychologist (Instagram) - lots of trauma related visuals to share with schools and parents
- Positive Planning meeting – on the website?
- Transition resources on Manchester Schools Hub
- Now and Next timetable https://www.st-marys-colton.staffs.sch.uk/blog/2020-03-25-09-19-33-visual-timetable-for-home-use
- Secondary Pupil Passport https://czone.eastsussex.gov.uk/media/6822/mhew-065-webinar-pupil-passports-and-transition-part-2.pdf

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- Primary Pupil Passport https://www.norfolk.gov.uk/-/media/norfolk/downloads/children-and-families/send/preparing-for-adult-life/transition-passport.pdf
- Career Connect, these are careers skills and professional development programmes for CYP aged 15-18- https://careerconnect.org.uk/manchester-career-skills/
- Resources for starting, changing or leaving school or college https://mentallyhealthyschools.org.uk/resources/2021-transition-toolkit/
- Young Minds have resources for: CYP, families and professionals surrounding transitions https://www.youngminds.org.uk/professional/resources/supporting-school-transitions/ .
- Resources produced as a result of STARS, a research project conducted by UCL https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/school-transition-and-2

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Relationship Based Behaviour Policies

Overview description

Relationships with staff and peers are vital for all children's development, wellbeing and learning in school or college. It is through trusting relationships that children learn to feel safe, feel as though they belong, understand themselves, others and the world around them. Supportive relationships are equally important for staff's wellbeing (which, in turn, has a positive impact on their teaching and how able they feel to support students).

All schools have a duty to have a behaviour policy which outlines the practices that contribute to improving pupil's behaviour (DfE, 2016). Relationship based behaviour policies also aim to improve behaviour, but through the use of different approaches, for example, supporting the inclusion and wellbeing of all students and avoiding the use of practices which punish or exclude children (the latter of which are associated with negative life outcomes). Relational, regulatory and restorative approaches are more effective in supporting the development of internal control and regulation (see diagram), which, in turn, is reflected in more appropriate behaviour.
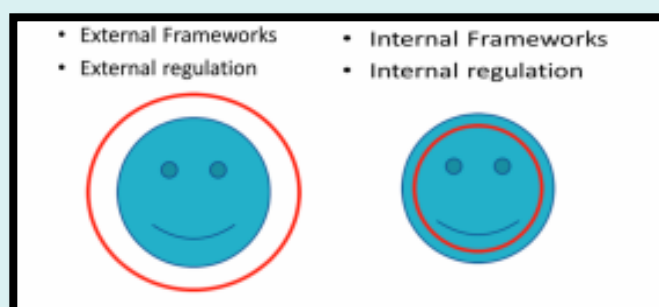
Source: Emotion Coaching

Not all behaviours are a matter of choice and therefore external controls cannot be effective in changing the behaviour. Using relationship based approaches does not mean that children and young people aren't disciplined (which means 'to teach'). It does not mean that boundaries and rules aren't upheld, it is the way in which we view, understand and respond that is different. There are 3 main components to a relational approach, which could be used a framework for writing a relationship based behaviour policy (see diagram below):

1. **Developing Relationships** – supporting inclusion, setting and maintaining boundaries with empathy *(a way of connecting)*
2. **Responding and Calming** – using relational skills to keep things calm (through co-regulation) and developing plans to manage times of crisis *(a way of soothing)*
3. **Repairing and Restoring** – using restorative conversations to resolve conflict with the aim of supporting change *(a way of reflecting and reconnecting)*

Source: Babcock and Devon's Guidance on the Relational Approach (page 12)

Key Messages

- The rationale for these approaches is grounded in psychological theory and research.
- Relationships are central to our sense of belonging, emotional wellbeing and success in educational settings. This includes: staff-pupil, pupil-pupil, staff-staff, staff-parent/carer, child-parent/carer relationships.
- These approaches work for all students. They are *essential* for students who have social-emotional needs, have lived through and are recovering from adverse childhood experiences and/or are looked after. Sanctions often remove the very thing that children need in order to develop i.e. relationships.
- Relational approaches teach children and young people to express their emotions in a more appropriate manner (which is reflected in their behaviour).
- Relational approaches prioritise staff wellbeing and recognise that when adults feel supported, they are more able to support students.
- Relational approaches must be in place across the educational setting to be effective (e.g. training and ongoing support for *all* staff with the approaches prioritised and advocated by the senior leadership team).

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In practice, this translates to:

- Recognising that being 'fair' is not about everyone getting the same (equality) but about everyone getting what they need (equity).
- Recognising all behaviour as communication (a sign of an unmet need, difficulty coping or lack of knowledge), which leads to solutions about how to help.
- Regular and proactive communication between school and home. Differentiating expectations and responses – staff being 'stress regulators' and afterwards, when calm, disciplining in a way that makes sense to the student so they *learn* from the teaching.
- Key adults/Team pupil – adults chosen to work closely with particular students.
- Small actions make such a big difference – smile and greeting students at the door.
- Support to manage small and big transitions during the day.
- Policy effectiveness measured by wellbeing (see Louise Bomber's book).

Top Tips!

For Early Years

- Utilise children's key person to spend time shadowing and joining in with children in play to get to know their unique strengths, needs and interests.
- Work closely with parents/carers asking them how they support/calm/engage their child at home.

- Create opportunities to be silly and play together alongside consistent and appropriate boundaries.
- Set boundaries with empathy and an understanding of children's developmental stage. Avoid using behaviour management techniques that may shame the child.
- Within your day, incorporate time to share, hear and take interest in children's experiences, news and stories.

Evidence-base

Research has shown that investing in, and building, positive relationships (which are embedded through a relational policy and practice) leads to positive outcomes around:

Engagement and effort

Staff well-being (job satisfaction, higher quality teaching and job retention)

Community safety and cohesion

Reduced exclusions

Attendance

Inclusion

Emotional literacy
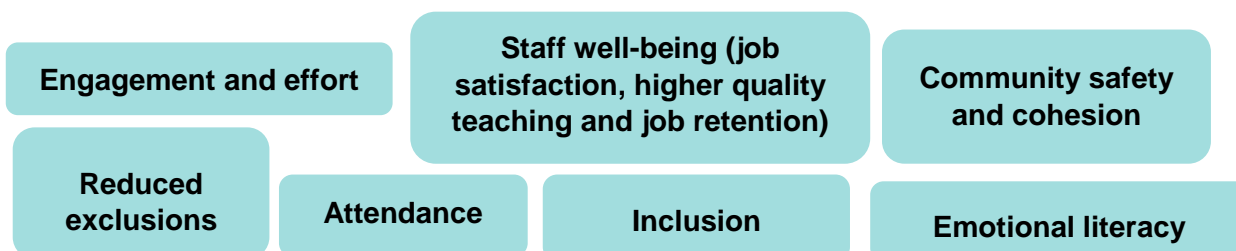
All of which lead to better behaviour!

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Useful Resources and Links

Babcock and Devon's (2020) Guidance for Developing Relational Practice and Policy which includes an example of a relational policy in Appendix 1 - Guidance-for-Developing-Relational-Practice-and-Policy.pdf (babcockldp.co.uk)

Developing an Attachment Aware Behaviour Regulation Policy: Guidance for Brighton and Hove Schools (2018) which includes an example of a relational policy - Behaviour Regulation Policy Guidance - Sep 18_1.pdf (brighton-hove.gov.uk)

Know Me to Teach Me: Differentiated Discipline for those recovering from adverse childhood experiences (Bomber, 2020) which includes an example relationship policy

Education Endowment Foundation Guidance Report on Improving Behaviour in Schools - Improving behaviour in schools (educationendowmentfoundation.org.uk)

Eliciting and promoting pupil voice

"Children who are capable of forming views have a right to receive and make known information, to express an opinion, and to have that opinion taken into account in any matters affecting them. The views of the child should be given due weight according to the age, maturity and capability of the child." *The United Nations Convention on the Rights of the Child (1989).*

Overview description

Pupil voice refers to the children's and young people's participation, contribution and influence in them having more of an input, expressing their views and suggestions about what they want in order to improve their learning and well-being in school or education setting (Cheminais, 2008). Pupil voice work requires a setting-wide commitment to listening to the views, wishes and experiences of all children and young people. Giving children and young people a voice about specific issues and feelings in their life is essential. If settings are going to meet the holistic needs of all pupils, teachers and professionals must listen to and respect the views of the pupils they work with. Pupils need to feel listened to, considered and valued.

The aim of eliciting pupil voice is to enhance pupil's self-esteem and to empower them to become more successful learners. Pupil voice commonly aims to seek views related to, but not limited to; life at school/college and relationships with the community, policies, structures and organisation, parents/carers, teaching and learning, facilities, curriculum provision and the effect the provision has on the pupil's outcomes.

Why is it important?
Some of the advantages of eliciting pupil voice have been found to be:

Increased motivation and promotes self-esteem in pupils

Enables pupil's participation in planning

Enables adults to see things from the pupil's point of view

Promotes general wellbeing

Why listen to children and young people?

Develops reflective thinking

Helps adults work out what is best for the pupil

Gives experience of having views heard and valued

Empowers pupils to take an active involvement in the learning process

Gives additional information to the teacher

Contributes to achievement and capacity to learn effectively.

East Sussex Language and Learning Support Service (2006)

Additionally, research suggests that educational settings with a strong commitment to pupil voice have reported positive outcomes associated within reduction in exclusions, better behaviour and better relationships across the educational community.

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Who should gather pupil voice?

Think carefully about who will administer the materials. Some pupils may be more comfortable with someone they don't know well, who may be external to the school and others may respond better to a familiar person. The familiar adult could be a key adult or a member of the pastoral team. Sometimes it is helpful if the member of staff eliciting pupils voice doesn't hold a role of authority. The person gathering the pupils voice needs to know the context in which the pupil learns.

It is also important to arrange for staff using the materials to be trained. This may involve modelling by a person experienced in using such materials, arranging a staff meeting or attending a training session. The staff administering the materials may need to develop skills in listening and questioning children. They also need to have a clear understanding of guidelines and their role regarding pupil protection issues in the unlikely event of any pupil disclosures.

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Setting-wide approaches:

Involving pupils voice in setting-wide approaches guarantees that pupils can contribute throughout various decision-making processes. Pupils and staff must work closely together to ensure all views are considered. Some whole school approaches are:

➢ Embed pupil's participation into all aspects of school/college life. Ask the pupils the best way to promote participation and ensure their voices are heard within the school/college and community.

➢ Ensure that pupil participation is within the **schools'/college's values** and the **ethos** reflects the commitment to pupil voice*. Is it included in statements about setting statements, action planning, the website, classrooms and any other publications that talks about setting-wide values?*

➢ **Provide regular opportunities** for children and young people to share their views with each other and their staff. These opportunities can arise from everyday routines. For example, beginning classes with a welcoming ritual allowing children to release their most pressing thoughts in a 'breaking news' or 'what's on the top of your mind?' discussion.

➢ **Student councils** are a useful way of allowing children and young people to contribute to school life. Pupils are elected on the student council each year to represent the whole school/college. However, student councils can only select

a small number of pupils and some children/young people may find this form of engagement challenging. It can be useful to hold a class or tutor group meeting to discuss the agenda of the upcoming student council meetings to encourage all pupils to contribute in a non – threatening environment.

➢ **Inform pupils** and raise the pupil's awareness about their rights and ways of participating within the institution through **assemblies, websites, notice boards** and **presentations** within lessons.

➢ A '**suggestion box'** can be a way to allow pupils to contribute their suggestions to the school council or school community. Any pupil within school can put their suggestions forward through posting a note in the suggestion boxes around school.

➢ Rudd, Colligan and Naik (2006) propose that methods such as **questionnaires, interviews, surveys, focus groups, opinion polls and discussion groups** are a small selection of the potentially valuable methods for eliciting the voice of learners and pupils. Surveys can be analysed by significant groups to ensure that all sub groups of pupils have a voice and are involved in making decisions.

Fig 1: The participation Framework (Laura Lundy)

National Framework for Child and Young People's Participation in Decision-making

This framework can provide guidance on the steps to take in order to give children and young people a voice in a setting.

https://hubnanog.ie/participation-framework/
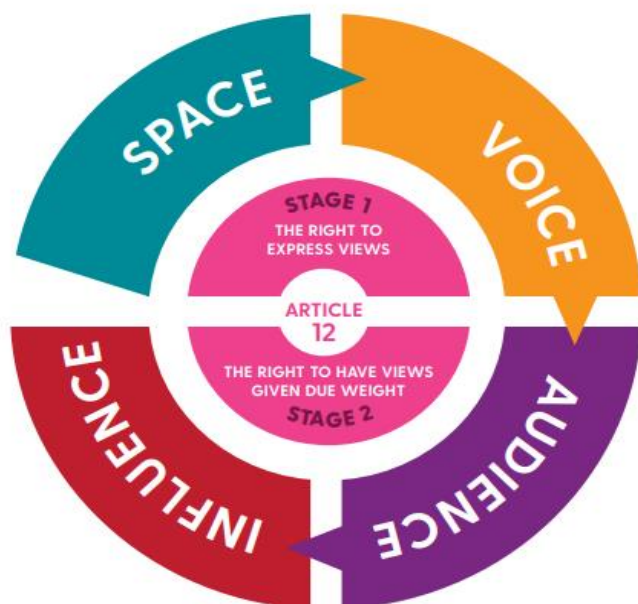
Everyday Spaces Checklist: This checklist is designed as a guide to help settings ensure that children and young people have a voice in decision-making. It can be

applied in many everyday situations including in classrooms, childcare settings, child and youth services and other spaces.

Please make sure that the ways you involve children and young people in decision-making are age-appropriate and accessible for all, whether in person or online.

SPACE

- How can children and young people feel safe to express their views?
- Have you allowed enough time to listen to and hear their views?
- How do you make sure that all children and young people are heard?

VOICE

- How are children and young people provided with the support they need to give their views and be heard?
- How can they raise the things that matter to them?
- How are they offered different ways of giving their views?

INFLUENCE

- How will children and young people know how much influence they can have on decisions?
- How will you give them feedback?
- How will you share with them the impact of their views on decisions?
- How will you explain the reasons for the decisions taken?

AUDIENCE

- How do you show that you are ready and willing to listen to children and young people's views?
- How do you make sure they understand what you can do with their views?

Important

Consider how you ensure that all children and young people are being heard, across each age group. How can you overcome language barriers? How can you make sure that the younger or more vulnerable and/or quieter pupils are listened to? What about those pupils who don't enjoy being at school or those who don't attend regularly? Make sure that it isn't only school council members who get their voices heard.

For Early Years

- Use observations to notice and promote children's interests and ideas. Share with the class examples of positive learning and play that you have seen that day
- Where appropriate, utilise and 'in the moment planning' approach where children's interests and thoughts are at the centre of their learning and their ideas are valued and expanded upon.
- Provide opportunities for children to be heard and make choices throughout the day such as:
  o Voting for which book they would like to hear at the end of the day
  o Making their own lunch choices
  o Show and tell activities

Useful Resources

There is no one way to promote the voice of children and young people; each setting has a different unique cohort of pupils. There are various resources that can be used to elicit the views of the young person, being sensitive to their individual strengths and needs.

Individual and/or groups of children and young people:

➢ **The Big Book of Blob (***Wilson and Long, 2018)*

Blobs are a way to discuss issues in a deep, meaningful way and yet they can be understood by adults and children alike. Blobs are neither male nor female, young or old, they are open to interpretation. The secret of how to use the Blob pictures is in asking the questions. Open the discussion with broad questions before coming to the deeper issues which lie behind each image. This activity can be used to explore and get an indication of the student's social and emotional status at the start of the session, over the course of the week and to reflect on how this might have impacted on their behaviour.
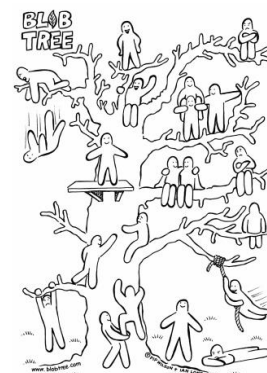
Which blob do you feel like?

Which blob would you like to be?

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➢ Drawing the Ideal Self *(Moran, 2001)*

Drawing the Ideal Self is a technique that is based on personal construct psychology (PCP), in an attempt to improve professionals understanding of the children's views. Drawing the Ideal Self is a way of trying to discover the 'sense' in the young person's behaviour and attitudes (i.e. to understand their construing). It is based upon Kelly's theory and in PCP terms it may be viewed as a technique to tap into how the young person understands and interprets themselves. The idea of Drawing the Ideal Self is to help the client to explore their view of themselves, something which can be difficult for people to put into words. Children and young people are asked to draw and explore the kind of person they do not want to be like and the kind of person they would like to be like, supported with semi-structured questions, designed to elicit the children's views on the personality, interests, family, friendships, greatest fear, history and future.

Figure 1. Example of Step 1
Figure 2: Example of Step 2

More information can be found: https://drawingtheidealself.co.uk/

➢ Drawing the ideal school

'Drawing the Ideal School' (Williams and Hanke, 2007) is a tool used to gather pupil's perspectives on optimum school features in order to inform the planning of provision. The ideal school is based on the 'Drawing the Ideal Self' (Moran, 2001) technique and Personal Construct Psychology (Kelly, 1955). This approach seeks to explore a young person's important and core constructs about themselves and how they view the world. Children and young people are asked to draw a picture of 'the school they would like to go to' and 'the school they would not like' supported with semi-structured questions, designed to elicit the children's experiences of school, the classroom, other children, adults and themselves. This method appears to provide a structure that enables children to express their views using a combination of drawing, talking and writing.

Ideal school drawn by a Year 10 pupil with Asperger syndrome who said:
"It's more of a palace than a school."

For more information, see the article Williams, J., & Hanke, D. (2007). 'Do you know what sort of school I want?': optimum features of school provision for pupils with autistic spectrum disorder. *Good Autism Practice (GAP)*, *8*(2), 51-63.

https://www.ucl.ac.uk/educational-psychology/new_site/resources/JaneWilliams_DECP2016conference.pdf

➤ Mini Path and PATH centred planning *(Planning Alternative Tomorrows with Hope)*

A PATH is a person-centred planning tool that produces a shared vision of a positive future for the child or young person, with those who are important to them and who can support them.

Gathering the Views of the CYP is at the forefront of PATH. The professional will gather the thoughts, hopes and dreams for the focus young person's future and how they hope things might change in a year from then. It involves working collaboratively with the CYP to determine how things are in the present, and who's support they may need and immediate actions that may help them move forward towards their dreams.

More information is available at: https://inclusive-solutions.com/person-centred-planning/path/

➤ Observations, questionnaires and 1:1 interview with the child/young person (interviews)

Professionals can use observations, questionnaires and interviews to seek pupil's views on the good and bad things about school. Questionnaires and interviews that allow school to find out pupils' awareness or perception of difficulties by building up a picture of the supports and barriers to their participation in school activities can be useful.

Questions can include:

1. What do you like doing at / what is your favourite thing about [name of school]?
2. What do you think you are really good at doing?

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3. What do you find hard to do? / What do you find a bit tricky? Can you think of anything that would help you with this?

Types of supportive questioning:

When deciding on questions, keep in mind the pupil's developmental stage and their ability to understand language and concepts.

Using Open- ended questions is normally the most useful course of questioning in helping the pupil talk. This can be supported with the use of visuals and/or cards. Here are some examples:
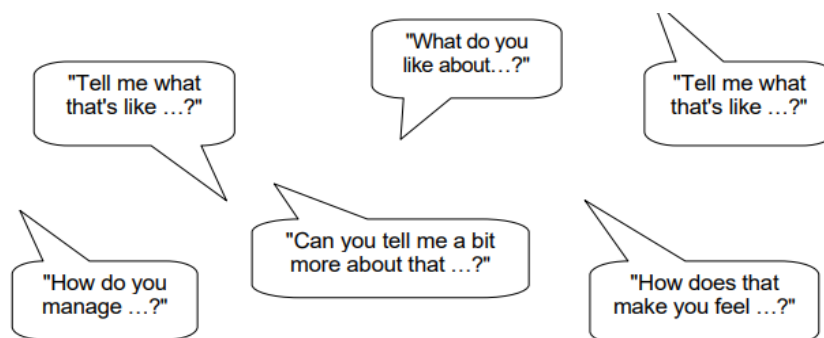
East Sussex Language and Learning Support Service (2006)

➢ Focus groups

Focus groups are a type of group elicitation that offers a dynamic that is less threatening and offers more anonymity (Bloom et al., 2020). Focus groups are focussed on a particular topic and provide you with information about pupil's opinions and feelings concerning the topic. Focus groups allow you to gain a deeper insight into their reasoning and understand the 'why' behind their responses. The atmosphere in focus groups is one of sharing and discussing rather than just interviewing, because participants are encouraged to interact directly with each other. The format of the group is conducive to gathering information not just about how people feel but also about why they feel that way. This is the essence of a focus group.

It is important to ensure that all children and young people are heard, across each age group. This will need consideration of those children and young people who have speech and language needs and those more vulnerable and/or quieter pupils. The following resources can be used to sought their voice:

Resources to use with young people with speech and language difficulties and/or English as additional language:

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➢ **Talking Mats**

Talking mats is a visual tool that can be used as a way to express the views of people with communication or learning difficulties. The process typically involves placing a mat in front of a CYP and introducing a single topic (e.g. leisure interests). Open-ended questions are asked and the CYP chooses symbols that represents an array of activities and places them on the mat. Talking Mats provides an excellent example of adaptability and potential to overcome children's communicative barriers.
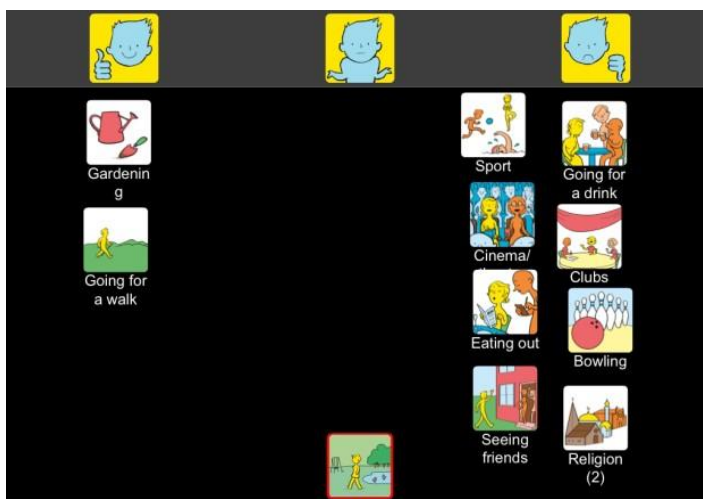
Taken from: https://www.talkingmats.com/

➢ **Diamond ranking**

The diamond ranking is a tool devised to encourage discussion, in order to gather students views about what is important to them. The task involves asking the Child or Young Person (CYP) to sort activities into what they feel is most important to them, placing the most important at the top and least important at the bottom, forming a diamond shape. The diamond ranking seeks children's views of their experiences of school across social, emotional, behavioural and learning domains including 4 specific areas; strengths, needs, leisure/interests and future aspirations.

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Pink cards surrounding diamond: I am kind and helpful · I have good life skills · I enjoy doing activities (i.e. hobbies) · I am good at learning (curriculum/academic) · I can play games with others without getting very upset · I am funny and make my friends laugh · I will persevere to complete a task · I am good at making and maintaining friends · I enjoy being in school
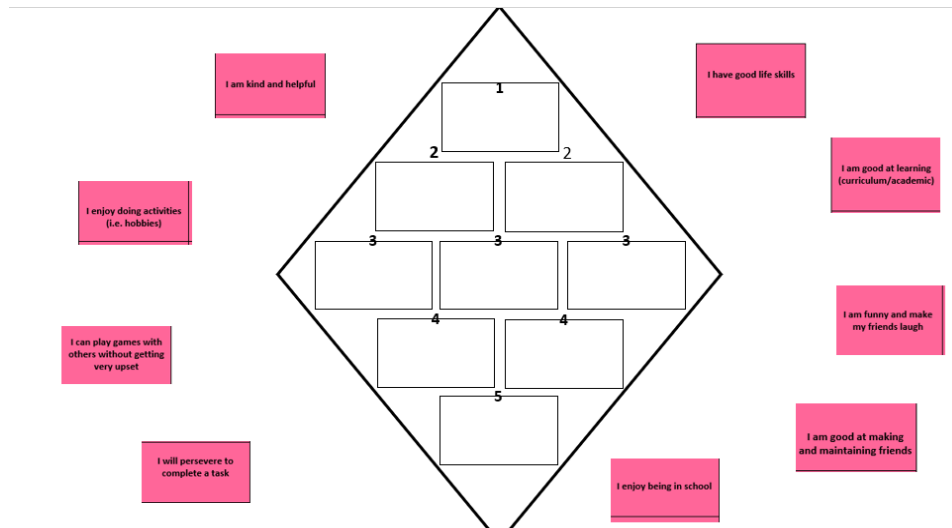
➤ **Card sorts**

A card sort is an activity in which participants organise an often-large number of cards into groups or categories. Card sorts provide a structure that encourages activity and discussion that can elicit CYP's voice. Card sorts can be created on almost any topic or issue that a young person is experiencing. For example; ordering strategies that help young people at time of difficulty or identifying things they might find difficult in school. Children or young people can sort the cards in order of importance or into categories 'always like me' 'often like me' 'sometimes like me' 'never like me'.

Examples shown below:

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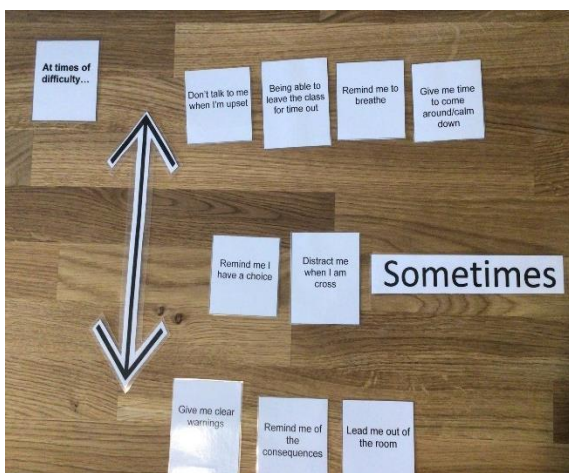
➢ **School wellbeing cards** *Risk and Resilience Card set* (Dr. Jerricah Holder)

The School Wellbeing cards are a card sort activity that provides vital insight into how the young person views and makes sense of their experience of school. Grounded in resilience research, the deck of 40 picture cards, have been developed to reflect key risk factors associated with school avoidance or unhappiness at school, as well as strength and protective factors that promote school attendance and wellbeing. The School Wellbeing cards are designed to be used by education, health and social care colleagues and are suitable for children aged 7+.

Taken from *https://www.schoolwellbeingcards.co.uk/*

➢ **The Mosaic approaches**

"Viewing children as 'experts in their own lives', the Mosaic approach offers a creative framework for listening to young children's perspectives through talking, walking, making and reviewing together" Moss and Clark (2011).

The mosaic approach is designed to elicit the views of children and young people through a wide range of means. It combines visual methods including cameras, tours and map making of the young person's environment, with observation and interviews, to provide a number of ways within which can be used to explore a child's world.

The mosaic approach is aimed for children under the age of 5 years old.

For more information: Clark, A. and Moss, P. (2011). Listening to Young Children: The Mosaic Approach.

Useful links

https://www.mentallyhealthyschools.org.uk/whole-school-approach/pupil-voice/

http://www.pupilvoicewales.org.uk/

https://www.talkingmats.com/

https://inclusive-solutions.com/person-centred-planning/path/

https://czone.eastsussex.gov.uk/media/4886/escc-pupil-voice-booklet.pdf

https://www.tes.com/news/why-student-voice-so-important-learning

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Co-Productions Ways of Working

Overview description

"Co-production is a way of working that builds on the strengths of families, communities and services, and involves everyone from the beginning as equal partners.

Embedding co-production means we all need to be confident enough to push the boundaries of traditional ways of working. It means developing trust through listening to, working with and valuing each other, taking time to listen, as well as understanding and developing services that work for those who use them".
Manchester's SEND Co-Production Charter

Co-production has historical roots in civil rights and social care in the USA. In the UK, use of the term in healthcare and social services has come to indicate a model of service where user consultation facilitates effective delivery.

The term co-production in education has been used interchangeably with terms such as 'pupil voice' and 'pupil participation'. However effective co-production in practice is when it becomes the 'golden thread' running throughout whole school practice.

Collaborative co-production requires that users are experts in their own circumstances (which families often are) and capable of making decisions. Professionals need to move away from being fixers to being facilitators.
(Morewood, 2019) For example, in primary schools, this involves working with teachers to improve the educational development of their children. (Honigh, Bondarouk and Brandsen, 2020).

Children's participation is more than just asking them for their ideas and views. It's about listening to them, taking them seriously and turning their ideas and suggestions into reality. It is also about providing them with the ability to influence some of the things that affect them and at the same time helping adults understand children's issues through their lens.
Commissioner for Children Tasmania, 2015
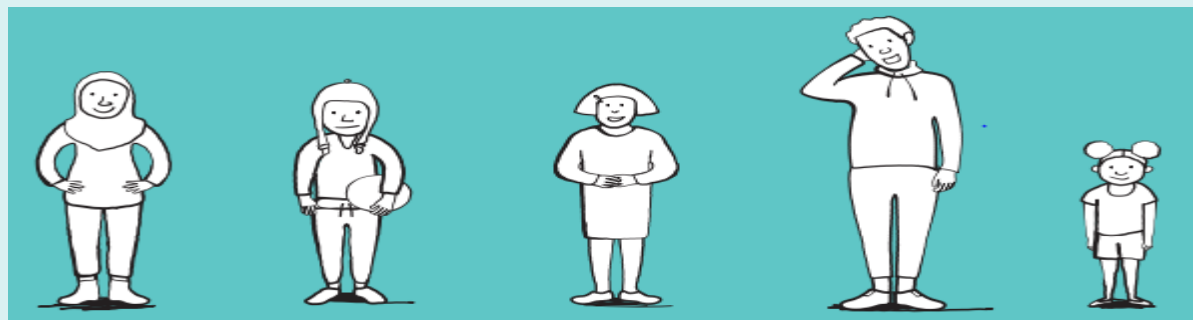
Theory base

Hart's (1992) Ladder of Participation

Sociologist, Roger Hart, wrote a book called 'Children's Participation: The Theory and Practice of Involving Young Citizens in Community Development and Environmental Care' for UNICEF in 1997. The "Ladder of Children's Participation," also called the "Ladder of Youth Participation," is one of many significant tools from the book. The ladder is a metaphor to depict the degree of participation of children and young people in decision making. The lower three levels (manipulation, decoration and tokenism) describe non-participation; at these levels, children have little to no voice, or are given a voice but have no choice regarding how their voice is communicated. Hart (1992) suggested that adults working with young people commonly mistake these lower levels as meaningful participation. The subsequent upper five rings of the ladder are categorised as degrees of participation; assigned and informed, consulted and informed, adult-initiated with shared decisions, child-initiated, shared decisions with adults.

ROGER HART'S LADDER OF PARTICIPATION

RUNG 8 - **Youth initiated shared decisions with adults**: Youth-led activities, in which decision making is shared between youth and adults working as equal partners.

RUNG 7 - **Youth initiated and directed**: Youth-led activities with little input from adults.

RUNG 6 - **Adult initiated shared decisions with youth**: Adult-led activities, in which **decision** making is shared with youth.

RUNG 5 - **Consulted and informed**: Adult-led activities, in which youth are consulted and informed about how their input will be used and the outcomes of adult decisions.

RUNG 4 - **Assigned, but informed**: Adult-led activities, in which youth understand purpose, decision-making process, and have a role.

RUNG 3 - **Tokenism**: Adult-led activities, in which youth may be consulted with minimal opportunities for feedback.

RUNG 2 - **Decoration**: Adult-led activities, in which youth understand purpose, but have no input in how they are planned.

RUNG 1 - **Manipulation**: Adult-led activities, in which youth do as directed without understanding of the purpose for the activities.

Adapted from Hart, R. (1992). Children's Participation from Tokenism to Citizenship. Florence: UNICEF Innocenti Research Centre, as cited in www.freechild.org/ladder.htm

SECTION THREE

Co-Production in Manchester

Our Manchester, Our Say Vision

"We want Manchester to be a city where we value our children and young people, listen to what they say, learn from their expertise, and involve them in decisions. We will support them to understand their rights and responsibilities and help them to become active citizens".

In March 2018, together with Manchester Parent Carer Forum (MPCF) and our Parent Champions, Manchester City Council launched our SEND co-production charter. The development of this came from a discussion with MPCF about how we could embed a model of co-production across all our work and ensure a consistent approach. The development of the charter was in itself an excellent example of partnership working bringing together: representatives from the MPCF, Parent Champions, Health, Education, Social Care and the voluntary sector.

The Charter shares a vision for "brighter futures and better lives" for our children and young people and declares that our best chance of achieving this is through working together. The Charter outlines our shared values and principles and a commitment from us all to ensure this provides the framework for everything we do.

More information can be found here:

https://search3.openobjects.com/mediamanager/manchester/fsd/files/send_co_production_charter_.pdf

http://manchesterparentcarerforum.org.uk/co-production-in-manchester/

Co-Production approaches are now enshrined in legislation:

United Nations Convention on the Rights of the Child

The Convention specifically highlights a child's right to express an opinion, and it states that adults who are involved in making decisions which influence the life of a child or young person must have regard to their views.

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SEND Code of Practice 2014

One of the key principles underpinning the Code of Practice is that Local Authorities must have regard to the views of the child or young person and their parents. The importance of the child or young person participating as fully as possible in decisions about their Education, Health and Care Plan is stressed. Any professional supporting a child or young person must provide the necessary information and support to allow them to participate, and the inclusion of these principles as part of the Children and Families Bill makes them a legal requirement.

Research Evidence – How can Co-Production work successfully?

A number of studies have looked at what makes popular methods for pupil participation, for example, student councils, effective or effective. In 2001, Wyse produced case studies of two secondary schools, and found that school councils in these schools sat on the tokenistic rung of Hart's ladder. School councillors did not feel listened to, the issues they raised were not acted on upon and there was no evidence of effective lines of communication with other pupils or school staff. Whitty and Wisby's 2007 study also identified factors associated with ineffective school councils. These included: lack of clear rationale for the school council, not considering whether the school was ready for a school council and not addressing staff reservations regarding pupil voice. They indicated that in order to be effective, pupils may require training about the role of council members. Researchers have raised concerns that if school councils offer pupils purely tokenistic opportunities to share views this can lead to a sceptical view of democracy, and ultimately, do more harm than good (Alderson, 2000; Burnitt & Gunter, 2013).

In order for school councils to be effective, it is useful for them to have a defined role, to work within boundaries which are understood by both pupils and staff and to occupy a distinctive position in the school (Cotmore, 2004). It is also important to consider how best to engage pupils. In the case of younger pupils, traditional 'adult' methods of eliciting views may be inappropriate due to pupils' age and experiences, and may inhibit pupils from giving their views. Cox and Robinson-Pant (2005) found that using visual communication strategies were particularly suitable for primary school children.

Anecdotal and case study evidence has been collected about the impact of the encouragement of pupil participation. Davies et al. (2005) compiled case studies from seven schools across England as part of a project commissioned by two trusts with interests in pupil participation; pupils said they felt the experience of participation projects gave them confidence and increased their self-esteem. They also improved pupils' relationships with teachers and led to improved teaching practices. One school conducted a small piece of in-house research and found a link between pupils' involvement in decision making and academic achievement. Harber and Trafford (1999) found that that move to considering and respecting pupils' views left pupils feeling empowered and valued. They also noted an improvement in exam results and, although unable to confirm causation, felt the increased motivation of the pupils was a likely contributory factor.

Benefits

Benefits of well implemented co-production approaches include building confidence and capacity across pupils, developing a sense of community and independent peer-networks, developing strong communication skills and helping pupils to feel empowered and engaged in learning opportunities.   A key issue is how pupil participation and consultation can form the basis of an educational setting's ethos and be embedded in the culture.

Useful links

Research commissioned by the Children's Commissioner to examine children's participation in decision making in England.

http://www.crae.org.uk/media/26291/Childrens_participation_in_decision-making_-_survey_of_participation_workers.pdf

https://www.boingboing.org.uk/co-production-promoting-resilience-schools/

https://www.boingboing.org.uk/wp-content/uploads/2018/04/YoungMentalHealth.section4.pdf

https://journals.sagepub.com/doi/full/10.1177/0020852318769143

https://www.ndti.org.uk/resources/coproduction-in-mental-health-toolkit

https://blog.optimus-education.com/what-co-production-moving-theory-practice

https://www.youtube.com/watch?v=eJDO1rcJbBw

https://www.childcomm.tas.gov.au/wp-content/uploads/2015/06/Guide-to-making-decisions-booklet.pdf

Putting Children at the Centre – Save the Children.

Practical guide.

https://resourcecentre.savethechildren.net/library/putting-children-centre-practical-guide-childrens-participation
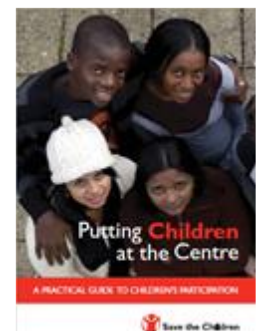
Reduced Timetables

Overview Description

All children, regardless of their circumstances, are entitled to a full-time education which is suitable to their age, ability, aptitude and any special educational needs they may have and schools have a statutory duty to provide full-time education for all pupils. It is unlawful for a school to impose a reduced or part-time timetable and any reduced time table may only be used as a short-term measure towards achieving full time integration with the consent of parents/carers.

'All pupils of compulsory school age are entitled to a full-time education. In very exceptional circumstances there may be a need for a temporary part-time timetable to meet a pupil's individual needs. For example, where a medical condition prevents a pupil from attending full-time education and a part-time timetable is considered as part of a re-integration package. A part-time timetable must not be treated as a long-term solution. Any pastoral support programme or other agreement must have a time limit by which point the pupil is expected to attend full-time or be provided with alternative provision.

In agreeing to a part-time timetable, a school has agreed to a pupil being absent from school for part of the week or day and therefore must record it as authorised absence'.

School attendance: Guidance for maintained schools, academies, independent schools and local authorities, DfE, July 2019

Manchester has a Reduced Timetable Policy. This can be accessed via Manchester's Schoolshub.

All schools must share information with the local authority when pupils are placed on part-time/reduced timetables. There is a form which can be accessed via the Schoolshub website. This needs to be completed, signed by the parent/carer and sent a secure egress email to schoolattendance@manchester.gov.uk with 'Reduced timetable notification' in the subject line.

https://www.manchester.gov.uk/schoolhub/info/229/school_attendance/553/pupils_on_reduced_timetables

Circumstances where it might be considered

A part-time/personalised timetable may be considered for a short time. Below are some real examples from schools, but the list is not exhaustive.

- Where a student has not been in a formal education setting previously and may require a staged induction. An example of this is a student arriving from another country.

- Where a student has been educated other than at school – often home educated for a substantial amount of time – and joins the roll of a school and a staged induction is deemed beneficial.

- Students with a prolonged absence due to a physical or mental health condition where recovery demands a slower build up to full-time education.

- Students recovering from a temporary health issue that is not long term.

Safeguarding

Schools have a safeguarding responsibility for all pupils on their roll and therefore must be aware that even with parent/carer agreement to any reduced timetable arrangement they make, they are responsible for the safeguarding and welfare of pupils on roll who are off-site during school hours. If evidence suggests that the child will be exposed to significant risk if not in school, then a reduced timetable should not be considered an option.

The expectation is that schools will have:
- previously put in relevant interventions to engage the child in education

- referred to Early Help or to the District Advice & Guidance Team if they have serious concerns about a child

- completed a risk assessment before meeting with the parents to discuss.

Impact of Poor Practice in this area

There is a wealth of research evidence highlighting that children missing out on education (including those on extended part-time timetables) have far worse education, mental health and life outcomes.

A large-scale piece of research was carried out by Isos Partnership (Natalie Parish, Ben Bryant and Beth Swords) in December 2019. This was commissioned by the Local Government Association in response to a growing concern that more and more children were missing out on their entitlement to a formal full-time education. Drawing on evidence provided by local authorities, school leaders and parents the research

tried to understand who the children are who are missing out on a formal full-time education, how many children fit this description, what evidence there is for the long-term impact of children missing education and how local and national government might work together to address this issue.

Local authorities which took part in regional workshops identified five ways in which missing out on formal full-time education might impact on an individual child or young person.

The five areas of concern are to some extent interdependent. They are:

1. Educational attainment and employability

2. Mental health and wellbeing

3. Social and emotional development

4. Crime and exploitation

5. Safeguarding
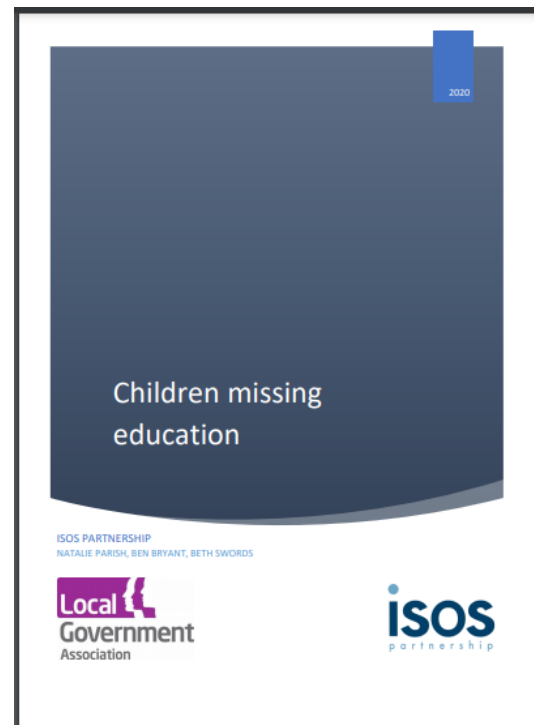
The research report can be accessed here:
https://static1.squarespace.com/static/5ce55a5ad4c5c500016855ee/t/5faba9bfac99946fb7bca037/1605085634665/Children+Missing+Education+-+final+report+for+publication+10.11.20.pdf

This research report provides a lot of helpful advice to schools and Local Authorities on how to reduce the numbers of children and young people missing education.

Managed Moves: Good Practice

Overview Description

Managed moves were introduced by Government in 2004 as one alternative to permanent exclusion. The principle aim of a managed move is to facilitate collaborative problem-solving between the school, CYP (child or young person) and their families, to support the CYP to move schools to improve their educational outcomes. It is an opportunity to provide a CYP a 'fresh start' (DfE, 2011). At present there is no statutory requirement for schools to use managed moves and there are no set standards provided by the DfE for best practice.

In Manchester there is a Managed Move Protocol which states that

- The purpose of a Managed Move is to facilitate a formal process leading to the transfer of a pupil to the roll of a new school.

- A Managed Move is one strategy in a toolkit of potential interventions. It is expected that the range of support and intervention strategies available to schools will be deployed before consideration is given to a Managed Move.

- Managed Moves are most effective as a tool for early intervention.

- Managed Moves are a consensual process where all parties (schools, child, parents / carers) must be in agreement.

- Managed moves must only be undertaken when it is in the best interests of the child / young person.

- Appropriate management of risk and sharing of information must be central to the Managed Move process

- Managed Moves should be seen as a part of a whole school behaviour strategy. The school's behaviour strategy should have been applied and in the majority of cases, the pupil would be expected to be supported at School Action of the SEN Code of Practice and have a Pastoral Support Plan / CAF in place, before a Managed Move is negotiated.

The information in this section seeks to compliment rather than replace MCC's Exclusion Guidance and Toolkit which can be found in our Schoolshub. (https://www.manchester.gov.uk/schoolhub/site/index.php)

This chapter will instead draw on what research tells us are the factors that support positive and successful managed moves – for children/young people, their families and their schools.

When should managed moves be considered?

Research suggested that managed moves typically occur in one of three circumstances:

1. Peer dynamic difficulties – CYP reports feeling isolated, bullied or is regularly getting into peer disputes.

2. Breakdown of relationship between the CYP and teaching staff or between the school and the parents.

3. Behaviour patterns created by unmet SEN need.

It is helpful, then, for schools to consider if any of these issues could be addressed and resolved prior to considering the appropriateness of a managed move.

Manchester's guidance provides detail about when a managed move may or may not be considered appropriate:

In what circumstances will a Managed Move be appropriate?

* *If a pupil is experiencing difficulties which appear to be leading towards permanent exclusion, disaffection or self-exclusion from school and if all the school's behaviour strategies have been tried and have failed, then a school and parents may think that a new start at another school might help.*
* *A new start through the agreed Managed Moves process has to be seen as a positive strategy. It is not a punishment or a threat but rather a means of keeping pupils in school and reducing exclusions.*
* *In certain cases, a managed move may be organised as an alternative to permanent exclusion following a one-off serious incident, or other exceptional circumstances.*

When is a Managed Move not appropriate?

* *A Managed Move should not be used as an alternative to permanent exclusion, except in exceptional circumstances.*
* *A Managed Move should not be used as a means of by-passing normal admissions processes for Manchester schools.*
* *A Managed Move should not normally be used for a pupil in Year 11. A referral for alternative provision may be appropriate and should be discussed with parents.*
* *A young person subject to a child protection plan should not have a Managed Move unless this forms part of the plan.*
* *Where a pupil has a Statement of Special Educational Needs, careful consideration must be given to whether it is appropriate to follow the Managed Move process since it could cut across statutory process.. Advice should always be taken from the appropriate SEN Officer.*
  The exception to the above concerns children who are subject to planned 'reintegration' moves from special schools back to mainstream. This is a hugely positive step for a young person, and requires appropriate collaboration and support from the schools involved and associated support services before, during and after the move. These 'Managed Moves' should be managed by the appropriate Statement Review process.
* *Where a pupil is Looked After, a Managed Move can only be considered with the full involvement and agreement of the social worker who is responsible for the care plan.*

Research and Relevant Publications

Three research studies have been drawn on particularly:

- Flitcroft, D & Kelly, C (2016) An appreciative exploration of how schools create a sense of belonging to facilitate the successful transition to a new school for pupils involved in a managed move, Emotional and Behavioural Difficulties, 21:3, 301-313,

- Messeter, T. and Soni, A. (2018) A systematic literature review of the 'managed move' process as an alternative to exclusion in UK schools, Emotional and Behavioural Difficulties, 23:2, 169-185.

- Craggs H, Kelly C. School belonging: Listening to the voices of secondary school students who have undergone managed moves. School Psychology International. 2018;39(1):56-73.

Three key DfE documents have also informed this chapter:

- School exclusion: a literature review on the continued disproportionate exclusion of certain children May 2019.
  https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment _data/file/800028/Timpson_review_of_school_exclusion_literature_review.pdf

- Timpson Review of School Exclusion (2019).
  https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment _data/file/807862/Timpson_review.pdf

- The Timpson Review Government Response (May 2019).
  http://data.parliament.uk/DepositedPapers/Files/DEP2019-0527/Timpson_Review_of_School_Exclusion_Government_Response.pdf

Best Practice – what supports a successful managed move?

Research highlighted the following as being important for a successful and positive managed move experience:

Preparation and Information sharing prior to the move

- Creating an induction timetable
- Staff from the receiving school going to the current school and meeting with the CYP prior to the move to start establishing a positive relationship
- CYP being given information about the new school such as a plan of the school, names/photos of key staff, information about options/exams (if in KS8 upwards).

Pupil views listened to

- Prior to and following the move, both schools actively listen to the pupil's views about why the current school place has not worked, what they think might help them in the future.
- Pupil views about strengths and interests (areas where they can succeed) are sought.

Strong home-school partnership

- Joint problem solving throughout the move – listening to parental views about how best to support their CYP
- Recognition that the move will create anxiety for the parent and the CYP and they will need additional support/reassurance.
- Receiving school actively seeking to build parent confidence/trust through active collaboration.

| **A personalised Support Plan** | Receiving school seeks to ensure pupil needs are met (including special educational needs). Pupil receives additional pastoral support as appropriate to need. Pupil's strengths are know and built upon |

| **Strong Relationship with staff** | A key member of staff is identified who will be a listening ear and help the pupil feel safe. Staff will seek to help the pupil feel welcome and valued through their interactions. Staff in the receiving school will be provided with the information they need to ensure they can personalise their approaches – "know what works" |

| **Positive language and welcome** | Meeting with the Headteacher takes the approach of being a 'welcome' not a warning. Schools take care to talk about a fresh start not a 'trial' …where there is an emphasis on developing a sense of belonging for the CYP rather than possible negative outcomes/consequences Both schools take ownership of the pupil – and are clear about this in the language they use. |

| **Effective school systems** | Excellent communication between the home and receiving school with both seeing the other as a key partner Good internal systems of communication in the receiving school Pastoral support seen as important for every CYP |

feeling safe

Not having the threat of it not succeeded mentioned frequently

making friends

Not feeling pre-judged

PUPIL

feeling like teachers like them

getting SEN support

Extra-curricula activities

feeling that the leaders in school want the placement to succeed
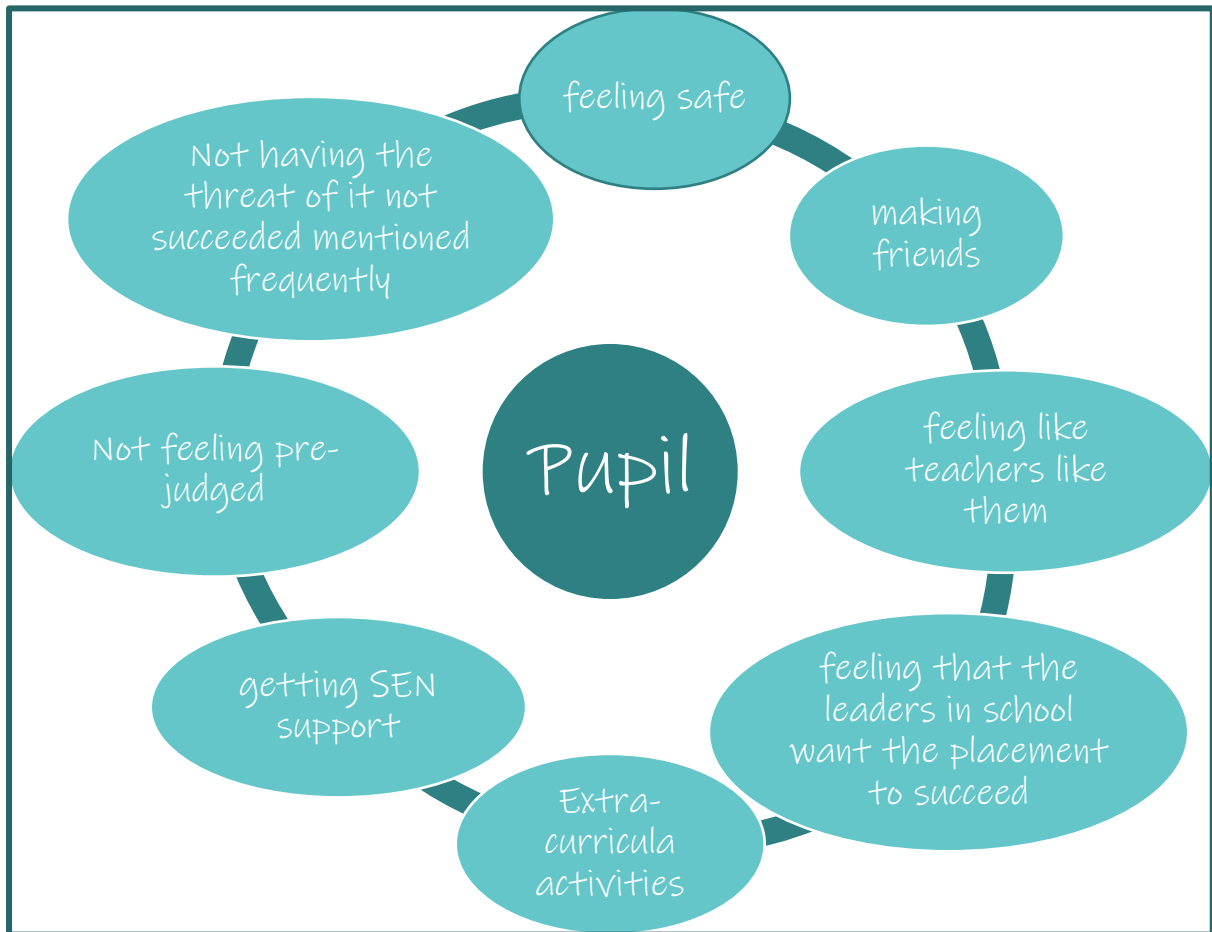
Best Practice – Key Message from Research

Research typically finds that a managed move is most likely to succeed if the pupil feels a sense of belonging to their new school. Approaches to support pupils to develop feelings of belonging are going to be helpful therefore – See Section Two of this toolkit.

How a move proceeds is key in the success of the move itself. Positive outcomes are linked to the inclusive ethos of the school, and pupils feeling they are genuinely cared about, wanted, listened to and supported.

SECTION THREE

Exclusions: Best Practice

Overview Description

The information in this section seeks to compliment rather than replace MCC's Exclusion Guidance and Toolkit which can be found in our Schoolshub. (https://www.manchester.gov.uk/schoolhub/site/index.php)

Manchester Exclusions Guidance and Toolkit

School Exclusion Guidance and Toolkit

- Exclusions Toolkit 2021 (DOCX)
  Size: 93.61 KB
- Toolkit B Inclusion Panel Terms of Reference (DOCX)
  Size: 56.22 KB
- Toolkit C The Ladder of Support (DOCX)
  Size: 66.03 KB
- Toolkit D Early Help Referral (DOCX)
  Size: 54.92 KB
- Toolkit E SEMH Screening Assessment Tools (DOCX)
  Size: 32.62 KB
- Toolkit F Voice of the Child - a summary (DOCX)
  Size: 33.7 KB
- Toolkit G Student Support Action Plan (DOCX)
  Size: 29.53 KB
- Toolkit H MCC Managed Move Protocol (DOCX)
  Size: 65.45 KB
- Toolkit I Bridgelea Outreach Service (DOCX)
  Size: 846.03 KB
- Toolkit J Steps to Exclusion - a Headteacher's Checklist (DOCX)
  Size: 34.44 KB
- Toolkit K DFE Exclusion Codes (DOCX)
  Size: 47.27 KB
- Toolkit L Suspension - Step by Step (DOCX)
  Size: 34.5 KB
- Toolkit M Permanent Exclusion - Step by Step (DOCX)
  Size: 35.03 KB
- Toolkit N How to Record an Exclusion (DOCX)
  Size: 460.28 KB
- Toolkit O Permanent Exclusion Reporting Form (DOCX)
  Size: 41.73 KB
- Toolkit P Information on Attendance Codes (DOCX)
  Size: 32.13 KB
- Toolkit Q Model Exclusion Letters (DOCX)
  Size: 51.08 KB
- Toolkit R Governing Body Intervention - Step by Step (DOC)
  Size: 100 KB
- Toolkit S - Governors Exclusions Guidance (PDF)
  Size: 272.91 KB
- Toolkit T Exclusion Process on-a-page (DOCX)
  Size: 517.94 KB
- Toolkit U Glossary of Acronyms (PDF)
  Size: 93.7 KB

Information in this section instead describes MCC commissioned research undertaken by One Education EP Service which explored the factors that supported children and young people who had previously been considered to have been at risk of exclusion to subsequently succeed in school.

Readers are also encouraged to consider if the policies and practices in their education setting are informed by:
   a) MCC's guiding principles listed in Section One of this document
   b) One or more approaches described in Section Two of this document (inclusion, diversity and children's rights, promoting belonging, attachment, aces and trauma aware practice, nurturing principals, restorative approaches and developing a setting-wide mental health and wellbeing framework).

Research title: How do Secondary Schools make positive change in preventing permanent exclusions? Sept 2020.

The research sought to explore what the factors were that helped Year 11 pupils to maintain their school place when they had been at serious risk of permanent exclusion in Key Stage 3.

Background

Secondary school aged-pupils are the most vulnerable group to permanent exclusion and are over six times as likely to be excluded from school when compared to primary pupils (Department for Education and National Statistics, 2019). It is positive that in Manchester, permanent exclusions from secondary schools (as a percentage of the school population) reduced from 0.34 in 2016/2017 (the highest figure since 2010/ 2011 in Manchester) to 0.20 in 2018/2019 (compared to the national highest rates in Blackpool of 0.82 and the national lowest rates of 0 in Cambridge). (https://www.gov.uk/government/publications/local-authority-interactive-tool-lait).

Persistent disruptive behaviour is the most commonly cited reason for permanent exclusions and given for 34% of exclusions nationally ((Department for Education and National Statistics, 2019). Despite the legislation protecting the rights of vulnerable pupils, it has been found that excluded children are much more likely to have multiple and complex needs. Permanent exclusion correlates to negative short and long-term implications for pupils, has been associated with negative implications for school as well as a substantial societal cost.

Methodology

The research encompassed a strengths-based approach (Harvey, 2014) in line with the, 'preventative' aim of the research; to generate strategies and solutions. Therefore, pupils, families, staff and leadership were interviewed in two secondary schools (school A and schol B) that were identifed as having low permanant exclusion rates.

Within the small-scale study, Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1979) was used as a core theoretical framework to explore individual and wider factors that might impact on preventing permanant exclusion in the Manchester context.

Bronfenbrenner's Ecological Systems Theory

Chronosystem
Changes Over Time

Macrosystem
Social and Cultural Values

Exosystem
Indirect Environment

Mesosystem
Connections

Microsystem
Immediate Environment

CHILD
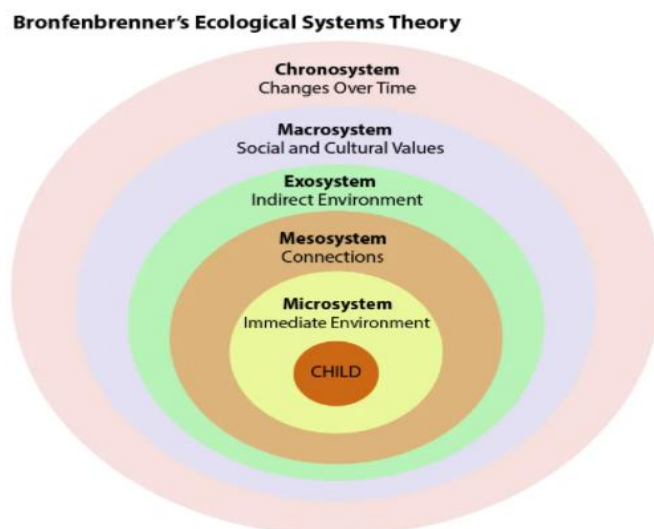
Demographic description of case A and case B (https://get-information-schools.service.gov.uk and https://files.ofsted.gov.uk)

Information	Case A	Case B
Religious Character	Roman Catholic	Church of England
Gender of Entry	mixed secondary	mixed secondary
Size	slightly smaller than average	larger than average
Proportion of disadvantaged children and those supported by pupil premium	higher than the national average	higher than the national average
Pupils with an Education Health Care Plan	average	below average
Pupils with special educational needs and/or disabilities	below average	below average
Attainment 8 score (score based on how well pupils have performed in up to 8 qualifications)	44.8 compared to local authority average of 43.3 and England average of 46.7	45.8 compared to local authority average of 43.3 and England average of 46.7
Proportion of pupils from minority ethnic backgrounds	well above average	higher than average
The proportion of pupils who speak English as an additional language	above average	above average

Key Findings

The study highlighted that the factors that increase pupils agency and sense of belonging to their school community help to prevent exclusion. Supportive relationships were percieved as the most influential and the significance of supportive pupil-staff relationships were discussed in the greatest depth although the influence of parents, siblings and friends were also explored. The findings highlighted the value of consistent and affirming relationships with key members of staff.

Behaviour managment strategies that were percieved as helpful in preventing exclusion were delivered in a way that protected positive interpersonal relationships and in in particular pupil-staff relationships. The importance of having of systems, structures and a school ethos in place which promoted inclusive values and supported positive interpersonal relationships was also highlighted in this research

Central Themes

Agency

Within this theme the pupils spoke about taking ownership of their behaviour, understanding the potential consequences of negative behaviours and non-compliance and experiencing a desire to change. The research indicates that young people can play a pivotal role in preventing their school exclusion and as such they should be positioned as potential solution holders who actively participate in the planning of how the school can support them to prevent permanent exclusion throughout the decision-making process. Hence the findings provide support for the use of a person-centred approach in preventing exclusion.

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Through supportive relationships, people within the individual's microsystem (for example, teachers, parents and siblings) can positively influence a pupil's sense of agency and help to facilitate their participation in the decision-making process. The pupils in the study were able to identify key people who helped them indicating it is beneficial when support is structured in a way that enables these key people to be involved in the process of prevention. Influential people can play a role in increasing an individual's motivation to change by helping them understand the potential consequences of certain behaviours as well as supporting them in realising their goals and aspirations for the future. In addition, influential others may also increase an individual's sense of self-efficacy by communicating that they believe in them and providing affirmation. Experiences of success were also found to influence an individual's sense of self-agency and key people within a young person's microsystem could play a role in supporting young people to find opportunities to experience success.

Relationships

The influence of immediate environmental factors was dominated by the theme 'relationships' (which operates at the level of microsystems) and was arguably perceived as the most dominant factor that helped to prevent school exclusion. This theme was explored by every participant group within the research. The finding that relationships were viewed as key to preventing exclusion is perhaps unsurprising as attachments have long been identified as an innate human need (e.g. Bowlby, 1969, 1973; Maslow 1968) and attachments have been argued to influence outcomes such as psychological well-being (Maslow, 1968), physical health (Feeny,2001) and adjustment (Bowlby, 1968). Baumeister and Leary (1995) link attachments to an individual's **sense of belonging within a community**. (See Section Two of this toolkit)

Pupil – staff relationships

Of the relationships discussed, staff-pupil relationships were explored in the greatest depth and nearly all of the pupils spoke about key members of staff who had helped them.   Key Factors identified:

Never giving up!
The pupils and senior leader in the current study spoke about the significance of school staff believing in pupils and not giving up on them whereas the staff spoke about valuing and caring for pupils. There appears to be a strong body of evidence to suggest that positive pupil-staff relationships help to prevent school exclusion. Pupils and staff identified a number of behaviours which staff adopted that enabled them to develop positive relationships with pupils:
• Staff being non-judgemental, forgiving them when situations go wrong
• Staff actively restoring relationships when situations have been managed.
• Pupils said they valued been given second and sometimes numerous chances.

It is likely that these features of staff-pupil relationships help to communicate to pupils that they are valued, that staff believe in them and that they are not willing to

give up on them, all of which were identified as characteristics of positive relationships.

Strong staff working relationships and good internal systems

The discussions with staff and the senior leaders revealed the importance of staff having positive working relationships with each other at the microsystem level enabling them to manage situations effectively as it meant that they as practitioners felt supported. The staff in school A spoke about the importance of having formal systems in place including having staff allocated and available to manage and respond to situations as well as the value of having the capacity to allocate key people to individual pupils who were identified as vulnerable. The findings that certain systems and conditions need to be in place to enable effective staff-pupil relationships is perhaps unsurprising. It is difficult to contest the argument that in order for staff to be able to offer frequent and responsive support to individual pupils they need the availability and time to do this.

Key workers

School A highlighted that vulnerable young people are likely to benefit from being allocated to a key person/ key people who can listen to their views, advocate for them, and offer them frequent, consistent and responsive support which features plenty of affirmation. These key people could also help a young to manage difficult situations as they arise. The findings also indicated that in order for staff to be able to deliver this support enabling systems need to be in place to allow for their capacity.

Restorative Approaches

The findings suggest that behaviour management approaches which promote conflict resolution by: listening to the young person's view, giving them numerous chances, being non-judgemental and working restoratively with a young person when a situation has been managed are likely to be effective in helping to prevent exclusion. The implication of this is that behaviour management policies and practices which align with these approaches are likely to help to reduce school exclusions (see **Restorative Practices** in Section One of this toolkit).

Extra-curricular activities

The findings indicate that such participation can provide pupils with: experiences of success, opportunities to experience an emotional state of flow and opportunities to develop interpersonal skills. At an individual level these experiences may enhance pupil's feelings of efficacy. The implication of this finding is that pupils who are vulnerable to exclusion may to benefit from having opportunities to participate in enjoyable shared activities that reflect their interests and skill set.

Sanctions

The role of sanctions in preventing exclusion appeared of particular significance to participants and the theme was discussed by every participant group. The key sanctions discussed included: managed moves, respite and internal exclusions. It is argued that the use of sanctions in school stem from behaviourist principles about

punishment and stimulus avoidance which do not account for internal processes that govern behaviour. The research findings, highlighted that the use of sanctions is interpreted internally and lead to emotional and cognitive responses. Perhaps unsurprisingly the pupils reported that they did not like the use of sanctions and they associated their use with feelings of anxiety, anger and a sense of injustice. With this in mind, it could be predicted that the use of sanctions would produce less than optimal results in relation to behaviour management and reducing the risk of school exclusions. In contrast to this, the findings in this study indicate that pupils, staff, senior leaders and parents all perceived that the use of sanctions can help to prevent exclusion.

However, the findings and discussion highlight that there are risks associated with the use of sanctions as they can potentially damage inter-personal relationships and reduce opportunities for pupil participation. This could have a detrimental impact on a pupil's sense of belonging to their school. In order to mitigate these risks, staff can take steps to maintain pupils' sense of belonging during sanction periods and can take measures to restore relationships once situations have been managed.

Systems and Structure

This theme was predominately discussed by the senior leaders. The importance of consistency within school structures and systems has been highlighted in research with inconsistences being found to be associated with increased behavioural incidents (Mayer, 2001). The discussion highlighted that school staff and senior leaders believe that preventative practice that occurs at the microsystems level is facilitated and enabled by the systems that are in place within the school's exosystems. Systems which were perceived as helping to prevent exclusions were argued to be: based on inclusive principles, developed collaboratively with pupils, cohesive in nature, enabling of a flexible response to pupil's individual needs and communicated effectively to all members of the school community.

School Ethos

The link between school ethos and exclusion rates has been well established (Hatton, 2013; Turner and Waterhouse, 2000). The current research findings are supportive of the ever-growing body of literature which highlights an association between low-exclusion rates and a school ethos that promotes inclusive principles and emphasises the value of interpersonal relationships. The implications here are that to help to reduce exclusion school communities should strive to develop and communicate a clear set of values that promote inclusion and positive inter-personal relationships. These values should be known and where possible shared by all within the school community. This can be achieved by consistently interpreting values into policy and practice and reviewing the translation of values to practice regularly. This should help to create an inclusive lived school ethos.

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Turner, E. & Waterhouse, S. (2003) Towards inclusive schools: Sustaining normal in-school careers, *Emotional and Behavioural Difficulties, 8* (1), 19-31.

Key Documents

- School suspensions and permanent exclusions (DfE) Statutory Guidance: https://www.gov.uk/government/publications/school-exclusion

- School exclusion: a literature review on the continued disproportionate exclusion of certain children May 2019. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/800028/Timpson_review_of_school_exclusion_literature_review.pdf

- Timpson Review of School Exclusion (2019). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/807862/Timpson_review.pdf

- The Timpson Review Government Response (May 2019). http://data.parliament.uk/DepositedPapers/Files/DEP2019-0527/Timpson_Review_of_School_Exclusion_Government_Response.pdf

SECTION THREE

SECTION FOUR

Early Intervention and Intensive Support

Considerations for all

- Problem solving tools for adults and children

Some more specific areas of need

- Neurodiversity
- Mental health
- Identity and inclusion
- Family and community factors
- Specific skill areas of need

Contents

'Quick Links' contents page

Below are 8 strands or areas of practice. Please click on the title of the chapter you want to read and a hyperlink will take you straight to the page. Overleaf (for ease) is also a list of chapters in alphabetical order, again, hyperlinked.

Inclusive Universal Provision	Evidence based good practice	Problem solving tools for CYP and adults	Neurodiversity	Mental Health	Identity and Inclusion	Family and community factors	Specific areas of need
Inclusion, diversity and children' rights	A graduated response to need	Circle of adults	ASC	Mental Health Overview and Referrals	Adoption and (Placement breakdown)	Domestic abuse	Medical Needs
Belonging	Supporting good transitions	Staff supervision	Autistic Girls (and internalised presentation)	Wellbeing/ SEMH audits & measures	Coming into Care (LAC) and (Placement breakdown)	Adolescent to parent violence (APVA)	Tourette Syndrome
Attachment and trauma aware	Relationship based behaviour policies	Appreciative Inquiry	ADHD	Emotional regulation skills	Socially Just Practice: Race and Culture	Parental Substance Misuse	Acquired Brain Injury (ABI)
Nurture	Eliciting Pupil voice	Solution circles	Dyslexia	Anxiety	Culturally and linguistically diverse pupils	Children of Parents in Prison	Epilepsy
Restorative Practice	Co-production ways of working	Circle of friends	Dyscalculia	Anxiety Based School Avoidance	Unaccompanied asylum-seeking children	Child Sexual Exploitation	Speech and Language Needs
Setting-wide mental health and wellbeing	Reduced timetables	Peer mediation	Developmental Co-ordination Disorder	Low mood/ depression	LGBTQIA+	Child criminal exploitation County Lines	Hearing and visual impairments
Inclusion Audit Tool	Managed moves		Selective Mutism	Non-Suicidal Self-Harm	Bullying and cyberbullying	Impact of poverty	Harmful sexual behaviour
	Exclusions: Best Practice		Sensory processing and regulation	Emotion coaching approaches			Bereavement

Please click on the relevant section(s)

SECTION FOUR

Problem solving tools for Adults and CYP

Circles of Adults

Overview description

Circle of Adults is a structured approach to group consultation which was developed by Derek Wilson and Colin Newton (Inclusive Solutions). It is an in-depth, reflective problem-solving process intended to support teams of adults in schools who work with children and young people with social, emotional and mental health needs. It was specifically designed for students who are at risk of exclusion.

During a Circle of Adults, the group are guided through a set of questions to reach a deeper understanding of the child or young person's behaviour and unmet needs in a safe climate to allow and encourage the group to find its own solutions.

It requires two facilitators and, ideally, 6-8 members of staff (and/or professionals) who support the child or young person. One facilitator leads the process by asking questions while the second facilitator captures the discussion through words and graphics on a large sheet of paper on the wall. The full process takes 90 minutes.

Key Messages

'When in doubt, build a team'

'Circles are a symbol of cooperation and collaboration where everyone is equal, with the right to be listened to, accepted and respected'

During a Circle of Adults, there are 10 time-limited stages that facilitators will guide participants through.

STAGES

1. **Ground rules**	Establish clear boundaries to enhance the feelings of safety in the group.
2. **Problem presentation**	The problem presenter describes the student. Other adults who know the student well also provide info and ask questions. The aim is to understand the student from the perspective of the adult-child relationship rather than solely within the child themselves. Info is recorded graphically.
3. **Explore relationships**	The student's relationships with significant others are explored, (eg friends, teachers, support staff, family).
4. **Organisational Issues**	Whole school processes are considered – what are helping/hindering the present situation? This is also an opportunity to highlight teacher strengths.

SECTION FOUR

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5. **The child's voice**	At the start of the circle a person is asked to volunteer to take on the role of the student's voice – listening from the perspective of the student, what might s/he be feeling? What might they say to the group if they were here?	
6. **Synthesis**	The facilitator feeds back info gained so far – highlighting emerging themes	
7. **Hypothesis**	Participants offer deeper understandings of what has been learnt about the student to try to make sense of what is happening for them.	
8. **Strategies**	Strategies are brainstormed – building on people's suggestions and the child's vice where possible.	
9. **First steps**	A series of 'first steps' are identified that the problem presenter will take over the next few days. A coach is appointed to 'check in' with them during this time.	
10. **Round of words**	Each participant is asked for a word that reflects their experience of the process. A visual summary is retained by the group.	

Evidence-base

Wilson and Newton (2006) cite their own evaluations of the approach and comparable teacher support groups. They found that participants of a Circle of Adults felt supported and had a better understanding of the young person which led to the use of effective strategies for the students who were discussed.

Grahamslaw and Henson (2015) explored participant's perceptions of Circle of Adults. They found that the approach was a useful problem-solving tool, particularly when a problem needed an in-depth exploration.

Turner and Gulliford (2020) found that staff who had participated in a Circle of Adults reported greater self-efficacy, more success implementing agreed actions and enhanced group cohesion, task focus, insights and empathy.

Useful Resources and Links

The Inclusive Solutions website includes information about training in this approach. It has a link to a book which outlines the approach (see below), as well as the opportunity to purchase a video to demonstrate the process, feedback from

participants and other useful information - Problem Solving | Whole Team Visioning | Child Psychology (inclusive-solutions.com)
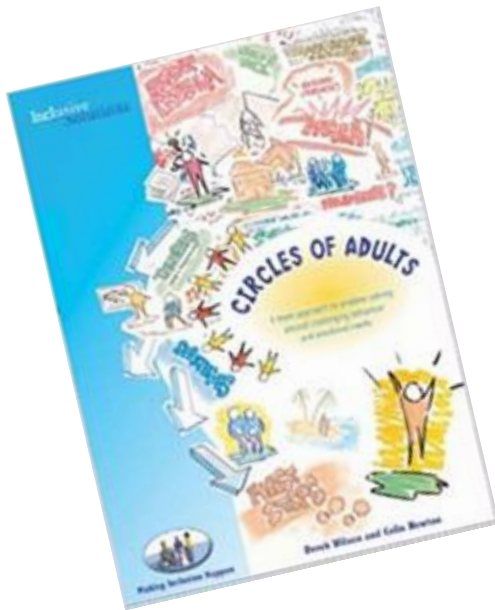
Wilson, D. and Newton, C. (2006). *Circles of Adults; A team approach to problem-solving around challenging behaviour and emotional needs*. Inclusive Solutions. Available to purchase on this link - Circles of Adults - Book (inclusive-solutions.com)

Grahamslaw, L. & Henson, L. H. (2015). *Solving problems through circles.* Educational Psychology in Practice, 31:2, 111-126.

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Staff Supervision

What is supervision?

Supervision is a word commonly used but rarely fully understood. Supervision offers a structured process that supports the development of knowledge, competence and confidence of professionals

Typically, descriptions of supervision focus on the functions of which there is general agreement that there are three: Support, education and management of workload. However, this can all be provided within good line management. Supervision should provide much more.

Supervision is a joint endeavour in which a practitioner with the help of a supervisor, attends to their clients, themselves as part of their client practitioner relationships and the wider systemic context, and by so doing improves the quality of their work, transforms their client relationships, continuously develops themselves, their practice and the wider profession. (Hawkins and Shohet, 2012).

The key distinction between good line management and supervision is that within supervision it is recognized that we can never really have an objective picture. Every person working with the same individual will have a slightly different perspective as they are a different person- we need time and space to reflect on this in order to recognize it and practice most effectively.

Supervision is…	Supervision is not…
Affirming	A performance management tool
About listening and being heard	Therapy (although it may be therapeutic)
A distinct professional learning and development tool	Counselling or an opportunity to practice as a counsellor
A safe space to question and too challenge	Part of the reporting process
A structured framework for process and reflection	A teaching session
Supportive	A judgement or assessment of practice
Self-driven/self-owned by participants	Mentoring or coaching
Supportive of personal accountability	A place for blame
An exploration of the relationship between actions and feelings	

Helen and Douglas House (2014). Clinical Supervision Toolkit

Why do we need supervision?

For many professionals, including psychologists and social workers, attendance at supervision is a condition of practice. This is a clear indication that supervision is perceived to provide something that those who work in an emotionally demanding environment need; whether that be support to enable better practice or to reduce the risk of burnout.

However, there is an argument that it is not just external professionals who are engaging with emotionally demanding work. Teachers are being expected to manage in environments where there are growing number of mental health needs identified in young people and there is increased responsibility being placed on them, "we want to put schools and colleges at the heart of our efforts to intervene early and prevent problems escalating" (Green paper 2017, Transforming Children and Young People's Mental Health). It is therefore perhaps unsurprising that staff are reporting higher than ever levels of mental health needs themselves. In an article by NASUWT-The Teacher's Union (2019) it was reported, "Three in ten teachers (30%) say they have turned to medication in the last 12 months to deal with the physical and mental toll their job is taking on them. Nearly two thirds (65%) of teachers also feel their job has adversely affected their mental health and over half (54%) feel it has affected their physical health in the last 12 months." Furthermore, the education workforce in England review highlighted that, "in 2015 the number of people leaving the teaching profession was higher than the number entering it for the first time and in 2016 this pattern increased with 2,620 more leaving than joining."

Whilst supervision is not a magic wand it may offer a mechanism of providing much needed support for teachers.

Evidence base

Potential benefits of supervision-what the literature shows
There is a wealth of literature which supports the use of supervision within professions such as clinical psychology because of its role in:

Promoting skill acquisition, transfer and application of learning across contexts.

Enhancing client outcomes through supporting adherence to high quality practices.

Reducing worker burnout through fostering professional and personal engagement.

(Bambling, King, Raue, Schweizer and Lambert, 2006; Harvey and Pearrow, 2010; Watkins, 2011)

What about in education?

Research studies on the process and benefits of supervision for educators are just beginning to emerge. Evidence from three small scale studies of supervision in schools for SENCOs and other professionals supporting vulnerable children reported very positive findings from participants and 'tested' different models/approaches to supervision. Some of the benefits across the three studies included:

> a framework for discussing challenging situations in everyday real-world scenarios
> time to consider and discuss the multitudes of possible avenues available for many complex problems faced by educators
> the experience of supervision as powerful and restorative professionally and personally
> opportunities to foster a greater sense of camaraderie between colleagues

Practicalities:

How will it be structured?

Sessions can be one off or a series. Having more than one session offers opportunity for reflection over time and to revisit/build on previous

Is it therapy?

No. It is up to the supervisee what they want to share, however, the focus is not on their personal life.

What does a session look like?

Each session typically lasts around 45minutes. There will be a joint agreement of agenda for the session followed by time to talk. At the end of the session there will usually be a roundup of the session including agreement of any actions and arrangements for the next session if needed. Supervision is always confidential, and nothing is shared with the supervisee's line manager unless it was felt there were safeguarding concerns, or the supervisee requested for information to be shared.

Are there set models used?

There are a number of different models/approaches that can be used within supervision such as 'solution-focused approaches. Many supervisors choose to use a blended approach which best meets the needs of their supervisee. They will typically describe the processed involved within specific models.

Who can deliver supervision?

Good supervision often looks simple but this is not the case. Anyone undertaking supervision should have undertaken training and have been provided with opportunities to embed their skills. It can be beneficial for supervision to be undertaken by outside professionals as this emphasises its distinction from performance management.

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Managing change in your school: The appreciative inquiry (AI) approach

Overview description

Appreciative inquiry (AI) is used widely as a methodological process for organisational change and development. It is a collaborative, participatory approach to organisational change and research that focuses on what is working well and how successes can be built upon. This strengths-based approach encourages questions like:

Q. What have been your best experiences working in your school/organisation?

Q. What do you value about yourself, your role, your school?

Q. What achievements are you (and your team/department) proud of?

Q. Apart from money, what makes it worth coming into work?

Educational organisations can use the principles of AI such as establishing what works well, being focused on positive aspects, aiming to create appreciative dialogue and sharing best practice. AI focuses on illuminating and affirming personal success factors or factors within an organisation.

Problem solving approaches vs appreciative inquiry

Problem solving	Appreciative inquiry
• What to fix	• What to grow
• Thinks in terms of problems, symptoms, causes, solutions, action plans, interventions and all too often blame.	• Thinks in terms of good, better, possible.
• Breaks things into pieces leading to fragmented responses.	• AI keeps the big picture in view, focusing on an ideal and how its roots lie in what is already working.
• Slow pace of change requiring a lot of positive emotion to make real change	• Quickly creates a new dynamic with people united around a shared vision of the future.
• Assumes an organisation is made up of a series of problems to overcome, creating a deficit culture.	• Assumes an organisation is source of limitless capacity and imagination, creating an appreciative culture.

There are five principles of appreciative inquiry which have been summarised by Kelm (2001 p.166):

1. The constructionist principle suggests that every analysis we make is informed by what we know from the past.

2. The principle of simultaneity proposes that the inquiry and change are simultaneous.

3. The poetic principle postulates that we can find whatever we want in an organisation, because organisations and human systems are like open books or poetry, they are open to infinite interpretations.

4. The anticipatory principle suggests that what people anticipate determines what they will find.

5. The positive principle highlights the importance of viewing organisations and people from a positive perspective.

6. the importance of viewing organisations and people from a positive perspective

The stages of appreciative inquiry: 5 D stages (a*dapted from Hammond, 2013)*
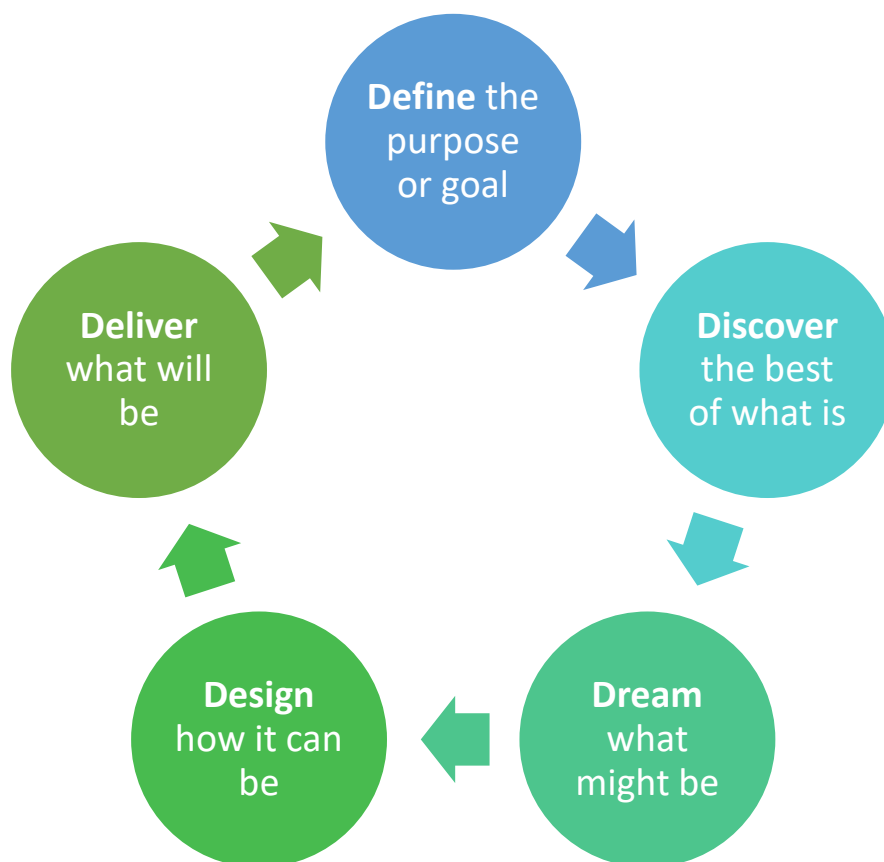
How could you implement this in your school/college?

Stage	Action
1. **Define** the purpose or goal	• *Agree a shared question and area of focus.*
2. **Discover** the best of what is	• Conduct interviews asking children, families, staff and external stakeholders about what is working well.
3. **Dream** what might be	• Identify themes in the interview responses. • As a group, come up with statements of the ideal possibility. Write these in the affirmative, as if they are already true, for example: Families choose to send their children here because of our reputation for exceptional pastoral care. We have excellent support systems in place for children at risk of exclusion and good partnerships with parents. All children feel safe and a sense of belonging at our school/college.
4. **Design** how it can be	• Decide which of the ideal statements is possible. • Create a clear action plan to make the statement a reality.
5. **Deliver** what will be	• Follow through on the agreed action plan. • Assign 'champions' to the ideal statements, with a role for implementing, monitoring, and reporting back on progress.
6. Start again	• Revisit the ideal statement and check back in with the interviewees to see whether new ideal statements are needed.

Useful Resources/References

Kelm, J. (2001) Introducing the Appreciative Inquiry Philosophy. In S.A. Hammond and C. Royal (eds) *Lessons from the field: applying appreciative inquiry.* Plano: Thin Book Publishing Co.

Hammond, S.A. (2013) *The Thin Book of Appreciative Inquiry.* Bend, OR: Thin Book Publishing.

Solution Circles

Overview Description

A solution circle (Forrest & Pearpoint, 1996) is a quick powerful approach to help an individual or a team 'unstuck' from a problem in life or work. A solution circle is a tool to build 'community capacity'. In an education setting it can help class or teacher teams to discuss issues in a group to generate solutions.

Each circle takes no more than thirty minutes. It involves around 8 people who listen, discuss and collaborate around a focus issue brought to the group by a participant. This 'issue' can be something that is troubling the whole group or it can be something that just concerns the person bringing the problem and the group act as a fresh group of minds who can help the participant think through the issue and identify next steps.

Ref: Designed by Marsha Forest & Jack Pearpoint. Inclusion Press.

The circle follows **four structured steps**

- Problem presenter describes the issue

- The 'team' discuss creative solutions

- There is dialogue between the team and the problem presenter.

- The problem presenter identifies nest steps.

Roles within the group
- Problem presenter
- Group facilitator – keeps the time.
- Note taker – who can record ideas and actions agreed.
- Creative team!

You can see the steps outlined on the following YouTube clip:
www.youtube.com/watch?v=QCnZVIgHKPc

More information and resources can be found here:

https://inclusive-solutions.com/circles/solution-circles/

Reference: Forrest, M., & Pearpoint, J. (1996). Solution circle: Getting unstuck a creative problem-solving tool. Retrieved from https://www.unclusion.com/ttsolutioncircle.html

Solution Circle Steps

STEP ONE – 6 minutes

The problem presenter will have 6 uninterrupted minutes to outline the problem.

The job of the process facilitator is to keep time and make sure no one interrupts. The recorder takes notes. Everyone else listens. If the problem presenter stops talking before the six minutes elapse, everyone else stays silent until the 6 minutes pass. This is key! The problem presenter gets 6 uninterrupted minutes.
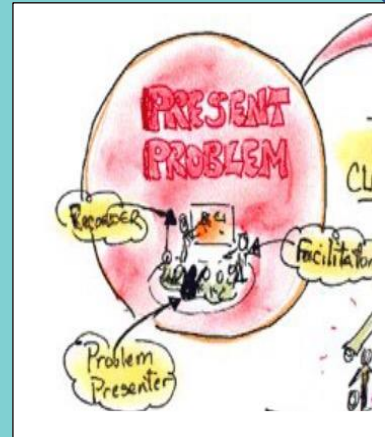
STEP TWO – 6 minutes

The team contribute with ideas about creative solutions to what they just heard. It is not a time to clarify the problem or to ask questions. The process facilitator must make sure this is a brainstorm. Everyone gets a chance to give their ideas.

The problem presenter listens - without interrupting. He/she must not talk or respond. It's hard to just listen but it is vital!
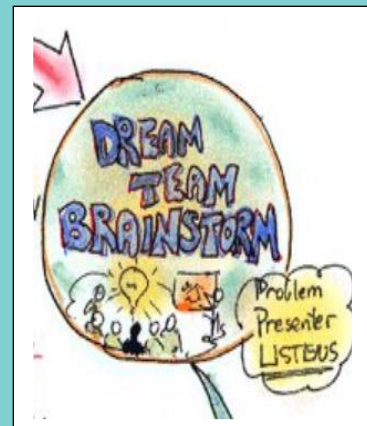
STEP THREE – 6 minutes

Now the group can have a dialogue led by the problem presenter. The problem presenter can ask and answer questions from the team. This is time to explore and clarify the problem. Focus on the positive points only and not what can't be done as time is short.

STEP FOUR – 6 minutes

The problem presenter decides on first steps that are doable within the next 3 days. At least ONE step should be initiated within 24 hours. Research shows that unless a first step is taken almost immediately, people do not get out of their ruts.

If possible the coach/facilitator would ring/speak to the focus person within three days to see if they took this first step.

Applications

Circles can be used in many different ways. Some suggestions:

- Staff supervision approach
- As a format for a meeting with a parent and the class teaching team where there is a concern that needs to be addressed
- As a way of all the staff within a class/year group can problem solve together about a young person.
- As a way for a leadership team to consider an issue in a structured and quick manner.

Research Evidence

Grahamslaw & Henson, 2015.

Explored the **impact** of solution circles. They concluded that:
- The circle creates a cohesive group identity rather than being a collection of individuals
- The circle process aims for a 'ripple' effect whereby the impact of the group is experienced beyond the discussions that take place within the circle
- The circle provides social support to those taking part in a safe climate

Grahamslaw, L., & Henson, L.H. (2015). Solving problems through circles. Educational Psychology in Practice, 31(2), 111-126.

Brown and Henderson (2012)

Explored how circles can support **staff wellbeing**. They found;
- Circles provided opportunities for people to talk and listen
- Staff became more aware of the difficulties their colleagues were experiencing.
- Circles provided a platform for sharing and encouraging an atmosphere of team work.

Brown, E., & Henderson, L. (2012). Promoting staff support in schools: Solution Circles. Educational Psychology in Practice, 28(2), 177-186

Circle of Friends

Overview Description

Key Aims:

- Increasing the level of acceptance and inclusion of an individual
- Increasing the active attempts of a young person's peer group to intervene positively in that person's life
- To increase opportunities for the individual to make friends in or outside of the actual circle
- To increase insight and understanding for the individual, into their own feelings and behaviour
- To provide the individual with a wider range of choices and more sense of control over their behaviour in a range of situations
- To provide a support team to actively work with and relate to a vulnerable or challenging member of the community

Circle of friends is an approach to enhancing the inclusion, in a mainstream setting, of any young person (known as 'the focus child'), who is experiencing difficulties in school or college because of a disability, personal crisis or because of their challenging behaviour towards others.

The 'circle of friends' approach works by mobilising the young person's peers to provide support and engage in problem solving with the person in difficulty. 'Circle of friends' works by creating the intention to build relationships around the person who is vulnerable to exclusion. It is a way of building community that recognises the central importance of relationships and community connections in all our lives – for our psychological well-being and for our physical health and resilience. The message is simple – relationships are what matter most – whatever labels we have been given.

More information and resources can be found here:

https://inclusive-solutions.com/circles/circle-of-friends/

Reference: Hughes, T and Pollen, W. (1994). What is a circle of friends?. *Retrieved from*
https://inclusive-solutions.com/circles/circle-of-friends/what-is-a-circle-of-friends/

Circle of Friends Steps

STEP ONE – Establish the support of the school and the acceptance of the parents and child for the approach.

STEP TWO – Gain commitment from headteacher or a member of SLT plus that of the individual who will be carrying out the weekly circle work, likely to be either the class teacher or form tutor. The commitment is essential and without this we would be doubtful of a longer-term support circle becoming established.

STEP THREE – Work with the whole class or tutor group to define the 'problem', evoke empathy, enlist their help and affirm their role in helping move things forward.

STEP FOUR – Share the content of the above session with the focus pupil.

STEP FIVE – Meet with the circle and child together to reiterate the above and discuss ways forward.

STEP SIX – Meetings are held at regular intervals to continue and strengthen the circle, celebrate progress and problem solve as necessary.

Ref: Newton and Wilson (2005)

BEFORE YOU START – Committed staff

"It is essential that a key member of staff understands and is committed to using the approach with young person who is the focus of concern. The key staff member will need to be able to give sufficient time to supporting the circle of friends in the weekly meetings that will follow the first meeting of the focus child's class or tutor group. Between 30 and 40 minutes each week will be needed. Some teachers have reported that it has worked much better where two members of staff have been involved from the outset, often one being a TA, providing mutual support" (Newton & Wilson, 2005).

The Whole-Class meeting – Recruiting Volunteers

60 minutes should be allowed for this meeting to enable the class to build empathy for the focus child.

The discussion is led by an adult facilitator – it often helps if this is someone the class is less familiar with. The class teacher and / or whoever will be maintaining this work should also be present. The focus child is not required to be in the recruitment session.

- **Introduction:** The facilitator introduces themselves.
- **Aim of the meeting**: Explain why the meeting has been organised e.g. To discuss the behaviour of the focus child and how the class can help them. Explain that the focus person knows the class is meeting and has agreed to it.
- **Agree ground rules:** e.g. confidentiality, trust, honesty. Check understanding of 'confidentiality' and explain how 'honesty' will enable the class and focus child to get the best out of the meeting.

- **Gaining a picture of the focus child:** The class is asked for positives about the focus child (things they do well) then the things the focus child finds difficult (when things don't go so well). Positives and difficulties should be captured on a flip chart or equivalent for all to see.
- **Role of friendship and building empathy with focus child**: This could be through the 'Circle of Support' exercise or through friendship-based discussions in which the class think about different types of relationship that surround them as individuals. **Sensitivity is required here as there may be other children who have gaps in their 'circles of support'.**
- **Ways to help:** The class are asked to make a list of 'what could they do to help the focus child'.
- **Explain concept of Circle of Friends and what's involved.**
- **Recruitment of Volunteers:** Ask the group who would like to volunteer to be involved. 6 – 8 people will be needed. Avoid only choosing those who are perceived as behaving well by adults.
- **Next Steps**: Explain what will happen next and when the first Circle of Friends meeting will take place.

The first meeting of the circle

A session typically lasts 30 – 40 mins. The session is led by an adult facilitator.

- **Introduction:** The facilitator introduces themselves and reminds everyone why there are there.
- **Agree ground rules:** e.g. confidentiality, one person talking at a time (a talking stick may help), listen to each other. Boundaries should be very clear and include how group members should deal with disclosures from the focus person they are supporting.
- **Agree aims of group:** e.g. to support [name of focus child] to [name the type of support the focus child has agreed].
- **Support Declarations**: Ask group members to tell the focus child why they volunteered to be in his / her circle.
- **Celebrate positives:** Ask the group to share positive things about the focus child.
- **Examine negatives:** The group next suggested a few things that the focus person could work on.
- **Generate tactics and supportive ideas:** Brainstorm strategies of things that could help with the negatives.
- **Agree which strategies to try** and gain commitment from a named person in the 'Circle of Friends' who will support the focus person in doing this. Repeat back what's agreed and capture on flip chart.
- **Agree group name.** Names for the circle group are suggested - focus person selects. Don't include the name of the child in the group name.
- **Describe follow-up arrangements / meeting** and what to do if someone needs some support.

Subsequent Meetings of the Circle (Structure)

- Warm up/ settling in exercise
- Good news (situation with focus child in where it went well)
- Bad news (discuss any barriers, brainstorm solutions)
- Target setting

Repeat 'Circle of Friends' at regular intervals (e.g. weekly) to strengthen peer support, celebrate progress and continue to problem solve.

Ref: Newton, C., & Wilson, D. (2005). *Creating circles of friends: A peer support and inclusion workbook*. Inclusive Solutions.

Useful links:

https://schools.local-offer.org/wp-content/uploads/2020/09/Circle_of_Friends_Guide.pdf

https://www.worcestershire.gov.uk/WCFEducationServices/info/39/autism-complex-communication-needs-ccn-resources/104/circle-friends

https://www.edplace.com/blog/send/how-to-create-a-circle-of-friendship

https://inclusive-solutions.com/circles/circle-of-friends/

References:

Bunch, G. O. (1999). *Inclusion: How to: Essential classroom strategies.* Toronto: Inclusion Press.

MacGregor, G., & Vogelsberg, R. T. (2000). *Inclusive Schooling Practices: Pedagogical and Research Foundations; a Synthesis of the Literature that Informs Best Practices about Inclusive Schooling.* Paul H. Brookes Pub.

Newton, C., & Wilson, D. (2005). *Creating circles of friends: A peer support and inclusion workbook.* Inclusive Solutions.

West Sussex City Council (2020). Circle of friends Guide. Retrieved from https://schools.local-offer.org/childs-journey/paths-bella/circle-of-friends/
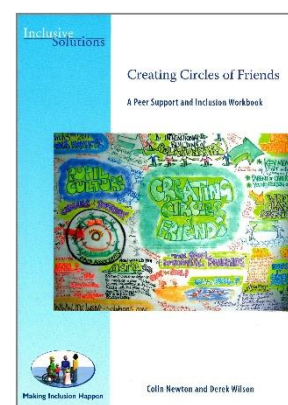
Peer Mediation

Overview description

Peer mediation is a process by which children and young people themselves help their peers resolve conflict in a constructive and neutral manner. It involves two trained peer mediators helping their peers deal with conflict through a series of mediation steps. It can be used for children and young people of all ages. The conflicts can include fights in the playground, rumour-spreading, or different types of bullying behaviour. During peer mediation disagreements are faced and brought out into the open with the help of the peer mediators. Importantly, shared understanding and agreements are worked toward through careful exploration of the conflict. Peer mediation is one specific application of **Restorative** approaches (see Section 2 of this toolkit).

Peer mediation allows children and young people to:

- Define the problem from their point of view

- Identify and express their feelings and needs

- Hear the feelings and needs of the other person

- Acknowledge each person's viewpoint

- Create solutions

- Agree a course of action

Peer Mediation

Shared Understanding
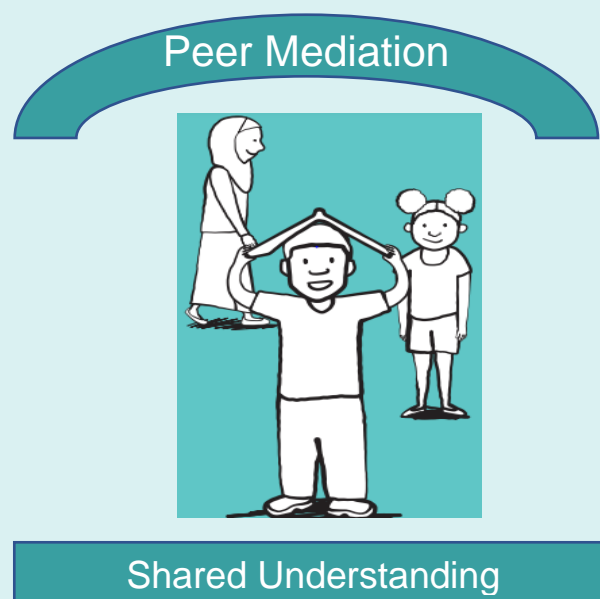
The peer mediation process not only helps to equip children and young people with the skills needed to calmly and systematically address disputes/conflicts but research shows it helps to develop confidence, communication skills, leadership skills and feelings of self-efficacy in the mediators.

How does it work?

Peer mediators are trained to follow a systematic and structured set of steps which allow them to guide their peers to resolve minor conflict. Peer mediators work in pairs and the process is voluntary so if either child/young person in conflict doesn't wish to continue at any point they can stop and matters can be dealt with according to the usual behaviour and discipline approach.

Different programmes organise the training in different ways but one successful way is to provide 6 sessions each lasting an hour over the course of 3 or 6 weeks. Typically, this training is led by an Educational Psychologist and the key member of staff in the educational setting who will be leading the peer mediation programme. Frequently educational settings choose to train Year 5 (primary) and Year 9/10 (secondary) children and young people to support the younger pupils.

Evidence-base

Research shows that many pupils who engage in aggressive behaviour have limited knowledge and social skills in resolving conflicts in a constructive manner. The standard response of these pupils to conflict is either withdrawing or forcing a situation. A well-conducted peer mediation program teaches children and young people alternative strategies that promote constructive communication and a safe educational environment (Stomfay-Stitz, 1994; Sim, Whiteside, Dittner, & Mellon, 2006; Smith-Sanders & Harter, 2007)

Research shows that programmes are successful in improving educational climate by teaching pupils to constructively deal with conflict and improving relationships between peers as well as between pupils and teachers. Research has found that, when asked, children and young people, report being satisfied with the mediation outcome and generally pupils report that they feel it makes school/college a fairer place. Parents and teachers, too, have reported high levels of satisfaction with the process and believe mediation supports the interpersonal and socio-emotional skills of all participants. (Johnson & Johnson, 1996; Burrell et al. 2003, Harris, 2005).

Studies have also shown that peer mediation training gives pupils skills to use in their lives outside of the classroom, and has a significant impact on the strategies pupils use to resolve conflicts in their homes. Being a mediator helps pupils approach conflict in their own lives and in their communities with new perspective and skill (Johnson, Johnson & Dudley, 1992; Cohen, 2005; Harris, 2005).

Useful Resources

Videos

A Youtube video where children describe the process can be found here: https://youtu.be/hYr9sTMMMW8
And here:
https://www.youtube.com/watch?v=zBxERTNoyFw

A Youtube video where a teaching assistant describes the process can be found here: https://youtu.be/ENoLEbEyYnY

Presentations

A powerpoint presentation for parents and one for teachers explaining the process can be accessed here:
https://education.gov.scot/improvement/learning-resources/restorative-approaches-peer-mediation/

Posters/Pictures
Lots of pictures/posters can be downloaded free if you are a member from here:
https://www.twinkl.co.uk/search?term=peer%20mediation

Information/Research

A useful PDF (albeit American) that provides a good overview about peer mediation and the research
https://k12engagement.unl.edu/strategy-briefs/Peer%20Mediation_0.pdf

Ideas for conflict role plays
https://www.mediation.com/articles/peer-mediation-role-plays.aspx

http://invla.org/wp-content/uploads/2017/08/Peer-Mediation-Role-Plays.pdf

Mediation scripts and skills
http://www.uft.org/files/attachments/peer-mediation.pdf

Books

Students Resolving Conflict: Peer Mediation in Schools. R.Cohen. 2005

Peer Mediation: A Process for Primary Schools. J Tyrrell. 2002

Peer Mediation: Citizenship and Social Inclusion Revisited: Citizenship and Social Inclusion in Action. Cremin, H. 2007

Other Useful links

Contact an Educational Psychology Service who can provide Peer Mediation training for your school.

Also:

Online Training: https://inclusive-solutions-school.teachable.com/p/peer-mediation

Other ways to access training:

https://www.peermediationnetwork.org.uk/

https://www.cresst.org.uk/resource/peer-mediation-co-ordinators-pack/

References

Burrell, N., Ziber, C. S., & Allen, M. (2003). Evaluating Peer Mediation Outcomes in Educational Settings: A Meta-Analytic Review. Conflict Resolution Quarterly, 21(1), 7-26. https://doi.org/10.1002/crq.46

Cohen, R. (2005) Students Resolving Conflict: Peer Mediation in Schools. Good Year Books

Harris, R.D. (2005), Unlocking the learning potential in peer mediation: An evaluation of peer mediator modeling and disputant learning. Conflict Resolution Quarterly, 23: 141-164. https://doi.org/10.1002/crq.130

Johnson, D.W., Johnson, R.T. and Dudley, B. (1992), Effects of peer mediation training on elementary school students. Mediation Quarterly, 10: 89-99. https://doi.org/10

Johnson DW, Johnson RT. (1996) Conflict Resolution and Peer Mediation Programs in Elementary and Secondary Schools: A Review of the Research. *Review of Educational Research*; 66(4):459-506.

Sim, L., Whiteside, S., Dittner, C. & Mellon, M. (2006). Effectiveness of a Social Skills Training Program with School Age Children: Transition to the Clinical Setting. Journal of Child and Family Studies. 15. 408-417. 10.1007/s10826-006-9049-6.

Smith-Sanders, A.K. & Harter, L.M. (2007) Democracy, Dialogue, and Education: An Exploration of Conflict Resolution at Jefferson Junior High, Southern Communication Journal, 72:2, 109-126, DOI: 10.1080/10417940701316328

Stomfay-Stitz, A.M. (1994) Conflict Resolution and Peer Mediation: *Pathways to Safer Schools*, Childhood Education, 70:5, 279-282.

Neurodiversity

Autism Spectrum Conditions (ASC)

Overview description

Autism is a lifelong neurodevelopmental condition. It affects how a person communicates with and relates to other people and how they experience the world around them. It can be diagnosed at any age. It is characterised by differences in social communication, sensory processing and patterns of behaviour and interests.

Autism is a different way of seeing and experiencing the world. It is important to note that ASC is known as a 'spectrum' because there is a wide variation in the type and severity of symptoms that individuals with the condition experience. It occurs in males and females, and in all ethnic, racial, and economic groups.

The Autism Spectrum

Body Position/Movement
e.g., sensing body position, walking on tiptoes

Internal Sense
e.g., feeling hungry/full, awareness of emotions

Sensing the Outside World
e.g., feeling very sensitive to sensations in the world

Emotional Intensity
e.g., meltdowns, shutdowns

Stims
e.g., repetitive movements, sensory seeking

Communication Differences
e.g., differences in eye contact, body language

SPINS
Stands for: SPecial INterests
e.g., intense research, information hunger

Relationship Differences
e.g., masking, bonding through special interests

Executive Functioning
e.g., hyperfocus, difficulty changing tasks

Adapted from: Lowry, M. (2022). The Autism Spectrum [Online image]. Matt Lowry LPP. https://www.mattlowrylpp.com/

When someone is being assessed for autism, these things are considered:
- The way they communicate: like their experience of eye contact, body language, friendships and having conversations.
- Their passionate interests and preference for sameness, fixed routines and familiarity
- Their sensory experiences (e.g. being very sensitive to certain sounds and sensations, such as busy, noisy areas)

The Three Areas Autism is Typically Defined by

Social understanding and communication

Flexibility, information processing and understanding

Sensory processing and integration
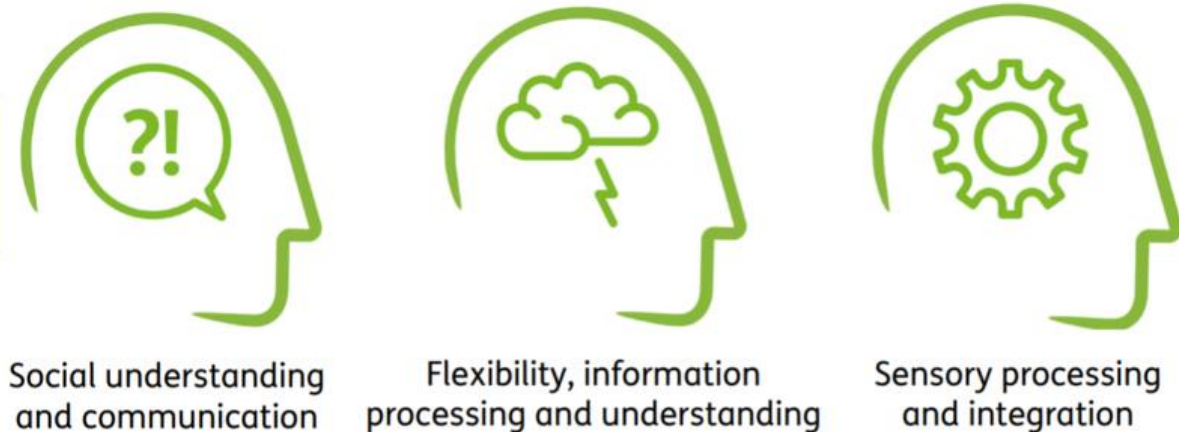
Source: Autism Education Trust

Like anybody, every autistic person has their own strengths and differences and their own unique personality. However, autistic people do have certain similarities with their communication and their experience of the world.

It's important that education professionals have a balanced view of autism and understand the strengths as well as the challenges of being autistic in a neurotypical world. Spectrum Gaming, an online community for autistic young people, state the following:

'… autistic brains have many positives … . These may include logical brain with good attention to detail, the ability to focus deeply, strong memory skills and unique thought processes. Autistic people place less value on small talk and more on openness and honesty. Autistic people may also have lots of knowledge and skills in one specific area.'

Many autistic people need extra support at nursery, school or in college, because most places have been designed for non-autistic people and might not suit autistic people's communication and needs. This can lead to vulnerabilities in education settings, which are complex social and sensory environments. Individuals with autism often have talents and abilities that should be recognised and celebrated.

Examples of some social communication challenges young people may display are:
(but are not limited to):

accessing classroom language	sustaining a conversation	understanding 'nonverbal' cues and being asked to make eye contact
expectations about forming and maintaining relationships	Showing emotional reciprocity (tuning in to others' emotions)	Limited interest in pretend play and reciprocal play, including sharing and turn-taking

giving 'joint attention' (bringing things to show you; pointing things out; following your gaze')

Examples of repetitive and restricted behaviours include (but are not limited to);

Preoccupations with parts of objects, such as wheels of toy cars instead of the cars themselves	Strong preferences for rituals and reliance on routines and predictability; a resistance to change	Repetitive motor behaviours (self-stimulating behaviours, or 'stimming') e.g. rocking, hand-flapping

Preoccupation(s) with certain topics and/ or activities. Some children may derive comfort and enjoyment from verbal rituals or talking about their preferred topic

Autism and Anxiety
- Many autistic people are diagnosed with an anxiety disorder or experience symptoms of anxiety that significantly impact their life

- A wide-range of education-related factors can provoke anxiety, including:
  - The environment
  - The Curriculum
  - Social Interactions and Communication
  - Requirements for flexibility
  - Sensory issues

High levels of anxiety can underpin challenging behaviour.

It may not be obvious that a young person is anxious, because of 'autistic masking'

What to do if you think a child or young person you are working with may be autistic?

The following link provides information and advice for education professionals:

https://www.autism.org.uk/advice-and-guidance/professional-practice/teachers-diagnosis

Manchester's Social Communication Pathway (SCP)

The Social Communication Pathway (SCP) is an autism assessment service for children and young people in Manchester. The team consists of: Psychiatrists, Psychologists, Speech and Language Therapists, Occupational Therapists, Mental Health Practitioners, Educational Psychologists, Paediatricians

The SCP team work with children and young people who have differences with the following areas:

- Social relationships
- Expressing and understanding feelings
- Communication
- Changes to routine/unexpected changes
- Sensitivity to sensory input such as noise, textures and tastes

Young people may also have special interests and things they are very good at.

Some children and young people experience these differences because they are autistic Some children and young people have these differences but are not autistic.

Referral Criteria and Process

Child or young people 3 to 18 years old, registered with a Manchester GP Questionnaires to be completed by parent/carer and nursery/school/college about the child/young person's social communication. School/nursery should complete a separate education questionnaire. For young people over the age of 14 years, it may be helpful to complete a Young Person's questionnaire.

You can download all questionnaires from here:

https://mft.nhs.uk/rmch/services/camhs/young-people/social-communication-pathway-autism-assessment/

Please also include any relevant reports and information, e.g. Speech and Language assessments, Educational Psychology assessments. This will help avoid delays in processing your child's referral.

Once both PARENT/CARER & EDUCATION forms are completed, the SCP team will consider whether we think an autism assessment is needed.

(There are other reasons that children and young people can present with social differences, communication differences and behaviour that challenges. For example, if the child has specific learning or language difficulties; or behaviour may be a reaction to significant life experiences. We may feel an autism assessment is not appropriate in this case).

What can educational settings do to support pupils with autism?

Effective support for autistic children and young people is underpinned by an inclusive and person-centred ethos. Autistic students have the right to be included and their best interests should be placed at the centre of planning for their support. In line with the SEN Code of Practice (DfE & DHSC, 2014). The Code of Practice emphasises the importance of working in close collaboration with parents. Many autistic pupils are highly anxious about their educational setting and parents can often shed light on the underlying reasons.

So staff should collaborate with the pupils and their parents when developing outcomes, planning, implementing and reviewing strategies/ support packages.

Below are a few 'top tips' on how to understand and address behaviours that may challenge those working with autistic pupils in educational contexts. These are taken from a variety of sources which are listed in the 'references' and 'useful links' sections below. Educational strategies for autistic pupils have been researched extensively over the years. Hence, listing every single approach and strategy is beyond the scope of this section. Readers are advised to consult the reference list and 'useful links' sections below for more information on different educational strategies.

Above all, it is important to plan for the individual, following a careful assessment of need and using their priorities where possible.

Planning for autistic children and young people

- Ensure that all staff have received up-to-date training on autism. This can be provided by educational psychologists (EPs), specialist teachers from outreach services and/ or other external agencies such as the Autism Education Trust (AET). There is new training in Greater Manchester written by the Autism In Schools Group
- Use Manchester's 'About Me' profile to ensure all staff understand the child's needs
- Take pictures and/ or videos of the classroom areas, dining all, toilet(s), and members of staff, so that pupils know what to expect. These photographs can be compiled in an electronic and/ or 'hard copy' booklet for each pupil to take home.
- Use Social Stories (Grey, White & McAndrew, 2001) to prepare pupils for their transition into their new class/ education/ training provider. (follow the links on the 'useful websites' section below to learn more about Social Stories)
- Plan for transitions, e.g. a visual timetable, careful preparation
- Explicitly state the rules, boundaries and expectations using each pupil's preferred communication medium which can be identified in consultation with parents and/ or professionals such as Speech and Language Therapists (SALT) and educational psychologists (EPs)

Strategies

- Communicate effectively with autistic pupils to establish their learning preferences. Ensure that those with the capacity to do so are involved in planning, implementing and reviewing their support package. Developing a positive working relationship with them is key to success.
- Communicate regularly and effectively with parents/carers about approaches and strategies. They know their child best. Doing so not only increases the likelihood that strategies will be consistently implemented, but may also improve the quality of the home-school relationship. Use Manchester's 'About Me' profile
- Present work in manageable chunks. Most autistic pupils may feel easily overwhelmed which could lead to resistant or avoidant behaviours.
- Allow the young person to do one thing at a time.
- Provide consistency and predictability as much as possible.
- Prepare for the unexpected. Pre-warn pupils of anticipated changes in routines, e.g. teaching assistant leaving or a fire drill.
- Foster an environment where mistakes are allowed and are reframed as learning opportunities. This includes modelling from staff, constructive conversations focused on teaching appropriate behaviour instead of punishments with students following incidents

The most effective way to manage behaviours that challenge is to prevent them from happening in the first place! The 'best odds' for reducing these types of behaviours is to ensure that your autistic students are properly supported and understood, by all staff they may encounter.

Undesired behaviours will always 'boil down' to one of two things – or a combination. These are, that the student has skills or understanding that lags behind their age, or has expectations upon them that they cannot meet (these expectations can be self imposed, or imposed by someone else). Autistic students often find the sensory and social environment of their educational environment very challenging and draining, and this can reduce their resilience in the face of apparently minor issues. It is also important to acknowledge that the way that adults around them interact and interpret their behaviours can inflame or calm a situation.

More specifically, major stressors in the classroom include:
1. Language, social and/ or academic demands are too high (or the pupil perceives them as being higher than their abilities)
2. Violation of the pupils' expectations, including rapid and unexpected transitions or changes in routines
3. Sensory input, e.g. adults and/ or other pupils being noisier than usual; new bright decorations; unusual smell

When serious incidents, occur, it is important to have the opportunity to reflect on what went wrong. This should include not only what the young person did, but also whether adults/peers accidentally contributed to the situation. Autistic people in mainstream settings will usually know and understand the expected behaviours e.g. not to swear or hit, but may have been unable to self-regulate in the moment. So effective de-briefs should include supporting the young person to develop a toolkit of strategies. A 'comic strip conversation' can support understanding of others' perspectives if this is an issue. Useful resources will include the 5 point scale and Zones of Regulation.

Preventative Strategies

Autism and Anxiety

- Understand – anxiety induced behaviour is not a choice
- Follow the Assess, Plan, Do, Review Cycle (as with any other child with SEND)
- Make a plan with parents, the child and other appropriate professionals
- Access to an identified member of staff and key adult to 'check in' with young people during the day

- Have a 'safe place' or base identified in their educational setting
- Inform all staff about the young person's difficulties – with a do's and don't list
- Create a one page profile

Examples of environmental modifications

- Changing seating plans to ensure that autistic pupils are away from distractions and/ or closer to the teacher/ TA
- Speak to the yp/their family about the sensory environment and make adjustments e.g. removing a loud clock, adapting uniform, avoiding busy times in a dining hall; changing classroom display, leaving classes early to avoid crowded corridors
- Reduce demands. As stated previously, allow autistic pupils to complete one task at a time.
- Use clear language, and repeat as necessary
- Provide visual representations of lesson information and instructions, as well as timetables and routes between classrooms
- Provide a time-out pass for the pupils to use when the classroom environment becomes overwhelming
- Ensure that pupils have access to a quiet place where they can go to (supervised by adults) when needed
- Use of timers and verbal warnings to prepare for transitions between activities/ lessons

Support from professionals

Staff are encouraged to seek support from relevant professionals such as EPs, SALT and CAMHS.

"I'm autistic, which means everyone around me has a disorder that makes them say things they don't mean, not care about structure, fail to hyperfocus on singular important topics, have unreliable memories, drop weird hints and creepily stare into my eyeballs."

Autisticnotweird.com
fb.com/autisticnotweird
-Chris Bonnello

"So why do people say YOU'RE the weird one?"

"Because there's more of them than me."

Chris Bonnello Autisticnotweird.com

Top Tips!

For Early Years

Children in the early years with social communication delays will benefit from a range of strategies to support their familiarity, and therefore, predictability of transitions and routines. You may want to use a visual timetable and remove photos as the day progresses and activities are completed or use a now/next board. Remember, some children may not yet understand photographs/pictures so will need activities represented using real objects.

Harness opportunities for joint attention and purposeful communication. For example:

- Create communication by withholding actions for a short time for example whilst blowing bubbles, stop and say "ready, steady…" and pause for the child to gesture, sign or verbally request for more.
- Offer choices which allow the child to tell you what they want in their preferred way. For example, hold out two items – one the child likes and one they don't and allow them to gesture, take or look at the item they would like.
- Utilise an intensive interaction approach to mirror and imitate children's vocalisations to create shared experiences together.
- Attention Autism is an intervention model to develop natural and spontaneous communication through the use of visually based and highly motivating activities: https://best-practice.middletownautism.com/approaches-of-intervention/attention-autism/

The Bristol Autism Team Toolkit provides a breadth of practical activities to support transition, communication and independence in the early years: https://www.bristol.gov.uk/files/documents/4016-bristol-autism-team-early-years-toolkit-july-17/file

Post-16

Top Tips!

Young people may want to learn more about their ASC diagnosis and understand how they can manage in a society that is designed for neuro-typical people. There are a range of books and podcasts that are often written by or delivered by autistic people.

- Check out Jessica Kingsley Publishers. This is a specialist company that deals in books related to neurodiversity, diversity in general, mental health etc. They have a good website.
- 'Explaining Humans' by Dr Camilla Pang.
- https://uniquelyhuman.com: This is a podcast which aims to celebrate autism and neuro-diversity hosted by Barry Prizant and Dave Finch.

Post-16

Top Tips!

Useful resources and links:

- https://www.autismspeaks.org/postsecondary-education
- https://www.ambitiousaboutautism.org.uk/sites/default/files/reports/files/finished-at-school-guide-ambitious-about-autism.pdf
- https://www.autismeducationtrust.org.uk/resources/post-16-competency-framework

References:

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Department for Education & Department of Health and Social Care (2014). *Special Educational Needs and Disability Code of Practice: 0 to 25 Years.* Retrieved on 15.04.21 from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

Fein, D., & Dunn, M. A. (2007). *Autism in Your Classroom: A General Educator's Guide to Students with Autism Spectrum Disorders.* Maryland: Woodbine House.

Gray, C., White, A. L., & McAndrew, S. (2002). *My social stories book.* Jessica Kingsley Publishers.

Hebron, J., & Humphrey, N. (2014). Exposure to bullying among students with autism spectrum conditions: A multi-informant analysis of risk and protective factors. *Autism, 18*(6), 618-630.

Jackson, S. L., & Volkmar, F. R. (2019). Diagnosis and definition of autism and other pervasive developmental disorders. In F. R. Volkmar (Ed.), *Autism and pervasive developmental disorders* (pp. 1–24). New York: Cambridge University Press.

Useful links

Advice for teaching staff who suspect that a pupil presents with symptoms of autism: https://www.autism.org.uk/advice-and-guidance/professional-practice/teachers-diagnosis

National Autistic Society: https://www.autism.org.uk/

Greater Manchester Autism Consortium https://www.autismgm.org.uk/

Autism Education Trust https://www.autismeducationtrust.org.uk/

Academic Autism Partnership in Research and Education: https://aaspire.org/

Social Stories: https://carolgraysocialstories.com/ and https://www.autism.org.uk/advice-and-guidance/topics/communication/communication-tools/social-stories-and-comic-strip-coversations

Spectrum Gaming. An online community for autistic young people https://www.spectrumgaming.net/

Manchester Social Communication Pathway

https://mft.nhs.uk/rmch/services/camhs/young-people/social-communication-pathway-autism-assessment/

Autistic Girls (internalised autism)

Overview

For a long time, the diagnostic system and stereotypes around autism have been based on typically male presentation of autistic traits (Dworzynski, Ronald, Bolton, & Happe, 2012). Autistic females may present differently and, as a result in the past, many autistic females have not received a diagnosis and some have instead been diagnosed with mental health difficulties without autism being considered as a factor (Lai & Baron-Cohen, 2015). While autism research is slowly changing professional practice in this area, it is important to know that the female phenotype is often less recognised within society as many traits are internalised or present differently.

Internalised autism refers to autistic people who are able to mask their traits by mirroring the behaviour of those around them so they come across in the same way most Neurotypical people do. Internalised autism is often associated with autistic girls as typically they are able to mask their behaviour. However, internalised autism is not exclusive to females, some males may also have learnt to internalise their autistic traits.

Examples of differing female social communication characteristics include (but are not limited to):

Particularly good at mirroring behaviour, also known as masking	Repetitive behaviours such as twirling hair, reding books, etc.	Difficulties understanding conflict within friendship
Show signs of anxiety depression and other mental health difficulties	More likely to have socially acceptable interest	
Traits such as 'shyness' are more socially acceptable in girls than boys	Camouflaging behaviour at school and releasing it at home	Difficulties respecting authority and the school hierarchy

References: (National Autistic society, 2023) (Rudy, 2021)

Autism and anxiety

Anxiety can be a major part of an autistic girl's everyday life, especially when they are masking and trying their best to fit in.   This build-up of anxiety can cause anxiety-based school avoidance or selective mutism. Friendships are often very important to autistic girls but can also cause a great deal of anxiety, especially if there is conflict. It is common for them to have one or two strong friendships, but they may struggle socialising in groups. In adulthood some autistic women have described a general feeling of 'not fitting in' despite great efforts on their part to do

so. Navigating social dynamics can feel exhausting in addition to managing sensory differences and attempting to understand and cope within educational systems and structures.

Autism and behaviour

Providing students with a safe location within their educational setting to go where they can relax and don't feel they have to 'mask' may help reduce the stress and anxiety students face within school or college. Some autistic girls become very tired from masking all day which can result in a dysregulated behaviour when they get home from school or college. Providing a safe space and trusted accepting adult in school may help to reduced the dysregulated behaviour at home.

What can educational settings do to support autistic girls or those with an internalised presentation of autism?

Effective support for autistic girls is underpinned by an inclusive and person-centred ethos. By ensuring each student understands their diagnosis it will allow for them to express what they feel might help them within their educational setting. Schools and colleges should take into consideration that a student presenting with mental health difficulties may have undiagnosed autism. Further information should be gathered before an assumption about behaviour is made.

Extra: *preparing autistic girls before the first day of school*

- Ensure that all staff are aware of the different traits that autistic girls can display

- Speak to the student and explore how they understand their diagnosis and what they feel would help. Many autistic girls have become so good at masking their difficulties that they'd prefer support not to be put in place out of fear of appearing different.

- Ensure the student knows who their trusted adult is and where they can go if they need a break from lessons and/or social time.

Extra: *Strategies to use all year*

- Ensure the students trusted adult meets with the student regularly to check in and support the student as required.

- Engage in regular communication with parents about what is happening in school/college and at home. This is important given the behaviour might present very differently at home.

- Discuss with the student how they'd prefer work to be presented to them. Some might need/want manageable chunks, for others this could cause more anxiety because it highlights difference.

- Try 'low profile' strategies to allow the student to indicate she needs help in class – for example, blue pen for ok, green pen for help.

- For group work, try to provide the opportunity for pair rather than large group work or arrange the groups so the student has a trusted friend in the same group as this can reduce anxiety.

- Help reduce anxiety by adapting how you teach – for example try not to put a student 'on the spot', rush them, give too many instructions or change a task without warning as this often increases stress.

- Provide ways the student can let a key adult know how she is feeling – for example, maybe a thoughts book or ratings scale that thoughts can be noted down during the day/evening, if she finds it difficult to articulate her feelings/thoughts in the moment.

- Share literature and resources that provide autistic girls (and other autistic children) with opportunities to read stories about real or fictional characters who are also autistic, validating their own experiences.

- If a student is struggling with hierarchy and rules ask a supportive member of SLT to sit down with them and answer any questions they may have.

Post-16

Top Tips!

Young people may want to learn more about their ASC diagnosis and understand how they can manage in a society that is designed for neuro-typical people. It is important to support them to accept themselves: masking is exhausting and being themselves will help them to be happier throughout their life. There are a range of books and podcasts that are often written by or delivered by autistic people for example:

Rudy Simone's Aspergirls book is described as empowering and affirmative. Chapters like 'Why smart girls sometimes hate school' … can be dipped into. (Jessica Kingsley) OR Aspergirls book of secret social rules by Jennifer Cooke O'Toole - or anything by Jennifer Cooke O'Toole

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Lai, M. C., & Baron-Cohen, S. (2015). Identifying the lost generation of adults with autism spectrum condition. *Lancet Psychiatry*, 1013-27.

National Autistic society. (2023). *Autistic women and girls*. Retrieved from National Autistic Society: https://www.autism.org.uk/advice-and-guidance/what-is-autism/autistic-women-and-girls

Rudy, L. J. (2021, December 07). *Women With Autism: How Autistic Traits May Differ*. Retrieved from Verywell health: https://www.verywellhealth.com/autism-in-women-5209272

Resources and Signposting

Useful websites:
https://www.autism.org.uk/advice-and-guidance/professional-practice/girls-wellbeing

https://www.autism.org.uk/advice-and-guidance/professional-practice/autistic-girls-education

https://autisticgirlsnetwork.org/reasonable-adjustments-possible-at-school/

https://senmagazine.co.uk/content/specific-needs/autism-asd/7757/teaching-girls-with-autism/

https://nasen.org.uk/resources/girls-and-autism-flying-under-radar

https://my.optimus-education.com/empowering-girls-autism-advice-mainstream-schools

Staff Training:
The National Autistic Society provides online training:

https://www.autism.org.uk/what-we-do/professional-development/training-and-conferences/online/women-and-girls

Recommended books:
- Supporting Spectacular Girls: A Practical Guide to Developing Autistic Girls' Wellbeing and Self-Esteem, by Helen Clarke
- Education and Girls on the Autism Spectrum: Developing an Integrated Approach by Hebron and Bond

Books for students
- The Spectrum Girl's Survival Guide: How to Grow Up Awesome and Autistic by Siena Castellon
- The Awesome Autistic Go-To Guide: A Practical Handbook for Autistic Teens and Tweens, by Purkis and Masterman
- The Awesome Autistic Guide for Trans Teens, by Purkis and Rose
- The Autism-Friendly Guide to Periods, by Steward
- The Growing Up Guide for Girls: What Girls on the Autism Spectrum Need to Know! by Davida Hartman

Attention Deficit and Hyperactivity Disorder (ADHD)

Overview description

ADHD, officially known as Hyperkinetic Disorder (HKD) in the UK, is a chronic neurodevelopmental disorder which is evident at a young age and pervasive across settings e.g., home, school and with friends.

ADHD is a persistent pattern of inattention and/or hyperactivity and impulsivity that is more extreme than is typically observed in individuals at a similar stage of development which interferes with their functioning (DSM V). There are 3 known presentations of ADHD:

- ADHD impulsive/hyperactive
- ADHD inattentive and distractible
- ADHD combined: Most common type characterised by impulsive and hyperactive behaviours as well as inattention and distractibility.

Some ADHD specialists refer to ADHD as a disorder of 'self-regulation'. Self-regulation requires that a person has intact executive functions. Children and young people with ADHD have brains that have grown and developed differently.

ADHD affects about 3-5% of children and 2% of adults and is more common in males than females (4:1). Girls with ADHD may present with less hyperactivity than boys and subsequently may be less easily identified in primary care settings (NICE, 2008, 2013).

Previously it was thought that children grew out of ADHD in adolescence. However, more recent evidence suggests that in approximately a third to a half of children with ADHD the symptoms continue into adulthood. Children with ADHD are not alike and may have mild, moderate or severe forms of the condition.

Evidence-base

Studies of twins suggest that between 65%-90% of the risk of having ADHD comes from a person's genes. This means that ADHD is often inherited and tends to run in families. Specific genes have been linked to ADHD. People with these genes do not all have ADHD but they are more likely to have it than people without these genes. Many of these genes have to do with the action of dopamine and norepinephrine, substances that enable nerve cells in the brain to network with each other. The main medical treatments for ADHD boost the function of dopamine and norepinephrine.

There is research evidence that children and young people with ADHD are at increased risk of a range of other comorbid needs including; other neurodevelopmental disorders (e.g. learning difficulties, motor co-ordination disorders, autism spectrum disorders and Tourette's), mental health needs (e.g. mood disorders and substance misuse) as well as physical health needs (e.g. epilepsy and hearing loss).

It is imperative to ensure that all needs of children and young people with ADHD are appropriately assessed and supported including physical, health and learning needs (NICE 2018). Diagnosis should follow DSM V or ICD – 10 criteria and the severity (moderate or severe) should also be documented based on functional impairment (NICE 2018).

> **Essential Diagnostic Criteria (DSM V)**
>
> Onset < 7 years
>
> All symptoms persistent for more than 6 months.
>
> Symptoms are not consistent with cognitive developmental level
>
> Significantly impaired social functioning
>
> Significantly impaired academic functioning

Signs and Symptoms of HKD / ADHD

INATTENTION (6 for a least 6 months)

Poor attention to detail/careless errors.

Often fails to concentrate on tasks or play.

Often appears not to listen.

Often fails to finish things/tasks.

Poor task organisation.

Often avoids tasks that involve sustained mental effort.

Often loses things for tasks.

Often distracted.

HYPERACTIVITY (3 for at least 6 months)

Often fidgets or squirms on seat.

Often leaves seat when expected to sit.

Excessive and inappropriate running or climbing.

Often noisy or has difficulty being quiet.

Persistent overactivity not modulated by request or context.

IMPULSIVITY (1 for at least 6 months)

Often blurts out answers before the question is complete.

Often fails to wait turn in groups, games and queues.

Often intrudes in games or conversations.

Often talks excessively without response to social constraints.

It should be remembered that many people will from time to time display some of the above presentations. Besides, the criteria above, the Multi-Disciplinary Team (MDT) identifying ADHD will also consider how a child's behaviour compares with the neurotypical active child and identification of ADHD will rest on the greater frequency, severity and pervasiveness of the symptoms than is normally expected.

Children and Young people with ADHD may struggle in:

Managing emotions	Getting started on tasks	Shifting focus from one thing to another
Following directions	Keeping things in mind (working memory)	
Focussing on what's important		Getting and staying organised
	Managing time	
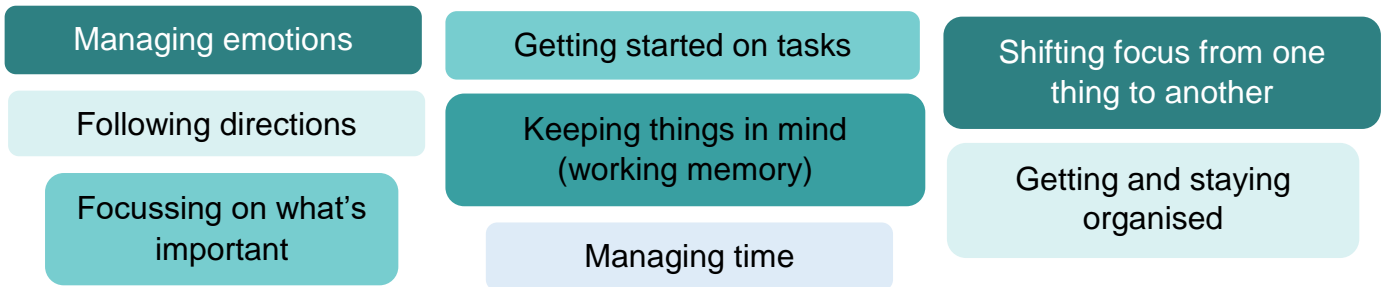
There are many misconceptions regarding ADHD. It is important to remember that ADHD is NOT:

🚫 All about hyperactivity. Children & YP with the inattentive presentation of ADHD may appear 'day dreamy' or off in their own world.

🚫 A problem with laziness or poor parenting. ADHD is caused by differences in brain anatomy and wiring.

🚫 Due to poor diet or intake of food additives but as with all children, they may make them more active, impulsive and inattentive.

🚫 Something children and young people outgrow. Many who are diagnosed with ADHD have symptoms that persists into adulthood.

Ways to Support Children and Young People with ADHD

Concentration and attention vary from one child to the next depending on their level of alertness, motivation, engagement with the task in hand or emotional state. There are many reasons why a child or YP might have difficulties concentrating. Often their difficulties appear inconsistent, with behaviour being different according to times of a day or person involved. Children and young people with ADHD may be able to focus on tasks they are highly motivated in and of their choosing. Their behaviour may be more challenging at home due to a less structured environment

A multi modal approach in supporting children and Young people with ADHD is needed due to the multi-faceted nature of ADHD and individual differences of each child and

young person with ADHD. It is helpful if everyone involved has a good understanding of the child's needs and uses a consistent approach towards meeting them. The usual approach that professionals will use will be a combination of:

● behaviour management, and

● medication.

Parents may also use:
● diet;
● alternative therapies/approaches.

Medication

There has been much controversy in the press and media about treating children with ADHD with medication. Parents may find that they are asked if they would like their child to be prescribed with medication. It is important that parents feel comfortable with their decision on behalf of their children, until the young persons are at an age where they may be able to express their own feelings about medication. Parents should feel able to ask as many questions as they think necessary to the health professional and obtain as much information as possible about the drug that is being offered for their child. This will help parents make a more informed decision about how it will help their child, and also be aware of the side effects.

As ADHD affects not just the child but the whole family as well, there are numerous support packages for parents of children with ADHD, for example:

- Parent based interventions
- Parenting programmes for preschool children
- Triple P or Incredible Years (for parents of school age children with ADHD and comorbid conduct disorder)
- Sleep strategies
- Principles of healthy diet
- Post diagnostic support -Group sessions/workshops on strategies

Children and Young People interventions

CBT based strategies for comorbid mood/anxiety.

Mindfulness, metacognitive therapies.

Group social skills or problem-solving training.

Setting based behavioural strategy

Support at an educational setting will need to be targeted multi dimensionally encompassing several aspects: Environmental, Instructional, Social, Emotional, and Behavioural.

Environmental

Children will struggle to focus if the environment is too stimulating – background noise, different activities: Providing clear structure and a predictable environment and preparing children & YP for change in the environment will facilitate their attention & focus. Visual timetables may be helpful. Additionally, write the schedule for the day up on the board so that they can see the structure of the day.

Keep classroom rules simple and clear and visible – keep referring to them and reinforcing them

Children can benefit from spending some time at a workstation – i.e. a desk that is relatively distraction free – especially for work that requires a high level of concentration A couple of these could be set up and introduced positively to the children as special places to go to work. All children in the class could have a rota for one – with the other being largely for the child with ADHD.

Ensure child/YP with ADHD has a seat near a good role model or teacher as much as possible.

Before lunch and towards the end of the day they are likely to be less attentive – activities at these times of the day need to be less demanding on attention.

Children often benefit from having a specific job to do during tidy up time and other times when things may seem a little chaotic.

Instructional

Communicate effectively: use language appropriate to child's age / level of understanding.

Make eye contact and /gentle physical contact before giving one or two clear instructions. Have instructions repeated back, or confirm they were understood, before proceeding.

Verbal instructions need to be supplemented visually – keep instructions eye catching and as exciting as possible – e.g. by using computer graphics.

Worksheets – large type in dark black ink, clear simple instructions with important words underlined Colour if possible but with some with spaces and borders to define important sections Just have one or two main instructions on each sheet so the child does not become overloaded with information

Another way to help children organise their response to work would be to divide the sheet into sections – with them attempting one at a time and covering the others up

Self-monitored and timed computer programmes will be of great help, as the child will have some control over the timing.

Social

A child with ADHD is likely to difficulties making and maintain friendships because of their unpredictability and impulsivity. Support social skills: teach appropriate skills / acceptable social codes. Regular access to Social Skills training - often in a role-play situation with the aim of teaching him how to behave in social situations by picking upon social cues and by learning how their behaviour affects others.

Emotional

Children with ADHD often have low self-esteem and struggle with emotional regulation. Encourage and praise to raise self-esteem and confidence. Let the child teach another child a skill s/he has mastered to raise their class profile and motivation. Find other ways to boost the self-esteem and give them frequent opportunities to experience success & showcase their strengths.

Children with ADHD often need opportunities for physical expression, movement and release of energy due to over excitability.

Direct teaching of coping strategies and opportunities to practice these when not dysregulated. Staff to work with home and use a consistent approach across settings. When child has an angry outburst, put them in a safe place to calm down alone before attempting to comfort or discuss what has happened.

Use empathy statements such as 'I understand'. Adults should model emotional self - regulation and balanced lifestyle (good eating and sleep habits, exercise & hobbies).

Behavioural

A child with ADHD can be very impulsive, for example, they often do and say the first thing that comes to their head and find it hard to wait their turn. Staff and parents can plan ahead, break tasks down to manageable chunks of work, and give frequent physical movement breaks between mini tasks.

To support manage a child with ADHD's hyperactivity, restlessness or fidget behaviours, have a programme of physical activities to either energise or calm the child depending on the time of day.

Help prevent misbehaviour by having routines, and giving consistent rules and clear instructions.

Use a positive approach and calm tone of voice. Teach calming techniques to de-escalate conflict. Use praise and catch them being good.

Use positive incentives and natural consequences: When you…. then you may …

Find creative ways of giving child with ADHD frequent and positive to sustain the concentration and motivation.

It is important to identify problem behaviours and act upon them immediately. Focus on dealing with difficult behaviours which you feel is most important. Put a hold on the rest.

Link target behaviour to a highly motivating reward system used consistently. Ignore petty behaviours.

Always, ensure a fresh start once an incident has been dealt with. In order to help the child to learn from his/her mistakes, give them consequences and adults to follow through. Consistently reinforce good behaviour.

Strengths

Children and Young people with ADHD can have many positive qualities. Commonly, children with ADHD have bundles of energy and can be very creative. Talents like these should be encompassed and enhanced to enable them to reach their full potential. Children and Young people with ADHD have aspirations too and, with appropriate understanding, have the ability to make a valuable contribution to society.

Some successful people with ADHD include:

- Emma Watson (award winning actress & activist
- Heston Blumenthal OBE (Three Michelin stars celebrity chef)
- Simone Biles (Olympic Gold gymnast)
- Zayn Malik (Award winning singer and song writer)

Top Tips!

For Early Years

In the early years, ADHD can often be difficult to identify due to some of the traits being comparable to typical stages of early child development. The ADHD Foundation gives some useful examples of how ADHD may present itself in young children:

https://www.adhdfoundation.org.uk/2022/03/14/understanding-adhd-in-the-early-years/

- Monitor a child's arousal levels to find their window of tolerance (pictured) . Support a child by redirecting them to a low/higher stimulated environment or activity when necessary.
  Think about the child's sensory needs, do they need to chew, stroke or hold something to support their concentration and/or regulation.
- Create a calm box full of appropriate objects for this child's individual preferences.
- Reduce the strain on executive functions by delivering one instruction at a time and use visual prompts to support retention and concentration during activities.

In summary, adopt a S.M.A.R.T approach to building and supporting children and young people with ADHD:

- Separate the problem of ADHD from the child
- Map the influence of ADHD on the child and family
- Attend to exceptions to the ADHD story
- Reclaim special abilities of children diagnosed
- Tell and celebrate the new story

Useful Resources

YouTube video clips

Jack and Jill have ADHD: https://www.youtube.com/watch?v=rLghxG3mGMM

A Young Person's Guide to Thriving with ADHD: https://www.adhdfoundaion.org.uk/wp-content/uploads/2019/01/Young-Persons-Guide_Final.pdf

Let Me BE Your Camera; Understanding ADHD:

https://www.youtube.com/watch?v=KyOdenFEwnQ

About ADHD, A Guide for Children:

www.adhdfoundation.org.uk/wp-content/uploads/2019/01/Childrens-Guide_FINAL.pdf

What is ADHD?

https://www.youtube.com/watch?v+HI7Ro1PUJmE&feature=youtu.be

Teen ADHD

Https://www.youtube.com/watch?v=rlKMo8VuC_c

Useful links

ADDISS (The National Attention Deficit Disorder Information and Support Service)

> Provides information and resources about ADHD and the variety of approaches that can help including behavioural therapy, medication, individual counselling, and special education provision.

> Phone: 020 8952 2800 (office hours)

Email: info@addiss.co.uk

Hyperactive Children's Support Group

Helps hyperactive/ADHD children and their families, providing information particularly regarding hyperactivity and diet.

Phone: 01243 539966 (Mon - Fri 14:30-16:30)

Email: contact@hacsg.org.uk

The ADHD Foundation

A website containing lots of information and news about ADHD for young people, parents/carers

https://www.adhdfoundation.org.uk/information/parents/

Young Sibs

UK-wide online support service for siblings under 18 who have a brother or sister who is disabled or has special educational needs or a serious long-term condition including ADHD.

Email and chat forum available online:

https://www.youngsibs.org.uk/

Youth Wellbeing Directory

Lists of local services for young people's mental health and wellbeing.

Parentline

The confidential national telephone helpline for anyone in a parenting role.

Tel: 0808 800 2222

Text phone: 0800 783 6783

E-mail: helpline@parentline.co.uk www.parentline.co.uk

www.adders.org – information and support for parents and children

www.adhdmatters.co.uk – information and support for parents and children

www.livingwithadhd.co.uk – information and support for parents and children

Overview description

For the purposes of this toolkit, dyslexia* is understood by combining two common definitions from the British Psychological Society (1999) and the Rose Report (2009):

Affects accurate and fluent word reading and spelling

Evident despite appropriate learning opportunities

Dyslexia

Literacy skills develop very incompletely or with great difficulty

It is a continuum, not a distinct category

Occurs across intellectual abilities
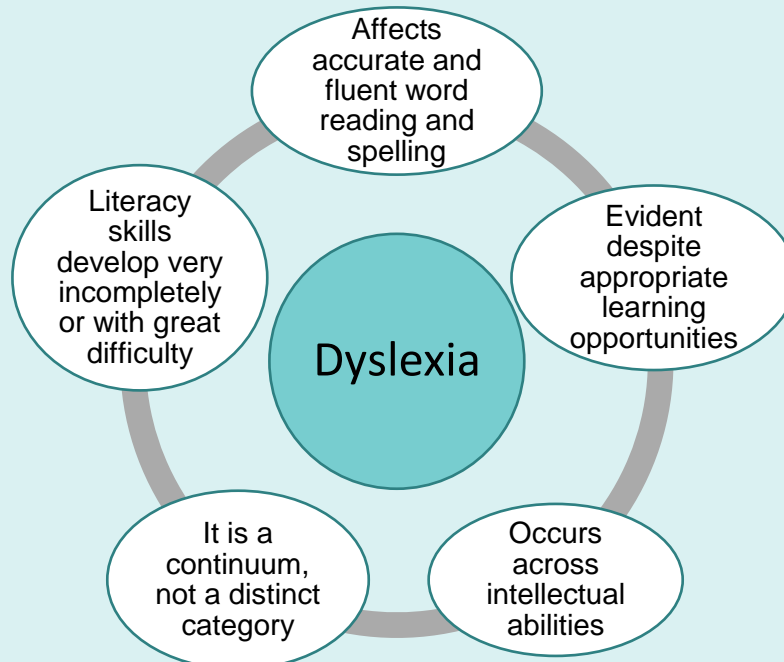
The British Dyslexia Association have created a video to share information about what dyslexia is, how it can impact different people and share the message of how common is it: https://youtu.be/11r7CFlK2sc

Currently it is thought that between 5 to 20% of the population have dyslexia, which means in every class of 30 there are roughly 1 to 6 students with dyslexia. Yet, there is a significantly lower percentage of people who have received a diagnosis of dyslexia as there are no clear cut-off points where an individual can be said to have dyslexia and it is difficult to assess without an agreed definition.

Therefore, a good indication of the severity and persistence of literacy difficulties can be gained through **Assessment Over Time**. This process is also referred to as **Response to Intervention** where the aim is to ascertain rate of progress in response to a well-founded intervention. This is accepted as the most effective way of identifying literacy difficulties, informing intervention, determining the rate of progress and signalling appropriate resourcing needs. The way in which this translates into practice, both nationally and in Manchester, is through the **Assess – Plan – Do – Review** (APDR) cycle detailed in the SEN Code of Practice (2015).

The interventions that are recommended for those who are experiencing literary difficulties do not differ from the recommendations given for those with a dyslexia diagnosis. The same strategies and intervention work for individuals with and without a diagnosis.

Research evidence has found that, in comparison to peers who have typical literacy skills, those who struggle often require more individualised, more structured, more explicit, more systematic, and more intense support.

Key Messages

Simple View of Reading (Gough and Tunmer, 1986)

The definition above proposes that dyslexia primarily involves difficulty with reading and/or spelling at the <u>word level</u>. However, reading comprehension is a complex process that involves both word recognition and understanding the language used. Therefore, there are 4 main skills needed to be an effective reader:

Figure 2: 'The Simple View of Reading' (Adapted from Gough, P. B. and Tunmer, W. E., 'Decoding, Reading, and Reading Disability.')[17]

1. Phonological skills / phonemic awareness (hearing and manipulating sound structures within words)
2. Sight vocabulary (words that cannot be decoded; they make up over 50% of all written material)
3. Phonic skills (initial letter sounds, blends, digraphs etc)
4. Vocabulary (to understand what is being read)

Factors which can positively impact on the development of these skills include (but are not restricted to):

- Environmental (e.g. appropriate learning opportunities, good school attendance, adults around us valuing the importance of reading);
- Emotional (e.g. motivation to read, confidence and good self-concept in literacy);
- Cognitive challenges (e.g. adequate visual and language processing speed, average working memory and phonological awareness skills);
- Speech and language (e.g. good vocabulary knowledge, average expressive and receptive language skills);
- Physical and sensory (e.g. good vision and hearing, good fine motor skills)

Assessment

Assessment of literacy difficulties is a <u>process</u> and must happen <u>over time</u>. It should consider an individual's strengths and needs through the APDR cycle. It is only through this process that the <u>focus</u> and <u>level</u> of intervention can be confidently identified:

Skills based assessments to find out what pupils do and do not yet know in reading and spelling (see Warwickshire guidance). It can be helpful to consider the students self-understanding, self-belief and confidence within this assessment.	If the pupil is not responding to the intervention or making adequate progress, the intensity of the intervention should be increased or a change of action or focus is required.

It is generally agreed that the earlier literacy difficulties are identified and supported, the better chances children will make good progress and feel better about themselves as a reader/ speller.

It is also important to hold in mind that children with literacy difficulties and dyslexia can display a range of skills and difficulties and these should be considered within an assessment. Examples of characteristics dyslexics might display include (but are not limited to):

- Difficulty with reading and/or spelling at word level.
- Difficulty or delay in processing language.
- Difficulty decoding words.
- Difficulty learning phonics skills
- Show signs of anxiety or depression or other mental health difficulties
- Fear of reading out loud.
- Work avoidance strategies when work is too difficult
- Tired eyes and headaches.
- Stronger spoken language than written.
- Outside the box thinking.
- Creative thinking and ability to make links.
- Low confidence and self-esteem specifically related to reading and writing or more generally.
- Good leadership skills.
- Poor organisation skills.
- Ability to look at situation from different points of view.
- Difficulty telling left from right

References: (Gough & Tunmer, 1986), (Eide & Eide, 2011), (Alexander-Passe, 2015)

Intervention: Universal Strategies

Effective support for dyslexic students is underpinned by an inclusive and person-centred ethos. By ensuring each student understands their diagnosis it will allow for them to express what they feel might help them within school/college.

- Ensure that all staff are aware of the different traits that dyslexics can display and that behaviour is communication.
- Speak to the student and explore how they understand their diagnosis and what they feel would help.
- Break work down into clear manageable steps to prevent students from being overwhelmed.
- Although more commonly used for students with Irlen syndrome, many dyslexics find coloured paper, coloured exercise books, coloured PowerPoint slides and coloured pens helpful for concentration. The contrast of black and white can often feel overwhelming, removing the brightness by adding a light pastel colour can increase concentration and reduce tired eyes and headaches.
- Ensure the students have a trusted adult who can regularly check in and support the student as required and provide adaptations as required
- Engage in communication with parents about what is happening in school/college and at home.
- Work with the student to explore ways in which they will feel confident to complete reading activities in the classroom (E.g. reading out-loud).

Intervention: Targeted Strategies

The psychological model underpinning the delivery of interventions is drawn from the Instructional Hierarchy (Haring and Eaton, 1978). This helps us to understand how skills develop, become automatic and applied across contexts and situations:

1. **Acquisition**
   a. Children are introduced to new skills, knowledge and concepts
2. **Fluency**
   a. Children become fluent in their use of new skills, knowledge and concepts
3. **Maintenance**
   a. Children can maintain their performance levels without further direct teaching
4. **Generalisation**
   a. Children learn to use their skills knowledge and concepts in different contexts
5. **Application**
   a. Children apply their skills to a wide range of contexts

This forms the basis of the most effective teaching strategies and interventions:

Strategy / Approach	Example
Distributed practice i.e. short, frequent teaching sessions (little and often) that incorporates practise of identified skills.	Daily focussed intervention for 5 minutes is more than effective one 25 minute session per week. *Practise makes progress!*
Teaching skills to promote accuracy, fluency and generalisation by ensuring that there are **sufficient opportunities to practise skills before moving on.**	*Fluency* - ask the child to read known words at speed and give opportunities to practise these. *Generalisation* – use of 'real books' that include a diverse reading experience rather than over-reliance on highly decodable text. Pupils are more likely to accurately read and understand the meaning of words when the context in which the word is seen is more diverse.
A structured approach using task analysis that promotes the **teaching of one new skill at a time,** ensuring that skills are taught in a hierarchical sequence which includes mixing old and new learning e.g. **Precision Teaching.**	Target reading of certain words <u>or</u> sounds rather than reading and spelling together. *Interleave* tasks (e.g. teach 2 new spellings and then go over words already learnt rather than 10 new spellings each week and no recap).
Teach more frequently used skills first.	Focus on the 100 most common words first (which account of over 54% of written English).
Direct instruction to introduce and practice skills.	**Model-Lead-Test** (my turn – read together – your turn) when teaching or correcting errors.
Ensure pupils are informed about the purpose of interventions, their achievements and rate of progress. This aligns with **metacognitive** skills which has a strong evidence base for supporting learning (see Education Endowment Foundation guidance on Metacognition and Self-Regulated Learning).	Explain why you are teaching the first 100 words and involve them in monitoring their progress (e.g. showing the number correct on a graph each time). Using motivating books and literature of their choice (some may benefit from high interest, low reading age books such as those from Barrington Stoke). Specifically praising effort over outcome.
Peer assisted learning	Paired Reading and Co-operative Learning
Utilising appropriately trained teaching assistants to implement well-founded interventions (see Education Endowment Foundation guidance on Making Best Use of Teaching Assistants)	Training and support to deliver Precision Teaching (for reading) and Reciprocal Teaching (for comprehension) across the school

We can also consider this pyramid to identify the level of support needed. Following careful assessment, we first assess their response to quality first teaching. If adequate progress is not made (adequate being defined as a result of in-depth assessment and SMART outcomes), we can move up the hierarchy, as each step provides a more personalised and intensive form of intervention.

Some difficulties will be so severe and persistent that assistive technology is needed. This is even more important at secondary school, as ongoing frustrations with literacy can lead to reduced motivation, reduced confidence and at times, disengagement with literacy or learning. Examples include Clicker, dictation software, exam pens and read aloud software.

Assistive Technology

Individualised

Small groups

Quality first teaching
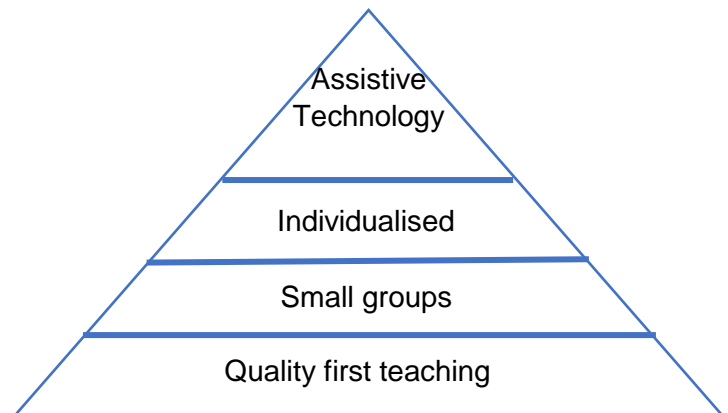
It is important to note that it is helpful to consider interventions to support self-esteem, confidence and self-identity. Is important for all students to understand their strengths/ what they are good at, their areas of needs/ what they are not as good at and what strategies they can use to support them to manage on a daily basis. This is applicable for all students but especially for students who have a particular difficulty or a diagnosed condition.

Interventions around self-understanding of a young person's identity are essential for young people to understand their place in society and have the confidence to be proud of their differences. It also reduces stigma often associated with an area of need: this stigma can impact how some young people view themselves. By helping young people understand their strengths and needs it will hopefully help to break down the stigma and allow each young person to accept who they are and that being different or finding something difficult does not need to be a barrier to their lives and chosen future.

Evidence base and 'myths' in dyslexia

Research has shown us that:

- Conclusions cannot be made about the cause of slower progress in acquiring literacy skills, and therefore on an appropriate intervention, on the basis of their cognitive profile. This discredits the 'discrepancy model' which has frequently been used in the past to diagnose dyslexia (which stated that children whose level of reading is significantly worse than would be expected on the basis of their intelligence could be considered as dyslexic).
- Cognitive interventions (e.g. computerised memory and 'brain' training measures, coloured lenses and working memory interventions) have yet to demonstrate effectiveness in improving reading skills.

- Beyond the general use of such activities as part of an overall educational programme, research does not indicate the use of specific multi-sensory approaches as key to improving the literacy skills of struggling readers (Brooks, 2007).
- The Rose Report identified that screening tests for dyslexia are unreliable. It is better to identify children at risk of literacy difficulties by closely observing and assessing their response to literacy activities compared to their peers.

The 'What Works' document provides an overview of the most current evidence base for specific interventions (see link below).

Top Tips!

For Early Years

In the early years children often show variations in the acquisition of literacy skills and this does not necessarily mean that they will have specific learning difficulties as they mature.

To support literacy skills in the early years, it is important to create meaningful, motivating and exciting opportunities and experiences to develop a love of reading and writing. For example, sharing books daily – those with attractive pictures, enticing storylines, sensory materials and repetition of language will help to engage young children and create interest.

The Book Trust recommend some of the 'best books for engaging children in print from birth – 5 years:
https://www.booktrust.org.uk/books-and-reading/our-recommendations/best-books-for-0-5s/

Children in the early years require a range of activities and ways of making marks before they write. Activities that build up fine motor skill and control are crucial in children later being able to have the strength and ability to hold and manipulate a pencil.

The following link gives some great reasoning and ideas to build up meaningful mark making and writing activities for early years children:
https://www.famly.co/blog/mark-making-early-years

Post-16

Top Tips!

It is important to consider that often at this stage students are required to study more intensively, to do larger amounts of reading, to produce longer, more complex pieces of written work and to independently organise their study and revision schedules.

Therefore, it is important to teach the student strategies to manage their dyslexia including problem solving skills, planning and organisational skills.

- Teach meta-cognitive skills i.e. 'knowing about knowing'. This is a useful website that might help: https://www.highspeedtraining.co.uk/hub/metacognition-in-the-classroom/
- Teach organisational skills: at this stage, it is often expected that students will have developed good organisational skills, however this may not always be the case. For example, teach them to use colour coding/pictures/diagrams, demonstrate how to use planners and filing systems and use IT short cuts such as recording devices, apps etc.
- Continue to teach reading techniques and study skills: encourage students to take time to read and read small chunks at a time, provide digital copies or photocopies of key documents, use assistive technology such as speech to text and text to speech and provide relevant word lists and demonstrate the use of these.
- Provide exam access arrangements: ensure that these are up to date and that students have appropriate opportunities using the access arrangements before their exams.

Useful Resources and Links

Assessment

Warwickshire Educational Psychology Service have devised a comprehensive skill based assessment that assesses fluency and generalisation of critical reading skills - Warwickshire-EPS-Literacy-Guidance-October-2020-5.pdf (netdna-ssl.com)

Milton Keynes Dyslexia policy also lists a number of assessment tools than can be used by staff in school to identify literacy difficulties - Dyslexia documents - Milton Keynes Council (milton-keynes.gov.uk)

CAMBRIDGESHIRE DYSLEXIA GUIDANCE FEBRUARY 2019

The Reader Self-Perception Scale (Henk and Melnick, 1995) - Henk___Melnick_1995_RSPS.pdf (pbworks.com)

Intervention

What-Works-5th-edition-Rev-Oct-2016.pdf (interventionsforliteracy.org.uk)

Paired Reading guidance - Paired Reading – Peer and Adult | HIGHLAND LITERACY

Precision Teaching guidance - PRECISION TEACHING (newshamprimary.co.uk)

Reciprocal Teaching - Reciprocal Teaching | Classroom Strategies | Reading Rockets

Language and literacy | Education Endowment Foundation | EEF

EEF_Metacognition_and_self-regulated_learning.pdf (educationendowmentfoundation.org.uk)

Making Best Use of Teaching Assistants | Education Endowment Foundation | EEF

Books

The Dyslexia Advantage – Eide and Eide

Dyslexia and Mental Health – Neil Alexander-Passe

The Gift of Dyslexia – Ronald D Davis

The Little Book of Dyslexia – Joe Beech

The Illustrated Guide to Dyslexia and It's Amazing People – Kate Power & Kathy Iwanczak Forsyth

Dyscalculia

Overview description

Dyscalculia is a term that is related to mathematics and, in particular, to skills associated with arithmetic and numeracy. Numeracy is defined as a set of mathematical skills you can use in everyday life whilst arithmetic is the branch of mathematics that deals with addition, subtraction, division and multiplication.

Competency in numeracy is described as the ability to execute standard number operations correctly, consistently and fluently, and there are many different skills needed in order to become numerate. These include the ability to estimate and calculate using a range of strategies, with an understanding of these concepts both mentally and on paper.

Children acquire numeracy skills at different ages and at differing rates, and as a result, start school with varying levels of numeracy. After a period of teaching, some children demonstrate difficulty learning to understand and manipulate number. Over time, these difficulties can be persistent, and lead to considerable distress and loss of interest in learning.

Mathematics difficulties are best thought of as a **continuum**, not a distinct category, with (developmental) dyscalculia at the extreme end.

Definition and characteristics of Dyscalculia

The term dyscalculia (sometimes referred to as developmental dyscalculia and abbreviated to DD) was described by the Department for Education and Science in 2001 as 'a specific learning difficulty affecting the ability to acquire arithmetical skills'.

It is currently described as a 'specific and persistent difficulty in understanding numbers which can lead to a diverse range of difficulties' and 'unexpected in relation to age, level of education and experience and occurs across all ages and abilities' by the British Dyslexia Association (2019).

Some children have difficulties learning maths/numeracy skills for reasons other than inadequate educational experiences and/or general learning difficulties. While children and young people can struggle with maths and numbers, this does not always mean that they have dyscalculia.

The development of mathematical skills is hierarchical and cumulative, i.e. you need to grasp certain skills and concepts before you can learn others; gaps in learning can have a significant impact.

Definition and characteristics of Dyscalculia continued

Maths learning difficulties is an umbrella term used to describe problems with learning and applying mathematical facts and procedures. However, the exact nature of the difficulties may vary for each individual. Some learners who do not meet the criteria for dyscalculia, (i.e. difficulties with subitising, number sense, magnitude and ordering) but still have severe and persistent difficulties with maths despite targeted intervention could still be described as having specific learning difficulties with maths.

Dyscalculia is regarded as distinguishable from general mathematical difficulties due to the severity of difficulties with:
• number sense: the ability to understand and use number and the number system (i.e. ordering);
• subitising: instant recognition of the number of items in a small group without counting;
• symbolic and non-symbolic magnitude: ability to discriminate quantity pictorially or in symbols (i.e. maths words and digits).

Dyscalculic learners may:

• have difficulty understanding simple number concepts;

• lack an intuitive grasp of numbers;
• have on-going problems learning number facts and procedures, performing fluent calculations, and interpreting numerical information.

Even if they produce a correct answer or use a correct method, they may do so mechanically and without confidence.

Developmental Dyscalculia is:

• a **persistent** difficulty in understanding and acquiring skills related to arithmetic and basic number sense **despite targeted intervention**;
• an unexpected difficulty in maths that cannot be explained by external factors;
• diverse in character and occurs across all ages and abilities;
• a specific learning difficulty for mathematics, especially arithmetic;
• often co-occurring with other learning difficulties and neuro-developmental difficulties.

Acquired dyscalculia can arise as a result of traumatic or acquired brain injury (sometimes this is referred to as acalculia).

Factors that can have an effect on learning maths/numeracy can include:

• environmental: for example, lack of appropriate learning opportunities;
• emotional: for example, maths self-concept, maths anxiety;
• cognitive challenges: for example, slow processing speed, difficulties with working memory, visual processing, language processing;
• academic difficulties: for example, poor literacy;
• speech and language: delayed receptive and expressive language skills;
• physical and sensory: for example, visual and hearing impairment, poor fine motor skills.

This list is not exhaustive but indicates a range of difficulties that can impact on maths performance. It is important not to underestimate the impact these difficulties can have.

Assessment and Intervention

Assessment of dyscalculia is a process, not an event and should happen over time, considering a child/young person's patterns of strength and needs through the Assess – Plan – Do – Review cycle.

Research has concluded that maths interventions should be individualised, involve systematic teaching of problem-solving skills and be based on assessments of a child's specific strengths and weaknesses within mathematics so that each individual child's needs are targeted effectively.

The assessment of numeracy difficulties is a process rather than a one-off event, and without evidence of appropriately personalised / targeted intervention by schools, dyscalculia cannot subsequently be confidently identified.

For those children whose numeracy difficulties are persistent and not responsive to the evidence-based interventions delivered over time, following the Assess – Plan – Do – Review model, more specific assessments of strength and needs and personalised interventions (based on these assessments) may be required (as is outlined in statutory guidance).

A range of assessments pertaining to **number concepts**, **fluency**, **working memory** and **visual processing speed** may be completed by Specialist Teachers and/or Educational Psychologists as part of identifying strategies for teaching staff or to identify best practice and evidence-based intervention.
Tests explore cognitive functioning and might be used to find out if children and young people with numeracy difficulties also have difficulties with cognitive processes such as memory, language, visual-spatial and information processing. Cognitive assessments can be useful for overall educational planning and to ensure

that there is the appropriate level of intellectual challenge in lessons. However, cognitive assessments do not provide the information needed to plan numeracy interventions and or predict progress in numeracy.

Intervention
Reasonable adjustments need to be in place to address any numeracy difficulties. These can include:
• visual resources;
• concrete resources and manipulatives;
• alternative methods of reading (e.g. reading pens, readers);
• alternative methods of recording (e.g. scribes, touch typing, voice-activated software);
• special arrangements to support verbal working memory and processing speed difficulties (e.g. additional time, avoiding unnecessary copying).

An accurate assessment of numeracy skills and/or other underlying difficulties is required to identify the specific areas to address. The content of an intervention will depend on the areas of numeracy causing concern and their associated pre-requisite skills.

Research shows that teaching and interventions are most effective when the following are included:

- a structured approach using task analysis that promotes the **teaching of one new skill at a time**, so ensuring that skills are taught in a hierarchical sequence, and that includes mixing old and new learning, which minimises forgetting; e.g. **Precision Monitoring;**

- ensuring children and young people are fully informed about the purpose of interventions, their achievements and rate of progress.

- utilising appropriately trained teaching assistants to implement well-founded interventions;

- **CPA** (Concrete, Pictorial, Abstract) is a core feature of supporting children and young people with numeracy difficulties.

- **distributed practice**, i.e. short, frequent teaching sessions (a little but often approach), that incorporate practise of identified skills, as this addresses any identified working memory deficits.

- teaching of skills to promote fluency and generalisation, as well as accuracy, by ensuring that there are **sufficient opportunities for the practise of skills before moving on**;

- ensuring children and young people are fully informed about the purpose of interventions, their achievements and rate of progress.

- **peer assisted learning**

Top Tips!

For Early Years

In the early years children often show variations in the acquisition of mathematic skills and this does not necessarily mean that they will have specific learning difficulties as they mature. To support mathematic skills in the early years, it is important to create meaningful, motivating and exciting opportunities and experiences to develop a love and interest in number, shape and measure.

Consider how you use working walls for children to access information needed to support their learning e.g. a pegged number line for children to remove and experiment with sequencing, adding and subtracting numbers.

Have resources readily available within continuous provision for children to access independently in their play and learning such as counting teddies, number lines, and multilink.

Children will also benefit from create ways of rote learning maths 'facts'. For example, learning number bonds through songs, rhymes, actions and visual prompts.
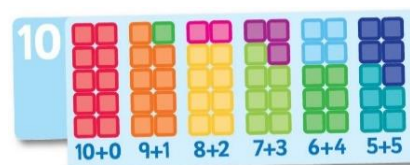
Post-16

Top Tips!

It is important to consider that often at this stage students are required to study more intensively, to produce longer and more complex pieces of work, to independently organise their study and revision schedules and to use their math skills more within the community or to manage their home lives.

Therefore, it is important to teach the student strategies to manage their dyscalculia or difficulties with math including problem solving skills, planning and organisational skills.

- Teach meta-cognitive skills i.e. 'knowing about knowing'. E.g. https://www.highspeedtraining.co.uk/hub/metacognition-in-the-classroom/
- Teach organisational skills: at this stage, it is often expected that students will have developed good organisational skills, however this may not always be the case. For example, teach them to use colour coding/pictures/diagrams, demonstrate how to use planners and filing systems and use IT short cuts such as recording devices, apps etc.
- Continue to teach numeracy techniques and study skills: encourage students to take time to use their math skills in the community, offer access to apps that will support them to use their skills
- Provide exam access arrangements: ensure that these are up to date and that students have appropriate opportunities using the access arrangements before their exams.

Evidence-base/References

British Dyslexia Association (2019). *Neurodiversity and cooccurring difficulties – dyscalculia and maths difficulties.*
*h*ttps://www.bdadyslexia.org.uk/dyslexia/neurodiversity-and-co-occurring-differences/dyscalculia-and-maths-difficulties.

Butterworth, B. & Yeo, D. (2004). *Dyscalculia Guidance: Helping pupils with specific learning difficulties in maths*. NferNelson Publishing Company Limited: London.

Carlos O. Calderón-Tena (2016) Mathematical development: the role
of broad cognitive processes, Educational Psychology in Practice, 32:2, 107-121

De Wolf, M., Grounds, M. A., Bassok, M., Holyoak, K. J. (2014). Magnitude comparison with different types of rational numbers. *Journal of Experimental Psychology: Human Perception and Performance*, 40(1), 71–82.

James Gillum (2012) Dyscalculia: issues for practice in
educational psychology, Educational Psychology in Practice, 28:3, 287-29

Geary, D.C. (2004). Mathematics and learning disabilities. *Journal of Learning Disabilities*, 37, 4-15.

Gifford, S., (2018) *Subitising.* https://nrich.mathematics.org/14004

iSpLD Assessment Standards Committee (2019). *SASC Guidance on assessment of Dyscalculia and Maths Difficulties within other Specific Learning Difficulties.*

Useful Links and Resources

- Dyscalculia Pocketbook 2015 by Judy Hornigold
- Maths Learning Difficulties, Dyslexia and Dyscalculia: Second Edition (Dyslexia Essentials) Paperback – Illustrated, 18 Oct. 2018
- The Dyscalculia Toolkit: Supporting learning Difficulties in Maths by Ronit Bird, 2017.
- Understanding Dysclaculia and Numeracy Difficulties: A Guide for Parents, Teachers and Other Professionals by Patricia Babtie and Jane Emerson, 2015.

The above predominantly draws on the information included in the document
 'Guidance on identifying dyscalculia and supporting children and young people (CYPs) who have persistent difficulties in acquiring numeracy skills' issued by the Integrated Service for Learning (Hertfordshire Local Authority).

- https://mathsnoproblem.com/blog/author/judyhornigold/
- www.stevechinn.co.uk
- https://www.mathsexplained.co.uk
- www.dyscaluclia .org
- www.understood.org/en/learning-thinking-differences/child-learningdisabilities/dyscalculia/what-is-dyscalculia
- https://www.youtube.com/channel/UCohFUmEat0UxOnNmRh92P_Q Ronit Bi

Developmental Coordination Disorder

Overview Description

The terms dyspraxia and developmental coordination disorder are often used interchangeably, even amongst health and educational professionals. Therefore, there is some potential for confusion for parents and teachers.

Dyspraxia

the difficulties or the *symptoms* associated with the development of co-ordination and organisation of movement.

Developmental co-ordination disorder (DCD)

the underlying cause, in some cases, of dyspraxia. (*acquired* dyspraxia may occur after injury or infection or dyspraxia symptoms may relate to a medical condition such as cerebral palsy or muscular dystrophy)

The DSM V criteria for DCD offers behavioural descriptors -

Performance in daily activities that require motor coordination is substantially below expectations given the person's chronological age and measured intelligence. This change may manifest as marked delays in achieving motor milestones (eg walking, crawling, sitting) and as dropping things, clumsiness, poor performance in sports or poor handwriting). The difficulties substantially interfere with academic achievement or activities of daily living.

A *cognitive* understanding of DCD continues to be the dominant theoretical approach in educational contexts. This theoretical approach considerably *extends* the impact and effects of difficulties associated with DCD to include executive functioning (working memory, inhibition control, attention and concentration) and sensory processing (the brain's receipt and response to information coming through the senses).

An NHS video offering James' Story - a parent's perspective - https://youtu.be/ncnVYonMA5Y

Dyspraxia (some people call it DCD) means that your brain is 'wired up' differently. It is a very clever brain that somehow has got 'mixed up' and that means that things to do with moving, learning and perhaps speaking too are harder for you.

It is not your fault and there are lots of ways to help you master the things you find difficult. You should be very proud of how much harder you work all the time in everything you do.'
It is important that you know that you are not lazy, stupid, difficult or slow, and that you might at times feel angry because you get muddled or find some things so much harder than other people do. Things like writing or doing fiddly things like tying up laces, or riding a bicycle or games at school. Your thoughts and words might sometimes get jumbled up and you might know what you want to do but somehow just can't do it. You might forget things too.

These things happen because your brain works in a different way to most other people (like a super power that no one else has). It has very real strengths and you will probably be more creative, funny, and kind to others. You are full up with lovely qualities.
Dyspraxia doesn't go away but, with help, you can learn to live with it really well and can overcome many of the difficulties it causes.

Assessment

- Assessment can be accessed through a range of channels including Occupational Therapy services, Greater Manchester Dyslexia Service (www.gmdyslexia,co,uk) and assessors accessed via PATOSS (www.patoss-dyslexia.org) a professional association of tutors with specialist qualifications to carry out assessments of DCD and other specific learning difficulties. Good assessment practice is multi-disciplinary and may involve Occupational Therapy, Physiotherapy, Speech and language Therapy, parents, Paediatricians, Educational Psychologist and SENDCo.
- The most commonly reported prevalence in school aged children is 5-6%, although this can be dependent of the number of OTs and physios and on methods of identification.
- The most commonly reported norm-ranked assessment used to determine DCD in school aged children is *The Movement Assessment Battery for Children (Movement ABC -2)* Henderson and Sugden 1992.
- Dyspraxia/DCD is classified as a disability under the terms of The Equality Act (HMSO 2010). Therefore, individuals are entitled to reasonable adjustments which enable equality of opportunity during examinations and tests. Examination access arrangements need to be pursued.

DCD and Inclusion

The following social and emotional implications of DCD have been identified through research

- Over time, children with DCD are more likely to demonstrate social and emotional difficulties (Smyth and Anderson 2000)
- Children with DCD report high levels of anxiety. (Mellor 1980)
- Children with co-ordination problems often try to cover up difficulties by playing the clown (Keogh et all 1979) or exhibiting disruptive behavior (Kalerboer et al 1993).
- Children with DCD are more at risk of bullying and are often unpopular with peers. Of those that were some had an aggressive/disruptive reputation and some had a sensitive/isolated reputation. (McGrath 1988)

Physical Education

Difficulties can be much more visible in these lessons and dyspraxic pupils can becomes anxious or embarrassed. The aims of the PE sessions could incorporated OT aims. More general programmes specifically designed for inclusive PE lessons with dyspraxic pupils (or small group work) can be found in the book referenced below (Dixon and Addy 2004)

Handwriting inclusion?

- Poor pencil grip, heavy or light pressure through the pencil
- Abnormal posture
- Awkward position of paper to child
- Inaccurate hand eye coordination
- Incorrect letter formation, incomplete letter formation, erratic sizing of letter, mixture of upper- and lower-case letters
- Poor alignment of writing on the page

How does DCD present challenges for

Maths

With an emphasis on handwriting this area can be overlooked. Difficulties with the following are common

- Writing numbers and symbols
- Forming shapes
- Laying out calculations
- Maintaining the correct place when following a visual procedure
- Manipulating practical maths materials (eg ruler, calculator)

General challenges

- Handwriting (legibility and fluency)
- Poor muscle tone resulting in fatigue and physical pain
- Speed of processing information
- Organizing their thoughts on paper
- Short term working memory
- Sequencing
- Reading fluency and accuracy
- Visual learning difficulties (tracking words or letter confusion)
- Stress, anxiety and concentration issues

Notes on interventions

A key reference in this area

Making Inclusion Work for Children with Dyspraxia: practical strategies for teachers (Dixon and Addy, 2014) Oxon: Routledge

Research suggests that the most effective interventions are those that target the **body functions needed to perform** activities such as sensory integration, muscle strength or core stability, suggesting that improved body function will lead to improved skill performance. For example, fine motor skill strengthening in young children.

Task orientated equipment can be extremely helpful and include writing slopes and postural support, pencil grips, modifications to the physical environment and adapted PE lessons (see references below).

Interventions to support peer relationships may be identified and addressed through the specific problem causing concern or social skills training in specific areas such as maintaining comfortable distance, etc.

As with other specific learning difficulties the emphasis of interventions shifts focus as a child gets older. Teaching new skills (eg precision teaching, handwriting programmes, activities to strengthen fine motor skills) may be more appropriate during the early stages of education but the emphasis will shift towards *coping strategies* (such as the use of assistive technologies, alternatives to copying and writing, use of verbal mediation) as a child moves into later key stages.

Children with DCD will benefit from support for their **organisational skills**. This may include having their equipment in a box or tray, use of cue cards (with pictures or writing), check lists, task sequence charts, alternatives to playgroup games, working backwards from goals, quiet areas, colour coding of doors, help with organizing dressing and undressing (working with parents).

Occupational and physiotherapy interventions. For children these should ideally be fun games to be repeated for short periods on a regular basis. Body awareness and co-ordination training examples are *Fizzy and Clever Hands* programmes www.nhsggc.org.uk/kids/healthcare-professionals/paediatric-occupational-therapy/fizzy-programme (recommended by NHS paediatric occupational therapy for schools).

Top Tips!

For Early Years

As children in the early years vary widely in their rate of development and access to movement opportunities, it is unusual that children under 5 years of age are diagnosed with DCD.

To support children's motor skills in the early years, it is important to allow them to access a range of activities tailored to enhance their gross and fine motor skills. Remember, before children can hold a pencil, they will first need to build up the muscles in their spine, shoulders and arms.

Children need opportunities to move in a range of ways and using a range of apparatus/tools in a safe way. Children may not have had access to a range of equipment before so it is crucial that staff encourage and praise children to experiment with movement. Ensure children are given enough time to complete tasks so that they do not feel rushed.

Useful resources and links

The Dyspraxia Foundation is a national network formed to raise awareness of and improve understanding of dyspraxia. It operates a support line and a wealth of information on the website as well as access to conferences and research developments. (Increased access for members.)

www.dyspraxiafoundation.org

Making Inclusion Work for Children with Dyspraxia: practical strategies for teachers (Dixon and Addy, 2014) Oxon: Routledge

Understanding Developmental Dyspraxia; A Texbook for Students and Professionals (Portwood, M 2000) London: David Fulton

Early Years links:

https://dyspraxiafoundation.org.uk/wp-content/uploads/2016/12/Early-year-s-dyspraxia-factsheet.pdf

https://www.sheffieldchildrens.nhs.uk/services/dcd/independence-skills-videos/

Selective Mutism

Overview description

Selective mutism is an anxiety-based condition in which a child is able to speak fluently in one setting (usually at home) but is unable to do so in another (high profile selective mutism), or is able to speak only a very little when absolutely necessary (low profile selective mutism). The inability to speak is **not** within the child's conscious control and is better thought of as a phobic response or an anxiety-based freeze reaction, akin to stage fright, to the expectation to speak. Every child with selective mutism has a different pattern of people to whom they are able to speak and spaces within which they can speak. This is never chosen consciously but derives from changing anxiety levels triggered by different people and spaces.

Selective mutism is not especially rare; research is limited, but estimates incidence at about 1 in 140 at primary school age – this is likely to be an underestimate, as children with low profile selective mutism in particular are frequently overlooked. Bilingualism increases the risk of selective mutism and the frequency is estimated at about 1 in 59 bilingual students (not to be confused with the 'silent period' that is typical during second language acquisition).

Selective mutism that persists into teenagerhood and adulthood can have very serious consequences for affected people. It can have a devastating impact upon the ability to develop independent living skills and the ability to advocate for oneself, for example in obtaining healthcare or attending a job interview. When recognised early enough and handled proactively, children with selective mutism can often make significant improvements.

The main issue facing affected children and families is how selective mutism is not well known or well understood. Often within schools, it can be overlooked, misinterpreted as a choice, especially in the low-profile form, or considered to be of little consequence in a young child who is not disruptive and completes their academic work. Parents and school staff may not consider the severe longer-term impact of persistent and entrenched inability to speak. For example, not being able to order a meal in a restaurant or ask for something in a shop. Compounding this, in many areas, selective mutism does not have a clear treatment pathway or falls between the remit of speech therapy, educational psychology and / or CAMHS and often families find it incredibly difficult to find an informed practitioner to support their school and their child.

It is increasingly recognised that selective mutism is more than just a 'speaking' issue; it is usually more of a 'communication' issue. Young children offered picture cards to substitute for requests in class may not be able to use these as they require an initiation of communication which can be an area of real difficulty They can be misinterpreted as 'choosing' not to use the offered tools. Older affected youngsters are often highly sensitive to perceived risk in communication and may, for example, find it extremely difficult to produce pieces of writing which require the youngster to hypothesise, expose their inner thoughts, or discuss application of factual information.

We are also beginning to identify that there is an overlap with autism spectrum conditions. By no means all youngsters with SM have autism, and most autistic youngsters do not have SM, but there is a population with both conditions which is increasingly being recognised. This is a developing area.

In Manchester we have a selective mutism pathway and core resources available on Schoolshub (see the link below). Speak to your educational psychologist or speech therapist to find out more.

Top Tips!

For Early Years

Selective mutism can begin at any age, however most often starts in early childhood, between the ages of 2 and 4. It is important that families and staff in settings communicate well and work together to create a positive environment for children with selective mutism.

- Make sure to praise all efforts children make to interact non-verbally with others such as pointing or sharing
- Try not to act surprised when/if the child does speak and respond in your usual manner.
- Assign a key person to spend 1:1 time with this child, playing and reading to support relationship building with, initially, one trusted adult.
- Using visual self-registration or lunch choice methods may help to remove pressure from the child

Useful links:

https://www.teachearlyyears.com/learning-and-development/view/quiet-children

https://www.pacey.org.uk/news-and-views/pacey-blog/2019/july-2019/selective-mutism,-quiet-children-and-reluctant-tal/

Post-16

Top Tips!

Selective mutism that persists into teenagerhood and adulthood can have very serious consequences for affected people, impacting the development of independent living skills and the ability to advocate for oneself. For example, it can impact obtaining healthcare or attending a job interview.

When recognised early and handled proactively, children and young people with selective mutism can often make significant improvements.

- Students with Selective Mutism in post-16 settings (e.g., college) will likely have had it for many years, unpicking the impact it has had on various areas of development and preparation for adulthood will be important.
- As in all settings, continue to ensure that staff understand their difficulties, anticipate needs, and make adjustments.
- Provide students with additional intervention; this should be in negotiation with the student and probably practically focused (e.g., practising making phone-calls, interview preparation)
- Identify communication and preparation for adulthood goals, and design small steps to achieve these, should be the focus. For example, 'I want to get the tram on my own'.
- Find out what the student can already do in relation to their goal and agree the next step. Ensure this feels achieveable for them.

The do's and don'ts for post-16 setting staff:

Do:

- Be open about anxiety and normalise this.

- Change one thing at a time.

- Provide a communication-safe space/classroom

- Anticipate need where possible

- Provide opportunities for speech.

Do not:

- Expect speech or put young people on the spot.
- React to speech: act unbothered and confident in their ability to speak.

Useful Resources

There is a full list of recommended reading on the SMiRA website. You can see it here:

http://www.selectivemutism.org.uk/resources/recommended-reading/

I would really recommend perusing the website which has plenty of free downloadable materials, links to useful resources, and advice.

Additionally:

The Selective Mutism Resource Manual: 2nd Edition, by Maggie Johnson and Alison

Wintgens – a very thorough guide to supporting children and teens with SM

Can I Tell You about Selective Mutism by Maggie Johnson and Alison Wintgens – a brief paperback to support understanding of SM

There are a number of picture books for younger children about SM, such as

The Loudest Roar by Clair Maskell

My Friend Daniel Doesn't Talk by Sharon Longo

Lola's Words disappeared by Elaheh Bos (This has an accompanying workbook)

Maya's Voice by Wen-Wen Cheng

For older primary children there is

Being Miss Nobody by Tamsin Winter

Useful links

https://www.nhs.uk/mental-health/conditions/selective-mutism/

A useful summary of selective mutism

https://www.manchester.gov.uk/schoolhub/info/93/support_to_schools/443/guidance_for_selective_mutism

Manchester's schools hub URL for local selective mutism info

http://www.selectivemutism.org.uk/about-selective-mutism/

SMiRA is the UK national charity for SM and has many useful resources

http://www.selectivemutism.org.uk/info-guidance-for-the-diagnosis-of-sm/

SMiRA guidance on dual diagnosis of SM and autism

http://www.selectivemutism.org.uk/wp-content/uploads/2019/04/Autism-vs-SM-similarities-differences-and-overlap.pdf

Copy of a talk given at SMiRA's conference in May 2019 looking at autism and SM.

Sensory Processing and Regulation

Overview Description

Our brains constantly process and organise huge amounts of sensory information on a daily basis. Sensory processing is a neural process by which information from one's own body and from the environment is sorted, organised, and altered so that an adaptive response is produced to meet the demands of the circumstances. Or "a term that refers to the way the nervous system receives sensory messages and turns them into responses" (Miller, 2006, p6).

We all process sensory information differently and can be hyper or hypo sensitive to sensory information. For some children, young people and adults, this impacts how they interact with the sensory environment and can lead to them overly seeking or avoiding sensory input.

Difficulties in sensory processing can affect every aspect of a child's development including their posture, catching a ball, focusing in a classroom, building friendships. Sensory processing and regulation are also intrinsically linked.

Sensory Processing

When we are babies, our initial way of learning about and interacting with is through our senses. Playing and interacting with everything around us stimulates the senses and creates engagement with others. This forms a platform from which we see the world and how we relate to it. Therefore, our sensory processing takes place automatically in normal development and forms the foundation for our emotional development, our attention and listening skills, our cognitive growth, our emotional regulation and organisation of behaviour.

There are eight main senses:

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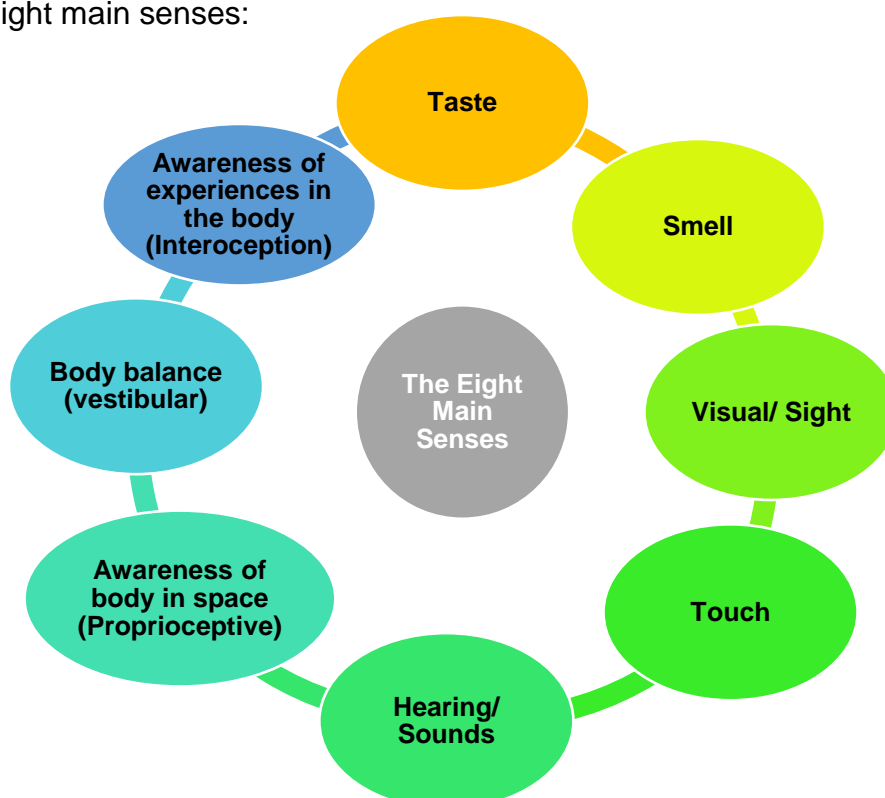
All of us have different sensitivities to and preferences for sensory information which impact how much we may seek or avoid sensory experiences in our daily lives. Our sensory sensitivities can change over time and can have a short- or long-term impact on our lives.

Most of the time we manage a lot of our sensory experiences with ease. This will mean that our arousal state is, more often than not, pitched at 'just right'. However, if we are struggling to process information then this will impact how regulated we are and how we manage within specific environmental and social experiences.

> **Over-responsive or hyper-sensitive:** This means that there is difficulty in suppressing information that we receive into that sensory system. This will mean that we over react to a normal amount of sensory stimulation and therefore will feel overloaded and may experience hyper-sensitivity.
>
> **Under-responsive or hyposensitive:** This means that the nervous system is not receiving enough stimulation through one or more sensory organs. This means that we will need additional input to help them be aware of what is happening in that part of their nervous system.
>
> **Sensory discrimination:** This is how we take in the sensory information and assign meaning to it. For example, auditory discrimination involves hearing the information, working out where it has come from and who has made the sounds.

Sensory processing difficulties

Difficulties in sensory processing can affect every aspect of a child's development including their posture, catching a ball, focusing in a classroom, building friendships.

For some children, they may have a Sensory Processing Disorder (SPD). Research indicates that the bodies of children and young people with SPD do not organise or integrate sensory information properly which makes it difficult for them to generate appropriate responses to their environments. For these individuals, sensory information is confusing and at times, can result in displays of behaviours that are challenging.

For some children, young people and adults, there are other reasons why they are more sensitive to sensory information. The following are examples of children who may experience sensory processing difficulties:

- Children who have a hearing or visual impairment may be extra sensitive to their other senses;
- Children who are neuro-diverse and have conditions such as Autism, ADHD;
- Children with health needs such as epilepsy, fibromyalgia, chronic fatigue, a brain injury;
- Children who have experienced trauma, neglect or abuse in their pre-natal or early years; and,
- Children with social, emotional and mental health needs such as anxiety.
- Gather the child's view on this and involve them in the evaluation, if possible.

Sensory Processing: The Eight Senses

Sensory processing difficulties and trauma

Sensory processing difficulty can be linked to exposure to early childhood trauma; or 'adverse childhood experiences'. Although children will not remember language or specific experiences, we know that children remember what happens to them in their senses. These sensory memories are imprinted into their autonomic systems in the brain (i.e. our unconscious system that regulates our bodily functions). This means that their brain and body will remember what happens to them as a baby.

Children need help from adults to understand and take in the sensory information they are receiving. They also need a range of sensory experiences in their childhood to healthily develop all eight senses. If children have not had attuned and nurturing adults during their childhood, this can mean that they have not had the help they need to interpret and understand the sensory information they have received. This can lead them to experience sensory information as unsafe and trigger their survival system. This can mean that their inbuild safety alarm system is set on high alert to specific sensory experiences. This will impact on their ability to regulate and to carry out coordinated movements.

If you believe that a child is experiencing sensory processing difficulties due to adverse childhood experiences or trauma, it is important to introduce sensory regulation activities that will not trigger their survival responses. **Research suggests that introducing activities that focus on the proprioceptive system and the visual system are less likely to trigger a survival response.**

For more information, visit Beacon House and look at the Occupational Therapy section which has an article called: Sensory Processing, coordination and attachment article. It can be found here: Resources (beaconhouse.org.uk). They also have helpful articles on developing fine motor skills, postural control and the oral sensory system.

How to support children with sensory processing?

This section describes general strategies as well as information about each of the eight senses and individualised strategies.

It's important to be curious about the child's presenting behaviours and to explore whether they may be responding to a sensory input in their educational setting.

Setting-wide:

- Think about what is in your classroom that increases and reduces arousal levels. Are there adaptations you can do within the environment of your classroom?

- Consider the rest of the day, what are overly stimulating environments (e.g. big spaces, the dining hall, echoing rooms, P.E in the hall, assembly)? How can these be adapted to support all children?

- What are the transitions like for children (e.g. between classes, start and end of day, moving around, lunchtime)? Are there ways of supporting these to be calmer and less stimulating?

For an individual child

- be curious and try to identify more about their sensory processing profile.

- Plan and arrange a sensory diet with personalised strategies that considers: where and when they take place (incorporating specific stop and starts), what you are hoping to notice change, an attempt to balance sensory overload and developing their tolerance for daily sensory input, child-centred with lots of opportunity for the child to choose etc.

- Use a tool to help explore the child's responses to the sensory strategies used. Gather the child's view on this and involve them in the evaluation, if possible.

Olfactory System (sense of smell)

The olfactory system is responsible for picking up odours and sending this information through our nervous system. Children with healthy olfactory system are able to tolerate pleasant and unpleasant smells without extreme reactions. They are also able to discriminate between 'good' (safe, pleasant, and evokes positive feelings) and 'bad' (dangerous, displeasing) smells.

Children who are 'hypersensitive' to smells may:

- Gag or throw up when they encounter what may seemingly be 'mild' smells
- Be distracted by smells that most of us would not notice
- Struggle at mealtimes
- Complain that they smell everything

Children who are 'hyposensitive' to smells may:

- Seem to crave certain smells, e.g., by holding non-food items close to their noses to smell them for long periods of time
- Use smell to attempt to learn about their surroundings
- Fail to discriminate and respond to 'safe' and 'unsafe' smells

What might help?

• Reduce perfumes and scents
• Monitor smells from outside of classroom

Oral (taste)

Healthy oral sensory systems lead children to enjoy (or at least try) a variety of foods with different tastes and textures. They do not seek additional oral sensory experiences such as chewing on non-food items to regulate their behaviour as their daily oral experiences provide them with enough proprioceptive input.

Children who are '*hypersensitive'* to oral sensory input may:

- Choke or gag
- Be described as 'picky eaters'
- Have an extremely limited diet
- Refuse to use utensils because they don't like the feeling of spoons/ forks touching their lips/ mouths
- Resist oral sensory experiences through behaviours such as screaming, running away
- Resist having their teeth brushed

Other children are 'hyposensitive' to oral sensory input, which may lead them to:

- Bite, chew, lick or mouth non-food items such as clothing, parts of furniture, toys
- Try to bite others
- Over-stuff their mouths during mealtimes
- Make frequent sounds with their mouths for extra stimulation
- Have poor coordination of movements of the mouth including chewing or drinking
- Have poor oral motor planning and speech production

What might help?

- Chew tools or trying to find an item that is safe to eat but that is a similar texture or mouth-experience than the non-edible item
- Sucking on a water bottle
- Try redirecting the young person to carry out some of the heavy work activities to distract them and also calm their overly alert sensory systems down. It can be helpful if the school has 2 lunch sittings to allow the young person free time first.
- Remember we all have food preferences, some food types we just don't like and this is okay.
- If craving strong foods, let them eat spicy and sour foods, it may be important to help them regulate. Add spices for strong flavour to food.
- Offer taste preferences during snacks and challenging times, e.g. studying for test, homework, chewy foods help regulate.
- Have crunchy foods with soft food (e.g. crunchy cold apples)

Visual processing

There are also some children who are 'hypersensitive' to visual information. They may:

- be overwhelmed by the amount of displays on the walls, bright lights and the movements of people around them
- Fail to focus on tasks such as colouring because they are distracted by all the visual information presented on the page

Some children, on the other hand, are 'hyposensitive' to visual information, which could lead them to:

- Stare at someone or something for a long period of time
- Quickly become confused during visual activities

What might help?

- Sit them at the front of the class so they are not distracted by other young person when looking at the board and they are close to the teacher.
- Provide a written sheet on the desk to copy from rather than copying from the board.
- Use large print books/work sheets.
- Use a finger or ruler to mark where reading.
- Use a typo scope when reading
- Photocopy work onto a different coloured paper
- Use an angled writing surface to reduce the distance the eyes have to travel from the board to the paper.
- Keep visual and auditory distractions to a minimum.
- Use different colours for different lines on the whiteboard
- Teach skills to adapt their eye-contact

Auditory processing

Children who experience difficulties processing auditory information may miss key instructions/ information, which can then lead to them misinterpreting information and/ or instructions.

Some are *'hypersensitive'* to sounds. These children are typically overwhelmed and/ or frightened by sounds, and struggle with the unpredictability of environmental sounds. They may:
- Avoid or withdraw from noisy and crowded environments
- Be startled easily or appear distracted because they focus on every noise that is around them
- Appear agitated and ready to flee
- Show physical signs of avoidance to sound

On the opposite end of the spectrum are children who are '*hyposensitive*' to sound. They do not easily register auditory cues, and could therefore:
- Appear as if they are not listening

- Fail to respond appropriately and at the right time, e.g., they may not follow instructions immediately
- Be very loud when talking, humming or singing
- Talk out loud when performing a task. They may talk to themselves before and during each step of an activity.
- Have difficulty in remembering what you told them.

What might help: hyper-sensitive?

- forewarn the young person of any loud noises before they occur (i.e. bells/fire alarms).
- To minimize auditory distractions, a classroom with a rug or carpet would help decrease background noises.
- Allow them to wear ear defenders or ear plugs when there is expected to be excess noise in the room.
- Acknowledge existing noises, tell them what it is and then bring back.
- Allow extra time or to leave before/after crowded change over time.

What might help: hypo-sensitive?

Only speak to the young person when they are facing you and looking at you. Use straight forward short sentences.
- Start with one instruction and increase as the young person is able to retain more information.
- Ask the young person to repeat the instruction to you.
- Wait for the young person to process the information and respond, which may take them longer.
- Reduce extraneous noise OR wait until it has gone before giving instructions. (Do not expect a young person with these difficulties to concentrate when there is a lot of noise going on outside the classroom).
- Give written instructions, prompt sheets, as well as verbal ones.
- Repeat sentence with same words – do not paraphrase.
- Model good speech. - Even if child has trouble responding they may have understood what you said.
- Allow a child to respond where possible in their own time. - Don't interrupt, rush or pressurise the child.
- Encourage the use of drama. - This can be used to reinforce auditory processing.
- Reduce auditory and visual distractions. These compete for a child's attention.

Proprioceptive system

Proprioception refers to the way our joints and muscles send messages to our brains about our bodies' positions and movements. It therefore allows children to write without pushing too hard or too soft and take a drink without crushing a cup. It also helps children to move in coordinated and efficient ways. Proprioceptive activities can be passive (where resistance is applied) or active (where we actively participate in movements). Some children may need to seek out additional proprioceptive input, which could lead to:

- Playing 'rough', e.g., preferring to push and bump into others

- Struggle with judging the amount of force needed for each movement
- Stand too close to other people because they can't measure their proximity to others and judge personal space

Some, however, may be 'hyposensitive' meaning that they:

- Have poor body awareness, appear weak and clumsy, often bump into people and things accidentally
- Struggle to maintain an upright posture, lean on people and or walls, or sometimes fall off of their chairs
- Use too little force
- Struggle with fine motor skills and manipulating small items
- May move their whole body rather than just their head to look at something

What might help?

- Proprioceptive can be a tool for calming, organising and self-regulating the brain and nervous system.
- 15 minutes of proprioception activities can have a 1-2 hour positive effect.

Activities

- Deep pressure touch: hand hugs or squeezes, pressure on legs, arms, feet, and back
- Heavy/hard work – muscle engagement
- Wheelbarrow walking or moving in a purposeful big/slow way (marching, stomping, skipping, running, hopping)
- Carry heavy items (e.g. laundry basket)
- Chewy food
- Drinking smoothies/thick milkshakes through a straw
- Push/pull heavy items (e.g. shopping trolley)
- Digging in sand/soil
- Cushion games – jump on them, cushion sandwich
- Cycling, swimming, gymnastics (not running as this can trigger the flight response)
- Outdoor activities like raking leaves, shovel snow, pushing a wheelbarrow, carrying a bucket of water
- Deep pressure hugs
- Heavy quilts/blankets/bedding or compression clothes (leotards, leggings, athletic clothing)
- Make a tent/pillow cave
- Large gym ball activities – roll on it, walk on hands, lie backwards and rock back and forth
- Roll up tightly in a blanket – be a sausage roll
- Trampoline
- Prior to handwriting have the child do some warm ups including pressing palms together, pulling each fingertip, press the palms on to the desk etc.

Tactile System (touch)

When children's tactile systems are functioning well, they are not easily distracted by the constant tactile information they experience throughout their daily lives. They are able to discriminate important from unimportant tactile information. This is an important aspect of regulating behaviour and maintaining attention.

Children who are 'hypersensitive' to tactile sensory information may:

- Avoid getting their hands/ faces/ body messy
- Steer away from activities such as finger painting, or even eating certain types of food
- Struggle with hygiene activities such as toothbrushing, bathing, showering or haircuts
- Struggle to tolerate certain types of clothing

Children who are 'hyposensitive' to tactile sensory inputs, on the other hand, may:

- Seek out touch and hugs
- Sit very closely to others
- Seek out different textures
- Fiddle with different objects
- Seem fearless because they touch everything without considering whether it is dangerous to do so or not
- Fail to react or show preferences for certain types of tactile experiences

What might help hypo-sensitivity

- A variety of touch activities – massage, exploring objectives with hands
- Contrasting tactile experiences within learning – ie sandpaper
- letters/drawing in shaving foam
- Fidget toys – probably more textures and firmer.

What might help hyper-sensitivity

- To stand at the end or beginning of queue at lunchtime. This will decrease the chance of bumps.
- Arranged seating to minimise the risk of being bumped by classmates
- Modifications to the art activity to accommodate their sensitivity to touch. Be aware that materials such as glue, finger paints, clay, papier-mâché, etc., may cause the young person to have an aversive response. Using tools (i.e. hammer, paint brush, etc.) may help the young person participate more fully.
- To use some of the heavy work activities (see proprioception section). This can help to reduce the anxiety and impact around tactile experiences.
- Avoid light touch, use firm pressure when touching the young person and always approach from the front.
- To use 'fidget' toys, permit them to use one object. Set boundaries for them using it.

Vestibular system

The vestibular system, centred in the inner ear, is in charge of our balance and movement. When it is fully functioning, children are able to move freely in a coordinated manner. They can start and stop any movements without causing any distress. They are comfortable with activities such as running, walking, climbing, and jumping.

It is important to note that the vestibular system is very closely related to the visual sensory system. When children feel balanced and centred, their eyes are able to move smoothly and steadily. Difficulties with tasks that require the eyes to move left to right (such as reading) or up and down repeatedly (such as copying from the board) may be signs of a disrupted vestibular system.

Problems with the vestibular system may lead children to:

- Have the need to move constantly, e.g., bounce, fidget, rock
- Move in an uncoordinated way, e.g., when jumping, walking, running
- Slouch at their desks
- Appear weak or 'floppy'

What might help?

- Use a firm, supportive seat that will not tip, to help the young person feel stable and secure whilst at their desk. Make sure their feet can stay flat on the ground.
- The young person may become distressed or anxious with changing positions in the classroom e.g. getting down onto the floor, onto a chair etc. Use visual markers so the young person has a clear aim of where to go e.g. put their favourite cushion on the floor so they can aim to be sitting on top of it.
- Think about what position the young person likes to be in during different activities in the classroom. Let the young person maintain the position they are happy and secure in (e.g. cross-legged on a chair, foot on a footrest?).

Interoception system

Our interoception system detects the internal state of our body and how our body feels from the inside. This helps us to experience body sensations such as a growling stomach, dry mouth, tense muscles and racing heart. Awareness of these body sensations helps us to experience much needed emotions such as hunger, fullness, thirst, pain, body temperature, need for the bathroom, sexual arousal, relaxation, anxiety, sadness, frustration and safety. This system helps us to maintain a sense of homeostasis and self-regulation and these feelings can happen at both a conscious and unconscious level.

You might notice the following in children who find interoception more difficult:

- Recognising when hungry, full or thirsty
- Identifying when tired
- Toilet training (daytime and/or night time)
- Overly sensitive to pain or high pain threshold
- Pinpointing symptoms of illness
- Identifying emotions in self or others
- Recognising signs of distress as they build up

What might help?

- Drawing attention (sensitively) with children and young people to how their body feels at different times – when hungry, when upset, when nervous, when excited.
- Breathing exercises, mindfulness and/or yoga all help focus attention on how the body feels
- Heat/cold activities – close eyes and be given an object (or dip your finger into some water) …is it hot, warm or cold. Bringing attention to that awareness
- Use a heart rate app – ask them to jog/skip to bring up heart rate (measure it), then ask them to try to get it as low as possible (by deep breathing, being still, closing their eyes.

Top Tips!

For Early Years

Think about the *types* of sensory information specific children can cope with best and which types they appear to struggle with. Consider building up a sensory profile for this child, and use this to modify their sensory experiences.

Ask yourself; what is: soothing, energising, or unpleasant for this child? You can then manipulate the environment to better meet the child's sensory and learning needs e.g. numbers incorporated within appropriate sensory play such as shaving foam or sand.

Useful links:

https://www.sensorysmarts.com/sensory-checklist.pdf

https://autismawarenesscentre.com/what-is-a-sensory-diet/

Top Tips!

Young people who have had sensory sensitivities for years will have learned at least some accommodations to get around them and are less likely to experience the extreme behaviours and responses they did when they were younger. However, years of feeling different and not knowing why, and noticing that they have never been quite as mature and self-controlled as their peers, may take their toll.

Young people with sensory processing issues usually struggle with self-esteem. They need a lot of encouragement to admit they have sensory issues and need some help.

Young people's hormonal changes can affect their sensory sensitivities by making them more sensitive to input than they were in the past. The normal changes of adolescence can also make them more emotionally sensitive. It is important to help young people to understand what is happening and what helps them to cope.

It is important to continue to support young people to increase their tolerance of sensory experiences in their day to day lives and to help them to manage with the sensory environment of adulthood. Encourage young people to cook, garden, do art or arts and crafts, and engage in other activities that challenge their sensory sensitivities.

It is important to help young people to develop a positive sense of self. Reassure young people about their sensory sensitivities and helping them to see that they are a difference in brain wiring that can have advantages but that can also be controlled and addressed to make life a little easier. *Raising a Sensory Smart Child* has specific advice on helping teenagers overcome their defensiveness about having sensory processing disorder and how to talk to them about the "little tricks" they can learn to "make their lives easier."

Resources and Signposting

Sensory Suggester Tool: https://sensory.semh.co.uk/

This tool has been designed to support education staff and parents to understand behaviours that may have a sensory function. It provides a table which describes whether your child is over-responsive, under-responsive (passive) or under-responsive (seeking) on all 8 sensory systems. This can provide a starting point to help explore ways to adapt the environment and start teaching the child strategies to develop their tolerance to the sensory input.

Useful websites:

- https://www.autism.org.uk/advice-and-guidance/topics/sensory-differences/sensory-differences/all-audiences
- https://www.theottoolbox.com/sports-water-bottle-self-regulation-tools/
- https://nationalautismresources.com/school-sensory-rooms/
- https://harkla.co/blogs/special-needs/sensory-diet
- https://semh.co.uk/
- sensory-processing-pack-for-schools-ks1-4.pdf (1ed.local)
- Sensory Experiences – Sensory Trust
- https://inclusiveteach.com/2020/03/20/150-sensory-learning-ideas/
- Who Has Sensory Sensitivity? - Sensory Friendly Solutions

Recommended books:

- 'Answers to Questions Teachers Ask About Sensory Integration' by Carol Stock Kranowitz, Jane Koomar, and Stacey Szklu
- 'Understanding Your Child's Sensory Signals: A Practical Daily Handbook for Parents and Teachers' by Angela Voss OTR
- 'The Out of Sync Child' by Carol Kranowitz
- 'The Sensory Child Gets Organised' by Carolyn Dalgliesh
- Your Essential Guide to Understanding Sensory Processing Disorder By Angie Voss.
- The Scared Gang By Éadaoin Breathnach (sensory processing and trauma)
- Resources (beaconhouse.org.uk) (Sensory Processing and trauma)

Mental Health

Mental Health and Wellbeing

Overview description

Mental health and wellbeing do not have universally agreed definitions and these terms are sometimes used interchangeably. Mental health is not simply the absence of mental illness. It is generally agreed that mental health is integral to general health and wellbeing - there is no health without mental health. Good mental health is integral for us to be fully included at school or college and in society in general.

Please see the "Whole Setting Approaches to Mental Health and Wellbeing" Chapter for more information about mental health and well-being definitions and whole setting approaches to mental health and well-being.

This chapter provides information on:
- promoting and supporting positive mental health and well-being
- the Thrive model of mental health and well-being support
- the Manchester offer for mental Health and wellbeing support: what they are and how to access them
-

Approaches to support positive mental health

Preventative emotional wellbeing interventions

The Five Ways to Wellbeing (see right), are accessible things you can do every day to improve overall mental health and wellbeing. This is something which many schools use as a setting-wide approach, explicitly teaching children how to look after their wellbeing.
Research indicates that the 5 ways, which can be implemented into your day to day life, build resilience, improve your wellbeing and reduce the risk of later mental health difficulties.

Keep learning · Connect · Give · Take notice · Be active
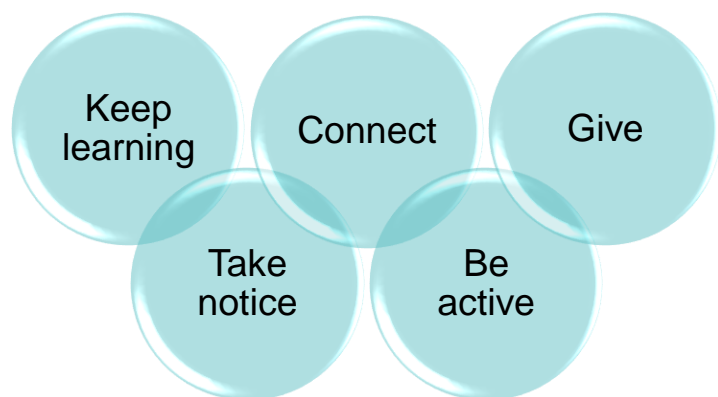
Many educational settings are now investing in complete mental and emotional wellbeing packages which are ready to deliver and are a setting-wide approach such as 'My happy mind' https://myhappymind.org/ or the mindfulness programmes https://mindfulnessinschools.org/bring-mindfulness-to-your-school/ . Research shows that these approaches equip children with strategies and approaches which improve

their health and mental wellbeing. This is early intervention at the setting-wide level which is imperative to improving later outcomes for young people (Davey & McGorry; 2019). They cover areas such as self-esteem, resilience, learning about the brain and relationships.

Mindfulness

Mindfulness involves paying full attention to something. It means slowing down and really becoming aware of what you're doing. The benefits of practicing mindfulness with CYP include improving mood, increasing self-esteem and supporting communication.

Mindfulness equips those who partake in it with the developing awareness to help identify when thoughts may be taking over and to deal with this productively using strategies learnt as part of the process.

The first step to mindfulness is reminding yourself to take notice of your thoughts, feelings, body sensations and the world around you. https://www.nhs.uk/mental-health/self-help/tips-and-support/mindfulness/

For specific mindfulness practices there are guided mediation videos available, yoga sessions, apps and mindful breathing.

Resilience

Through supporting CYP to develop key skills associated with resilience and providing them with strategies to recognise early signs of distress, it is possible to prevent the need for more intensive therapeutic intervention. Teaching CYP skills linked to developing resilience can be both preventative and support a CYP who is experiencing low mood.

Educational settings have a vital role in promoting resilience of pupils. A child needs to be having their emotional needs met before they can effectively access learning. Typically, a resilient child, when worried or under pressure, will employ problem solving behaviours and be less likely to show extremes of violence or patterns of avoidant behaviour. Research around resilience indicates that risk and challenge are key and that overcoming adversity increases an individual's resilience. The below link is to some resilience resources:

http://www.socialworkerstoolbox.com/?s=resilience

Rae in 2020 identified key skills contributing to resilience as:

- Self-awareness
- Self-control
- Social Awareness
- Social Management
- Responsibility
- Effort and Persistence
- Hope
- Self-esteem

- Problem-solving skills
- Positive Coping Strategies

Growth mindset

Growth mindset is when individuals believe their talents can be developed through hard work, embracing challenge, and responding to input from others. Fixed and growth mindsets are used to describe an individual's belief around their own learning and intelligence. If you believe you can achieve something or that your brain can grow, your behaviour changes.

Growth mindset has been identified as a protective factor in relation to mental health illnesses including depression. Having a growth mindset was also found to decrease

the severity of symptoms following a growth mindset group intervention (Schleider and Weisz; 2018). Teaching students about growth mindset has become more common in recent years and is often a setting-wide approach.

Growth mindset intervention has been found to improve self-esteem, academic achievement and problem solving and coping skills (protective factors).

Through intervention an individual's mindset can change from fixed to growth. This is believed to have a positive impact on a CYP who is suffering from low mood or depression.
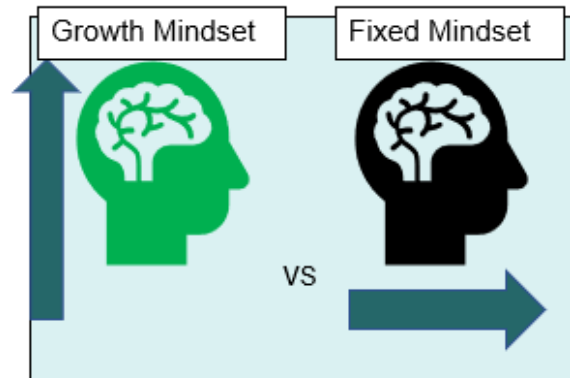
Top Tips!

For Early Years

- Create a cosy, calm area in the setting/classroom for children to access throughout the day
- Provide children opportunities for calming sensory play within the continuous provision

- Practice mindfulness or yoga to support regulation strategies, especially at times of transition e.g. coming inside from lunch.

https://www.youtube.com/user/cosmickidsyoga

- Consider using age-appropriate emotional check-ins throughout the day. Perhaps using the colour monster to depict emotions for children to place their name/picture next to how they are feeling. Staff to take note of this and intervene where necessary.

love   happiness   fear   anger   sadness   calm

SECTION FOUR

Setting-Wide Mental Health Support in Manchester

Thrive Model of Mental Health

Since the Green Paper in 2017, The Department for Education and the Department of Health have been working together alongside the Anna Freud Centre to develop the offer and funding for mental health in schools and colleges. The THRIVE conceptual framework was developed as a collaboration between the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust.

The THRIVE framework is an approach to supporting all children and young people's mental health. The influences on a child mental health are many and varied, and each and every individual in a community has a role to play in helping young people to stay emotionally healthy. THRIVE conceptualises need in five categories. See figure below:

A child or young person is in one of the five needs groups at any given time. The vast majority of children and young people are thriving, however, from time to time, they may find themselves in any one of the other groups.

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The THRIVE model emphasises prevention and the promotion of mental health and wellbeing with children, young people and their families being empowered through active involvement in decisions about their care through shared decision making. The aim is for a child or young person or their families to be informed about what support structures are available to them, the options they have, and to be able to understand what they can do to help themselves manage/maintain their mental health.

The THRIVE model aims to create a shared language which everyone can understand and which reduces stigma surrounding mental health. It is needs led rather than led by a particular diagnosis. It encourages shared decision making and proactively promotes that it is everyone's business to come together and work in partnership to ensure that mental health is supported within every service and community. It also aims for support to be easily accessible to children and young people and their families, and people who work with children and young people.

The authors of the THRIVE framework suggest that in any stated population, 80% to 90% of children and young people can be said to be thriving. Of the remaining 10-20% of children and young people:

- 30% will fall into the Getting Advice cluster
- 60% will fall into the Getting Help cluster
- 5% will fall into the Getting More Help cluster
- 5% will fall into the Getting Risk Support cluster

According to Manchester City Council Forecasting Model (MCCFM) the child population of Manchester is forecast to grow to 150,017 by 2027. (*MCCFM W2016*) When applying these weightings the results indicate the following

Groupings	% of CYP Population	Number and contacts	% of CYP Population	Number and contacts
Thriving	90%	135,015	80%	120,014
Getting advice	3%	4,501	6%	9,001
Getting help	6%	9,001	12%	18,002
Getting more help	0.5%	750	1%	1,500
Getting risk support	0.5%	750	1%	1,500
Total	100%	150,017	100%	150,017

Manchester Thrive in Education

Greater Manchester are transforming their approach to Children and Young People's Emotional wellbeing and mental health with all agencies working towards aligning with the THRIVE Model.

As of September 2020, Manchester have begun to implement the THRIVE Framework for system change (Wolpert et al., 2019) to improve mental health outcomes for the children and young people of Greater Manchester. The offer includes the following:

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- Directory of resources for professionals working with CYP

- Co-ordinated response with multi agency joint working offered directly into schools

- Training, advice, consultation to staff in school/college

- Working with CYP who attend Manchester schools/colleges

> Using the THRIVE groupings **Manchester Thrive in Education** details the offer of mental health and wellbeing support available to schools and colleges in Manchester. **The Manchester Emotional Resilience and Mental Health and Wellbeing Directory (MERMHD)** details services and resources available across Manchester.
>
> Both these documents can be found at www.manchester.gov.uk/schoolhub
>
> Below is a summary of some of the key services discussed in these documents, however, please refer to the documents for a comprehensive list.

Getting advice: In-house (school) System Check

Schools and colleges themselves are a critical part of Manchester Thrive in Education (and can be considered in the 'Getting Advice' quadrant of THRIVE). Schools and colleges play a key role in promoting and protecting the mental health and wellbeing of their pupil population (see chapter on setting-wide mental health and wellbeing). Educational settings are the experts with their children and young people, they understand their context and know their families. The setting ethos can significantly

impact on outcomes and inclusion of children. So, the starting point should be to check what systems are in place at school, including but not limited to (see overleaf):

Policies for promoting mental health:

- Mental Health and Well Being Policy
- SEND Policy
- Inclusion Policy
- Medical Conditions at School
- Anxiety Based School Avoidance (Anxiety Pathway)
- Inclusion Strategy
- Equality Duty
- Safeguarding Policy
- Behaviour Policy

People to promote mental health

- SENDCo
- DSL/DDSL
- Mental Health Lead
- Pastoral Lead/s
- Key workers
- Mentors
- Family Support Workers
- Learning Support

Curriculum to promote mental health

- RE/RSE curriculum
- Mental Health teaching unit (now published)
- Healthy Schools resources including I- matter
- Skills 4 Life
- Recovery/Restore Curricular

Healthy Schools provide support across the whole school system and have a comprehensive range of programmes. They are a good starting point for schools to think about the best way forward.

Getting help: Universal Services

Some of the universal getting help' resources made available across Manchester are:

- **MERMHD Directory** is available for all schools, colleges and professionals to access for services and resources (see www.manchester.gov.uk/schoolhub)

- **ABSA guidance** being used in schools to support CYP where anxiety is affecting their attendance (see www.manchester.gov.uk/schoolhub)

- One Education and MCC have co-created a **bereavement policy** (WHERE IS THIS?)

- **Bee Well** have begun to annually survey the wellbeing of pupils in secondary schools across Greater Manchester. For more information, please visit the BeeWell site on: https://gmbeewell.org

- **Health for Teens** is a complementary website empowering young people to learn and take ownership about their physical health and mental well-being. It provides advice about emotions and feelings, puberty, health, lifestyle (e.g. alcohol, drugs, diet, gaming, relationships and sexual health. Visit the website via the following link: https://www.healthforteens.co.uk/manchester/

- The Children's And Parents' Service (CAPS) have developed a padlet for professionals working with under 5s. The padlet provides information for professionals about CAPS, a multi-agency partnership between MFT CAMHS, Manchester City Council, Family Action, Big Life and Homestart and helps professionals navigate the service so they can help pregnant parents and families with children under 5 years old. CAPS also have a strategic partnership with Adult Mental Health and IAPT services; and strong links with Outreach Workers and Health Visiting. Further information is available here: The Children And Parents' Service (CAPS) (padlet.com) or The Children And Parents Service (CAPS) - Royal Manchester Children's Hospital (mft.nhs.uk)

Getting help: Healthy Schools

Healthy Schools offers a free service to all schools in Manchester. Schools can continue to access support and training across speciality areas: Mental Health, Social and Emotional Health, Relationships and Sex Education, Healthy Lifestyles, Injury Prevention, Drugs and Alcohol and PSHE.

Their offer includes: an audit tool, Policy Development, Training (Face-to-face and Virtual), Network Meeting, 1-2-1 consultation, Resource and Curriculum Development and Covid-recovery support resource.

For more information please email: healthy.schools@mft.nhs.uk

To book onto their training please visit:
https://www.manchesterhealthyschools.nhs.uk/health-areas/behind-the-behaviour/eventscontact

For resources on policies, guides for young people, information on specific services etc. https://www.manchesterhealthyschools.nhs.uk/health-areas/mental-health-and-wellbeing/resources

Getting Help: School Nursing

School Health Services are free to all schools in Manchester. Each school has an allocated School Health Team (North or South) that includes school nurses and a Health Improvement Practitioner from the Healthy Schools Team. Schools can make referrals into the School Nurse Service to access 1:1 support for individuals and can

contact Healthy Schools for wider school support, advice and guidance. As part of the School Health Service there are also other important services to be aware of which aim to improve access to mental health support for young people

ChatHealth, is a way for young people in Manchester to get advice and support around health related issues direct from the School Health Service. It is a safe and secure messaging service which protects confidentiality and anonymity and is monitored by a team of school nurses.

Young people aged between 11 and 19 can text for advice on all kinds of health issues, such as relationships, emotional health and wellbeing, bullying, healthy eating and any general health concerns. The service is confidential and open Monday to Friday 9am-4pm, including school holidays. They guarantee a response within 24 hours Monday-Friday. The aim is to further improve access to healthcare for young people and to continue to improve the quality and safety of the service whilst working in a young people friendly manner.

For more information: https://www.healthforteens.co.uk/manchester/chathealth-2/

Text the school nurse on: 07507330205

Getting Help: Mental Health services in Manchester

42nd Street, Manchester Mind and Place2be offer counselling, advice, resources, training and peer support groups. CYP can self-refer or be referred into these services to access support. See their websites below.

https://www.manchestermind.org/

https://www.42ndstreet.org.uk/

https://www.place2be.org.uk/(Primary school aged children)

Getting Help: Manchester's Thrive Hubs

Manchester Thrive (M-Thrive) is a single point of entry, front door approach to the emotional wellbeing and mental health offer for young people aged 5-18 years old. The service is designed to advise, guide, signpost and get help for young people within Manchester currently facing mental health and emotional wellbeing issues.

There are three community hubs across Manchester in the North, South and Central. The hubs aim to bring together existing services and support into a new, multi-agency offer for children and young people to enable them to access mental health and emotional wellbeing support at their local hub which will offer a local informed menu.

Alongside the development of the Thrive hubs, there will also have a digital front door Directory (offering a wealth of resources and signposting to services, organisations and activities) which will be updated and kept current, aligned to resources to assist

CYP and Families, services and partners in their own response to meet the needs of our children and young people to empower them to Thrive. The hubs will complement, enhance and signpost to local youth support, which includes: Kooth, ACES, Early Help Hubs, 42nd Street, Papyrus, Manchester Mind, Sport, YZ – existing partners and Healthy Schools.

More information is available online at [M-Thrive | Home](#). Contact the M-Thrive Team on: 0161 203 5333 or by email at: mthrive@mft.nhs.uk

Getting more help: The Manchester Thrive in Education Team and CAMHS

The service has three functions:

1. Deliver evidence-based interventions to young people with mild to moderate mental health problems

2. Supporting the senior mental health lead in each education setting to introduce or develop their whole school/college approach

3. Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education.

4. The Manchester Thrive in Education Team service is a 'getting more help' outreach service that offers clinical interventions in school for mild to moderate mental health difficulties This is an integrated child and young person mental health service that sits within the Manchester Thrive Hubs. The team includes practitioners from CAMHS and partner voluntary community and social enterprise agencies such as Manchester MIND, 42nd Street and Place2Be. They provide an outreach intervention to schools offering evidence-based interventions, group work and consultation to school designated Mental Health Lead.

Direct referrals to the service are triaged by the service lead and allocated to the appropriate practitioner to ensure the young person's needs are met. All referrals are made be by the named Mental Health Lead in school. The service offers support for:

- Mild Generalised Anxiety / Worry
- Panic (feeling panicky, mild panic attacks)
- Low mood (feeling sad and tearful)
- Separation Anxiety (mild, not chronic)
- Mild Social Anxiety
- Specific phobias
- Thoughts of self-harm

CAMHS Referral Information:

Comprehensive information about CAMHS Manchester can be found here:

https://mft.nhs.uk/rmch/services/camhs/

Referral forms for CAMHS (which includes Thrive in Education) can be found on the Manchester Foundation Trust website. Choose Royal Manchester Children's Hospital, then services, then CAMHS option, click on Manchester CAMHS referral for detailed guidance and access to the NHS secure portal. Or click on the link below
https://mft.nhs.uk/rmch/services/camhs/professionals/

MFT CAMHS (Manchester University Foundation NHS Trusts Child and Adolescent Mental Health Services) have produced a really helpful and detailed Referral Criteria which addresses each mental health concern in turn giving specific information per need. This is described at the end of this chapter. Please note within the broader CAMHS framework Thrive in Education is categorised as a 'getting help' service.
This information can also be accessed here:
https://www.google.com/search?q=MFT+referral+criteria&rlz=1C1CHBF_en-GB&oq=MFT+referral+criteria&aqs=chrome..69i57.15497j0j15&sourceid=chrome&ie=UTF-8

The Manchester Thrive in Education Team includes **Educational Psychologists**. In order to compliment and not duplicate E/MHPs working directly with CYP in the school, Educational Psychology will support schools/colleges to introduce or develop their whole setting approach.

Through a bespoke package, One Education EPs support targeted schools to introduce or develop their WSA approach. This includes activities such as auditing mental health and wellbeing in the school, supporting the coordination of MH support, building relationships with staff, the promotion of positive mental wellbeing, and/or training/workshops with staff or pupils.

From September 2023, One Education' offer will also include:

- Training for Manchester schools to promote Whole School Approach (WSA) to providing mental health support
- Support and co-ordinate WSA practices for M-Thrive partners across Manchester

Getting More Help: Educational Psychology

Educational psychologist (EP) do not just work with individual children and support can be provided at different levels (see table below).

Organisational level	Group level	Individual level
• Embedding trauma informed approaches within the school and community levels • Loss and bereavement awareness training • Developing nurture principles and support within settings • Implementation of stems to address vulnerable groups with clear monitoring of the impact of interventions for pupils with social, emotional and mental health needs	• Exam stress group interventions • Humanity of touch and related safeguarding issues • Group therapeutic work including techniques from Acceptance and Commitment therapy • Group interventions to support anxiety	• Supporting staff to understand underlying emotions behind pupil behaviour through APDR • Therapeutic interventions, using Cognitive Behaviour Therapy approaches, motivational interviewing, social skills development, theraplay and therapeutic stories

The most effective EP work often involves working within a number of levels at the same time, supporting children and young people and supporting the people around them to manage changes and understand changes, for instance:

- Children accessing therapeutic work (getting help/getting more help) such as motivational interviewing to help them to engage with adults around them.

- Adults supporting the young person in school are (getting advice) to help them to understand the effects of trauma on emotions and behaviours.

- Parents are supported to understand the changes that the young person is trying to make (getting advice and getting help).

Working within the Code of Practice for SEN – EPs use cycles of Assess – Plan – Do – Review (ADPR). This allows them to understand children's mental health needs

in the context that they occur – looking at how children are coping in different settings and in response to interventions that are put in place over time, including for example Anxiety Based School Avoidance. Assessment can involve gathering information from the young person and their family, speaking to other professionals, doing formal or informal assessments, observations, looking at how young people respond to interventions. Using APDR over time, we can refine support to best meet the needs of the child and young person. From the group of children EPs work with in schools to support their mental health, a small proportion will require funding above the schools special needs funding and will require Education, Health and Care Plan assessment, EPs also provide psychological advice to support this process.

Getting Risk Support: Bespoke support

This level of support may be triggered by a significant event or thematic concern. Critical Incident support or Team around the School or College will be commissioned by the Local Authority. Schools can commission trauma support.

Critical incident (CI) Support

One Education Educational Psychology critical incidence response team are commissioned by MCC to respond to CIs.

In the event of a critical incident (which may also be referred to as an Incident or Major Incident by other agencies) please contact Sharon Gardner in the first instance. Advice, guidance and support can then be arranged ensuring engagement with the appropriate agencies and providers.

Team Around School or College

A multi-agency support team established by the local authority following a specific event or themes EP input - A tailored and more bespoke multi-agency offer to settings based on initial planning with the school leadership team NHS organisations (including Healthy Schools, School Nursing, CAMHS), Early Help, Children's Services, Police Psycho-social support from 42nd St and Manchester Mind)

One Education Emotional Trauma Support – can be commissioned by schools.

One Education's experienced HCPC-registered arts therapists provide adaptable, flexible therapeutic interventions which are bespoke to the needs of children and staff in schools and other settings, meeting a wide range of mental health needs through work that is outcome-oriented and evidence-based.

Useful links and References

CAMHS Navigation Tool and Referral Criteria

All Child and Adolescent Mental Health Services (CAMHS) in Greater Manchester are now using the I-Thrive Model to navigate Children, Young People and their Carers to the most appropriate mental health or wellbeing services. They have created a navigation guide to support you in your referral decision making. This can be accessed here:

https://www.google.com/search?q=manchester+CAMHs+referral+criteria&rlz=1C1CHBF_en-GB&oq=manchester+CAMHs+referral+criteria+&aqs=chrome..69i57j0i22i30l2.12149j0j15&sourceid=chrome&ie=UTF-8

An example page looks like:

Presenting Difficulties	Criteria	Thrive Quadrant	Intervention Types	By whom
Self-Harm: That is infrequent and not require medical intervention	Self-harm is when somebody intentionally damages or injures their body. It's usually a way of coping with or expressing overwhelming emotional distress	Getting Help	Psycho- Education / Distraction Techniques Counselling Guided Self Help Compassion Focused Work	✓ 42nd Street ✓ School/ College Pastoral Team ✓ Kooth .Com ✓ National Self Harm Network http://www.nshn.co.uk/downloads.html ✓ Young Minds Website https://youngminds.org.uk/
Self-Harm : That has become more frequent and intense Suicidal Ideation with some plans and or few protective factors and or increased identified risk factors	Where a young person has a history of self-harm and is currently harming more frequently and is as risk of significant harm N.B if the child or young person need immediate medical intervention –They will need to attend at their local A and E	Getting More Help	Medical Intervention (GP/ Walk In Centre / Emergency Department A and E) Mental Health / Risk Assessment Safety Planning DBT / DBT Informed Work Psycho Education – Self Regulation Techniques	✓ Local Medical Services https://www.nhs.uk/using-the-nhs/nhs-services/urgent-and-emergency-care/nhs-111/ ✓ Liaison Mental Health (LMH) https://www.gmmh.nhs.uk/mental-health-liaison/ ✓ CAMHS Urgent / Duty Referral ✓ Rapid Response Team
Suicidal Thoughts	Where a young person expressing some fleeting thoughts with no plan and has identified protective factors	Getting Help	Risk Assessment Safety Planning / Care Plan Self Help strategies – Guided Self Help Psycho- Education	✓ 42nd Street ✓ School/ College Pastoral Team ✓ Wellbeing Offer ✓ Kooth.Com on line Counselling ✓ Papyrus –Suicide Prevention https://papyrus-uk.org/
Suicidal Ideation	Where a young person is presenting with increased and intrusive suicidal thoughts and or regular increased self-harm	Getting More Help	Mental Health / Risk Assessment Safety Planning / Care Plan Psycho Education Self-Regulation	✓ CAMHS Urgent / Duty Referral ✓ Rapid Response Team ✓ Liaison Mental Health (LMH)

CAMHS Acceptance Criteria VG March 20 20   2

The needs addressed are as follows:

- Low mood
- Self harm Suicidal thoughts
- Overdose/self harm requiring medical intervention
- Anxiety
- Major mental health disorders/psychosis
- ASD
- Behaviour problems

- Mood disorder/depression
- Suicidal thoughts and ideation

- PTSD

- ADHD
- Eating disorders

SECTION FOUR

Other useful links/websites

Mind (2015). Mental wellbeing. https://www.mind.org.uk/media-a/3360/mental-wellbeing-2016-pdf-version.pdf

http://implementingThrive.org/wp-content/uploads/2019/03/THRIVE-Framework-for-system-change-2019.pdf

Gaddum Centre: Bereavement Counselling https://www.gaddumcentre.co.uk/
[Tel: 0161 834 6069]

NSPPC: Work with children who have parents with mental health/substance misuse problems. Work with children and young people who display harmful sexual behaviour and/or have experienced abuse. https://www.nspcc.org.uk/ [Tel: 0844 892 0225]

42ND Street: Provision for young people 13 – 25yrs offering a range of services including counselling, individual support (e.g. anger management) group   work (e.g. relaxation) and volunteering opportunities. http://42ndstreet.org.uk/referrals/
[Tel: 0161 832 0170]

Manchester Eclypse: Drug & Alcohol Misuse Counselling Service
https://www.changegrowlive.org/eclypse-manchester   Tel: 0161 273 6686

Manchester Primary Care Mental Health Services https://www.gmmh.nhs.uk/access-help Citywide Service

Manchester Early Help Hubs Manchester earlyhelpnorth@mancester.gcsx.gov.uk
0161 234 5000

Manchester Mind / YASP   https://www.manchestermind.org/our-services/young-people/

School Nurses and Educational Psychologists: Please contact school direct.
https://www.manchester.gov.uk/directory/84/school_finder

http://schoolswebdirectory.co.uk/leasearch.php?lea=salford

Manchester Special Educational Needs Offer
www.manchester.gov.uk/sendlocaloffer

Manchester Safeguarding
Partnership –

Mental Health:

https://www.manchestersafeguardingpartnership.co.uk/resource/mental-health/

Pupil Wellbeing audits and measures

Overview description

This chapter seeks to direct the reader to a comprehensive range of measures which explore a child/young person's emotional wellbeing.

In the first instance, when concerned about children and young people's wellbeing it is important to consider setting-wide approaches to mental health and wellbeing. Please see **Section Two of this toolkit** for an overview and a selection of audits and measures.

However, there will be occasions where it will be helpful to explore specific aspects of a child/young person's social and emotional skills and/or wellbeing. Fortunately, there is a wealth of scales and tools which are available and have already been organised and collated into helpful toolkits by EBPU (Evidence Based Practice Unit) which is a partnership with partners such as University of Manchester, UCL, Anna Freud National centre for Children and Families and CORC, Child Outcomes Research Consortium).

This Chapter, therefore, merely seeks to direct the reader to the following four extremely helpful documents available via the provided websites. An overview of contents is provided below to help readers identify where to target their reading.
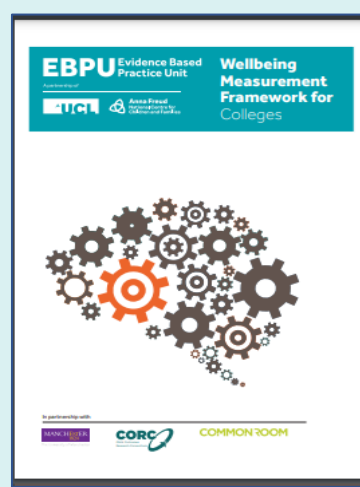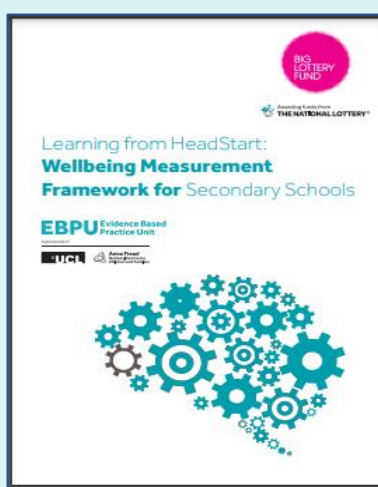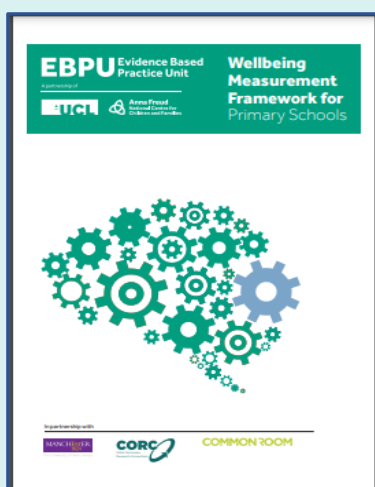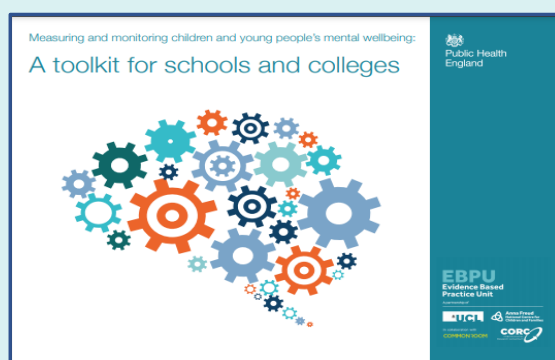
Why might schools and colleges want to measure mental wellbeing?

The toolkit states that there are 3 key purposes for which schools and colleges might wish to measure wellbeing.

Snapshot: to provide a survey snapshot of student mental wellbeing to inform planning evidence for OFSTED and whole school/college practice.

Identification: to identify individual students who might benefit from early support to facilitate swifter access to the right specialist support.

Evaluation: to consider the impact of early support and targetted interventions.

It also sets out seven steps to think about when thinking about using an instrument and selecting it. *(taken from page 9)*

1 **Why** ...is the approach taken being?

2 **What** ...needs to be measured?

3 **Who** ...provides the information?

4 **When** ...is the information collected?

5 **Where** ...is the information collected?

6 **How** ...is the information collected?

7 **What next** ...sharing and using the information collected

Figure 2: 7 steps for implementing mental health and wellbeing measurement in schools and colleges
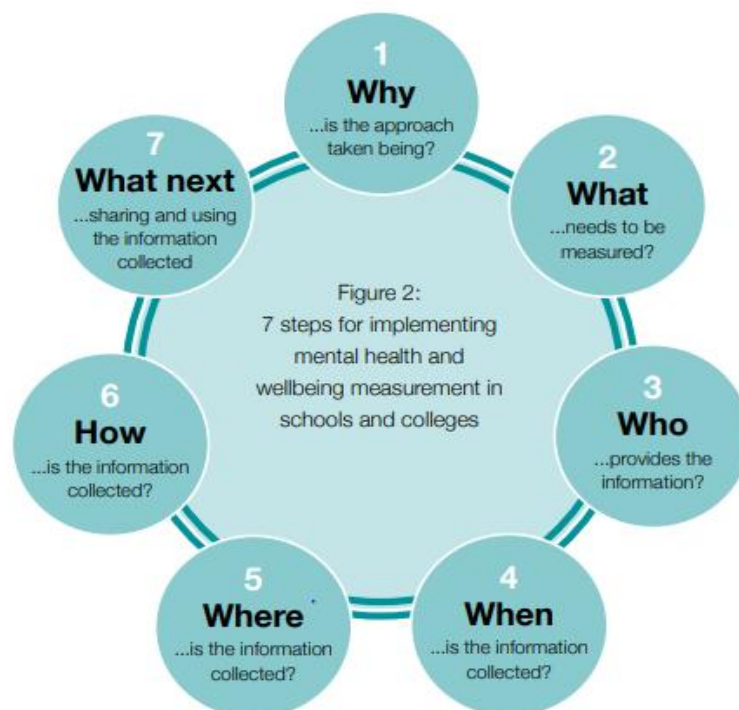
Measuring and Monitoring Children and Young People's Mental Wellbeing: A Toolkit for Schools and Colleges
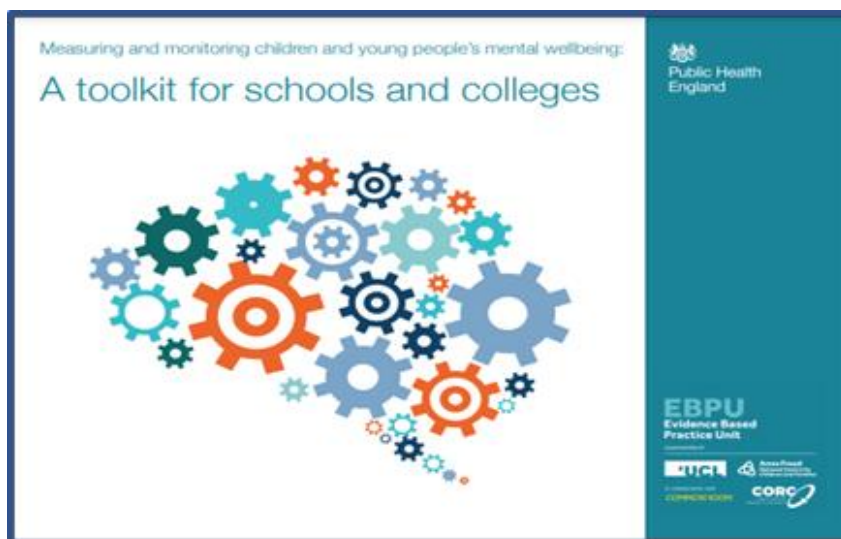
A Public Health England document.

Written by EBPU in association with UCL, Anna Freud, CORC and Common Room.

https://www.annafreud.org/media/4612/mwb-toolki-final-draft-4.pdf

The aim of this toolkit is to make schools and college staff aware of the range of validated instruments that can be used to measure and monitor student mental wellbeing.

Section One	Explores what is meant by mental wellbeing, why schools and colleges might measure wellbeing and provides seven steps for implementation.
Section Two	Sets out some practice examples
Section Three	Offers practical advice for introducing wellbeing instruments to students
Appendix B	Is a compendium of validated instruments which can be used to measure students' subjective mental wellbeing.

The Compendium of Validated Instruments

The compendium aims to summarise positive mental health and wellbeing measures. These measures were identified through a rapid review of existing literature on mental health and wellbeing and through consultations and discussions with schools and colleges. The measures did not have to be peer reviewed but they were only included if:
- They were suitable for use by children and young people;
- They were considered feasible to use in educational settings (i.e., not too long or requiring specific equipment);

- They were not unduly burdensome in terms of time taken to administer;
- They included items measuring positive wellbeing (as opposed to only mental ill health or emotional/behavioural difficulties).

For each measure, the following details (where available) are included:

- ❖ Name
- ❖ Information on copyright
- ❖ Key reference for wider reading
- ❖ Brief description of the measure
- ❖ Age range the measure is suitable for
- ❖ Response options
- ❖ Number of scales and subscales
- ❖ Costs
- ❖ Contact details
- ❖ Example items

An example of a page is:

Wellbeing Measurement Framework for Primary Schools
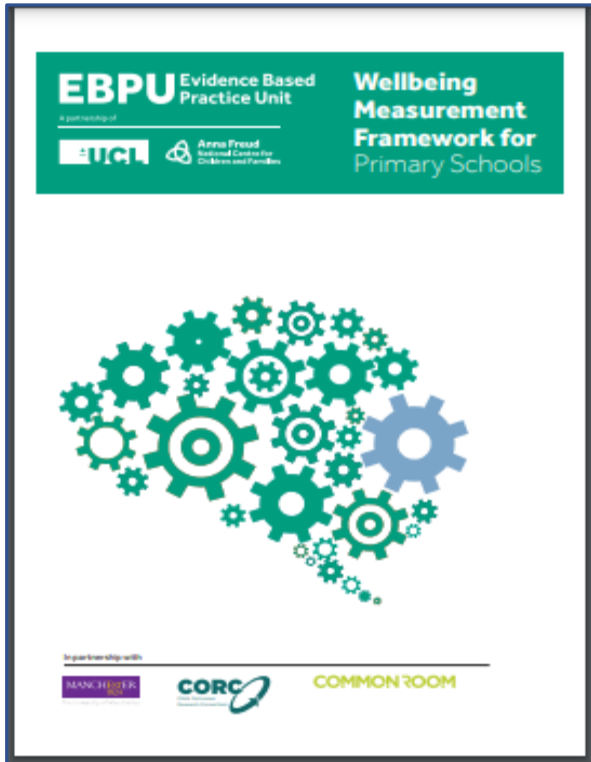
Written by EBPU in association with University of Manchester, Anna Freud, CORC and Common Room.
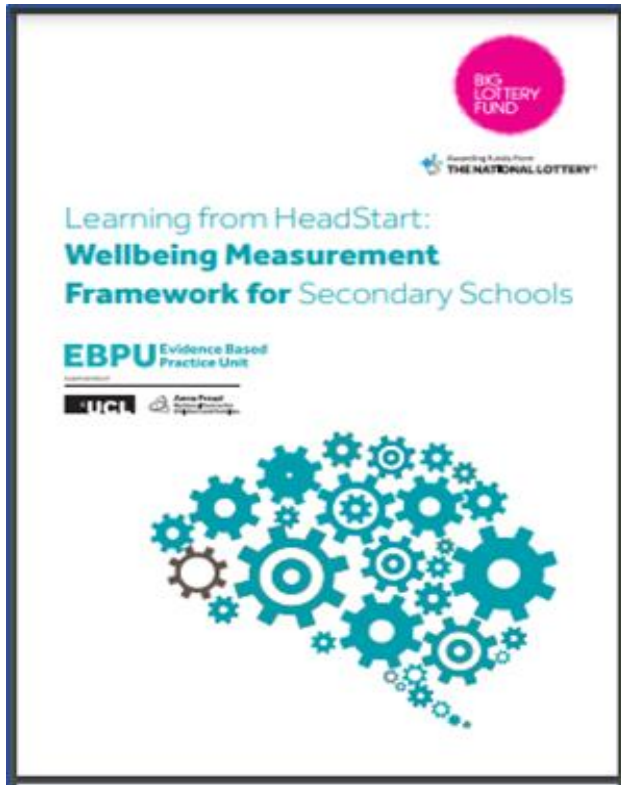
This is a set of questionnaires that can be used to measure wellbeing and resilience in children.

All references for the scales are provided so readers can check scoring/permissions.

https://www.corc.uk.net/media/1506/primary-school-measures_310317_forweb.pdf

Questionnaires:

❖ **Me and my feelings**

❖ **Student's life satisfaction scale**

❖ **Student Resilience Survey**

Example page

Headstart Document funded by Big Lottery.
Written by EBPU in association with University of Manchester, UCL, Anna Freud, CORC and Common Room.

This is a set of questionnaires that can be used to measure wellbeing and resilience in young people.

All references for the scales are provided so readers can check scoring/permissions.

https://www.corc.uk.net/media/1517/blf17_20-second-school-measuresbl-17-03-17b.pdf

Questionnaires:	**Example page**
❖ **The short Warwick-Edinburgh Mental Wellbeing Scale** ❖ **Strengths and Difficulties Questionnaire** ❖ **Trait Emotional Intelligence Questionnaire – Adolescent short form – self-regulation subscale.** ❖ **Perceived stress scale** ❖ **Student Resilience Survey**	

Wellbeing Measurement Framework for Colleges
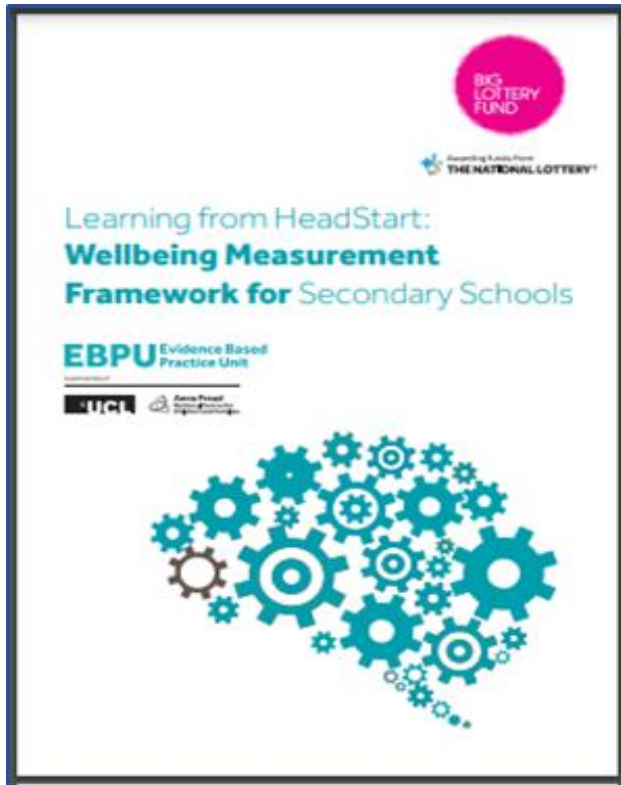
Headstart Document funded by Big Lottery.
Written by EBPU in association with University of Manchester, UCL, Anna Freud, CORC and Common Room.

This is a set of questionnaires that can be used to measure wellbeing and resilience in young people.

All references for the scales are provided so readers can check scoring/permissions.

https://www.corc.uk.net/media/1507/college-measures_310317_forweb.pdf

Questionnaires:	Example page
❖ **General Population – clinical outcomes in routine evaluation** ❖ **The Warwick-Edinburgh Mental Wellbeing Scale** ❖ **Student Resilience Survey** ❖ **Perceived stress scale** ❖ **Trait Emotional Intelligence Questionnaire – Adolescent short form – self-regulation subscale.**	

Emotional Regulation Skills

Overview description

What is Emotion Regulation?

Emotion regulation is the process that allows individuals to influence how and when they experience and express their feelings. The emotion regulation process can be automatic or controlled, conscious or unconscious [1]

As this suggests, some situations will cause a person's emotions to escalate automatically / unconsciously, which in turn makes it difficult to avoid behaviours that others find challenging. For some people, seemingly small stressors can trigger big emotions and behavioural reactions.

Emotion regulation can be seen as part of:
- self-regulation, a set of tools that allows regulation of attention, emotion and behaviour and
- resilience, a quality that allows people to cope in the face of adversity[2]. Resilience is not static. It varies from context to context and over time depending upon a person's experiences and circumstances [3]

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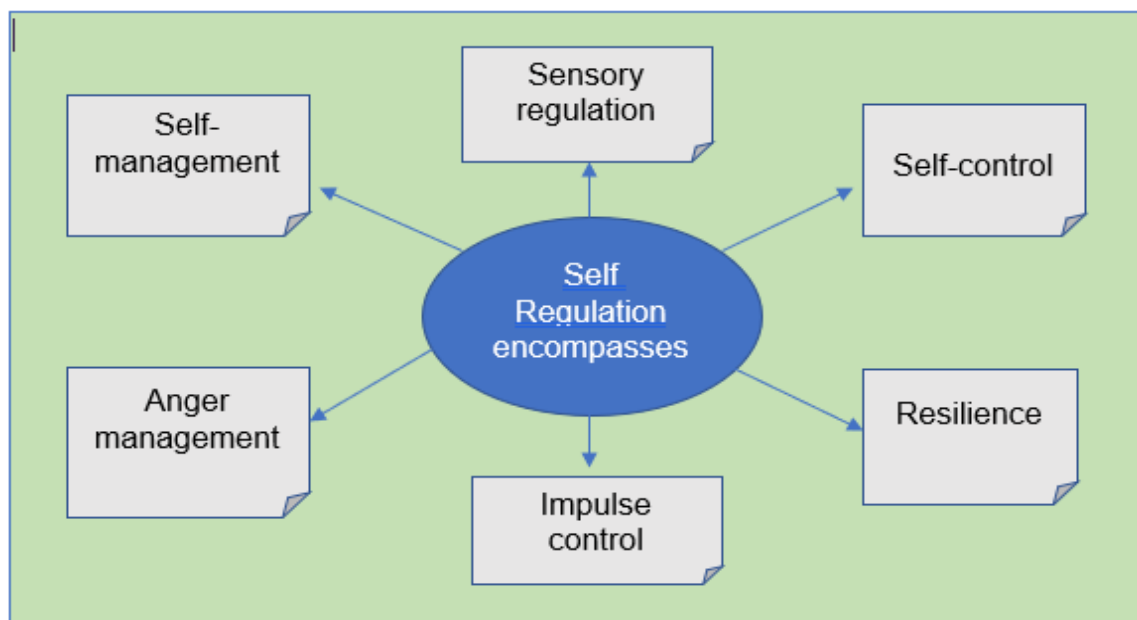
Signs of Emotional Dysregulation - what do we commonly see?

• Difficulty staying calm

• Anxious, nervous, worried, fearful, overwhelmed

• Sad, fatigued, tired, low energy

• Loud, aggressive, fidgety, inability to concentrate and stay focused

• 'On edge' and highly sensitive, provoking an emotional response such as aggression; tearful, a feeling of hopelessness and vulnerability

• Removing oneself from situations – running or fighting being the only strategy

• Cognitive distortions or biases (e.g., "It's not fair," "I'm stupid," "Everybody hates me", "I'm rubbish at everything").

• A frequently flooded nervous system resulting in unpredictable and 'risky' behaviour which can lead to heightened behaviours which appear to have no trigger to the outsider.

Some developmental tasks requiring emotion regulation

•   Tolerating frustration and tolerating being alone for reasonable periods

•   Engaging others, developing friendships

•   Recognising danger, coping with anxiety and fear

•   Defending oneself within bounds of acceptable behaviour

•   Developing interest and motivation in learning.

What do children with poor emotional regulation skills tell us? Some examples………

• It is difficult to stop doing something when I know I shouldn't do it.

• People tell me that I get loud and wild when I get excited about something.

• If there are other things going on around me, I find it hard to keep my attention focused on whatever I'm supposed to be doing.

• I become upset when things don't go my way / the way I am expecting them to.

• When I'm bored, tired or upset I fidget and just can't sit still.

• I find it difficult to wait.

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Strategies that may support the individual with Emotional Regulation difficulties include;

- Get to know the pupil well and build a trusting and secure relationship – be predictable and level in your responses.

- Consciously and actively listen – without judgment or comment.

- Validate the CYP's emotions. Teach them that emotions are normal and they can be in control of how they deal with them.

- Model good emotional regulation, describing your own feelings and demonstrating what you do to calm yourself down. If you shout – you are modelling poor regulation skills and are likely just going to trigger an escalation in the CYP's reactions.

- Comment when you see the pupil is calm, settled and in control.

- Identify the pupil's specific anxiety triggers and actively intervene at the earliest opportunity to reduce anxiety.

- Provide the pupil with opportunities to experience what it feels like to be calm and in control – this will be individual to the pupil and require the adult to observe and know the pupil well.

- Name emotions as the pupil is experiencing them, or using a visual aid such as a "thermometer" to allow the pupil to recognise the bodily changes which take place. (see the **emotion coaching** section of this toolkit)

- Develop a personalised toolkit to help the pupil regulate their arousal levels. 'Tools' may include a range of activities and visual prompts known to soothe the pupil, e.g. drink a cup of water slowly; take a walk around the playground, close your eyes and think of your favourite place, count to ten slowly. Include favoured items, e.g. favourite smells, textures, book, drawing/art, simple puzzle, a range of familiar calming and organising sensory activities/items. This is a way of teaching the pupil ways to calm themselves down and self-regulate.

- For older pupils have a clear plan for difficult moments – where does the pupil go, what will be said when s/he arrives (the less the better), what will be available to him/her that help them to regulate/calm? If the pupil follows the plan then the outcome should be low level praise rather than reprimands/correction or criticism. Starting with "why have you walked out of Mrs XX's lesson" is rarely going to calm the situation!

- Look at ways to support the pupil's social network – relationships with adults and with peers. Creating and maintaining a sense of belonging (feeling respected, understood, and valued) supports pupils' ability to feel calm and regulated.

These suggestions have been generated using information obtained from Bill Nason's Autism Discussion Page; The Explosive Child by Ross W. Greene; and I'm Hurting Inside. Practical Strategies for Supporting Children with Attachment Difficulties in Schools. By Louise Bomber

What to do at moments of dysregulation?

Trying to reason with a pupil (give them advice about how they *should be* reacting), asking them what has happened or trying to debrief/resolve the problem are approaches which are unlikely to be successful once a pupil is heightened. In fact, it is likely to escalate the situation.   Its helpful to follow the 3R's sequence of actions as suggested by Dr. Bruce Perry (Neuroscientist specialising in trauma).

Image taken from https://beaconhouse.org.uk/wpcontent/uploads/2019/09/The-Three-Rs.pdf
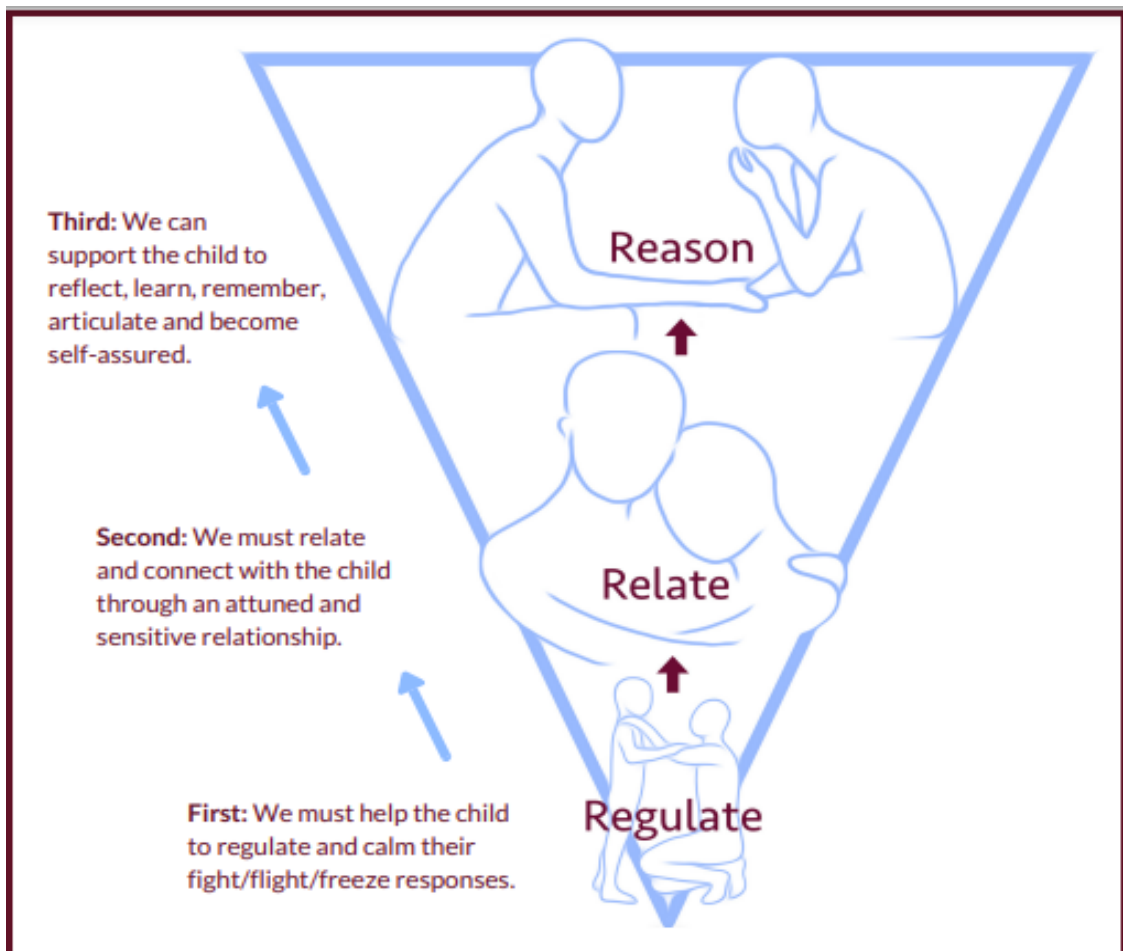
Research evidence-base

This review of evidence aims to give a representative flavour of the importance of school/setting wide relational approaches. It indicates that CYP who struggle with emotion regulation need classrooms with strong positive relationships and a clear sense of group purpose. This fosters a sense of belonging that allows these CYP to benefit from co-regulation of emotion.

SEMH needs can affect education achievement as much or even more than mild general learning difficulties [4,5]. Once CYP have accumulated multiple negative experiences over time, they become sensitised to perceived failure and so find it hard to engage with learning opportunities[6].

Put slightly differently, by the time they are in high school, students tend to have an accurate understanding of their achievement to date and how this typically maps into the future. This insight almost certainly becomes part of the barrier to their success in school [7] and manifests as a reluctance to engage.

Disruptive behaviour is most effectively reduced by behavioural approaches particularly where academic outcomes are rewarded [8]. However, to focus purely on rewarding success ignores crucial social dynamics. It is important to mediate positive images of students who struggle, since low class peer acceptance is consistently linked with student disengagement [9] and peer relationships are typically the most valued aspect of school experience, especially for CYP beyond primary school [10]

School-based interventions for ADHD (such as academic interventions) have been found to be more effective than drug treatment [11]. This indicates how important it is to identify co-existing / underlying learning needs. Equally direct teaching of emotional literacy has positive effects both on behaviour and on academic achievement [12].

Looking at the classroom dynamic, the greatest beneficial effects come from a positive classroom climate where disruptive behaviour is reduced effectively and efficiently. The teachers who manage this are quickly able to identify and respond to potential behaviour issues, to clearly indicate appropriate / inappropriate behaviours and to offer group rewards based on clear expectations. They are able to form classroom relationships where the focus is on clarity of purpose and on functioning as a group whose members are all working towards positive learning gains. Rules and procedures are agreed through negotiation [13,14]

The focus on functioning as a learning group fits with evidence that:

- human physiology is built to function best in groups where people share a sense of belonging and safety that in turn helps them manage their emotions socially through co-regulation [15,16,17]. When people are not able to feel calm (ie they are not in an environment where they feel a sense of membership) their mind's ability to learn is curtailed. Stressed brains have reduced neuroplasticity and reduced ability to form memories. Being unable learn causes inevitable additional stress [18]. Supporting students' sense of belonging within positive peer groups and their school/college community is positively associated with reduced bullying [19]. Students' sense of belonging and resilience are strongly related to the development of independent reflective study skills [20]
- behaviour in education settings can be improved through fully understanding pupils and providing them with supportive relationships [21]
- emotional learning is best integrated into everyday teaching [22]. For example, using circles can increase the sense of being included and give teachers greater confidence in their skill to teach social emotional skills [23].

Using relational approaches will build in systemic resilience for those students who appear to be coping, but whose behaviour might deteriorate suddenly when they experience additional difficulty outside of education. This is important as it is estimated that around 15% of CYP aged up to 17 years (so about 4 or 5 students in

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every classroom) live with two of the Adverse Childhood Experiences to at least a moderate level [25].

Looking beyond the immediate school/college context:

- moving settings has a negative impact on (at least) core subject attainment [26], with the key success factor being making a friend in the new school/college during the first month [27].
- home environment is recognised as a strong influence on achievement in education. One of the most beneficial effects is parents being able to sustain positive aspirations and expectations about their children's future achievement. Being able to show interest in their academic work both in school and at home is also important [28].

To summarise again, for students who struggle to regulate their emotions, effective approaches focus on providing safe social groupings. Here these CYP can learn to use trusted group members to provide co-regulation. Specific social and emotional interventions have most effect when followed up /taught within such social groupings.

Key Messages

- Setting-wide relational approaches will adequately support the social and emotional needs of many CYP and are appropriate to all [29].
- The needs of CYP who struggle more than most to regulate their emotions should be considered, as with any other SEN, through the process of Assess-Plan-Do-Review cycles, involving external relevant professionals such as Educational Psychologists. Strategies may need to be individually tailored.
- Following this process will help to ensure that commonly co-existing and/or underlying learning needs are identified early on and are appropriately supported. In turn this should reduce some stress sources experienced in the classroom.
- Understanding a pupil's context will inform effective responses to challenging behaviour and emotional dysregulation. Every pupil should have a supportive relationship with a member of staff [30] who can understand their perspective.
- Children and young people (CYP) who struggle more than most to regulate their emotions need to be considered as having Special Educational Needs (SEN) in the area of Social, Emotional and Mental Health (SEMH).
- Universal behaviour systems are unlikely to meet the needs of these CYP [31]
- All teachers who work with CYP who present with emotional dysregulation (and therefore challenging behaviour) need training on specific suitable strategies [32].

For Early Years

- Think about the child's individual needs. Do they need/have you tried:
  - Solitude or company?
  - Stillness or movement?
  - Blanket or fan?
  - Tummy breathing?
  - Rhythm and repetition (e.g. large or small movements, words, songs, object manipulation)
  - Proprioceptive activities (e.g. stretching, lifting, squeezing/being squeezed)
  - Hand/foot massage
- Create a calm area/box for children to access freely when you, or they, recognise they are becoming dysregulated.
- Utilise an age appropriate version of the zones of regulation. For example children place their name next to one of the images from the Colour Monster book.

A useful video regarding support for children with challenging behaviour in the early years: https://www.youtube.com/watch?v=EqpuY_It5X4&t=3007s

Useful Resources

Initial work to establish cohesive classroom groups can usefully draw on social approaches to developing emotional regulation:

- A trauma informed approach. 'Attachment and Trauma' training is available from One Education's Educational Psychology Service.

- Restorative approaches. 'Restorative practices' training is available from One Education's Educational Psychology Service. See also the link to Restorative Practices in the Inclusion Strategy Toolkit.

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- Approaches that tap into human physiology / neurology. 'Attuned Interactions and Creating Moments of Calm' training is available from One Education's Educational Psychology Service.

For staff to implement particular approaches and strategies effectively, it is important they feel supported by a strong ethos. Having an in-depth understanding of an approach allows them to appropriately tailor it to their particular circumstances[33].

Overarching approaches with relevant training are also available from:

- nurtureuk see https://www.nurtureuk.org/

- Five to Thrive see https://fivetothrive.org.uk/

- i-Thrive see http://implementingthrive.org/

- Secure Base see https://www.uea.ac.uk/providingsecurebase/resources

- Zones of Regulation see https://www.zonesofregulation.com/index.html

(see overleaf)

https://www.zonesofregulation.com/index.html

'The Zones approach' uses four colours to help students identify how they are feeling in the moment according to their emotions and level of alertness, as well as guide them to strategies to support regulation. By understanding how to notice their body's signals, detect triggers, read social context and consider how their behaviour can impact those around them, students learn improved emotional control, sensory regulation, self-awareness and problem-solving abilities.

Where specific students require additional work to identify their emotions within the context of a trusted student-adult relationship, then the following resources can be useful:

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- Tina Rae (2016) *Bouncing Back & Coping with Change: Building Emotional & Social **Resilience** in Young People Aged 9-14*.
- Tina Rae (2016) *Building Positive Thinking Habits: Increasing Self-Confidence & Resilience in Young People through **CBT***.
- Paul Stallard re using CBT see https://www.amazon.co.uk/Think-Good-Cognitive-Behaviour-Psychology/dp/0470842903
- Warwick Pudney and Éliane Whitehouse (1998) *A Volcano in My Tummy: Helping Children to Handle Anger: a Resource Book for Parents, Caregivers and Teachers*
- SEAL see for example https://www.anti-bullyingalliance.org.uk/tools-information/all-about-bullying/preventing-bullying-and-ethos/seal-resources
It is important that individual / small group intervention does not replace an overarching approach.

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[21] See (iv) above.

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Anxiety in Children and Young People

Overview description

Anxiety is a normal, human feeling of fear or panic. When we face stressful situations, it can set off our brain's in-built alarm bell system, which tells us something isn't right and that we need to deal with it. Our brain wants the difficult situation to go away, so it makes us feel more alert, stops us thinking about other things, and even pumps more blood to our legs to help us run away.

Brain perceives threat

DANGER!

Brain alerts body

Body reacts with physical and emotional symptoms

What makes children anxious?

Children can feel anxious about different things at different ages. Many of these worries are a normal part of growing up.

From the age of around 6 months to 3 years it is very common for young children to have separation anxiety. They may become clingy and cry when separated from their parents or carers. This is a normal stage in a child's development and should stop at around age 2 to 3.

It is also common for preschool-age children to develop specific fears or phobias. Common fears in early childhood include animals, insects, storms, heights, water, blood, and the dark. These fears usually go away gradually on their own.

There may also be other times in a child's life when they feel anxious. For example, many children feel anxious when going to a new school or before tests and exams. Some children feel shy in social situations and may need support with this.

When is anxiety a problem for children?

Anxiety becomes a problem for children when it starts to get in the way of their everyday life.

If you go into any school/college at exam time, all the children will be anxious, but some may be so anxious that they don't manage to get to school/college in the morning.

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Severe anxiety like this can harm children's mental and emotional wellbeing, affecting their self-esteem and confidence. They may become withdrawn and go to great lengths to avoid things or situations that make them feel anxious.

What are the signs of anxiety in children?

When young children feel anxious, they cannot always understand or express what they are feeling. You may notice that they:

- become irritable, tearful, or clingy
- have difficulty sleeping
- wake in the night
- start wetting the bed
- have bad dreams

In older children you may notice that they:

- lack confidence to try new things or seem unable to face simple, everyday challenges
- find it hard to concentrate
- have problems with sleeping or eating
- have angry outbursts
- have a lot of negative thoughts, or keep thinking that bad things are going to happen
- start avoiding everyday activities, such as seeing friends, going out in public, or going to school

Key messages to support children and young people

When children are very anxious, even the most well-meaning adults can fall into a negative cycle and, not wanting a child to suffer, may actually exacerbate the child's anxiety. It happens when adults, anticipating a child's fears, try to protect them. Here are some pointers to help children escape the cycle of anxiety.

1. **The goal is not to eliminate anxiety, but to help a CYP manage it.**

   Helping CYPs avoid the things they are afraid of will make them feel better in the short term, but it reinforces the anxiety over the long run. It is not about removing all stress but helping them learn to tolerate their anxiety and manage in stressful situations.

2. Express positive - but realistic – expectations.

You cannot promise a CYP that their fears are unrealistic, and that they will not, fail a test, or that they will have fun ice skating, or that another CYP will not laugh at them during show & tell. But you can express confidence that they are going to be okay, they will be able to manage it, and that, as they face their fears, the anxiety level will drop over time. This gives them confidence that your expectations are realistic, and that they are not going to be asked to do something they cannot manage.

3. Respect their feelings, but don't enable them

It is important to understand that validation doesn't always mean agreement. So if a child is terrified about going to the doctor for a jab, you don't want to belittle their fears, but you also don't want to amplify them. Listen and be empathetic, help them understand what they are anxious about, and encourage them to feel that they can face their fears. The message you want to send is, "I know you're scared, and that's okay, and I'm here, and I'm going to help you get through this."

4. Think things through with the child.

Sometimes it helps to talk through what would happen if a child's fear came true, and how they would handle it? A CYP who is anxious about separating from their parents might worry about what would happen if they didn't come to pick them up. So, talk about that and create an action plan with the child about what they would do if that did happen. This gives the child a chance to explore their fears and th9nk about through a solution with a supportive adult. For some CYPs, having a plan, can reduce the anxiety in a healthy, effective way.

5. Try to model healthy ways of handling anxiety.

There are many ways you can help children handle anxiety by letting them see how you cope with anxiety yourself. CYPs are perceptive, and they are going to notice if the adults continually complain about how they can't handle certain stresses or the anxieties. It is not about pretending that the stress and anxiety does not exist, but, rather, letting children hear and see adults managing it calmly, tolerating it, and feeling good about getting through it.

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Evidence-base

Research has shown, (Child Mind Institute), that supporting adults who want to help children and young people overcome anxiety need to do the opposite of what seems natural: not reassure them constantly that they will be fine, or brush off their anxiety, or avoid things that make them anxious. Instead, they need to validate their feelings, and express confidence that they can manage the anxiety, and help them think of ways to handle what might happen.

For children and young people with extreme and continuing anxiety, the evidence-based therapy of choice for anxiety is Cognitive Behavioural Therapy (CBT). CBT is based on the idea that how we think and act both affect how we feel. By changing thinking that is distorted, and behaviour that is dysfunctional, we can change our emotions.

Top Tips!

For Early Years

- Support children in building their confidence gradually and do not put pressure on them in social situations.
- Prepare children for change and transitions, use visual prompts (such as now/next board) and countdowns to support children in knowing what is happening in their day to help them feel more in control in times of uncertainty.
- Many children in the early years may show signs of separation anxiety. These children may benefit from a visual timetable so that they are aware of the countdown to home time. Consider allowing the child to bring a small transitional object into the setting, this could be a small teddy or a photo of their loved ones.
- The story 'Owl Babies' is great for reminding children that their loved ones are coming back at the end of the day.

Useful Links:

https://www.twinkl.co.uk/news/how-to-support-young-children-with-separation-anxiety

https://www.annafreud.org/early-years/early-years-in-mind/common-difficulties/anxiety/

https://www.annafreud.org/early-years/early-years-in-mind/common-difficulties/separation-anxiety/
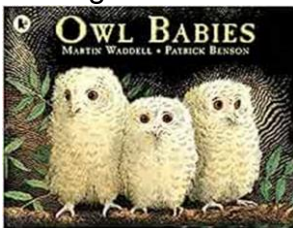
Post-16

Top Tips!

- Having a sense of belonging and feeling supported by adults and friends will help to reduce students anxiety. Considering how to help the student to make friends and have a support network during a transition and throughout their time within a provision will be important.
- It is important to consider that young people will experiencing more change within their lives including a transition to a new college or provision. Young people with high levels of anxiety can be at risk of using avoidance as a coping strategy (meaning that they may avoid lessons) and of becoming NEET.
- Young people need to learn what triggers their anxiety and how to use strategies that help them to manage and cope with their anxiety independently so that they feel confident to use them in the community, workplaces or further education. How can staff support students to understand their anxiety and be pro-active to use helpful and healthy strategies?
- Exam or coursework stress is a normal part of completing studies: how can staff help to normalise this stress and support students be to manage and cope with this stress in a healthy way?
- Having good daily mental health and self-care practices will support all students: how does their curriculum or programme promote good sleep, a healthy diet and exercise?

Useful links and resources:

https://www.youngminds.org.uk/professional/resources/supporting-a-young-person-struggling-with-anxiety/

https://raisingchildren.net.au/pre-teens/mental-health-physical-health/stress-anxiety-depression/anxiety

https://www.mind.org.uk/for-young-people/how-to-get-help-and-support/useful-contacts/

Useful Resources

Stallard, P. (2018). *Think Good, Feel Good: A CBT Workbook for children and young people*. Wiley, London.

The Friends Resiliency Programme (Professor Paula Barrett). A 10-week programme based on cognitive behavioural therapy principles that aims to reduce anxiety in children and young people.

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Useful links

Manchester Thrive in Education brings together services and support for children and young people.

http://www.manchester.gov.uk/schoolhub/downloads/download/1507/manchester_thrive_in_education_offer

Anxiety UK
03444 775 774 (helpline)
07537 416 905 (text)
anxietyuk.org.uk
Advice and support for people living with anxiety.

Childline
0800 1111
childline.org.uk
Support for children and young people in the UK, including a free 24-hour helpline.

NHS Go
nhsgo.uk
NHS app with confidential health advice and support for 16–25-year olds.

On My Mind
annafreud.org/on-my-mind
Information for young people to make informed choices about their mental health and wellbeing.

The Mix
0808 808 4994
themix.org.uk
Support and advice for under 25s, including a helpline, crisis messenger service and webchat.

Young Minds
0808 802 5544 (parent helpline)
85258 (crisis messenger service, text YM)
youngminds.org.uk

Anxiety-Based School Avoidance

Overview description

Anxiety Based School Avoidance (ABSA) is a term used to describe the actions of a group of children and young people who have severe difficulty in attending school due to emotional factors, often resulting in prolonged absences from school. The impact is far reaching and negative outcomes can include lower academic attainment, reduced social opportunities and more limited employment opportunities (Garry 1996, Pellegrini 2007 and Taylor 2012).

Manchester's approach is one of inclusion for all children and young people with a focus on strong multi-agency working.

Key Information

Please refer to the LA's ABSA guidance document (2020)

http://manchesterparentcarerforum.org.uk/wp-content/uploads/2020/08/Anxiety-Based-School-Avoidance-Manchester-Schools-Guidance-Document-2020-final.pdf
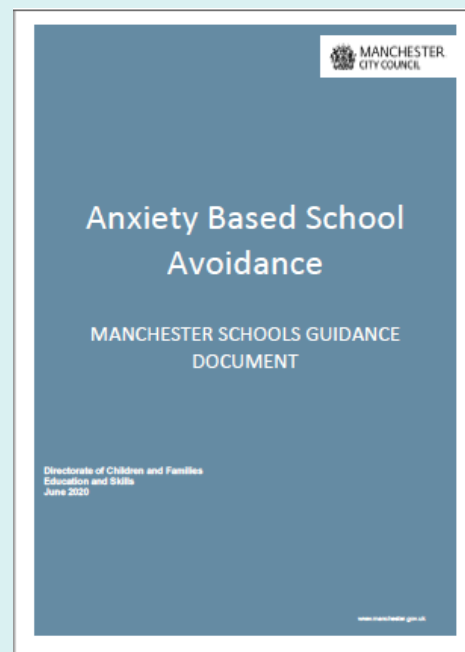
Effective approaches to address ABSA are based on:

- Early Identification

- Effective information gathering and analysis; from the child, parent/carer and professionals who know the pupil well

- Co-producing a plan for a return to school / improved school attendance

Key Messages

- It should be treated as any other Special Educational Need; follow Assess - Plan – Do - Review cycles (see below)
- A thorough assessment should be carried out; of the challenges the education setting presents, the risk factors and other factors that may be keeping pupil at home; ideally, bring in your EP to support this
- There are helpful assessment and planning tools and templates in the appendices of Manchester's ABSA guidance document (see above) pp.44 onwards
- The earlier the identification and intervention, the better. There are often warning signs for ABSA, including in the early stages of primary school
- Be aware of how stressful and upsetting this issue is for families; listen to them and work with them, avoid blame
- Maintain frequent communication with the family throughout any period of school non-attendance. They can become isolated. Avoid letting the pupil go 'off the radar'.
- Autistic children are more at risk
- Transition is a common trigger point
- Consider the possibility of an unmet/undiagnosed special need – speak to your link EP
- Be prepared to be very flexible: you are dealing with a mental health issue
- There are unlikely to be quick fixes, but 'wraparound' support will yield the better outcomes; a multi-agency approach is advocated; CAMHS, Speech and Language Therapists and other external professionals may have a part to play.

Factors associated with vulnerability of EBSA

School Factors	Family Factors	Child factors
Bullying (the most common school factor)	Separation and divorce or change in family dynamic	Temperamental style- reluctance to interact and withdrawal from unfamiliar settings, people or objects
Difficulties in specific subject	Parent physical and mental health problems	Fear of failure and poor self confidence
Transition to secondary school, key stage or change of school	Overprotective parenting style	
Structure of the school day	Dysfunctional family interactions	Physical illness
Academic demands/high levels of pressure and performance-orientated classrooms	Being the youngest child in the family	Age (5-6, 11-12 & 13-14 years)
Transport or journey to school	Loss and Bereavement	Learning Difficulties, developmental problems or Autism Spectrum Condition if unidentified or unsupported
Exams	High levels of family stress	
Peer or staff relationship difficulties	Family history of EBSA	Separation Anxiety from parent
	Young carer	Traumatic events

Assess - Plan – Do - Review cycle

Assess
- Gather information to identify risk factors (see Manchester guidance document pp 44 - 48)
- Use active listening to gather information from the child/young person, family and school
- Avoid making assumptions about the cause and what needs to happen next
- Keep an open professional curiosity about the reasons behind non-attendance behaviour
- Create a profile of the issues involved and act swiftly to prevent the non-attendance behaviour from becoming entrenched

Plan
Use the information gathered to form the basis of an action plan.
- The child/young person and family should be involved in drawing up the plan and agreeing actions/timescales; listen to the young person
- Analyse all the information gathered Your link EP will be able to support at this stage
- Include planning to improve resilience, build self-esteem, high aspirations,
- Consider the positive relationships with adults and maintaining positive relationships with peers
- The child/young person who may show distress when the process starts - it is important that a consistent and firm approach is agreed: parents and school need to work together and show a 'united front'.
- Schools must take an individual and flexible approach

Do
- All actions agreed must be in the plan; do not be tempted to deviate even if things are going well
- Make sure that all staff who have contact with the young person are familiar with the plan.
- Ensure that support agreed in the planning stage is available
- Plan to keep the child or young person in their 'stretch' zone – making well supported progress.
- Be prepared for this to take time and recognise that the child/young person may find this difficult. A very small steps approach may be key

Review
Regularly review the plan and celebrate small steps of progress. Be mindful that progress may be patchy to start with.
- Use the review to identify what else might support progress.
- Keep listening to the young person and their family.
- Stay positive and pro-active.

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Low Mood and Depression

Overview description

Depression is described as a low mood that lasts for at least two weeks and impacts on a young person's behaviour and has physical, cognitive and emotional effects. It interferes with the ability to learn, work and to have healthy relationships (YMHFA, 2017).

It is normal to feel low at times, but someone is said to be suffering from depression when these feelings do not disappear quickly or they begin to interfere with their everyday life.

People describe depression in different ways such as '*being under a dark cloud*' or '*feeling like drowning - no matter how hard you try to fight back'.*

Milder forms of depression can cause an individual to feel in low spirits but it may not impede on their normal life. However, it can make everything feel like it requires more effort or is less worthwhile.

Severe depression can cause an individual's life to become very challenging to manage. It can impact on the relationships they have with their family and friends. It is likely to interfere with their education and social life. For some people it can be so severe that they are not motivated to do anything. Severe depression increases the risk of self-harm, substance misuse and suicide. Depression is one of the most common types of mental illness, with 20% people having depression at some point in their lives. It is common for depression to develop alongside anxiety and depression can be recurrent.

Educational settings have a significant role in the prevention and identification of mental health needs such as depression. Early identification is key to an individual overcoming mental illness and their associated later outcomes such as substance misuse and suicidal tendencies (Davey & McGorry; 2019; Fergusson et.al.; 2005).

Signs to look out for:

Depression affects different people in different ways. Warning signs can include:

- A decline in academic achievement
- Engaging in risk-taking behaviour such as truanting, drinking alcohol, experimenting in drugs and criminal behaviour
- Decreased attendance or arriving late at the education setting
- Not wanting to do things that they have previously enjoyed- for example attendance at clubs, enjoying hobbies
- Avoiding friends or social situations so they may often be on their own
- Weight gain or loss
- Being irritable, upset, miserable or lonely
- Being self-critical
- Expressing that they want to self-harm or evidence of self-harm
- Looking tired and having a lack of energy

It is important to remember that just because a young person is experiencing one or more of these symptoms, it doesn't mean they are definitely affected by depression. It's important to talk to them and their family to identify what support they need.

The link below is to a short clip which describes depression.

https://mft.nhs.uk/rmch/services/camhs/young-people-2/depression/

Risk factors

The NHS have identified that factors which increase the risk of depression in children and young people as:

- family difficulties
- bullying
- physical, emotional or sexual abuse
- a family history of depression or other mental health problems

Sometimes depression is triggered by 1 difficult event, such as parents separating, a bereavement or problems with education or other children.

Often, it's caused by a mixture of things. For example, a child may tend to get depression and also may have experienced some difficult life events.

What reduces the risk of developing depression?

It is important to outline the protective factors for low mood and depression as it links to the preventative strategies education settings can implement

- Having a relationship with a key person in school/setting
- Opportunities for engagement within school/setting and community
- Clear expectations for behaviour
- A supportive family who provide structure, limits, rules, monitoring, and predictability
- Supportive relationships
- Exercise
- Academic achievement and meeting goals
- High self-esteem
- Ability to self-regulate emotions
- Good coping skills and problem-solving skills

National Institute for Health and Care Excellence (NICE) guidelines

The NICE guidelines are evidence-based recommendations for health and care in England. It is imperative to consult the NICE guidelines (2019) when considering next steps for children and young people (CYP). The below guidelines for 5-18 year olds with low mood/mild depression *'continuing after 2 weeks of watchful waiting, and without significant comorbid problems or active suicidal ideas or plans, consider the following options adapted to developmental level as needed':*

- digital cognitive–behavioural therapy (CBT)

- group CBT

- group non-directive supportive therapy (NDST)

- group interpersonal psychotherapy (IPT).

    If these options would not meet the child's clinical needs or are unsuitable for their circumstances, consider the following adapted to developmental level as needed:

- attachment-based family therapy

- individual CBT.

The NICE guidelines stipulate that CYP presenting with moderate to severe depression should be reviewed by a Child and Adolescent Mental Health Service (CAMHS) team. It would be important to communicate with the individual's practitioner as they can provide useful advice on supporting CYP following their assessments in conjunction with the interventions and approaches within this chapter and earlier mental health chapter.

> **Please refer to the Thrive in Education & Mental Health services in information outlined in the mental health chapter.**

Evidence-base

There are many measures which have been proved to improve mood and mental health. It is important to look at each case individually and work collaboratively with the child, their parents or carers and other professionals to identify the best way to support the CYP in overcoming low mood or depression. Where you think there is an immediate risk of harm or even life immediate support should be sought.

Effective interventions with a strong evidence base include both approaches to support positive mental health and approaches for those identified as having low mood or depression.

> **Please refer to the 'approaches to support positive mental health' outlined in the mental health chapter.**

Approaches for CYP identified as having low mood

Talking therapies

Talking therapies are treatments which involve the CYP talking to a trained professional about their thoughts, feelings and behaviour. There are many different types of talking therapy, but they all aim to provide the individual with:

- a safe time and place to talk to someone
- help to make sense of things and understand themselves better
- help to resolve complicated feelings, or find ways to live with them
- help to recognise unhelpful patterns in the way they think or act, and find ways to change them (if they want to).

CBT is a talking treatment which focuses on how an individual's thoughts, beliefs and attitudes affect their feelings and behaviour. It teaches them coping skills for dealing with specific elements of their problems linked to their low mood. It combines cognitive therapy (examining the things you think) and behaviour therapy (examining the things you do).

TiE recommends against education staff delivering CBT interventions as it is important that professionals delivering these interventions receive regular supervision from a psychologist.

Medication

Medication prescribed by a GP can be effectively used to treat the biological causes of depression and can help to prevent harm in the first instance and allow the CYP to better access therapeutic support. Antidepressants can treat the symptoms of depression but they don't always deal with the causes. Doctors will often prescribe them alongside a talking therapy, to help deal with the causes of mental health problems. The NICE guidelines (2019) recommend that for CYP with mild depression medication should not be used in the first instance and that it should only be used in conjunction with the receipt of 'concurrent psychological therapy'.

Top Tips!

For Early Years

Children in the early years require support and activities to promote a strong sense of self and to harness their self-esteem.

The following links give some useful activities and ideas for identifying and supporting children displaying behaviours related to low mood and to boost their sense of self:

https://help-for-early-years-providers.education.gov.uk/personal-social-and-emotional-development/sense-of-self

https://www.annafreud.org/early-years/early-years-in-mind/common-difficulties/withdrawn-behaviour/

Post-16

Top Tips!

Young people will often experience times of low mood: since Covid-19 research suggests that there has been an increase in reports of low mood and depression in young people at college, apprentices or post-16 settings.

- Having a sense of belonging and feeling supported by adults and friends will help to reduce student's low mood. Considering how to help the student to make friends and have a support network during a transition and throughout their time within a provision will be important.
- Encourage students to take part in Mental Health Awareness Month: consider how the student council or a group of young people in your provision can work together to promote good mental health practices to support low mood and depression.
- Young people need to learn what triggers their low mood and how to use strategies that help them to manage and cope with their anxiety independently so that they feel confident to use them in the community, workplaces or further education. How can staff support students to understand their low mood and be pro-active to use helpful and healthy strategies?
- Exam or coursework stress is a normal part of completing studies: how can staff help to normalise this stress and support students be to manage and cope with this stress in a healthy way?
- Having good daily mental health and self-care practices will support all students: how does their curriculum or programme promote good sleep, a healthy diet and exercise?

Useful Resources

Video 'Annabel's story'

A short video clip from CAMHS which may be useful for staff working with students with depression and young people themselves. https://camhs.elft.nhs.uk/Conditions/Depression--Low-mood

Mood cards (understanding deep emotions)

These cards are great for exploring moods, emotions and behaviours in a non-judgemental way.

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Blob cards (Pip Wilson) https://www.pipwilson.com/p/blob-tree.html
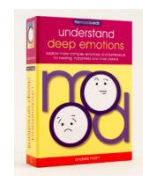
Blob cards and books enables you to explore a wide range of feelings and emotions. The accompanying activity cards suggest several different ways of using the cards with individuals or groups to initiate discussion and reflection around emotions.
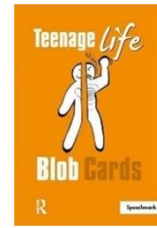
Train your dragon to love himself (Steve Herman)

This book, aimed at primary school-aged children, which gives children positive affirmations and acceptance and love around who they are.

Dr Karen Treisman resources (Amazon)
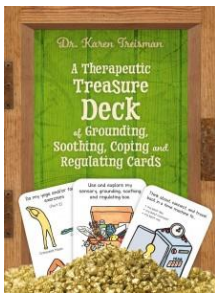
Dr Karen Treisman's resources are therapeutic and aimed at a wide range of ages. The cards pictured and linked are great as they offer a non-threatening way to explore feelings, and to form effective coping, regulating, soothing, and grounding strategies. Designed to work with both the brain and body, the cards address a wide range of common issues including anxiety, stress, low mood, sleep difficulties and emotional dysregulation. They employ strategies including cognitive techniques, nurturing activities, sensory strategies, body-based activity and creative exercises.

Tina Rae resources and books

https://www.hintonpublishers.com/catalogsearch/result/?q=tina+rae
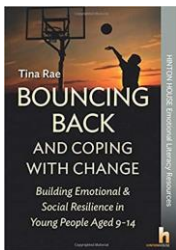
Practical evidence-based strategies to teach young people in the face of adversity. These strategies, drawn from evidence-based approaches such as mindfulness and CBT, will help them to build the ability to bounce back when things go wrong. These 20 clearly presented sessions will help build self-esteem, empathy & assertiveness, develop stress management and problem-solving skills and a reflective approach. Flexible and ideal for use with individuals or groups.

Margot Sunderland resources and books

https://www.margotsunderland.org/buy-resouces

The cards are designed to capture the deeper truth of how people experience their life. The relief of having found an image that accurately conveys your familiar mental states, can be profound.

Useful links

https://camhs.elft.nhs.uk/Conditions/Depression--Low-mood

https://thedepressionproject.com/

https://youngminds.org.uk/find-help/conditions/depression/

https://www.mentalhealth.org.uk/your-mental-health

https://www.manchestermind.org/

https://mhfaengland.org/individuals/youth/

https://www.mind.org.uk/information-support/types-of-mental-health-problems/depression/about-depression/

https://www.selfhelpservices.org.uk/directory-of-services/search/depression/blank/

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https://freshstartineducation.co.uk/resilience/ (Dr Tina Rae)

https://mhfaengland.org/individuals/youth/

https://www.nice.org.uk/guidance/ng134/chapter/Recommendations

https://www.mindsetworks.com/science/ (Dr Carol Dweck)

SECTION FOUR

Non-Suicidal Self-Harm

Overview description

Non-Suicidal Self Harm is a broad term that covers a variety of things that people do to hurt themselves physically in a deliberate and usually hidden way, Crucially, it is a sign of *distress*. Self-harm by children and young people (C/YP) most often involves: overdoses, self-mutilation (e.g. cutting behaviours), burning, scalding, banging body parts against walls, hair-pulling, and biting. In the vast majority of cases self-harm remains a secretive behaviour.

Self-harm is a way of *coping* in the absence of having other means. It not the same as attempting suicide. Self-harm does not *directly* lead to suicide, however both have a common root in deep distress, and it is the single strongest predictor of suicide.

Young people who self-harm mainly do so because they have no other way of coping with problems and emotional distress in their lives. It can provide temporary relief from an otherwise overwhelming situation or emotional state but comes at the price of immense shame. Commonly a combination background factors is involved, such as:
  - Feeling isolated
  - Relationship problems (friends & family)
  - Education problems & academic pressures
  - Being bullied
  - Offending
  - Drug & alcohol use

Evidence-base

How common is it?
Self-harm is a common behaviour in young people, with 10% of 15-16-year olds self-harming at any time (Young Minds, 2018). The average age of onset is 12 years old, becoming more common after the age of 16. Primary age children also self-harm.

Who is at risk?
Self-harm can affect anyone, but is more likely amongst some groups of people, or because of things that are happening in their lives. Self-harm is more common in young women (especially young Black women), for children/ young people who identify as LGBTQ+, and for those who have a mental health problem. Other risk factors include:
  - poverty
  - being looked after

- experiencing domestic violence
- experiencing physical, emotional or sexual abuse
- parents involved in offending/ criminal justice system
- a family history of self-harm or suicide

Prevention
- Young people told the Truth Hurts inquiry (Resource 8, below) that often all they want is to be able to talk about problems in their daily lives to someone who will listen without judgement. As such, school/education setting-based work is one of the most promising areas where the prevention of self-harm can be successfully tackled.
- Young people are often ashamed to seek help and so education settings will need to actively reach out to those vulnerable to using self-harm.
- Many young people prefer to turn to other young people for support. Truth Hurts recommends the development of peer support schemes within the context of a whole school approach to mental health.

Interventions
The common features of effective support approaches, packages or plans involve:
- Building coping skills
- Supporting the young person to connect with others
- Supporting the family (acceptance of self-harm is especially hard)
- Working to build a supportive & effective system around the young person
- Addressing often multiple underlying factors
- Helping the young person to develop or access emotionally supportive relationships
- Referrals to relevant professional services from within health, education, children's services, and the third sector)
- Making use of support groups

Working with Young People

Responding to disclosures of self-harm
- Stay calm &caring. Take their concerns seriously
- Explain confidentiality requirements from the start
- Try to understand the purpose self-harm is serving, but avoid asking directly why they self-harm as many young people won't be able to explain it
- Jointly problem-solve and come to a shared understanding of what together you are hoping to achieve
- Encourage connection & communication with others, including professionals & support groups
- Help them retain a sense of control - especially if you need to pass information on

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The Greater Manchester Children's Safeguarding Board procedures (item 10 under Resources below) provide detailed guidance to adults on responding and supporting young people who disclose self-harm. Local CAMHS teams can also provide telephone advice via a duty worker (see item 3 under Organisations below).

Confidentiality & Information Sharing: involving parents/ carers, referring to agencies, and safeguarding.

- Explain at the outset, openly and honestly, under what circumstances and how information will be shared
- Seek consent to share confidential information. **However, you may still share information if, in your judgment, there is sufficient need to override the lack of consent**
- Seek advice from your designated safeguarding lead if you are in doubt.

If a child under 13 discloses self-harming behaviour it is **always** important to involve a trusted adult (usually a parent/carer) as the child does not have capacity to make decisions about their care.

Young people aged 13 plus can make informed choices over whom they wish to share personal information with, unless they are deemed as not competent (i.e. there are concerns about their cognitive ability to make informed choices). The exception to this is if you are concerned that the young person is experiencing or may experience significant harm. **In such cases it is always important to share information with the relevant people, regardless of consent from the young person.**

Coping

Self-help techniques are vital whilst the underlying factors are being tackled (sites below provide ideas around these). Examples include
- Distraction and deferring self-harm, even for a short time
- Replacing self-harm with a safer activity that fulfils the same purpose (e.g. using a red water-soluble felt tip pen to mark instead of cutting).
- Taking part in activities, such as those offered by local youth or sports clubs
- Simply having the chance to talk without experiencing disapproval

The free award-winning teenage Calm Harm app uses the principles of Dialectical Behaviour Therapy (DBT). DBT is an evidence-based therapy for people with overwhelming strong emotions and there is good evidence for its effectiveness in reducing self-harm.

Some early years children may self-harm in ways such as hair pulling, scratching themselves or head banging. At this age this may be related to a sensory preference and this behaviour could be acting as a way of communicating this need.

Think about what the child may be seeking in these times of distress; they may need an alternate outlet that provides them with the same sensation in a safe way. For example, biting on a chew toy, scratching on a rough piece of fabric, pulling/stretching/ twisting play doh/blu-tac.

Manchester offer

In Manchester the Thrive in Education team have developed a risk and crisis management framework that supports secondary schools and colleges to respond to students who self-harm or are expressing suicidal ideation. See the mental health chapter for more information about how to get in touch with the Thrive in Education team.

Useful Resources

1) **Calm Harm** - free DBT based app that supports self-management of self-harm
https://calmharm.co.uk/#row1

2) **Responding to Self-Harm in Children and Adolescents** - A Professional's Guide to Identification, Intervention and Support (2012) by Steve Walker. ISBN 9781849051729

3) **Self-Harm and Eating Disorders in Schools** - A Guide to Whole-School Strategies and Practical Support (2015) by Pooky Knightsmith. ISBN 9781849055840

4) **Self-harm in Children and Young People Handbook** (National CAMHS Support Service) - a pretty comprehensive summary accessible to the nonspecialist professional. self-harm-in-children-and-young-people-handbook.pdf (healthyyoungmindspennine.nhs.uk)

5) **Self-harm in young people**: for parents & carers (Royal College of Psychiatrists) - free downloadable leaflet
https://www.rcpsych.ac.uk/mental-health/parents-and-young-people/information-for-parents-and-carers/self-harm-in-young-people-for-parents-and-carers

6) **Suicide & Self Harm by children & young people** – advice for practitioners & parents (Manchester Safeguarding Partnership)
https://www.manchestersafeguardingpartnership.co.uk/resource/suicide-self-harm-children-young-people-advice-practitioners/
https://talklistenchange.org.uk/enquire

7) **The Truth About Self-harm** - booklet for young people, parents and carers (Mental Health Foundation)
https://www.mentalhealth.org.uk/publications/truth-about-self-harm

8) **Truth Hurts** - report of the national inquiry into self-harm amongst young people (Mental Health Foundation
https://www.mentalhealth.org.uk/sites/default/files/truth_hurts.pdf

9) **Young Minds website** - page for young people on self-harm
https://youngminds.org.uk/find-help/feelings-and-symptoms/self-harm/

10) **Young People and Self-Harm: procedures & advice** - this document is designed to help a range of professionals, working across agencies in Greater Manchester, to respond to the issue of self-harm amongst young people in a consistent, caring and effective way.
https://greatermanchesterscb.proceduresonline.com/chapters/p_suicide_self_harm.html

Useful links to organisations

1) **42nd Street** - Manchester's third sector organisation providing young people with mental health support
https://www.42ndstreet.org.uk/about-us.html

2) **Kooth** - free & trustworthy online mental health support for young people
https://www.kooth.com/

3) **Manchester Foundation Trust CAMHS** main page (Manchester, Salford & Trafford)
https://mft.nhs.uk/rmch/services/camhs/

4) **Manchester Foundation Trust CAMHS** Young People's page - lots of useful links and leaflets, including about self-harm Young People - Royal Manchester Children's Hospital (mft.nhs.uk)

5) **Royal College of Psychiatrists** - page on young people's mental health, sections for young people and for parents/ carers
https://www.rcpsych.ac.uk/mental-health/parents-and-young-people

6) **Talk Listen Change** - third sector Manchester organisation, currently (April 2021) providing support for young people aged 14-19 years old experienced/ experiencing domestic abuse and using harm to others and/or self.

7) **Young Minds** - excellent mental health advice for young people, parents' carers & professionals
https://youngminds.org.uk/

Manchester Safeguarding Partnership –
Suicide and Self Harm by children:
https://www.manchestersafeguardingpartnership.co.uk/resource/suicide-self-harm-children-young-people-advice-practitioners/

Mental Health:
https://www.manchestersafeguardingpartnership.co.uk/resource/mental-health/

Emotion Coaching

Overview description

Emotion coaching is an approach which enables children to manage their behaviour by supporting them to understand their different emotions. It derives from the fact that behaviour is influenced by feelings and is a specific way of interacting with children which provides them with language for their emotions. The approach was developed by Gottman (1996), who explored different parenting styles and found that a parent's view on their child's emotions influences the way they parent. Children who have not had the opportunity to develop a secure bond with a primary caregiver, sometimes due to traumatic early experiences, are typically unable to regulate stress and require an adult who is able to co-regulate with them. Co-regulation is when an adult interacts with a child to provide a nurturing and safe relationship (which the child has often not already experienced) and models self-regulation skills.

Emotion coaching is a practical approach to dealing with behaviour in the moment. It involves:

- Recognising, empathising and validating feelings of a child and labelling these feelings
- Setting limits on their behaviour
- Problem solving with the child to identify more effective responses
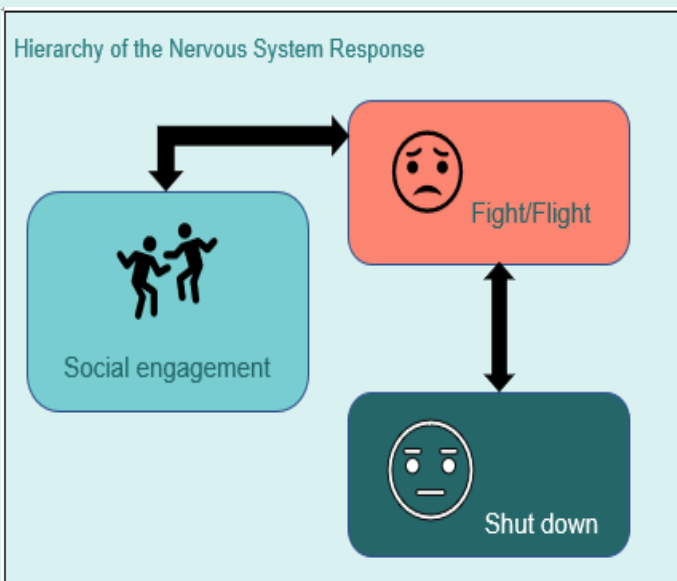
Hierarchy of the Nervous System Response

Fight/Flight

Social engagement

Shut down

Emotion coaching recognises that the way an adult communicates with a child affects their brain development. There is a wealth of neuroscience that indicates that both trauma and attachment security impact on a child's brain development. Schore (2000) described the impact of stress or lack of regulation from a caregiver as having a significant effect on the early developing right hemisphere.

Emotion coaching recognises that the way an adult communicates with a child affects their brain development. There is a wealth of neuroscience that indicates that both trauma and attachment security impact on a child's brain development

Schore (2000) described the impact of stress or lack of regulation from a caregiver as having a significant effect on the early developing right hemisphere. Porges' **Polyvagal Theory** states that those who have experienced trauma often struggle to read and understand their environment, because of poor regulation of the vagus nerve which controls the body's stress response. They find it much harder to calm down and overcome uncomfortable feelings as toxic stress closes down key brain functions required for learning. Secure attachments are required for a child to learn to self-regulate.

Please refer to the chapter 'Attachment and trauma' for more information on this.

Five Steps of Emotion Coaching
Dr. John Gottman

STEP 5: Set limits and problem solve.

STEP 4: Communicate empathy and understanding.

STEP 3: Help your child verbally label emotions.

STEP 2: Recognize emotion as an opportunity for connection or teaching.

STEP 1: Be aware of your child's emotions.

The Gottman Institute
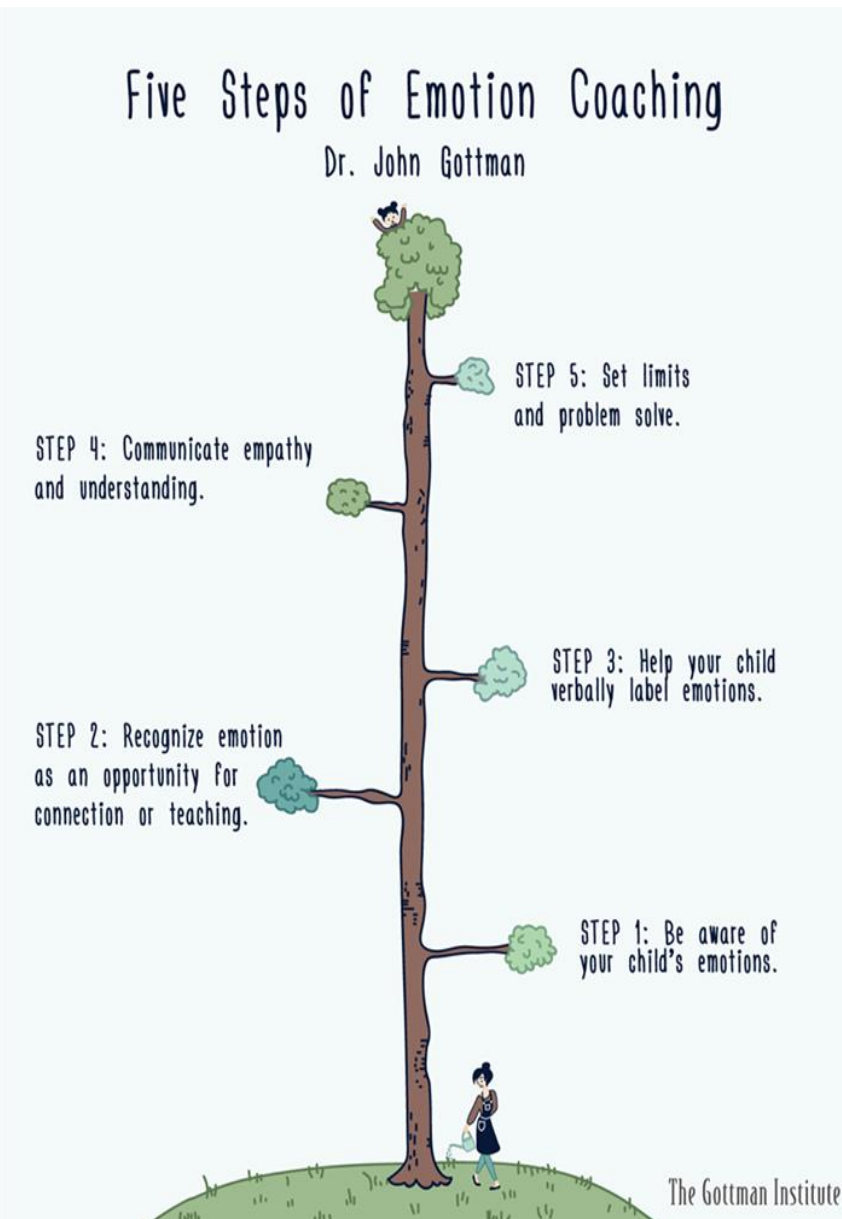
Interaction and attunement between adult and child are integral to the Emotion Coaching approach. Providing a narrative (through social engagement) during an emotional experience can have a profound effect. Empathic listening and dialogue following heightened emotions is a positive way of empowering the child to manage strong feelings and self-regulation.

When Emotion Coaching is used as a setting-wide approach it is reported that this has a positive impact on both staff and pupils, providing a relational approach to behaviour and promoting optimal brain development and function.

Image taken from https://www.gottman.com/blog/strengthen-childs-emotional-intelligence/

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Dan Siegel's hand model of the brain

An increasing number of education settings are teaching pupils about the link between behaviour and the brain as part of an Emotion Coaching approach. Dan Siegel's model below is an example of a physical representation of this. In Dan Siegel's metaphor – The Hand Model of the Brain the closed fist represents the regulated brain – when we make our most effective decisions - with the amygdala, pre frontal cortex and brain stem connected. When we are aroused eg angry – we 'Flip Our Lids' , the fingers raise and our pre frontal cortex and amygdala disconnect.

Dan Siegel's Flipping your lid-hand model of the brain

Cerebral cortex

Prefrontal cortex

Midbrain

When we are triggered we can 'flip our lid'. Therefore our prefrontal cortex has a poor connection with the midbrain and we are unable to access the problem solving part of our brain and we are unable to think clearly. This physical representation of the brain supports understanding of emotional regulation.
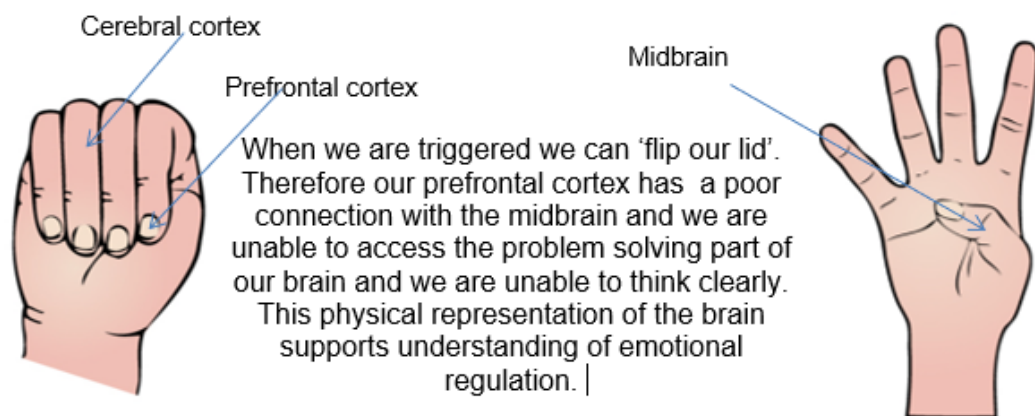
Examples of dialogue within an Emotion Coaching approach

"I can see you are feeling angry. Shall we talk about how you are feeling? I can see that you are feeling upset but it is not ok to push others. I want to help you feel calm to make sure you do not hurt yourself or anybody else."

"You are really angry and upset right now. It is ok to feel like that. I will wait here with you until you are feeling calmer."

"How are you feeling? How has your day been so far? Do you think you would work better on your own today or in a group?"

"I can see you're frowning and you're kicking the wall and you are expressing a lot of energy. I would be feeling like that too if I didn't want to do something. I bet that does not feel nice for you. You cannot kick the wall as you could get hurt or damage something. Let's go and kick a ball around outside instead."

"I noticed you looking around at the others who are working on their projects. I think you might be feeling nervous right now about whether your work will be OK. Have I got that right?"

Top tips!

- It is important that the adults around children have an awareness of their own emotions
- Recognise all emotions as being normal (not a choice)
- Take on the child's perspective (attunement)
- Provide a narrative for an emotional experience, creating cognitive links through co-learning
- Look for physical signs of the child's emotion to support labelling
- It is vital that the adult sets the emotional tone through modelling a calm disposition
- Be clear that some behaviours cannot be accepted but that all feelings are ok
- When the child is calm explore feelings and alternative responses through scaffolding and empowering
- Building a good relationship and having good rapport is crucial to this "connection before correction" (Golding et.al.; 2013)

Top Tips!

For Early Years

- Use the RULER approach to support children's understanding of emotional/physical states and how to express and regulate these appropriately.
- Recognising – Understanding – Labelling – Expressing – Regulating Emotions
- Use emotion flashcards and mirrors
- Utilise circle times and relevant books to target children's individual needs such as:
  - o The Colour Monster
  - o Owl Babies
  - o Giraffes Can't Dance
  - o The Lion Inside
  - o The Bad Seed

Other useful links:

https://help-for-early-years-providers.education.gov.uk/personal-social-and-emotional-development/emotions

https://www.booktrust.org.uk/booklists/f/feelings/

Evidence-base

Gottman's research on Emotion Coaching utilises moments of heightened emotion and resulting behaviour to guide and teach the child and young person about more

effective responses. Through empathetic engagement the child's emotional state is verbally acknowledged and validated, promoting a sense of security and feeling 'felt'. This activates changes in the child's neurological system and allows the child to calm down, physiologically and psychologically. Gottman also found that practitioner's views and emotional responses evolve as a result of increased understanding around children's behaviour.

Emotion Coaching is based on the principle that nurturing and emotionally supportive relationships provide optimal contexts for the promotion of children's outcomes and resilience.

Gottman (1996) found that Emotion Coached children and young people often:

Achieve more academically in school	**Are more popular**	**Have fewer behavioural problems**
Have fewer infectious illnesses	**Are more emotionally stable**	**Are more resilient**

In the UK Bath Spa University completed research led by Dr Janet Rose. It looked at the impact of using this approach in primary schools, secondary schools and other settings. The research found significant positive impact on:

Improved verbal communication skills in pupils	Improved age-appropriate self-regulation	Increased parental engagement with staff
Shared understanding, language and approach	Reduced exclusions	Improved teamwork and professional practice
Reports of adult self-regulation		

Useful Resources
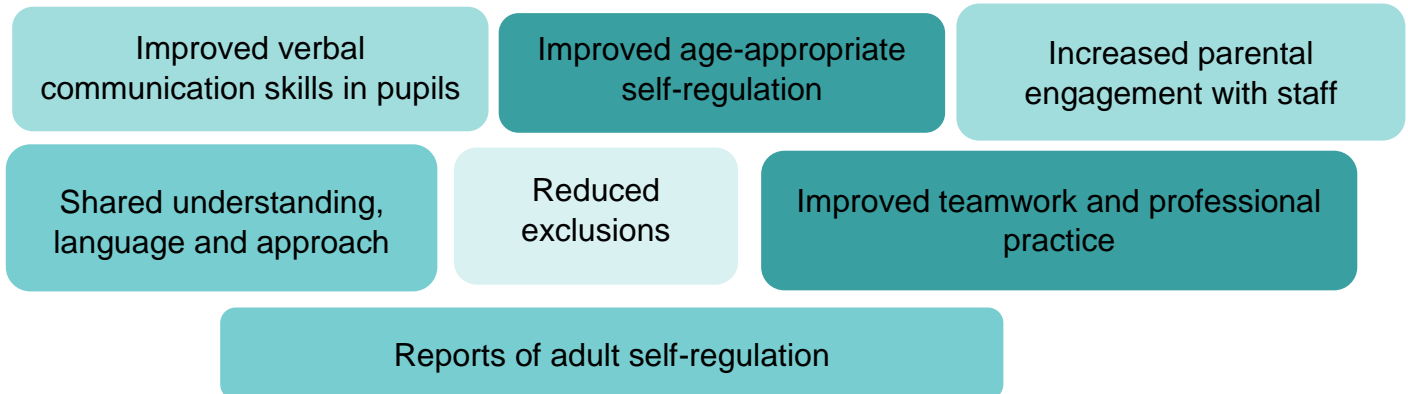
https://www.emotioncoachinguk.com/for-professionals

https://0cb242fb-7e24-4208-86de-d7c876a2f1c2.filesusr.com/ugd/994674_ef840e8a09504d37a8004a9e7c0982c3.pdf

https://www.elsa-support.co.uk/downloads/

https://www.amazon.co.uk/Mind-Emily-Arber-Vanessa-Lovegrove/dp/0995710600

http://www.safehandsthinkingminds.co.uk/books-cards-worksheets/

http://www.safehandsthinkingminds.co.uk/covid-anxiety-stress-resources-links/

https://www.amazon.co.uk/s?k=margot+sunderland+resources&ref=nb_sb_noss

https://www.zonesofregulation.com/teaching-tools.html

Useful links

https://www.headteacher-update.com/best-practice-article/pastoral-support-emotion-coaching/152306/
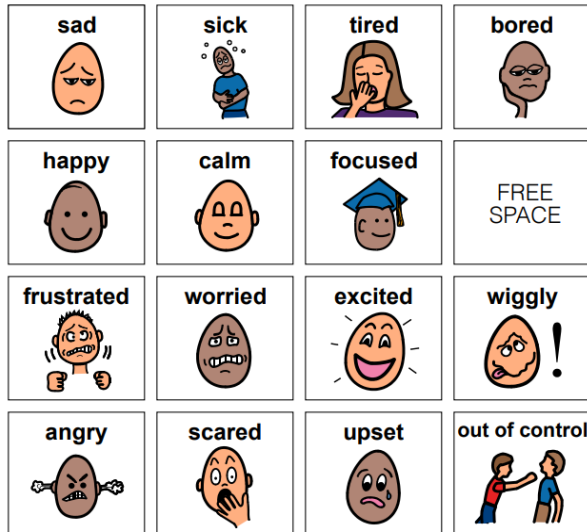
https://0cb242fb-7e24-4208-86de-d7c876a2f1c2.filesusr.com/ugd/994674_d5e9463056a64632ac45298c5ab577a6.pdf

https://www.gottman.com/

https://www.canva.com/design/DADpj8eGbkA/8EJ1cwH57mGK7w4944hurw/view?utm_content=DADpj8eGbkA&utm_campaign=designshare&utm_medium=link&utm_source=sharebutton

https://kca.training/?info=emotion_coaching

References

Gottman, J. M., Katz, L. F., & Hooven, C. (1996). Parental meta-emotion philosophy and the emotional life of families: Theoretical models and preliminary data. *Journal of Family Psychology*, 10, 243-268

Rose, J., Gilbert, L., & McGuire-Snieckus, R. (2015). Emotion Coaching-a strategy for promoting behavioural self-regulation in children/young people in schools: A pilot study. *The European Journal of Social & Behavioural Sciences*, *13*, 1766-1790.

Schore, A. N. (2000). Attachment and the regulation of the right brain. *Attachment & human development*, *2*(1), 23-47.

https://www.psychalive.org/minding-the-brain-by-daniel-siegel-m-d-2/

Identity and Inclusion

Adoption

Overview description

Adoption is a way of providing the security, permanency and love of a new family when it is not possible for a child to remain with his/her birth parents or within the birth family. Adoption is a legal process which fully transfers Parental Responsibility from the child's birth parents to their adoptive parents. When the child is settled with the prospective adoptive parent(s) an Adoption Order is granted by a court. A child remains looked after until this point and a child's social worker remains involved. Education settings should continue PEP processes until the order is granted, however good practice highlights that a post-PEP process is helpful.

All children develop in an environment of relationships. Early caregiving relationships have a long lasting impact on a person's development, ability to learn and their capacity to regulate their emotions and behaviour. Warm and sensitive caregiving relationships are associated with more developed cognitive skills, enhanced social competence, positive mental health, fewer behavioural problems and higher achievement in education.

When a baby or child experiences adverse childhood experiences, stress interrupts typical development. Adverse childhood experiences may include neglect, abuse and household challenges (e.g. parental abandonment, parental drug and alcohol misuse, domestic violence, parental mental illness, parental separation/ divorce). Stress is a normal part of childhood when it is temporary and in the context of safe, secure relationships. Nevertheless, stress can have lifelong consequences for children and young people when it is prolonged and where adults are not available to buffer the stress or provide nurture, care and support (i.e. toxic stress).

Children who are adopted are likely to have experienced multiple adverse childhood experiences and developmental trauma and they may continue to experience further adverse childhood experiences (e.g. an adoption breakdown). However, research indicates that supportive, responsive relationships with caring adults as early in life as possible can prevent or reverse the damaging effects of toxic stress response and developmental trauma. Additionally, it is evident that additional support in early years, schools and colleges can help them to feel ready and able to learn and to deal with the impact of a more challenging start to their life.
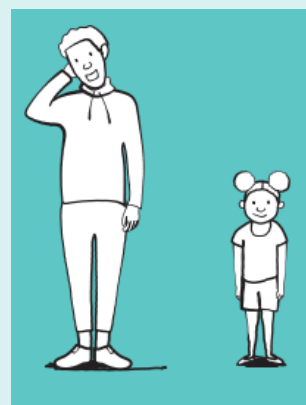
This section provides information and advice about adopted children's needs in educational settings, good practice in settings, risk of breakdown and disruption, support and funding for adopted children and their families, and additional resources or links that may be helpful.

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What we know about learning and attainment for adopted children

Adopted children are likely to need additional support in school, personalisation to their curriculum and/or targeted interventions to help them to achieve their full potential and to prepare them for adulthood. This might be most of the time or at specific time points or situations within school.

The Department for Education identified that adopted children's attainment in school/college is significantly lower than their peers with the gap widening as they get older. Data suggests that:

At key stage 2, only 49% of children reached age related expectations in reading, writing ad maths compared with 75% of non-adopted children (2014)

At key stage 4, adopted children were half as likely than their peers to achieve 5 good GCSE grades (2016)

At 18-19 years, 14% of adopted children are reported to be enrolled in a programme of university study compared to 33% of the general population (Wijedasa & Selwyn, 2011) suggesting that more support is required to encourage adopted children to continue participating in education

Adopted children can present with needs within seven areas including sensory processing, attachment skills, emotional regulation, behavioural presentation, cognitive and learning skills, their understanding of themselves and their self-identity, and dissociation (Van der Volk, 2014). In school this might present as a child who finds it difficult to:

Build trusting relationships with adults or manage friendships and use appropriate social skills

Cope with their feelings and manage their behaviours

Have a clear sense of their identity

Cope with transitions and change

Use their executive function skills (self-organisation, attention & concentration skills, planning skills etc.) and learn

Adopted children are within the statutory guidance for "Promoting the education of looked-after children and previously looked-after children". This guidance sets out the local authorities duty to promote educational achievement and to protect looked-after and previously looked-after children from further childhood adversity such as being excluded. Unfortunately, research highlights that adopted children are still 20 times more likely than their peers to be permanently excluded from school (White, 2017). They are also at risk of bullying (Wijedasa & Selwyn, 2011) and anxiety-based school refusal (White, 2018). See chapters in this Toolkit.

Good Practice in Adoption

"Every interaction is an intervention" (Dr Karen Triesman)

Developmental trauma can be repaired and adopted children can learn the skills they need to reach their full potential. Evidence suggests that the key to recovery, repair and helping the child or young person to learn at school is through relationship-based approaches and helping them to feel safe and secure in school.

"Children being happy and settled in school might be worth a million formal therapy sessions" (Angie Hart, 2007)

> 1. Helping the young person to feel safe and coregulated
>
> The first step to supporting an adopted child or young person is to help them to feel safe and secure in their educational setting where they have a familiar adult who can help them to manage their emotions through coregulation. This will reduce times where the student's survival system is "turned on" in nursery, school or college (e.g. when they experience the natural instinct to fight or flight or freeze in order to help them to survive an unsafe

Strategies that help students to feel safe and co-regulated include:

⇨ A regular routine and structure within the day where changes can be easily communicated to the student. Visual timetables, Now and Next boards or visual schedules can be helpful;

⇨ Morning and afternoon meet and greet sessions where an adult can help the child through co-regulation to manage the transition from home to school/setting calmly;

⇨ For teaching staff to focus on helping the child to experience joy and fun at their educational setting. This might mean that staff need to consider how to reduce challenge within the curriculum, help the child to experience regular success and provide explicit praise for effort;

⇨ To focus on building safe and secure relationships between the child and a key adult or a team of adults and a sense of belonging. It is helpful for adults to be understanding and warm, to help children feel heard and understood whilst also empathically providing structure and boundaries especially at times sadness, difficulty, relational breakdowns or emotional distress. Emotion Coaching can be a helpful technique;

⇨ For changes to key adults or the team of adults to be recognised and opportunities to experience a good ending through celebrations and acknowledgment of sadness;

⇨ For adults to provide additional transition planning for large transition such as moving year group, moving education setting, changes of key staff;

⇨ For adults to be sensitive to key time points within the year that may be difficult for the child due to their early life experiences or because they adopted such as birthdays, Christmas, Easter, anniversaries of leaving their birth parents or moving to their adopted parents;

⇨ For teaching staff to be sensitive to adopted children's experiences when delivering the curriculum including family trees, genetics, cultural/ ethnic heritage, death/ loss, sex education or drug and alcohol misuse. The Adoption Friendly Schools Manual provides ideas of how to adapt the curriculum during these "hotspots";

⇨ Children will benefit from tools and activities that help their bodies to manage difficult experiences or emotions. You might notice unusual behaviours which show that students are seeking ways to calm and settle their bodies (e.g. seeking dark spaces or finding it difficult to sit down). Help them to meet these needs with tools and activities that suit your classroom and school. For example, sensory tools (e.g. fidget tools, weighted objects, wobble cushion), whole class or individual movement breaks (e.g. walking to another classroom, moving heavy objects), repetitious activities (e.g. re-ordering a bookshelf, sharpening the pencils), whole class or individual breathing exercises or opportunity to be in an open or closed space (e.g. spending time outside or having a tent in the classroom); and,

⇨ For education setting staff to build supportive communication strategies with parents and for key information to be shared regularly.

It might be helpful to consider some of these key questions:

⇨ Are we aware of children who are adopted and their individual strengths and needs?

⇨ Has a key adult or team of adults been identified for the adopted student(s)?

⇨ What relational approaches are already in place in our setting? Do our policies and procedures (particularly behaviour management) meet the needs of adopted children?

⇨ How can current strategies be adapted to support adopted students to feel safer and more secure?

⇨ Are we tuned into the emotional needs of this cohort of students, understanding any triggers for dysregulation and how can I or other staff members help them to regulate their emotions?

⇨ Are staff confident to meet the needs of adopted children? What can we do to support staff's understanding and skills in meeting their needs?

> ## 2. Helping the child or young person to build attachments and process difficult memories or experiences
>
> Once the child feels safe and secure in their educational environment, they will be more able to learn and manage challenges, spend time building and developing relationships and attachments with key adults and their peers. They will also start to process more difficult memories or experiences: a safe, caring adult can support them to manage their emotions and to acknowledge their loss and grief.

A continuation of the above strategies is essential. Additional strategies that help children to build attachments and process their experiences include:

⇨ The key adult/ team of adults to acknowledge and celebrate key milestones for the child;

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⇨ Adult-led play activities will help to build the relationship between adult and child whilst also safely extending the child's key skills (e.g. emotional regulation and ability to cope with challenge). For example, Theraplay activities may be beneficial;
⇨ Targeted group interventions that focus on building the child's relationships with their peers through play, joy and connection;
⇨ For adults to reflect about the successful moments of interaction between them and the child: what is the adult doing that helps the child and meets their need? How can this be done more often?

> ### 3. Helping the child or young person to develop their sense of identity, make sense of their life story and strengthen relationships
>
> This final stage relies on the child feeling safe and secure with strong, supportive relationships: these relationships help to buffer any strong emotional responses or experiences that they have when they start to learn more about themselves and their early life experiences.

A continuation of the above strategies is essential. Additional strategies that help children to develop their self-identity, make sense of their life story and build stronger relationships include:

⇨ To provide regular, protected opportunity within the child's education timetable for them to share their experiences, questions or concerns with a safe, trusted adult. It is okay for adults to not know the answers but the adult needs to validate, empathise and label the child's feelings whilst communicating that they do not know the answer and deciding a plan for how they can together learn more;
⇨ Targeted intervention where the child can learn about: their strengths, interests and times they experience joy; things they find difficult or challenging; and, strategies that they find helpful. The child might want to do a "This is me" project or might benefit from identifying a role model and doing a project about them.
⇨ The child may benefit from theraupeutic intervention such as Family Therapy, Therapeutic Life Story Work; Creative Arts Therapy, Psychotherapy, Drama Therapy, DDP, EMDR or MBT. In school or college, you may have a therapist or counsellor who can provide therapeutic intervention or you may wish to speak to parents and the social worker to explore funding (e.g. the Adoption Support Fund) for therapeutic intervention from community/ health-care providers.

Top Tips!

For Early Years

- Allow children to bring a transitional object from home to the setting for reassurance and comfort throughout the day.
- Think with the adoptive parents of ways that you can support the child to know they are being kept in mind at home e.g. a photo in their pocket or a heart sewn into the sleeve of their uniform.
- Ensure you encourage an open dialogue with adoptive parents to support times of transition or change. For example, inform parents if there is an upcoming change to staff/routine and provide guidance for strategies to support this change e.g. photos of new members of new staff members.

Useful links

https://www.pacey.org.uk/working-in-childcare/spotlight-on/supporting-families/supporting-adopted-children/caring-for-adopted-children/

https://www.annafreud.org/early-years/early-years-in-mind/working-with-families-facing-challenges/adoptive-parents/

Age-appropriate texts
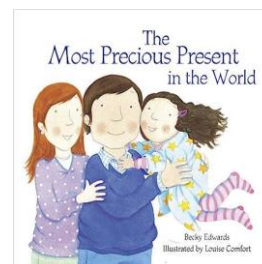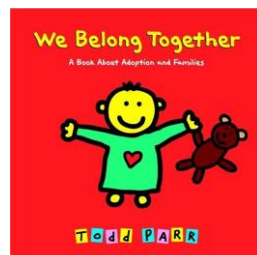
Within the Children and Families Act 2014, new support was made available to adoptive families including:

- free early years education place from the age of 2 years;
- the pupil premium grant from the age of 3 upwards; and,
- priority school admission for previously looked after children.

SECTION FOUR

Post-16

Top Tips!

Adolescent brains are developing with a focus on who they are and how they are or would like to be seen by other people. This means that they are exploring what they are like, how they experience emotions, how they respond to situations, their confidence in completing activities etc. However, they are more sensitive to feeling judged and become increasingly aware of what makes them difference and how they may be at risk of social exclusion.

For adopted children, adolescence can be especially challenging. During this key developmental stage, adoptees begin to connect adoption to their sense of identity. Not only do they need to consolidate their identity, they also must consider how the genetic package they inherited from their birth parents contributes to their concept of self.

Adoptees will often think a lot about their birth parents and they may try to over-identify with them. It is also challenging to integrate two sets of parents as part of their identity especially if there is little know about their birth parents.

While all teens may resist parental authority and alternate between periods of distance and neediness, the adopted teen may become more extreme in this behaviour because of these additional complexities.

Research highlights that the quality of mother-child and father-child relationship plays a crucial role in guiding the process of adoptees' identity formation and influencing their well-being (Ranieri et al., 2021).

What helps? A students sense of belonging and feelings of safety within their education setting is crucial! See advice above on how to support students to feel safe in their provision.

Virtual School and Designated Teachers role

Since 2018, Virtual Schools and Designated Teachers (DTs) now have the following responsibilities for previously looked after children (i.e. adopted children):

- to be a source of advice and information and to help parents to advocate for their children;
- to support schools with training. Staff and governors must ensure they have accessed training about meeting the needs of previously looked after children; and,
- to make information available to early years settings and schools to improve awareness of vulnerability and needs of children who have been previously looked after including promoting good practice.

Pupil Premium Grant

Staff and experiences in education can have a vital and influential role in helping adopted children to develop socially, emotionally as well as, more obviously, academically. In recognition of the likely additional needs of adopted children and in order to raise attainment for adopted children, the Department of Education provide an annual grant to schools. From April 2020, the pupil premium grant was £2345 per adopted child per year.

These funds are to be used to provide specific support to meet the adopted child's individual needs in order to raise their attainment levels. See the "Good Practice in Adoption" for suggestions on how you may use funding to support your adopted children.

Adoption Support Funding

The adoption support fund (ASF) provides funds to local authorities and regional adoption agencies (RAAs) to pay for essential therapeutic services for eligible adoptive and special guardianship order (SGO) families.

The LA or RAA that places a child with a family is responsible for assessing that family's support needs for 3 years after the order is made and applying for ASF, if appropriate. After 3 years, the responsibility lies with the LA or RAA where the family lives, if they have moved.

Families apply to the relevant LA or RAA, which will assess their needs.
LAs and RAAs will:

- ⇨ assess the family and consider if therapeutic support is needed;
- ⇨ decide on the type required and if it is eligible for payments from the ASF;
- ⇨ apply directly to the ASF; and,
- ⇨ purchase the support from their own list of approved suppliers when the ASF approves funding.

In 2019 – 2020, the ASF provided £2,500 per child per year for specialist assessment and £5,000 per child per year for therapy. If additional funding is required, matched funding is requested from the LA or RAAs. Funding amounts may change each year.

For further information, please visit: https://www.gov.uk/guidance/adoption-support-fund-asf.

Regional Adoption Agencies (RAAs)

Regional adoption agencies provide support to adults who wish to adopt, adoptive families, birth families and adopted adults. Staff may wish to signpost adults to these services, especially if concerns arise about a student in their educational setting. The

family can work with an Adoption Counts Social Worker to complete an Assessment of Need and apply for funding from the Adoption Support Fund (see below).

⇨ **Adoption Counts** provides adoption support in Greater Manchester and Cheshire within Cheshire East, Manchester, Salford, Stockport and Trafford. They work closely with the **Adoption Psychology Service** who are a multi-agency service including clinical psychology, educational psychology, occupational therapy, psychiatry and therapeutic social work. They provide a range of support for adopted children, adoptive parents, social workers and schools. For more information: www.adoptioncounts.org.uk; adoptionenquiries@adoptioncounts.co.uk or 0300 123 2676.

⇨ **Adoption Matters** provide adoption services to an area across the whole of the North of England, parts of Wales, Stoke, Stafford, Shropshire and the Isle of Man. For further information: https://www.adoptionmatters.org/adoption-support/ ; info@adoptionmatters.org or 0300 123 1066.

⇨ **Caritas Care** provides adoption services for the North West including Lancashire, Greater Manchester, Cumbria, parts of Yorkshire and parts of Scotland including the Dumfries area. For further information: https://www.caritascare.org.uk/; adoption@caritascare.org.uk or 0800 652 6955.

⇨ **Barnardo's Adoption West** provides adoption services for Lancashire, Greater Manchester, Warrington, St Helen's, Merseyside, Wirral, Cheshire, North Staffordshire, parts of High Peak and Blackburn and Darwin. For further information: https://www.barnardos.org.uk/what-we-do/services/barnardos-adoption-west; adoption.west@barnardos.org.uk; or 0161 786 1492.

⇨ For other services that provide support outside of Manchester but within the North West, click on this link: https://www.first4adoption.org.uk/find-an-adoption-agency/

Useful Resources & Links

Manchester Schools Hub: https://www.manchester.gov.uk/schoolhub

First4Adoption: https://www.first4adoption.org.uk/

The Adopter Hub: https://www.theadopterhub.org/

"Becoming an Adoption-Friendly School": Langton, E. G., & Boy, K. (2017). *Becoming an Adoption-Friendly School: A Whole-School Resource for Supporting Children Who Have Experienced Trauma Or Loss-With Complementary Downloadable Material*. Jessica Kingsley Publishers.

"Meeting the needs of adopted and permanently placed children: a guide for school staff": https://www.pac-uk.org/wp-content/uploads/2017/10/Meeting-the-needs-of-adopted-and-permanently-placed-children-A-guide-for-school-staff.pdf

"Supporting children at the point of adoption with educational transitions": https://www.oneeducation.co.uk/ or 0161 276 0160.

Beacon House: https://beaconhouse.org.uk/resources/.

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"The Neurosequential Model of Therapy": https://beaconhouse.org.uk/wp-content/uploads/2019/09/The-Neuro-Sequential-Model-of-Theory-Building-Blocks-005-1-1.jpg

Emotion Coaching: please see the Emotion Coaching within this toolkit.

Promoting the education of looked-after children and previously looked-after children (2018): https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/683556/Promoting_the_education_of_looked-after_children_and_previously_looked-after_children.pdf

The designated teacher for looked after and previously looked-after children (2018): https://www.gov.uk/government/publications/designated-teacher-for-looked-after-children

Adoption Breakdown

Overview Description

The hope of adoption is for children to be placed permanently with their new parents, however adoption breakdown (or more technically known as disruption) does occur.

In 2014, the Department for Education completed the first national research study that highlighted 4% of adoptions disrupted following the Adoption Order, although figures are believed to be much higher. Disruptions were more likely for children who were adopted between 4 – 11 years old; and, 61% of disruptions occurred whilst the children were 11 – 16 years old.

Adoption disruptions often occurred due to children's experience of developmental trauma and adopted families not receiving enough support to understand and meet the needs of their child from their social workers or local authority. Additionally, key timepoints or situations seemed to trigger increased behavioural difficulties related to the adoption disruption including transitioning from primary to secondary school, bullying/ friendship difficulties, a lack of sensitivity within the school curriculum, puberty, changes within the adoptive or birth family and disclosures of abuse. An adoption disruption often means that the child or young person will re-enter the care system thus creating additional life moves and relational breakdowns which can negatively impact a child or young person's social, emotional and mental health.

What can educational settings do to support if an adoption is at risk of disruption?

It is important to seek support at the earliest point when you become aware that the child's home placement may be very fragile. The child's Social Worker has a statutory responsibility to visit regularly in the period up until the Adoption Order is granted. Therefore, if you have concerns in the early stages of the adoption you should liaise with the adopters and contact the child's social worker (CSW) to discuss this and seek further support. The CSW would support the adopters and liaise with the assessing social worker or the adoption support team to identify support that may prevent a placement disruption.

If the child has been adopted for a number of years and is resident in Manchester (see section on Adoption Counts for areas covered), then further support is available from Adoption Counts. It would be helpful to ask the parents if they have had an adoption support assessment and if they have an allocated social worker from the Adoption Support team.

To access support services you can phone the adoption support team on 0161 234 5268 (parents can phone for support or they can be referred by another professional including teachers and health visitors). There is a range of universal and specialist support available

Top Tips!

For Early Years

- Remember the importance of the child's key person in the setting. Children may require additional 1:1 play/care with their trusted adult during this time.
- Some children will require more physical contact than before, they may seek out their trusted adults for hugs or want to sit on your knee to share stories and enjoy the closeness from a trusted adult.
- Additional support will be required during periods of transition and change at school. Take time to prepare children for changes to their day/routine and provide visuals and time to ask/answer questions about the upcoming changes.
- Share a class/setting ethos of acceptance and value for one another. Children will need to know that they are safe, wanted and valued within the setting. 'The Invisible String' story is a great age-appropriate book to share with children about love, separation and connectedness.

Another helpful website: https://www.oxfordshire.gov.uk/sites/default/files/file/early-years-childcare/WelcominganadoptedchildtoyourEYFSsetting.pdf
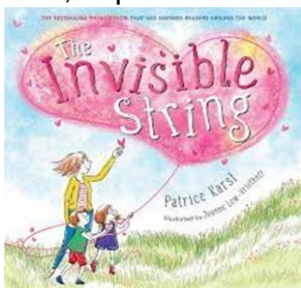
Looked After Children - How can school support pupils entering care?

Overview description

A child who has been in the care of their local authority for more than 24 hours is known as a looked after child. Looked after children are also often referred to as children in care, a term which many children and young people prefer.

Each UK nation has a slightly different definition of a looked after child and follows its own legislation, policy and guidance. But in general, looked after children are:

- living with foster parents
- living in a residential children's home or
- living in residential settings like schools or secure units.

(NSPCC, 2021)

Children may enter care for all sorts of reasons. However, many enter because they have been abused or neglected. These experiences can leave children with complex emotional and mental health needs, which can increase their vulnerability to abuse (Bazalgette, Rahilly, and Trevelyan, 2015; Luke et al, 2014).

Research has shown a strong link between adverse childhood experiences (such as domestic violence, emotional and sexual abuse, physical and emotional neglect), and physical and mental health.

Providing children in and on the edge of care with the support they need, when they need it, can help them to achieve their potential (NSPCC, 2021).

NSPCC research has identified priorities for change to improve the emotional and mental health of looked after children.

Area	How this could look in education settings
Embed an emphasis on emotional wellbeing throughout the system. Professionals working in the care system need the skills and knowledge to understand how they can support the emotional wellbeing of looked after children and young people.	- Invest in training that explores attachment, adverse childhood experiences, trauma, and the impact on learning for all staff. This will enable all staff to be able to understand how a pupil may be feeling/acting and understand what their behaviour may be communicating.
Take a proactive and preventative approach. Support for looked after children should begin with a thorough assessment of their emotional and mental health needs.	- Maintaining contact with social workers of CIN, Children of the edge of care, so that staff can be aware of if/when pupils are taken into care. - Building and maintaining relationships with pupils at risk of being taken into care so these trusting relationships already exist to support them through the transition.

Take a proactive and preventative approach continued. Support for looked after children should begin with a thorough assessment of their emotional and mental health needs.	• Checking in with pupils who are on the edge of care, or being taken into care on a regular basis. This will allow them the space to explore their feelings at less stressful times and support adults around them to know them better. • Pupils who have been taken into care may need additional care and attention to help reduce these feelings of anxiety and blame. • Reducing the academic demand and more emphasis on nurturing support whilst they are adapting to this life change.
Give children and young people voice and influence. Looked after children and young people need more opportunities to identify what is important to them and influence their care.	• Be an advocate for pupils. Listen to their thoughts and feelings and share this with other professionals. • Provide them with a safe space to explore their thoughts and feelings about what is happening to them. • Provide them with opportunities to decide on how they want to spend their day.

Useful Resources

Geddes, Heather. (2015). Attachment in the Classroom. Worth Publishing.

Bomber, Louise Michelle (2014). What about Me? Worth Publishing.

Hughes, D, Bomber, L., Brisch, K. (2009). Teenagers and attachment-helping adolescents engage with life and learning (2009).

Cameron and Maginn. (2010). Achieving Positive Outcomes for Children in Care. Sage Publications.

Guishard-Pine, McCall, & Hamilton. (2009). Understanding looked after children: An introduction to Psychology for Foster Care. Jessica Kingsley Publishers.

Activities for exploring emotions

The following resources/activities may be useful in further exploring feelings with children and young people;

- Use of emotion cards to support exploration of different feelings e.g. *'Therapeutic Treasure Deck of sentence completion and feelings cards by Dr Karen Treisman'*
- Present pupils with emotion cards, ask which feelings they experience, share particular examples and ask how they would feel.
- The *'Blob people by Pip Wilson'* is a visual, colouring, resource with probing questions about emotions and exploring different situations and emotions which could be helpful.

- The Emotion card game could also be a helpful resource.
- The *'Therapeutic Treasure Box for working with children and adolescents with developmental Trauma'* is a useful book for ideas of activities for exploring feelings and emotional regulation strategies.

Books to support children being taken in to care

Maybe Days: A Book for Children in Foster Care by Jennifer Wilgocki and Marcia Wright.
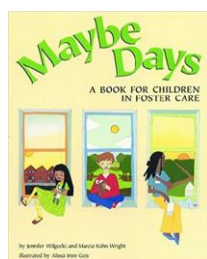
For many children in foster care, the answer to many questions is often ""maybe"". ""Maybe Days"" is a straightforward look at the issues of foster care, the questions that children ask, and the feelings that they confront. A primer for children going into foster care, the book also explains in children's terms the responsibilities of everyone involved - parents, social workers, lawyers and judges. As for the children themselves, their job is to be a kid - and there's no maybe about that.

A Safe Place for Rufus (British Ass/Adoptn & Fostering) by Jill Seeney
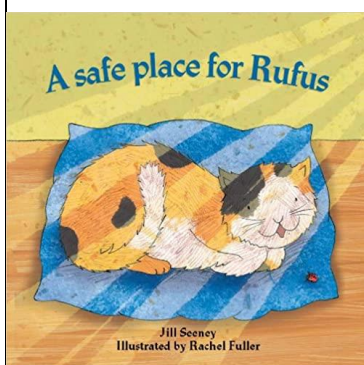
Rufus the cat lives with a family who looks after him, feeds him his favourite foods and gives him lots of cuddles. He feels happy and safe, especially when he is lying on his favourite blue cushion.

But he didn't always feel this way. The family that Rufus used to live with were not kind to him at all. Thinking about his past makes him angry and sad and Rufus struggles to escape from his memories and find a safe place where he can just relax and be himself.

Change and transition, such as moving house, starting a new school or perhaps even leaving home, can cause confusion and uncertainty for very young children. If they have to move from one family to another, the change is often too big for them to full comprehend in advance; no matter how thorough the preparation, the child still has to take a very big leap into the dark. It takes time for children to trust enough to feel safe. Like Rufus, they have to discover a way to banish their fears, and like Rufus, they can be helped by finding a "safe place" of their own.

Where is Poppy's Panda? By David Pitcher
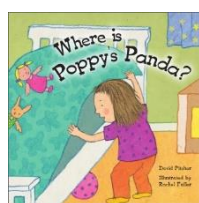
This book is for young children aged three and above, especially those who are adopted or placed in foster care.

Change can cause confusion and uncertainty for children, but particularly for fostered and adopted children. This charming children's story uses Poppy and her lost panda to explore change, continuity, and anxieties about moves, changes and attachment in a way that feels safe and nonthreatening.

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Teachers and Social workers can contact the Virtual School EP team for a telephone consultation if you want further advice (lacep@oneeducation.co.uk)

Useful links

https://learning.nspcc.org.uk/children-and-families-at-risk/looked-after-children

https://afaeducation.org/free-dt-resources/explore-our-resources/10-things-children-looked-after-want-you-to-know/

https://teacherofsci.com/looked-after-children/

How schools can support pupils experiencing a care placement breakdown?

Overview description

Children and young people who are removed from their family suffer separation and feelings of loss. These feelings are compounded when they experience multiple placements (Schofield and Beek, 2005). Placement instability reduces a child's opportunities to develop secure attachments and it may also exacerbate any existing behavioural and emotional difficulties (Schofield and Beek, 2005). This may make it more difficult for children to establish relationships with carers and contribute to further placement breakdown and rejection (Munro and Hardy, 2006).

Behaviours you might see in school during placement change

Challenging behaviours,
Lack of trust in adults,
Trying to exert control with the situations around them,
Dis-engagement and lack of motivation with learning tasks,
Argumentative and provocative behaviour observed with their peers, which may lead to conflict,
Withdrawal from social activity and friendships,
Change in energy levels; may present as overactive or very tired,
There may be a regression to previous developmental ,milestones or skills, e.g. a child may start bed wetting.

What can school do to help make a placement change smooth for a pupil?

Being mindful of other changes/life events that may be occurring at that time e.g. change of school, separation from siblings, bereavement, and trauma.

Consider the importance of ending relationships and support to begin new relationships e.g. if moving schools, making a memory book of the times they have shared in school, messages from adults and peers, supporting transition to the new school by identifying key staff and supporting contact prior to moving.

To keep in mind that change can be daunting for most people and may lead to feelings of anxiety and insecurity. At this time the child or young person may need additional care and attention to help reduce these feelings of rejection and blame. Having a designated space and person to talk to or express their feelings may help.

Things to do when things don't go smoothly

At times, there may be situations where unplanned/emergency change of placement is necessary. However, acknowledging the situation with the child or young person will help to make them feel included.

Identifying key people who will be able to provide the child or young person with information and support at this time. Ideally, this would be an adult with whom they have an established relationship with e.g. a key adult in school.

To share the child or young person's strengths and interests to help build relationships in the new placement. This can be done in collaboration with the child through identifying strengths activities (see useful resources below).

Recognising that the child or young person may need additional support at school, this may look like reducing the academic demand and more emphasis on nurturing support whilst they are adapting to the placement change.

Useful Resources

Geddes, Heather. (2015). Attachment in the Classroom. Worth Publishing.

Bomber, Louise Michelle (2014). What about Me? Worth Publishing.

Hughes, D, Bomber, L., Brisch, K. (2009). Teenagers and attachment-helping adolescents engage with life and learning (2009).

Cameron and Maginn. (2010). Achieving Positive Outcomes for Children in Care. Sage Publications.

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- The Emotion card game could also be a helpful resource.
- The *'Therapeutic Treasure Box for working with children and adolescents with developmental Trauma'* is a useful book for ideas of activities for exploring feelings and emotional regulation strategies.

Books to support children going through placement breakdowns

Murphy's Three Homes: A Story for Children in Foster Care by Jan Levinson
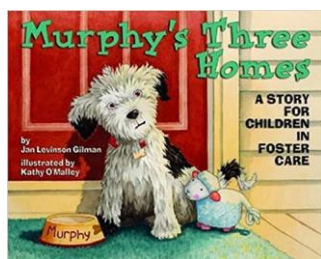
Murphy, a Tibetan Terrier puppy, is told he is a 'good luck dog' - he is cheerful, happy, and loves to play and wag his tail. However, after going through two different homes and an animal shelter, Murphy starts to feel like a 'bad luck dog' who nobody wants. ""Murphy's Three Homes"" follows this adorable pup through his placement in three new homes, as well as through his anxiety, self-doubt, and hope for a new, loving family. Finally, Murphy is placed in a caring foster home where he feels comfortable and valued. He learns that he is not a bad dog after all and can go back to being a playful puppy and a 'good luck dog!

Me and My Puzzle: A story for children in foster and adoptive care by Joanna Turner
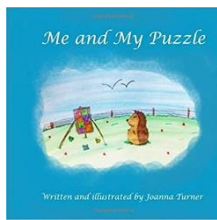
A short story for children who have been through trauma, fostering and adoption. The story follows the tale of a little hedgehog who has witnessed terrible things, he is fostered and stays with two families, before settling in to his forever home. He experiences a variety of emotions including fear, anger and sadness, but eventually through creating a jigsaw puzzle of his life he can see how all the pieces might not match but he can make them fit together and live happily.

Teachers and Social workers can contact the EP LAC/VS team for a telephone consultation if you want further advice.

Please email: LACEP@Oneeducation.co.uk to request a booking form.

Useful links

https://www.scie.org.uk/publications/guides/guide07/placement/placement/

https://www.mentallyhealthyschools.org.uk/resources/transition-passport?pdf=coronavirus-toolkit-managing-transitions

https://mentallyhealthyschools.org.uk/media/2062/coronavirus-toolkit-managing-transitions.pdf

Socially just practice:
Race and Culture

Overview description

We each bring various aspects of our identities to our educational community. Alongside other aspects of identity, this includes our ethnicity, race, and the culture we feel, and others perceive, we belong to. In this chapter we will explore how race and culture are defined, current inequities in the school system, and ways to promote equality in our practice.

As part of our service's ongoing commitment to anti-racism and socially just practice, our hope is that the toolkit and this chapter will continue to evolve and develop as our understanding develops. It is our intention that this will be through ongoing collaboration and feedback from stakeholders in the communities we serve.

Definitions

We use the term 'race' in this toolkit as a social and political construct[15]. The idea that there was a biological and genetic nature of racial categories has been comprehensively discredited; for instance, there is greater genetic variation within racial groups than between them.

Culture is an ambiguous term; however, it is suggested to refer to the values, beliefs, behaviours and norms of a group of people[16], such as families, religious groups and racialised groups. It changes slowly over time and is different for each individual. Culture can influence our interests, ambitions, and perceptions, but also how others identify and perceive us.
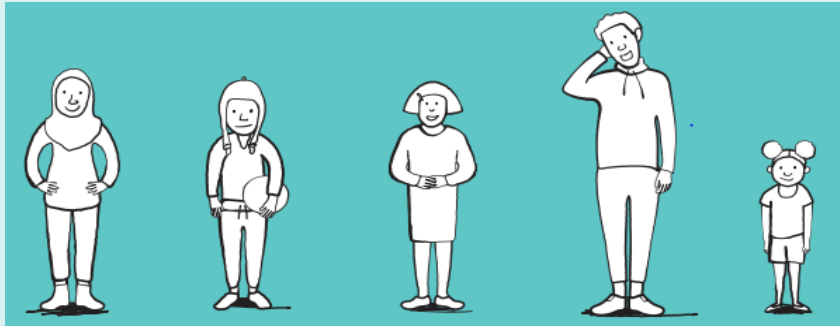
Current picture in the UK and locally

Our systems and settings are often tailored to the needs of the majority group, which in the case of the UK is 'white British' individuals. There is extensive evidence that outlines the inequities in school experiences, educational outcomes, SEN identification, and exclusions for different minoritised[17] groups, particularly when comparing to white British students. For example:

- The #BeeWell survey 2021[18] indicates many students in Manchester report experiencing racial discrimination in school.
- Teachers from across England report that students in their schools experience racism and discrimination[19]

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[15] Ladson-Billings & Tate, 4 1995; Kendi, 2019

[16] Spencer-Oatey, 2012

[17] As in the thesis by Abijah-Liburd (2018), we use the terms 'minority' or 'minoritised' to recognise the process that results in a group occupying a smaller proportion of the UK population, rather than a "state of inherent 'lesser-ness'" (p.14. Abijah-Liburd, 2018). It is a relative term, as an individual who is classified in a minority group in the UK may be in the majority group in another country.

[18] https://gmbeewell.org/wp-content/uploads/2022/03/BeeWell-overview-briefing.pdf

[19] Joseph-Salisbury (2020), Dyer (2022)

- In 2021/2022, students from Gypsy/Roma, Traveller of Irish heritage, black Caribbean and white and black Caribbean ethnicity categories continue to be overrepresented in the school exclusions data[20]
- Most minoritised groups in England are underrepresented in SEN identification figures when compared with white British pupils[21], impacting the level of support they receive in schools. Black Caribbean pupils are overrepresented, however, in the identification of moderate learning difficulties (as well as Pakistani pupils) and social, emotional and mental health needs (as well as mixed white and black Caribbean pupils).

In Manchester, there are groups that we are aware of being most impacted and vulnerable to these inequities which include: black, black British, Caribbean, or black African, mixed white and black Caribbean/African, Irish Traveller, and specific South Asian groups, such as Bangladeshi and Pakistani. We note, however, that many students from these minoritised groups in Manchester continue to succeed in spite of these persisting barriers.

Promoting equality in our practice

We all have a duty to safeguard each other from discrimination and abuse. Whether this is morally, legally, or part of our own principles and beliefs. As such:
- ❖ The United Nations Rights of the Child Convention (Article 2) states that all children have a right to protection from discrimination.
- ❖ Under the Equality Act 2010, it is the duty of all professionals working in education to protect individuals from discrimination, based on their race, and ensure access to equal opportunities.

To promote equality and protect from race-based discrimination we must take an actively anti-racist[22] approach. As Ibram X. Kendi says "there is no in-between safe space of 'not racist'" when promoting equality.

Key considerations

We have included some resources and key considerations below, which we have also embedded across the chapters in this toolkit. We recommend:
- Consider the communities you and your setting serve (e.g., who makes up your student and staff populations? What aspects of individual's identities are important to them or influence their experience? Who is represented currently?)
- Seek and listen to the voices of those communities and individuals. It is only by listening to each other that we can begin to understand and tailor the support required, and uncover any barriers or blind-spots (e.g., barriers to access, power imbalances, relationships, linguistic barriers). The onus of this work should not be placed on minoritised staff members.
- What beliefs, values, experiences, knowledge, and influences might you bring to this topic? How might these differ or be similar to the communities you are serving? How might you use these to help to have a positive impact?
- How can we promote the sense of self-worth and confidence of all young people we work with? How can we help young people to understand and have a positive view of their identities?

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[20] Gov.uk, 2023 - We have used the ethnicity categories used by the government and documentation where these are used; however, we understand that the way an individual defines their identity is often more complex than these labels may allow (White, 2012).
[21] Strand & Lindorff, 2021
[22] Ibram X. Kendi, How to Be an Antiracist (2019)

Children notice differences from a young age and the environment young children occupy can mould their thinking, beliefs and values. Children by the age of six, and some by two/three, are aware of race and are able to identify perceived racial groups. Research indicates that children as young as three, attach positive or negative characteristics to different racial groups (Hamiltion and Showunmi, 2023; MacNaughton, 2006). It is, therefore, important that we feel equipped to have conversations about race and racism with children from an early age.

Resources and ideas for practice:

- https://www.communityplaythings.co.uk/learning-library/articles/cultural-diversity-in-the-early-years
- https://www.annafreud.org/media/17815/anna-freud-anti-racism-booklet-early-years-230123-final.pdf
- Kristina Konstantoni (Senior Lecturer in Childhood Studies at the University of Edinburgh) provides a list of anti-racist resources in her blog 'It is never Too Early to Talk Anti-Racism with Young People'. Please find this here: https://www.ceres.education.ed.ac.uk/2020/08/31/ceres-blogs-it-is-never-too-early-to-talk-anti-racism-with-young-people/

Anti-racism in the Early Years Advocates
- ❖ Dr Valerie Daniel
  Follow on twitter: https://twitter.com/Valerie_JKD
  https://www.routledge.com/Anti-Racist-Practice-in-the-Early-Years-A-Holistic-Framework-for-the-Wellbeing/Daniel/p/book/9781032162652
- ❖ Liz Pemberton – Anti-racist training and consultancy i
  Follow @theblacknurserymanager
  https://www.theblacknurserymanager.com/

Age-appropriate texts:

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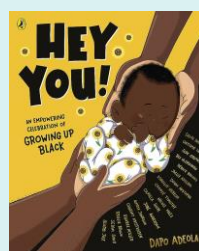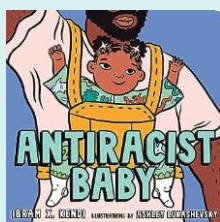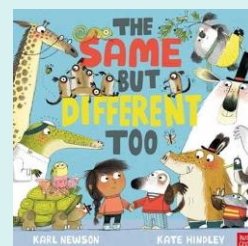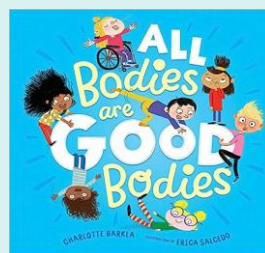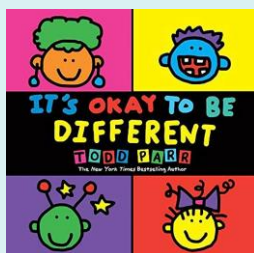
Useful links and resources

For personal development:

We have included some recommendations for..

- ❖ **Books:**
  - o The Good Ally, by Nova Reid. Nova also offers an Anti-Racism course (https://www.novareid.com/)
  - o Representation Matters: Becoming an Anti-racist educator, by Aisha Thomas.
  - o Why I'm No Longer Talking to white people About Race, by Reni Eddo-Lodge
  - o How To Be An Antiracist by Ibram X Kendi
  - o Natives: Race & Class in the Ruins of Empire, by Akala
- ❖ **Webinars and podcasts:**
  - o Race & Identity in the 21st century webinar with Layla F. Saad, author of 'Me and White Supremacy'.
  - o [Podcast] 'About Race' with Reni-Eddo Lodge
  - o Talking racism and mental health in schools by the Anna Freud centre
- ❖ **Documentaries and TV programmes:**
  - o The school that tried to end racism. Channel 4 Catch-Up TV
  - o Black and British: a forgotten history A 4-part series by David Olusoga
- ❖ **Videos:**
  - o The doll test: You Tube
  - o Ted Talk by Nova Reid 'Not all superheroes wear capes'
  - o Ted Talk by Aisha Thomas 'Why representation really matters'.

For your settings and young people you work with:

- ❖ https://neu.org.uk/latest/library/anti-racism-charter-framework-developing-anti-racist-approach
  NEU anti-racism charter: a framework for developing an anti-racist approach. The website gives further information on the importance of an explicit anti-racist approach, particularly within education.
- ❖ https://em-edsupport.org.uk/Page/21130
  Equality- Everyone's Business. A tool to support the development of anti-racist practice in education settings developed by Nottinghamshire County Council

- ❖ https://dera.ioe.ac.uk/5546/1/Race%20equality%20in%20education%20good %20practice%20in%20schools%20and%20local%20education%20authorities %20(PDF%20format).pdf
  Race equality in education. Ofsted (2005). Good practice in schools and local education authorities

- ❖ https://www.theguardian.com/education/2020/jun/23/three-ways-for-uk-schools-to-improve-their-race-relations-now
  Three ways for UK schools to improve their race relations now. The Guardian, 2020
- ❖ https://www.redcross.org.uk/get-involved/teaching-resources/talking-with-children-and-young-people-about-race-and-racism
- ❖ https://www.bameednetwork.com/resources/
- ❖ https://www.learningforjustice.org/topics/race-ethnicity

Sources of support:

- ❖ General support
  - o the BAMEed Network – a movement that aims to connect, enable and showcase diverse educators https://www.bameednetwork.com
- ❖ Organisations that can providing advice on equality and discrimination
  - o Citizens Advice
  - o Equality Advisory and Support Service
  - o Advisory, Conciliation and Arbitration Service (ACAS)
  - o Civil Legal Advice (CLA)
  - o Trade Union –National Education Union for members and general advice for non-members
  - o Equality and Human Rights Commission – https://equalityhumanrights.com/en
  - o Equality Advisory Support Service – https://www.equalityadvisoryservice.com/
  - o Stop Hate – a national organisation where you can find support to challenge all forms of discrimination https://www.stophateuk.org/
- ❖ Support for emotional and mental wellbeing:
  - o Samaritans – a national mental health charity offering a free helpine service, available 24 hours a day, seven days a week
  - o Mind – a National mental health charity providing information, advice, and support. Students can also receive support from Mind https://www.mind.org.uk/information-support/tips-for-everyday-living/student-life/
  - o Rethink – a national charity offering advice and information relative to mental health and wellbeing
  - o National Bullying Helpline – a national charity with a helpline that is available 9am-5pm, Monday to Friday

- o Black Thrive – A Lambeth based partnership dedicated to reducing inequality and injustices experienced by Black people in mental health services
- o Black Minds Matter UK – a charity supporting black people to access mental health services https://www.blackmindsmatteruk.com/resources
- o The black, African and Asian Therapy Network – a network offering resources and information on mental health and wellbeing
- o A campaign that aims to provide information and advice on mental health to Gypsy, Roma and Traveller individuals https://www.travellerstimes.org.uk/sites/default/files/Information_Pack.pdf

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https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/ethnicityandnationalidentityinenglandandwales/2012- 12-11

Working with Culturally and Linguistically Diverse Pupils

Overview description

"Manchester is very likely to be the most linguistically diverse city in Europe, certainly when compared to other cities of its size, perhaps only outflanked by London and Paris". (Yaron Mantras, 2013).

Key principles:

➢ Manchester is highly diverse culturally and linguistically
➢ Over 150 languages are spoken in Manchester.
➢ Almost half of all school pupils have a home language other than English.
➢ Our practice should reflect this in all aspects of our work
➢ Without knowledge and exploration of such aspects of children's lives our formulations may be incorrect and further disadvantage the child and their family
➢ We all act as advocates for children's rights and the well-being of their families.

Image taken from The University of Manchester: https://www.manchester.ac.uk/discover/news/manchester-is-britains-city-of-languages/

Advantages of bilingualism

Communication: wider communication, literacy in 2 languages

Curriculum: increased curriculum achievement, easier to learn a 3rd language.

Economic and employment advantages.

Cognitive effects of bilingualism on language functions have been noted (Westman et al, 2008).

Character: raised self-esteem, security in identity.

Cultural: broader enculturation, greater tolerance and less racism

Advantages over monolinguals on some aspects of verbal memory (Kormi Nouri et al 2003, Ottem and Jakobsen 2004).

Bilingual children have out-performed monolinguals on measures of phonological awareness when L1 is phonologically more complex than the second Language (Campbell & Sais, 1995, Loizou and Stuart, 2003).

Children learning English need to learn:

- Vocabulary of 50,000 + words and understanding of many more words
- 20ish vowels, 24ish consonants and 300 ways of combining these
- 1,000 + grammar rules
- Loudness, speed, rhythm, tone of voice
- Rules of conversation
- Ways to talk to different people
- Playing with language e.g. jokes and poems
- Cultural constructs and concepts

Language Development and Curriculum Delivery:

Care is needed in terms of using an appropriately broad definition of 'English as an Additional Language' (EAL). Cummins (see, for example, Cummins 2000) and other researchers in this area make a useful distinction between seemingly fluent use of English in social situations (BICS) basic interpersonal communication skills and 'cognitive academic language proficiency skills' (CALPS).

Research consistently indicates (Cummins 2008) that CALPS take 5 to 7 years to fully develop. It follows therefore that, even when a child with EAL has started Reception in an English-speaking primary school, it is possible that the child could be disadvantaged relative to first language English speakers throughout primary school (with that disadvantage starting to disappear in secondary).

In order to support this understanding we need to look at the curriculum in terms of the quadrant below.
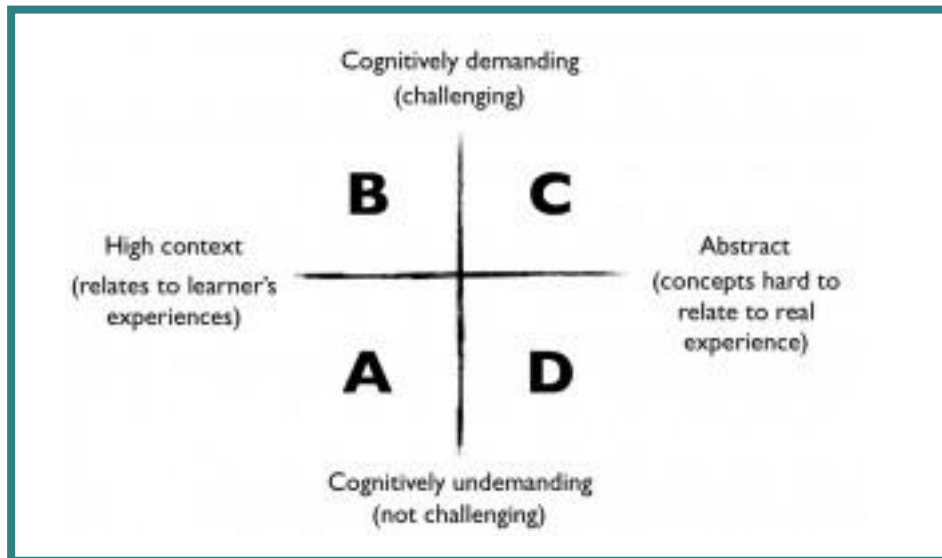
- If EAL/CLD pupils are to develop their CALPS they need to experience activities in Quadrant B. Learning should be related to their own experiences wherever possible but challenge them to develop conceptual thinking.
- EAL pupils will need linguistic and contextual support to access lessons in Quadrant C.
- It is tempting to give pupils who are struggling linguistically, work in Quadrant D, such as copying, but this should be avoided.

Contextual support for pupils' learning EAL includes:

- Making connections with and building on pupils' experience
- Creating space to use existing knowledge
- Giving opportunities to talk around a topic across the curriculum.
- Encouraging the use of first language
- Building a framework for organising thinking, using key visuals
- Using visual clues

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- Use sound buttons to record key words in English. Share these with parents and ask them to record favourite songs/stories in their home language for children to listen to in the setting.
- Initially, use visual prompts and cues to support children's learning of the settings routine e.g. visual timetable, now/next, objects of reference.
- Ensure all children have access to dual language texts in the reading area.

For further ideas and useful information:

- Early Years EAL Toolkit
  https://www.eyalliance.org.uk/sites/default/files/somerset_eal_toolkit_2022_0.pdf
- Working with Families from Diverse Cultures webinar: https://youtu.be/ENL2aPff2-I
- The Literacy Trust - Recommended Dual Language Texts:
  https://cdn.literacytrust.org.uk/media/documents/Dual_language_booklist.png

Research-base

Cummins, J. (2003). Basic interpersonal communicative skills and cognitive academic language proficiency. *BICS and CALP.*

Manchester's Language diversity Communities and Equality Scrutiny Committee September 2019

Useful Resources

The Bell Foundation's EAL Assessment Framework for Schools (version 1.1) is available **free** of charge to all schools in the UK.

eal.assessment@bell-foundation.org.uk.

CAML (Cognitive Assessment of Multi-lingual learners) ELTwell.com

Useful links

Multi Lingual Manchester www.mlm.humanities.manchester.ac.uk

National Association for Language Development in the Curriculum
www.naldic.org.uk

ELTwell.com

Unaccompanied Asylum-Seeking Children

Overview description

Classification
An Unaccompanied Asylum-Seeking Child (UASC) is someone who is;
- under the age of 18
- applying for asylum in their own right
- separated from parents or carers

With no appropriate adult to care for them, they are placed into the care system with the Local Authority (LA) becoming their corporate parents. The Children Act (1989) places responsibility upon local authorities to safeguard and promote the welfare of UASC. As Looked After Children (LAC), they should benefit from all the services, support and care that any looked-after child can expect.

UASC have crossed international boarders in search of safety:

Why?	How?
There are different reasons why a child or young person may feel that they are no longer safe in their home country, such as;	UASC journey to the UK could take months or years, and along the way they could have experienced: **violence**, **separation, loss, exploitation** and **trafficking**.
• **war or conflict** • **fear of persecution** • **poverty or deprivation**	Other adverse experiences that UCAS could have been subject to include **malnutrition, poor accommodation**, **fear of death**, **uncertainty** and an **inability to feel settled** or a sense of calm.
Be aware that asking a UASC the reasons why they are in the UK is a sensitive and personal question.	

The local and national picture:

In the year ending June 2020, **2,868 UASC applications** were made, with the largest numbers of children and young people coming from Iran (456), Vietnam (420) and Afghanistan (409) - Home Office, 2020.

In Manchester, as of 03/2021, there are 110 UASC.

Trauma

"The exposure of UASC to traumatic events will vary widely, although only a small number will have no direct experience of persecution" (Rutter, 2013). It is important to recognise that "trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience…" (Bessel Van der Kolk, 2015).

41-69% of UASC meet criteria for mental health diagnosis (Coyle et al 2016)
- 64.7% PTSD
- 42.6% depression
- 38.2% anxiety (Muller et al 2019)

Professionals should be aware of how the trauma could present in UASC. What are the possible symptoms?

Mood changes (anger, distress, restlessness, irritability)	**Intrusive recollection** reliving the trauma (images, thoughts, dreams and flashbacks)	**Depression** or feeling sad, lack of motivation, loss of interest in
Aggressive, reckless or **self-destructive behaviour**	**Repetitive trauma-related play**	**Hyperarousal/ hypervigilance** and poor concentration	**Avoidance** of things related to the trauma (people, places, smells)

How can professionals support UASC suffering from trauma?

NICE guidelines and decades of theory recommend a staged approach to treatment focusing on:

1. **Establishing safety and trust** – Safety needs must be met, such as housing, benefits, asylum concerns and physical health needs. A therapeutic relationship should be established. This stage also includes psychoeducation and equipping the young person with strategies to overcome symptoms and cope with emotions.
2. **Trauma focused intervention** – Cognitive behavioural therapeutic approaches involving imaginal exposure to traumatic memories, cognitive restructuring of distressing trauma-related cognitions and facilitating exposure to associative cues; providing an opportunity to 'update' the traumatic memory and associations. This work should be carried out by a professional who has undergone appropriate levels of training.
3. **Reintegration** – the process of reengaging with others, and with oneself as an autonomous individual with rights and choices. 'Letting go' of aspects of the self, formed by the traumatic environment. Increasing self-respect and achieving individual goals. "Post-traumatic Growth" – positive personality change following a traumatic experience.

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Potential UASC Experience and associated needs

All those involved in the care UASC should be aware of potential experiences of UASC and understand the needs that these children may have.

Cognition & Learning – UASC may have had no previous experience of formal education, or it may have been heavily disrupted. There may be no accurate information held on the cognitive ability of UASC. They may be speakers of different native languages with no previous experience of English.

How to meet need: timely and clear pathway to education provision; robust procedures to monitor educational progress; plan to support language needs

Social, emotional and Mental Health – UASC could have experienced traumatic events throughout their journey to the UK, involving loss, separation, suffering and exploitation. They could hold feelings of shame, isolation, detachment and fear. This could be exacerbated by their ongoing experience in the UK, in which they are likely to experience negative portrayals of refugees in the media, negative stereotypes and suspicion about their asylum claim.

How to meet need: NICE Staged Approach; Specialist mental health assessments and treatment (Trauma-focussed interventions, CBT); establishing key therapeutic relationships/peer support groups (promoting sense of safety and trust); emotional coping strategies/resilience building; creating calm moments; attuned interactions/relationships; 'post-traumatic growth'; CAMHS Local Offer.

Sensory and/or physical – UASC often present with complex physical health needs for a variety of reasons; such as previous abuse or as a result of poor conditions whilst travelling. They often have no details of vaccination history or pre-existing health conditions, and undiagnosed and untreated injuries are common upon arrival to the UK.

How to meet need: LA assessments should be used to produce a care plan which outlines how health needs; provide support with registering at local GP to establish a longer-term health plan and so health conditions can be monitored.

Communication & Interaction – UASC could have been exploited financially, emotionally and sexually, and their trust could have been abused many times throughout their journey. In the UK, they are likely to be experiencing an unfamiliar culture and language. Because of this, UASC may struggle to interact with, and trust, new people in the UK. They may present as particularly anxious or largely unwilling to engage.

How to meet need: Opportunity to improve language skills; establish key therapeutic relationship; reintegration into society with support forming social group and attending meaningful clubs/activities (see Manchester City of Sanctuary below); normalisation.

The Way Forward

There is always hope. Research on *neuroplasticity* shows that constructive and therapeutic experiences helps the brain to recover from trauma.

UASC are likely to have developed survival skills and possibly a veneer of being able to cope, which may mask their actual needs. **Assessments should not assume any level of physical, social or emotional resilience**.

Sharing information between key professionals involved with UASC may reduce repetitive work and ensure the child's needs are better understood across services.

Take away Messages

It is important that UASC feel a **sense of safety** and **belonging**. The aim should be supporting the child towards 'normality'.

Swift access to education and well-planned school-based assessments help these children integrate successfully.

For unaccompanied minors, be aware that turning **18 is a crucial age** – both in terms of whether they have leave to remain, and the support they receive from social services.

UASC should not just be assessed in terms of their needs, but also their **strengths and abilities**. This will aid 'post-traumatic growth' and will help UASC reconnect with their ambitions and goals.

Relevant Contacts/Information in Manchester:

Manchester's Migrant Children's Team – Duty Contact 0161 2345839

Manchester UASC Safeguarding Policy - https://www.proceduresonline.com/manchester/cs/chapters/p_uasc.html

Child and Adolescent Mental Health Services (CAMHS) - https://hsm.manchester.gov.uk/kb5/manchester/directory/service.page?id=nC3-EYe8HLQ (Duty Contact - 0161 603 4500)

Manchester City of Sanctuary - https://manchester.cityofsanctuary.org/

Research Base

- Cummins, J. (2003). Basic interpersonal communicative skills and cognitive academic language proficiency. *BICS and CALP. Accessed on March, 8th*, 2021
- King, D., & Said, G. (2019). Working with unaccompanied asylum-seeking young people: cultural considerations and acceptability of a cognitive behavioural group approach. *The Cognitive Behaviour Therapist, 12*.
- Morgan, A. L. (2018). The educational needs of unaccompanied asylum-seeking children in UK in one local authority in England: Professional and child perspectives.
- *Recommendations | Post-traumatic stress disorder | Guidance | NICE*. (2018, December 5). National Institute for Health and Care Excellence. https://www.nice.org.uk/guidance/ng116/chapter/Recommendations

Statutory Guidance

- Practice Guidance
  https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656429/UASC_Statutory_Guidance_2017.pdf

- Safeguarding UASC
  https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656425/UASC_Safeguarding_Strategy_2017.pdf

Practical tools

- Inclusion Checklist - Devon County Council Inclusion Checklist
- Welcome Guides for new refugees - A guide for new refugees
- UASC Beginner Survival Pack - Babcock LDP - Beginner's English Survival Pack for UASC
- Supporting UASC in schools and colleges - Unaccompanied-Asylum-Seeking-Children-(UASC)-Exeter-College-pdf.pdf (babcockldp.co.uk)
- Supporting the Social and Cultural Needs of UASC - Promoting-The-Emotional-Wellbeing-And-Inclusion-Of-UASC-26.09.19.pdf (babcockldp.co.uk)

Education Resources

- What is child trauma? Trauma types
- Impact of Trauma work on professionals https://www.nctsn.org/resources
- Families and Trauma trauma-informed-care
- Amnesty International Educational Resource - Activities for Primary aged children

For Early
Years

Age-appropriate books to share:

My name is not Refugee — Kate Milner

NO MATTER WHO YOU ARE... — Everybody's Welcome — PATRICIA HEGARTY — Illustrated by GREG ABBOTT

The Suitcase — Chris Naylor-Ballesteros
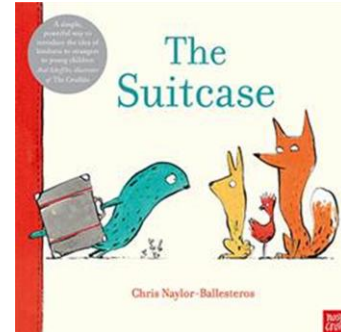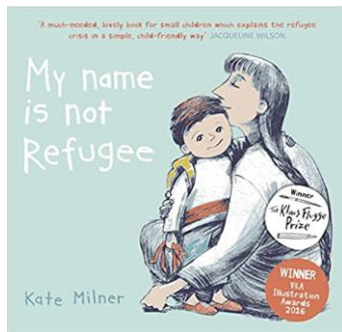
Further information on the UASC experience

- Process of UASC upon arrival in the UK National UASC protocol
- How UASC are transferred between local authorities Transfer Flow Chart
- *Most shocking second a day* https://youtu.be/Aa3o7vWG93w

Manchester Safeguarding
Partnership –
**Unaccompanied Asylum-
Seeking Children**:
https://www.manchestersafeg
uardingpartnership.co.uk/reso

LGBTQIA+

Overview description

Lesbian, gay, bisexual, transgender, queer, questioning, intersex, or asexual (LGBTQIA+) is a term used to describe the diverse range of sexualities and gender identities which individuals occupy. Whilst LGB refers to a person's sexual orientation, Transgender is used as an umbrella term and relates to those individuals whose gender does not match their sex defined at birth. Transgender encompasses the spectrum of diverse gender identities, both within the male/female binary and all non-binary diverse gender identities. Transgender individuals may have a fixed gender identity or gender expression or they may identify their gender as fluid.

LGBTQIA+ Community

The educational experiences and outcomes of LGBTQIA+ children and young people can often be lower than that of their straight or cisgender (where an individual's gender matches that of their sex defined at birth) counterparts. Lower academic outcomes and lower self-esteem of LGBTQIA+ pupils have been linked to high levels of intolerance, prejudice and hostile school/college environments towards LGBTQIA+ young people (Kosciw, Palmer, Kull & Greytak, 2012)

Increased levels of negative outcomes for LGBTQIA+ children and young people are reported in UK schools including nearly half of all LGB (45 per cent) pupils and 64 per cent of trans pupils report being bullied due to being LGBT at school (Bradlow, Bartram, Guasp & Jadva, 2017). According to Stonewall's most recent school survey, there is a decreasing trend in the numbers of homophobic and transphobic bullying including the use of negative language towards LGBT pupils. However, there remains an alarmingly high rate of mental health concerns related to the negative experiences felt by LGBT pupils in school, including 84 per cent of trans young people and 61 per cent of LGB pupils reporting self-harm due to negative experiences relating to their sexuality or gender (Bradlow et al., 2017).

Percentage of LGBT Children and Young People subjected to bulling and reports of self-harm

Research has shown that one major barrier to the positive outcomes for these young people in education settings is the hetero- and cisnormative practices (practices which favour heterosexual and cisgender individuals) faced by young people (McBride, 2021). Structural inequalities found to be present within schooling systems include, not tackling homophobic and transphobic bullying, not promoting the equal rights and inclusion of LGBTQIA+ identities, a lack of LGBTQIA+ awareness in the curriculum and widespread use of non-inclusive language.
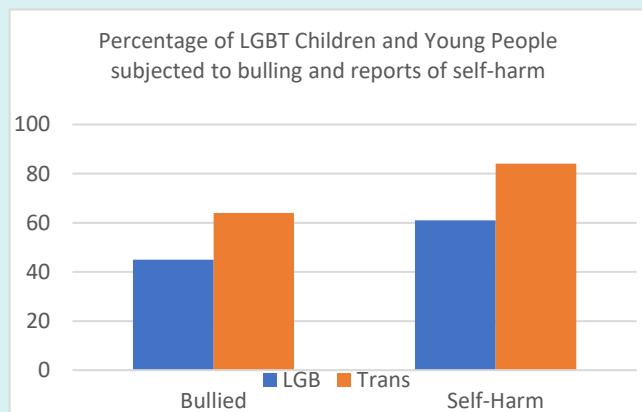
LGBTQIA+ Inclusive Education Curriculum

In 2019, the UK government announced that from September 2020 UK schools are required to teach an **LGBT inclusive education curriculum** with focus on relationship and sex education (RSE). The new government guidance states that:

For secondary schools:

- RSE must be taught in all schools in England
- Sexual orientation and gender identity must be explored at a timely point
- Same-sex relationships should be included within lessons discussing healthy and stable relationships
- Schools should 'be alive to issues such as everyday sexism, misogyny, homophobia and gender stereotypes' and take positive action to build a culture where these are not tolerated

For primary schools:

- Relationships Education must be taught in all schools in England
- It is recommended that schools teach Sex Education too, although they can choose not to
- All schools should teach about different families (which can include LGBT parents), along with families headed by grandparents, single parents, adoptive parents, and foster parents/carers, among other family structures

Overall the guidance states that:
- Schools need to make sure that the needs of all pupils are appropriately met
- All pupils need to understand the importance of equality and respect

Schools must ensure they comply with the relevant provisions of the Equality Act 2010, which name sexual orientation and gender reassignment as protected characteristics

A new guidance document for schools relating to how schools respond to the needs of trans young people is due imminently.

Evidence-base

Research into the positive impact of education-based support for the inclusion and improved outcomes for LGBTQIA+ young people highlights the key role played by factors including safe and inclusive school policies and supportive school/college personnel (Kosciw et al., 2012). In addition, the effectiveness of school/college policies with specific protections for LGBTQIA+ rights, compared with generic school/college policies, in reducing negative climates and victimisation has been identified (Kull, Greytak, Kosciw & Villenas, 2016).

A recent review of the 'No Outsiders' initiative – a project set out within UK primary schools to challenge the heteronormativity present within schooling systems and practices found that, whilst homophobia still existed within schools following the project, children's perceptions of the acceptability of homophobia was reduced (Atkinson, 2020). In fact, within this study, school inaction on tackling homophobia was viewed as being equivalent to school-sanctioned homophobia (Atkinson, 2020). Findings from this study suggest the benefits of LGBT inclusive education as a means of tackling homophobic and transphobic bullying in schools.
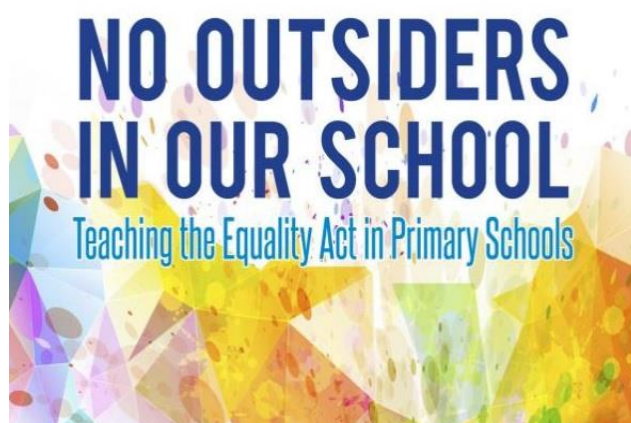
Book by Andrew Moffat (2017)

A narrow focus on the negative impact of bullying towards LGBTQIA+ pupils has also been raised as problematic and overlooking the role played by school systems, polices and school staff in the negative experiences of LGBTQIA+ young people in schools (Formby, 2015). Whilst tackling LGBTQIA+ bullying will help to reduce instances, it may also place LGBTQIA+ young people as victims. Instead, an approach to LGBTQIA+ inclusive education which recognises the role played by the school systems and the staff as well as the curriculum will lead to a more positive and inclusive experience for LGBTQIA+ young people (Formby, 2015)

- Reflect on your everyday language when talking to children and families to ensure it does not include assumptions about children's interests or family make-up
- Make regular references to and incidental examples of different family structures during activities, for example in phonics – "Sophie and her daddies went to the *sh-o-p".*
- Celebrate difference and challenge stereotypes through play and the stories you share with children, for example:
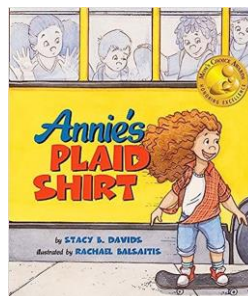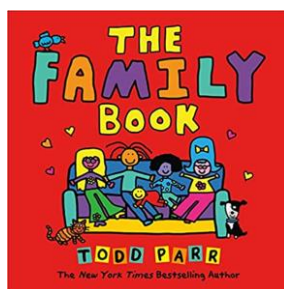
https://birthto5matters.org.uk/wp-content/uploads/2021/03/getting_started_early_years-1.pdf

LGBTQIA+ students can be vulnerable to mental health difficulties and discrimination. Stonewall (2012) found that one in three LGBTQIA+ pupils who experienced homophobic bullying changed their plans for future education in a fear of further discrimination from other students in further or higher education and they were more vulnerable to not succeeding to their potential in post-16 settings. Additionally, students who lived at home and were financially dependent on their families were worried about sharing and talking with their families. Therefore, it is essential to develop practices to support LGBTQIA+ students within any post-16 setting or provision. Consider the following:

- Reflect on the curriculum and consider how to ensure to promote a positive sense of identity and positive role models from the LGBTQIA+ community
- Continue to reflect on everyday language used by staff when talking to young people and their families to ensure it does not include assumptions about their interests or family make-up.
- Ensure staff feel confident to challenge discriminatory language when it occurs.
- Ensure that pastoral staff and student advisors are equipped to support LGBTQIA+ young people, and are able to proactively signpost these services to LGBTQIA+ students

Strong LGBTQIA+ student societies can be invaluable in creating an inclusive atmosphere, but this depends on them running consistently from year to year. Post-16 settings should actively support student societies, and liaise with them to develop stronger institutional support for LGBTQIA+ students.

SECTION FOUR

Useful Resources

https://www.genderbread.org/

https://lgbt.foundation/actionplan

https://www.stonewall.org.uk/help-advice/faqs-and-glossary/glossary-terms

www.stonewall.org.uk/sites/default/files/final_-_an_intro_to_supporting_lgbt_young_people_-_april2022.pdf (a guide for settings on supporting LBGTQ+ young people)

https://www.gov.uk/government/publications/lgbt-action-plan-2018-improving-the-lives-of-lesbian-gay-bisexual-and-transgender-people

https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education

www.mentallyhealthyschools.org.uk

Useful links

Manchester Safeguarding Partnership –
Sexuality:
https://www.manchestersafeguarding
partnership.co.uk/resource/sexuality-
resources-for-all/

https://www.stonewall.org.uk/

http://www.lgbt.foundation/

https://www.theproudtrust.org/

References

Atkinson, C. (2020). 'They don't really talk about it 'cos they don't think it's right': heteronormativity and institutional silence in UK primary education. *Gender and Education*, 1-17.

Bradlow, J., Bartram, F, Guasp, & Jadva, V. (2017). School report: The experiences of lesbian, gay, bi and trans young people in Britain's schools in 2017. Stonewall. https://www.stonewall.org.uk/school-report-2017

Formby, E. (2015). Limitations of focussing on homophobic, biphobic and transphobic 'bullying'to understand and address LGBT young people's experiences within and beyond school. *Sex Education*, *15*(6), 626-640.

Kosciw, J. G., Greytak, E. A., Bartkiewicz, M. J., Boesen, M. J., & Palmer, N. A. (2012). *The 2011 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. Gay, Lesbian and Straight Education Network (GLSEN). 121 West 27th Street Suite 804, New York, NY 10001.

Kull, R. M., Greytak, E. A., Kosciw, J. G., & Villenas, C. (2016). Effectiveness of school district antibullying policies in improving LGBT youths' school climate. *Psychology of Sexual Orientation and Gender Diversity*, *3*(4), 407.

McBride, R. S. (2021). A literature review of the secondary school experiences of trans youth. *Journal of LGBT Youth*, *18*(2), 103-134.

Bullying and Cyberbullying

Overview description

Bullying

Bullying is a term to describe behaviour that is intended to hurt someone, either physically or emotionally. It is often aimed at certain groups, for example, because of race, religion, gender, or sexual orientation (UK GOV, 2021, NSPCC, 2021).

It's usually defined as behaviour that is:
- **Repeated**
- **Intended to hurt someone either physically or emotionally**
- **Often aimed at certain groups, for example because of race, religion, gender or sexual orientation**

> #### Cyberbullying
> The rapid explosion of new technologies has provided a new medium for bullying, in the form of cyberbullying (Long *et al*, 2020).
>
> Cyberbullying is bullying that takes place online. Unlike bullying offline, online bullying can follow the child wherever they go, via social networks, gaming, and mobile phone (Long *et al,* 2020, NSPCC, 2021).

Key information

Any child can be bullied for any reason. The OECD TALIS survey (2018) reported that 29% of English school headteachers reported physical and non-physical forms of bullying (excluding cyberbullying) had occurred at least weekly in their school. Of this survey of 17 EU-member states, England saw the second highest proportion of school heads reporting bullying.

Bullying can take different forms including;

Physical bullying: hitting, slapping, or pushing someone.

Non-verbal abuse: hand signs or text messages.

Verbal bullying: name calling, gossiping, spreading rumours, revealing personal details without permission, or threatening someone.

Emotional abuse: threatening, intimidating or humiliating someone, undermining, constant criticism or spreading rumours, controlling or manipulating someone.

Exclusion: ignoring or isolating someone.

Making silent, hoax, or abusive calls.

Cyberbullying:

Posting, commenting on or liking nasty photos, videos or posts about you online.

Trolling, commenting on the individuals posts or pictures saying nasty things

Circulating images, videos, photographs of an individual with the intention to hurt, humiliate, or instigate/spread rumours.

Exclusion: defriended, removed from chat groups, ghosted.

Targeting an individual over and over in an online

The following types of bullying are also hate crime;
- Racial, sexual, transphobic or homophobic bullying.   - Bullying someone because they have a disability.

Information taken from NSPCC (2021), Childline (2021), **YoungMinds (2021)**

Warning signs

There is no single sign that will indicate that a child is being bullied but things to watch out for can include;

> ➢ Belongings getting 'lost' or damaged,
> ➢ Physical injuries, such as unexplained bruises,
> ➢ Being afraid to go to school/college, being mysteriously 'ill' each   )
> morning, or skipping school, risk of emotionally based school refusal,
> ➢ Not doing as well at school/college,
> ➢ Asking for, or stealing money (to give to whoever's bullying them),
> ➢ Being nervous, losing confidence, or becoming distressed and withdrawn,
> ➢ Problems with eating or sleeping,
> ➢ Self-harming behaviour,
> ➢ Bullying others.
>   **(Brown *et al,* 2011, Long *et al, 2020,* NSPCC, 2021)**

Effects of bullying

The effects of bullying (including cyberbullying) can be long-lasting and can last into adulthood. At its worst, bullying has driven children and young people to self-harm and even suicide. Children and young people who are bullied;

- ➢ May develop mental health problems like depression and anxiety,
- ➢ Impact on their self-confidence, self-esteem, and self-image,
- ➢ Have fewer friendships,
- ➢ Aren't accepted by their peers,
- ➢ Are wary and suspicious of others,
- ➢ Have problems adjusting to school/college,
- ➢ Impact on academic achievement,
- ➢ Impact on health, wealth, and social-relationships in adulthood,
- ➢ Increase likelihood of engaging in self-harming behaviour and suicide.

(John *et al,* 2018, Moore *et al,* 2017, NSPCC, 2021, Long *et al,* 2020

Who's at risk

Any child can be bullied. All children who are affected by bullying can suffer harm – whether they are bullied, they bully others, or they witness bullying (NSPCC, 2021).

The Department for Education (DfE) used survey data from the Office for National Statistics to analyse trends over the period April 2013 – March 2018. They reported;

- ➢ An estimate that 17% of young people had been bullied during 2017-2018.
- ➢ Some groups were more likely to report being bullied, including: those with SEND, or a long-term illness, those living in the most deprived areas, those living in one-parent households, those who had truanted within the last 12 months.
- ➢ The proportion of young people reporting being bullied was higher in the younger age groups: 22% of 10-year-olds surveyed reported bullying in 2017-2018, whilst only 8% of 15-year-olds reported similar.

The DfE's 2018 analysis of data from the second longitudinal study of young people in England indicated that; - There is a gender disparity with 35% of female students reporting being bullied whilst on 26% of males reported being bullied.

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SECTION FOUR

Law

All schools must have measures to encourage good behaviour and prevent all forms of bullying amongst pupils (The Education and Inspections Act 2006).

Under the Children Act 1989 a bullying incident should be addressed as a child protection concern when there is 'reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm'.

Head teachers have a specific statutory power to discipline pupils for poor behaviour outside of the school premises. Section 89(5) of the Education and Inspections Act 2006 gives head teachers the power to regulate pupils' conduct when they are not on school premises and are not under the lawful control or charge of a member of school staff. This can relate to any bullying incidents occurring anywhere off the school premises, such as on school or public transport, outside the local shops, or in a town or village centre.

Proactive approaches to address bullying

Schools/colleges should not begin to combat bullying when an incident has taken place, but rather create an ethos of positive relationships, resilience, managing conflict, and restorative practice. All state-funded schools/colleges are required by law to have a behaviour policy with measures to tackle bullying among pupils. The Government does not set out a particular approach to bullying that schools should follow. The underlying principle is that schools are best placed to drive their own improvements.

A 'whole school approach', where the whole education community, including staff, governors and parents in addition to teachers and pupils, are involved in confronting bullying.

Focus on preventative practice

Research has shown that effective approaches to address bullying have;

A practice of 'working with peers', where bystanders were encouraged to prevent, or respond accordingly to, bullying situations in their daily lives.

'Hot spot supervision', where school leaders had identified locations where bullying occurs frequently, and increased teacher presence in these areas, keeping anti-bullying high profile

An ability to report privately and in non-classroom setting, because many victims felt uncomfortable about publicly disclosing their experiences, and much bullying has moved online.

A rapid response to bullying incidents.

(CooperGibson, 2018, Gaffney *et al,* 2019)

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Relationships Education, Relationships and Sex Education (RSE)

From September 2020 all schools (Independent school must meet the Independent School Standards) must teach relationships Education, Relationships and Sex Education (RSE) and Health education.

In regards to bullying, by the end of **primary school pupils** should know;

➢ about different types of bullying (including cyberbullying), the impact of bullying, responsibilities of bystanders (primarily reporting bullying to an adult) and how to get help.
➢ That the same principles apply to online relationships as to face-to-face relationships, including the importance of respect for others online including when we are anonymous.

In addition, by the end of secondary school, pupils should know;

➢ Their rights, responsibilities and opportunities online, including that the same expectations of behaviour apply in all contexts, including online.
➢ About online risks, including that any material someone provides to another has the potential to be shared online and the difficulty of removing potentially compromising material placed online.
➢ That sharing and viewing indecent images of children (including those created by children) is a criminal offence which carries severe penalties including jail.

What can be done when Bullying occurs?

Support children and young people who are bullied and make appropriate provision for a child's needs. The nature and level of support will depend on the individual circumstances and the degree of need

At a **classroom level;**

➢ Immediate action, to reassure pupil of being believed as well as sending the message that bullying won't be tolerated;
➢ Avoid discussing the incident in front of other students, bullying involves a power imbalance and mediation will not work, it is also stressful for the victim;
➢ Adult presence in bullying hotspots,
➢ Buddies and fostering friendships, to build social support,
➢ Sign-posting to resources that may help the recovery process (websites, charities, even Child and Adolescent Mental Health services).
➢ Monitor the situation, don't assume that the bullying has stopped just because the school intervened.

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Revisiting bullying at a **whole class,** and even **whole school** level, after an incident. Those that witness bullying are also affected by bullying. Bystanders may experience uncertainty, fear, anxiety, guilt, and avoidance. Reminding pupils of what they could and should do in a bullying situation can help empower bystanders and reinforce inclusion.

Support for the individual who is bullying needs. Those that bully are likely to have their own social difficulties or underlying reasons for why they are bullying others. Sanctions without exploration about the underlying reasons behind the behaviour are likely to be ineffective in preventing the behaviour from occurring again.

If online material is upsetting or inappropriate, the offending individual may take it down voluntarily, or the social media networking site may be contacted directly to request that the content be taken down, if it is in breach of their terms and conditions and can therefore be removed. In the case material is suspected to constitute an offence, the police should be contacted directly and a record made.

Top Tips!

For Early Years

- Support children's tolerance of others and empathy building through age-appropriate PSED activities that encourage teamwork and collaboration.
- Create an 'acts of kindness' jar for children to access and carry out with their peers.
- Take time to build mutual respect between children and an understanding of each other's unique skills. During circle times, go around the circle and ask children to tell you something the person next to them is great at – model this between staff

Books to spark discussion:
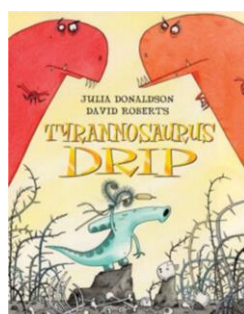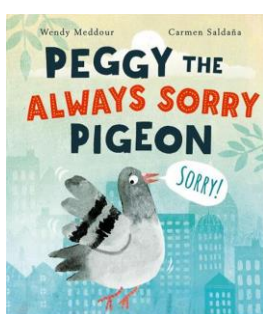
Anti-bullying organisations that could support schools/colleges

The UK government funded four anti-bullying organisations to work with schools/colleges to combat and prevent different forms of bullying; the Anti-bullying Alliance 'All together' programme: reducing bullying of SEND pupils; Anne Frank Trust's 'Free to be' programme: tackling prejudice, discrimination, and bullying; the Diana Award's 'Peer to Peer anti-bullying ambassadors' programme; and the Internet Matters project's 'Make a Noise' programme: supporting the reporting of bullying to schools via the 'tootoot' app.

Post-16

Top Tips!

Unfortunately bullying and cyberbullying continues within post-16 settings with studies suggesting that over 23% of students reporting bullying within their college setting. Therefore, it is still important to consider universal and curriculum practices that raises awareness and supports students to understand what bullying is, how to have healthy relationships and how to seek support when needed.

It may be helpful to consider the following:

- October is the National Bullying Prevention Month – can students organise and be part of events across October to promote healthy relationships, raise awareness of the types of bullying, identify how to seek help and consider what helps in your post-16 setting.
- How do your tutor sessions or curriculum sessions support students to understand and deal with any type of bullying? How are you preparing them to manage and respond to situations within their future work place?
- How are you supporting students to be safe online or when using technology? How can you support students to use technology safely and appropriately for their future work setting?

Mental Healthy Schools have written a guidance on preventing and supporting bullying in post-16 settings: https://mentallyhealthyschools.org.uk/resources/safe-from-bullying-in-further-education-colleges/

Useful Resources

www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/bullying-and-cyberbullying/

www.childline.org.uk/info-advice/bullying-abuse-safety/types-bullying/

www.anti-bullyingalliance.org.uk/

www.internetmatters.org/issues/cyberbullying/

www.kidscape.org.uk/

www.nationalbullyinghelpline.co.uk/

www.saferinternet.org.uk/

www.bullying.co.uk/bullying-at-school/

www.youngminds.org.uk/find-help/feelings-and-symptoms/bullying/#get-help-for-bullying

www.mentallyhealthyschools.org.uk

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The Children Act 1989, available at https://www.legislation.gov.uk/ukpga/1989/41/contents

The Education and Inspections Act 2006, available at https://www.legislation.gov.uk/ukpga/2006/40/contents

Manchester Directory – **Bullying:**
https://hsm.manchester.gov.uk/kb5/manchester/directory/advice.page?id=rQ1H7ViN11M

Manchester Safeguarding Partnership –

Online Safety:
https://www.manchestersafeguardingpartnership.co.uk/resource/online-safety-advice-parents-carers/

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Family and Community Factors

Domestic Abuse and the Impact on Children and Young People

Overview Description

Domestic Abuse is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial, emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim

Domestic abuse is an issue that impacts on many.
- Around one in five children in the UK have been exposed to domestic abuse
- 62% of children in households where domestic violence is taking place are harmed directly
- One in five teenagers has been physically abused by their boyfriends or girlfriends

NSPCC and Department for Education, 2019.

It is also a problem which appears to be on the increase. For the 12-month period leading to March 2020 the police recorded number of domestic abuse incidents rose by 9% on the previous 12 months.
Domestic Abuse in England and Wales Overview, Office of National Statistics, 25th Nov 2020.

The impact of domestic abuse and coercive control on children and their education can be devastating. It can prevent a child achieving their full potential in terms of growth and development and lead to long term emotional and social difficulties. It causes distress, anxiety and can result in children experiencing poor mental and physical health, being isolated from family and friends and misusing substances (often as an attempt to cope with their circumstances).

'**Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse …**'

Department for Education 2019: 20

Domestic Abuse and Coercive Control can be considered as Emotional Abuse of children **It is always a safeguarding issue**.

Impact of domestic abuse on children and young people

Many studies indicate that children living with severe or prolonged abuse are more likely to develop challenging behaviour and have significant social, emotional and mental health needs. Domestic abuse and coercive control can impact negatively on:

- early play and learning; ability to engage with play and learning activities

- early language development

- social interactions and social development

- behaviour

- feelings of wellbeing and good health

- attendance and punctuality

Home can be a stressful, unpredictable and sometimes, dangerous place; the family a source of conflict. Some children can feel they always have to be 'on guard', living in a state of almost constant fear and high arousal; they are often preoccupied with their mother's or their own safety.

Domestic Abuse and Coercive Control is understood to be a form of Emotional Abuse of children. In Working Together to Safeguard Children (HM Government. 2018), the definition of emotional abuse is 'The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.' In studies:

- 41% of children were fearful of harm to themselves
- 59% were fearful of harm to their parent
- 23% of children feel or have felt they were to blame for domestic abuse
- 18% were subject to neglect as a result of domestic abuse

Safelives, 2017

Domestic Violence as Emotional Abuse

For children living with domestic abuse and coercive and controlling behaviour, emotional abuse includes:
- causing children frequently to feel frightened or in danger

- not giving children opportunities to express their views, deliberately silencing them

- placing limitations on their exploration and learning,

- preventing children participating in normal social interactions

- hearing the ill-treatment of another

- serious bullying

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What Children and Young People May Experience

- Witnessing / overhearing violent incidents
- A parent being degraded and belittled by the perpetrator
- The destruction of property or belongings
- Other family members being hurt or intimidated; abuse of siblings
- Forced participation in the abuse and degradation of their parent
- Overseeing or being made to watch their parent being physically assaulted, raped or sexually assaulted
- The aftermath: their parent's injuries and distress
- Arrests; neighbours observing incidents
- Being deprived of family and social contacts which reduces the likelihood of disclosure
- Threatened or actual abuse of family pets
- Attempted suicide by their parent
- The death of their parent

'*Children and young people [describe] a catalogue of fathers' cruel and emotionally abusive behaviour towards them, such as destroying school work, school reports and toys, harming pets, not allowing children out of the house, not allowing them to speak to their mothers and not allowing friends to phone or come to the house. Some fathers are shown to deliberately emotionally abuse children and young people, insulting them and humiliating them in a similar way to their mothers.*'

Harne (2011), citing research by McGee (2000) and Mullender et al (2002)

Teenage Relationship Abuse

- One in three adolescents in the UK is a victim of physical, sexual, emotional or verbal abuse from a dating partner including control of social media
- One in ten teenagers report being purposely hit, slapped or hurt physically by a current boyfriend or girlfriend
- Violent behaviour typically begins between the ages of 12 and 18
- High correlation between Child Sexual Exploitation and Domestic Abuse *(Women's Aid Federation 2010)*

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Domestic Abuse in Pregnancy and the Impact on Babies and Young Children

33% of domestic abuse starts in pregnancy and then often escalates. It can result death of the baby: premature labour, miscarriage, forced termination

Before birth, emotional trauma directly affects brain development. Stress releases the hormone cortisol and this can have a toxic effect on newly formed brain cells and on brain development

During the first three years particularly, exposure to extreme trauma from domestic abuse also affects brain development. It can create 'toxic stress' - with strong, frequent, chronic and prolonged activation of body's stress response system. Young children may react by:

- showing very little control; hyperactive, impulsive, anxious ('flight or fight'). Or

- becoming dissociated; impassive, switched off, helpless ('freeze and surrender')

They may also exhibit:

- Eating difficulties and 'failure to thrive' in extreme cases

- Developmental regression (especially in toileting and language)

- Difficulties in developing secure attachments

- Emotional difficulties - distressed, confused, sad / fearful of new people and situations / frightened of perpetrator

The Impact of Domestic Abuse on Educational Performance

- High states of arousal may lead to attention and concentration difficulties and low attainments and underachievement
- Behavioural, social, emotional and mental health and behavioural difficulties
    - Aggressive, violent behaviours
    - Passive, withdrawn behaviours
    - Relationship problems
    - Depression, anxiety, PTSD
- Psychosomatic/eating/sleeping problems
- Role reversal (children are "parentified")
- Fear and mistrust of adults and authority figures
- Changes of school and information gaps in education history
- Attendance and punctuality issues

How schools can support children and parents affected by domestic abuse

Certain key conditions which help children to recover from trauma include:

- The need to feel safe
- Opportunities to be listened to and to express their feelings about what has happened
- Secure relationships and access to supportive social networks

A key adult in school needs to be knowledgeable about domestic abuse and safeguarding. They can:

- develop a trusting relationship with the child and the parent. Acknowledge what they've been through or what they are going through
- monitor the child's feelings of safety and security
- monitor children and provide support at the start of the day; monitor attendance and punctuality
- go at the child's pace; follow their lead
- help them make sense of what has happened / is happening
- help the child make sense of the way they are feeling and behaving
- act as an advocate for the child within and beyond school; work closely with teachers and other staff
- co-ordinate a support package around the child and family, including facilitating access to specialist services
- provide support with transition planning

Other practical support might include:

- With organisation at the start of the day (usually more complicated in secondary school)
- Provision of uniform if required
- Access to a quiet time-out area
- Exit passes
- Support with personal care
- Extra-curricular activities: Homework Clubs
- Focusing on a child's successes
- Flexibility, e.g. around punctuality
- Peer support systems

Parents affected by Domestic Abuse reported that they appreciated:

- being contacted regularly by school about concerns
- schools that had a good understanding of the security issues
- schools that made every child feel welcome, safe and relaxed and that would make allowances
- schools that had accessed / had helped them access additional support
- schools that taught about Domestic Abuse.

The Needs of Young People in Refuges and Temporary Accommodation

'Children in refuge and other temporary accommodation, and those who have moved home repeatedly to flee domestic abuse, are particularly vulnerable and risk becoming invisible to professionals in the education, health and social care sectors.'
House of Commons Home Affairs Committee. (2018) paras 84 and 85.
https://publications.parliament.uk/pa/cm201719/cmselect/cmhaff/1015/101506.htm

A study of the needs of young people in refuges and temporary accommodation highlighted the following:

- Disruption of education; disruption to courses and exams pupils having to leave their school;
- Poor concentration; worry;
- Limited or no choice of school
- Changes of home meaning long bus journeys to school
- A lack of involvement in decision-making contributing to friction with their mothers
- Barriers to study such practical difficulties in completing homework, including a lack of appropriate space and equipment in refuges such as computers, books or internet access. No separate spaces to complete homework
- Refuge staff have reported it to be difficult to establish positive partnership working with some staff in schools
- Teenagers' lack of trust in school staff; fear and embarrassment at people knowing they were in refuges. They were worried their confidentiality would be breached, resulting in embarrassment and stigma.
- Teenagers who were not attending mainstream education expressed feelings of loss, of being left behind and excluded. Those attending PRUs communicated a sense of stigma which affected their sense of identity.

Bracewell et al (2020)

A study of 10-16-year-old girls highlighted:

- Severed friendships. (Bowyer et al 2015). Adolescence is a time when children move away from relying on their primary caregivers, increasingly turning to friends for support and spending more time with their friends. Children without a support network of friends are more likely to develop depression and this is especially true for adolescent girls
- Loss of personal space
- Ongoing and relentless feelings of being trapped in an unsafe world; uncertainty, confusion and unanswered questions;

Bowyer et al (2015)

For further reading documenting the journey of children and young people in refuges:

https://www.womensaid.org.uk/wp-content/uploads/2021/01/Nowhere-to-Turn-for-Children-and-Young-People-Report-Summary.pdf

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'Positive and sustainable outcomes can only be achieved by taking a holistic and preventative approach to the needs of individuals and their families'
Working Together … Manchester Safeguarding Children/Adult Board (2018)

'Prevention programmes in school are more effective when promoted through whole-school policies and practices than through single component programmes or individual teachers'
Harne and Radford (2008)

Statutory curriculum content on sex and relationships education in schools will promote healthy relationships, raise awareness of unhealthy relationships and the unacceptability of violence in relationships.

Teaching and Talking to Children About Domestic Abuse

Work needs to start primary school for it to have the most impact. This is an effective time to influence children's attitudes. Children and young people like:

- Lessons on relationships and abuse, undertaken in interactive ways
- Lessons with visual input such as drama and YouTube clips
- Discussion based classes and opportunities to ask questions
- Lessons that address sexuality, gender, consent, emotional aspects of healthy relationships

Talking to primary aged children about domestic abuse and coercive control: the following resource can be used with individual children and groups. There is a professionals' guide and accompanying picture book for children to read with an adult that helps young children understand about domestic abuse and coercive control.

Helping Children Learn About Domestic Abuse and Coercive Control: A Professional Guide (Floss and the Boss) by Catherine Lawler and Abigail Sterne (2021)

Provide Information to the Community

- Display posters advertising helplines and make leaflets available. Available from: www.womensaid.org.uk.

- Leave cards with local and national helplines and key safety information around school

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- Display details of The Hideout, a website for children and young people from Women's Aid: www.thehideout.org.uk

- Display details of the Refuge website: www.refuge.org.uk

- Place stickers on the insides of toilet doors

- Make *the Survivors' Handbook* available to the community. Downloadable from www.womensaid.org.uk

- Address the issue in assemblies and on themed days, to which parents, governors and members of the community are invited

- Ensure all staff have received training on domestic abuse

Top Tips!

For Early Years

- Remember the importance of the child's key person in the setting. Children may require additional 1:1 play/care with their trusted adult during this time.
- Some children will require more physical contact than before, they may seek out their trusted adults for hugs or want to sit on your knee to share stories and enjoy the closeness from a trusted adult.
- Ensure that the early years environment is safe and secure with practitioners who can provide love, care and support.
- Model appropriate conflict resolution and share social stories that reflect this. Support children in naming and understanding their emotions.
- Allow children to choose a transitional object in the setting to help them feel safe and secure.
- Partake in lots of nurturing play experiences with the child, model safe and caring play in the role play and home areas.

Useful Links:

https://www.nurseryworld.co.uk/features/article/working-with-families-in-the-shadows

https://www.teachearlyyears.com/a-unique-child/view/responding-to-domestic-violence

Useful Resources

Operation Encompass is a Police and Education early intervention safeguarding partnership which supports children and young people exposed to domestic abuse. **https://www.operationencompass.org/** Free information, resources and training on domestic abuse for schools. Operation Encompass is the reporting to schools, before the start of the next school day, that a child or young person has been involved or exposed to a domestic abuse incident the previous evening. The information is given in strict confidence to a school's Key Adult to enable support to be given dependent on the needs and wishes of the child or young person.

Phonelines

- Operation Encompass Teachers' National Helpline 0204 513 9990 Mon – Fri 8am – 1pm. For free advice from an Operation Encompass Educational Psychologist about how best to support a child

- Greater Manchester Domestic Abuse Helpline
  Tele: 0161 636 7525 (Monday to Friday 10am to 4pm excluding Bank Holidays) or visit their website at www.endthefear.co.uk
- 24 Hour National Domestic Violence Freephone Helpline
  Tele: 0808 2000 247 or visit their website
  at www.nationaldomesticviolencehelpline.org.uk/

- Respect – Men's Advice Line   0808 801 0327

- National LGBT+ Domestic Abuse Helpline   0800 999 5428

- Sahara (BAME Women).   0161 660 7999

- Childline   0800 1111

Useful links

The MCC Multi agency Domestic Abuse toolkit can be found on the HSM website at hsm.manchester.gov.uk

https://www.manchestersafeguardingpartnership.co.uk/resource/domestic-violence-abuse/

http://www.pankhursttrust.org.uk – Manchester Women's Aid

http://www.safelives.org.uk

http://www.refuge.org.uk

http://www.thehideout.org.uk

http://www.womensaid.org.uk

https://mensadviceline.org.uk/

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http://www.nspcc.org.uk

http://www.endthefear.co.uk

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Sterne, A. and Poole, E (2010) *Domestic Violence and Children. A handbook for schools and early years settings*. Oxford: Routledge

> Manchester Safeguarding Partnership – **Domestic Violence**:
> https://www..co.uk/resource/domestic-violence-abuse/

Clare's Law – Domestic Violence Disclosure Scheme

BACKGROUND

Clare's Law, the Domestic Violence Disclosure Scheme (DVDS) was introduced following the death of Clare Woods (1973-2009) who was in a relationship with George Appleton but unaware of his violent history of abuse. When the relationship ended Clare was subjected to harassment by Appleton, then raped and strangled by him before her body was set on fire and later discovered in her home in Salford. At the inquest, the coroner said:"… Consideration should be given to the disclosure of such convictions and their circumstances to potential victims in order that they can make informed choices about matters affecting their safety and that of their children."

Questions to consider

Are we clear about who we can encourage to apply for information? Including young people?

For more information visit:
- GMP Booklet: www.gmp.police.uk
- Government advice: www.gov.uk
- Safe Lives resource: www.safelives.org.uk

The aim of the DVDS is to give a person potentially at risk a formal means of making enquiries about an individual who they are in a relationship with; so they can make a more informed decision regarding their continued relationship. It was initially set up as a pilot scheme in September 2012 across four areas, but went nationwide on March 8th 2014.

DVDS enhances previous arrangements whereby disclosure occurred in a reactive way when agencies received information about an offender with a violent history.

The legal framework allows the Police to share information:
- in the interest of Policing Purposes
- for pressing Social need.

The information sharing must be proportionate and relevant. In these cases, the public interest outweighs potential breach of privacy.

Under 'Right to Ask' individuals can apply to the police for information about a person's previous violent behaviour.

The processes for 'Right to Ask' and 'Right to Know' requests are slightly different, but the starting point for both is the same.

Remember that that potentially one of the most difficult or dangerous times is after the 'person potentially at risk' has been provided with information and decides to end the relationship.

Support is provided to those people by the police and specialist Domestic Violence services.

As a professional, you can ask for information under 'Right to Know'. If you are working with an adult or a young person who expresses concerns, you can encourage them to ask for information. They can do at any police station.

They will need to give certain information, at least:
1. Full details of person potentially at risk – Name, DOB, address
2. Full details of subject - Name, DOB, address
3. Details of any children – Names, DOB, address.

The decision to disclose will be made at a multi-agency panel.

A family member or friend can also make An application on their behalf, but information will only be disclosed to the person potentially at risk, not the person who requests it unless they are acting as 'appropriate adult'.

The person at risk will not be told who made the application.

Under **'Right to Know'** agencies that come into possession of information can be expected to consider disclosure to safeguard potential victims from further crime.

More information can be found on our website manchestersafeguardingboards.co.uk
Contact us at manchestersafeguardingboards@manchester.gov.uk

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The 'Toxic Trio'

BACKGROUND
The 'toxic trio' is the combination of **domestic abuse, mental ill health and substance misuse** within a family. The term is used to identify the common features of families where significant harm to children has occurred.

Each of these issues is hard to manage on its own and can have a severe impact on family life, particularly for children & other adults.
However these problems rarely exist in isolation; there is often a complex interaction between them.

WHY IT MATTERS
The toxic trio are indicators of increased risk of harm to children & families and are significant factors in IPV (Interpersonal Violence) & AFV (Adult Family Violence).

The toxic trio features in findings from serious case reviews - analysis showed that in 86% of cases where children were seriously harmed or died one or more 'toxic trio' issue had played a significant part.

The toxic trio represent a significant risk to the safety & wellbeing of children & families. These parental risk factors impact on outcomes for children into adulthood.

QUESTIONS TO CONSIDER & DISCUSS
- Is a parent's drug or alcohol use significantly affecting their parenting capacity?
- Do we take into account all members of the household e.g. fathers, new or ex-partners who are still in the picture?
- Is there evidence of non-engagement/disguised compliance by parents we work with?
- Are there children or families in our care who could be in this situation?
- Can our team recognise the warning signs? Do we know who to consult if unsure?

WHAT TO DO
- know how to identify common signs of abuse and neglect; who to consult with and how to refer – find **resources** on www.manchestersafeguardingboards.co.uk
- focus on the needs of the child or vulnerable adult and act in their best interest at all times
- learning cites lack of information sharing as a key factor:

ASK - LISTEN - SHARE

Complete a team action plan

INFORMATION
Domestic abuse:
- creates an inconsistent & unpredictable environment for children
- carers may demonstrate a lack of emotional connection and /or higher levels of aggression
- those living where there is domestic abuse suffer emotional abuse
- there are established links between domestic abuse, neglect & the physical abuse of children.

Parental mental health:
- Mental health conditions, such as depression, can inhibit a parent's ability to respond to their child's emotional cues and offer consistent care
- they can cause a parent to be either 'intrusive & hostile' or 'withdrawn & disengaged'
- adults with mental health problems are statistically more likely to abuse drugs or alcohol
- people who abuse drugs have a markedly increased lifetime occurrence of diagnosable mental health issues.

Substance misuse:
- it is not inevitable that substance misuse will affect parenting capacity
- however, it is a significant feature in cases where children have been seriously harmed or killed
- alcohol dependence linked with depression is particularly associated with poorer, less consistent parenting
- the impact of alcohol/ substance addiction on the child is often underestimated by professionals.
- always review the impact of work in terms of the outcomes for the child.

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SECTION FOUR

Adolescent to Parent Violence and Abuse (APVA)

The following information is taken from the Home Office Information guide: Adolescent to Parent Violence and Abuse

Overview Description

- This is also known as 'child to parent violence / abuse' and 'battered parent syndrome'
- It is increasingly recognised as a form of domestic violence and abuse and is a safeguarding issue
- It is likely to involve a pattern of behaviour that can include physical violence towards a parent, damage to property, emotional abuse, and economic / financial abuse
- Abusive behaviours can encompass: humiliating language and threats, belittling a parent, damage to property, stealing from a parent and heightened sexualised behaviours
- Patterns of coercive control are often seen in cases of APVA, but some families might experience episodes of explosive physical violence from their adolescent with fewer controlling, abusive behaviours
- Participants in one study, said their teenage children had smashed up property, kicked holes in doors, broken windows, thrown things at their parents and made threats. Verbal abuse and other controlling behaviours were also commonly present. http://apv.crim.ox.ac.uk/
- The pattern of behaviour creates an environment where a parent lives in fear of their child and often curtails their own behaviour in order to avoid conflict, contain or minimise violence
- APVA appears to affect all levels of society
- It is relevant to both primary and secondary education as the onset of patterns of APVA can be as early as age eight or nine and continue through adolescence and sometimes into adulthood

Why does it happen?

substance abuse	mental health problems	family history of domestic violence or self-harm	learning difficulties

Some families were at a loss to explain why their child was so aggressive towards them, having raised other children who did not display such behaviour

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Supporting Families - It is helpful to gain an understanding of:

| any domestic abuse history or current domestic abuse within the family unit | the pattern of behaviour in the family unit; siblings may also be abused or be abusive | the effects on both the parent and the young person; try to establish trust and support for both |

the pattern of behaviour and the relationship between the young person and the parent

Difficult / Sensitive Issues for Parents

- Parents may present as fearful, ashamed, guilty or intimidated by their child.
- They may experience feelings of isolation, guilt and shame
- They may be reluctant to report their child's abuse / violence
- They may fear that their parenting skills may be questioned and that they will be blamed or disbelieved
- They may worry their victimisation will not be taken seriously or that they will be held to account and that their child may be taken away from them and/or criminalised (often not what the parent wishes)
- Yet there are also situations where a criminal justice response may be appropriate in the interests of safety, and the parent(s) may support the removal of their child or ask for it

Approaches and Interventions

- There is a need to move away from the emphasis on parental responsibility and blame
- It is important for practitioners to believe victims (whether young people or parents), take their concerns seriously and validate the impact on them
- It is important that a young person takes responsibility for their behaviour
- Seek to identify risk factors early and work together with the family to provide early support to avoid crisis situations
- There needs to be a considered approach reflecting the whole family's dynamics and wider family issues. Adolescent violence and abuse should not be seen as independent of these dynamics
- Tailored responses to APVA are needed (rather than relying upon generic parenting programmes)

Safeguarding: It is important that a young person using abusive behaviour against a parent receives a safeguarding response. (The statutory guide 'Working Together to Safeguard Children' sets out what professionals and organisations need to do). As with all other child protection concerns, in-school procedures should be adopted with referral to child protection leads and onward multi-agency referrals /co-working as appropriate.

Initial safety concerns or basic safety planning should always be addressed. School nurses are often able to build trusting relationships with school children and their families, and so may be the first professional to become aware of a problem within the family. This should be addressed in the same way as they would any other safeguarding issue.

Risk Assessment See the APVA Guidance 2.6. for a list specific factors to consider relating to environmental factors and emotional self-regulation

Multi Agency Risk Assessment Conference (MARAC) See the APVA Guidance 2.8. The guidance states that in cases involving 16-17 year olds professional judgement will be required to decide whether the MARAC or safeguarding route is more appropriate.

Safety Planning See the APVA Guidance 2.10.

Solution Focused Brief Therapy

Multi-Modal therapy

Non-violent Resistance

Therapeutic approaches to APVA include

Conflict Resolution and Mediation

Attachment and Trauma-based Approach

Functional Family Therapy
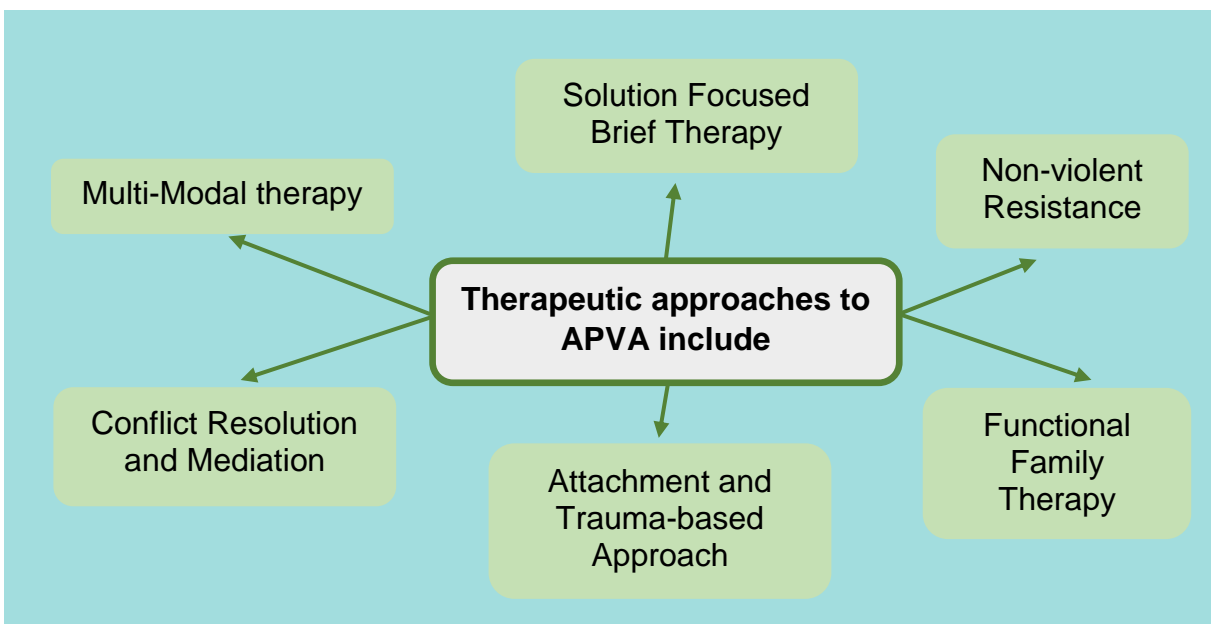
Evidence Base

Home Office Information Guide

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/732573/APVA.pdf

http://apv.crim.ox.ac.uk/

Useful Resource

Bonnick, H. *Child to Parent Violence and Abuse: A Practitioner's Guide to Working with Families* (2019)

Helplines

The national charity Family Lives runs a helpline for parents:
https://www.familylives.org.uk/

National Domestic Violence Helpline
The Freephone 24 Hour National Domestic Violence Helpline run in partnership between Women's Aid and Refuge – 0808 2000 247

BACKGROUND

Child to parent violence and abuse (CPVA) is the most hidden and stigmatised form of family violence. It is also much misunderstood by agencies and professionals. CPVA is also vastly under reported due to the stigma felt by parents living with an abusive child. Parents and carers often feel guilt and shame when their child is abusive and violent towards them.

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WHAT IS CHILD TO PARENT VIOLENCE

There is no current legal definition of CPVA. It is any behaviour used by a child in a family to control, dominate, threaten or coerce a parent or sibling.

It is a recognised as a form of domestic violence and abuse and, depending on the age of the child, may fall under the government's official definition of domestic violence and abuse. Identification of a child involved in CPVA should warrant a referral to children's social care as a safeguarding precaution.

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WHY IT MATTERS

The impact is extremely severe, debilitating, isolating and often parents and carers do not know how to start to tackle it. Emotional and physical abuse are both part of the picture. Parents often feel ashamed of the situation which can also prevent them from reporting they often see it as *their* failure to control the child.

CPVA can be experienced by mothers, fathers, siblings and carers from daughters and sons, however, studies and statistics show that women and mothers are most at risk. Whilst girls and boys use CPVA, boys are most likely to use physical violence.

It is predominantly mothers, lone parents and those parents facing significant social and family stressors who are most likely to experience abuse from their children.

The majority of cases are in birth families, but there is a higher prevalence in fostered and adopted children since the latter are more likely to have disruptive behaviour problems.

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Minute Briefing
Child to Parent Violence

FURTHER INFORMATION AND READING

Thorley and Coates: Let's Talk about child to parent violence 2018

Holes in the wall.co.uk

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WHAT IS OUR RESPONSE

A pilot intervention, using the Respect young People's Programme, is under way, working predominantly with families in South Manchester. If successful, it is hoped that this programme will roll out across the rest of the city during 2020/21.

For further information please contact The Community Safety Team in the first instance on: 0161 234 1284 or Email: communitysafety@manchester.gov.uk.

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RISK FACTORS

There are a number of risk factors which make abusive behaviour more likely. There are many reasons why children and young people can become abusive. There may be a combination of issues or no explanation at all.

Witnessing family violence. Trauma, loss and disruption Substance misuse. Mental Health.

Adverse Childhood Experiences (ACE's) are stressful or traumatic events, including abuse and neglect. It is likely that children displaying violent or aggressive behaviours will have an ACE score of at least 4 and in most cases higher.

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WHT DOES IT INVOLVE

Anger is an emotion; violence is about power and control. Violence is not the same as anger.

CPVA can include any or all of the following:

Physical violence, including bullying or physical violence to siblings as well as parents. Emotional, Psychological and Verbal abuse yelling, screaming, swearing, 'put downs' and humiliation for example.

Financial can include demanding money or things parents cannot afford . Incurring debt that the parent is then responsible for.

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Parental Substance Misuse

Overview Description

Parental substance misuse is associated with a range of psychological, emotional, behavioural, social, academic and physical challenges among children and young people and can have a negative life trajectory. Furthermore, the prevalence of adverse outcomes in children whose parents are nondependent substance misusers highlights the need for relevant practitioners to intervene with this population before a parent has developed substance dependency.

By implication, it is useful to recognise the importance of holistic and eco-systemic approaches to supporting parents and families, in order to enhance the possibility of children and young people experiencing healthy, happy, safe, productive and empowered lives.
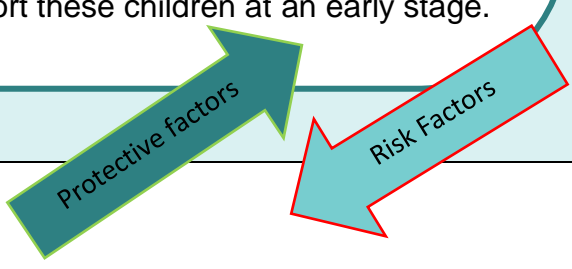
The imperative of Focus

In early life, children of substance-abusing parents (CSAP) are at increased risk for developing anxiety problems, hyperactivity, aggressive behaviour, reduced intellectual abilities and educational attainment. As adolescents, CSAP are more prone to develop mental health challenges compared to their peers without substance-abusing parents.

Despite these increased developmental risks, not all children with a substance-abusing parents or carers experience developmental problems or other negative outcomes.

As described by Hosman, van Doesum, and van Santvoort (2009), the intergenerational impact of CSAP depends on a complex interplay between risk and protective factors in the child's environment, the parent's environment, the social environment, and the wider community.

For the development of effective preventive interventions, it is important to learn more about which CSAP are most at risk for developing negative outcomes and how to support these children at an early stage.

Protective factors

Risk Factors

Parental substance misuse is the long-term misuse of drugs and/or alcohol by a parent or carer.

Are <u>dependent</u> on alcohol (with a crave and continued drinking in spite of the harmful consequences, including increased criminal activity, domestic abuse and an increased rate of significant mental and physical health problems) (National Institute for Health and Care Excellence, 2011).

Use drugs <u>regularly and excessively</u> (leading to social, mental, psychological, physical illness and legal problems.)

This includes parents and carers who:

Are <u>dependent</u> on drugs.

Consume <u>excessive and harmful amounts</u> of alcohol (for example, leading to alcohol-related health problems, physical illness, depression or accidents).

Practitioners working with children and families where substance misuse may be a factor, consideration must be given to parenting capacity (at that time) in order to inform psychoeducational approaches and interventions.

Based on recent government framework document, parenting capacity is defined as:

"The ability of parents or caregivers to ensure that the child's developmental needs are being appropriately and adequately responded to, and to [be able to] adapt to [the child's] changing needs over time". This includes providing for the child's basic physical needs, ensuring their safety, "ensuring the child's emotional needs are met and giving the child a sense of being specially valued", promoting the child's intellectual development through encouragement and stimulation, demonstrating and modelling appropriate behaviour and control of emotions, and providing a sufficiently stable family environment."

Parents and carers who misuse substances can have chaotic, unpredictable lifestyles and may struggle to recognise and meet their children's needs. This may result in their children being at risk of harm.

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Drug misuse is reported to be more prevalent in socially deprived areas (National Institute for Health and Care Excellence, 2012).

Impact of parental substance misuse on parenting:

Early signs of problematic behaviour in CSAP can be easily missed when parents are unaware of the symptoms and risks of developmental problems in their children.

Parental sensitivity and monitoring are negatively affected, resulting in less reliable or late problem recognition.

Adversely affected ability to attend to the emotional, physical and developmental needs of their children in both the short and long term;

Societal stigmatization can be a hampering factor for these parents, in relation to reluctance to seeking help and being open with professionals about their personal and family matters.

Fear that openness might lead to negative consequences, such as losing custody of their children.

Absent fathers and the lack of suitable male role models.

Unemployment, poverty and / or depression.

Specific impact of parental substance misuse on CYP

Abuse and neglect

It is important to point out that living in a household where a parent or carer misuses substances does not automatically mean a child will experience abuse, but it does make it more difficult for parents to provide safe and loving care and this can lead to abuse and / or neglect.

Parents who misuse substances may have difficulty:

- Staying organized and giving their children effective and consistent support;

- Keeping their home and family clean;

- Recognizing and responding appropriately to their own and their children's physical needs

- Paying for food, clothing and essential bills (for example if their income is being spent on drugs and alcohol)

- Keeping harmful substances and equipment such as needles and syringes safely away from their children.

- Some parents who use drugs or drink excessively may lose consciousness, leaving no other responsible adult present to care for their child and ensure their safety.

Emotional abuse

Parents who drink excessively or misuse drugs can become emotionally unavailable to their children. Mothers with drug problems can be:

- Less responsive to their babies

- Less willing to engage in meaningful play

- Less able to respond in ways which encourage further interaction.

- Behave in ways that are irrational, unpredictable or withdrawn, which may frighten their children.

Physical abuse

Parents who misuse substances may have difficulty controlling their own emotions, which can contribute to child physical abuse.

Impact on brain development

Abuse and neglect are types of adverse childhood experiences (ACEs), which can affect the healthy development of children's brains. The impacts of abuse and neglect on children's brains can extend beyond childhood and into adulthood. Possible impacts include:

- Impaired cognitive development, for example, difficulties with concentration and learning.

- Inhibited executive functions, such as reduced impulse control, memory, and weak problem solving skills.

- Weakened immune system, frequently becoming ill.

Criminal activity

Parents and carers who misuse drugs or alcohol may turn to crime to fund their dependency. This may mean exposing their children to unsafe adults or involving them in criminal activity, which may set into motion a negative life trajectory.

Other effects

The impact of parental substance abuse varies according to each child's health, stage of development, personality and relationship with their family.

Children may be separated from their parents and/or family for short- or long periods of time due to:

- Intervention from children's services (being taken into care)
- Parents being put in prison
- Parents being hospitalized.

Children and young people may have to take on the role of carer for their family. This could include doing the housework, preparing meals and looking after younger siblings which may then affect their sleep, energy levels, school work, and social life / friendships.

Psychological effects

The following accounts from ChildLine illustrate the psychological effects of parental substance misuse:

"My mum is up and down – sometimes she's fine and sober – but it can quickly change and she becomes worse again…[she] gets abusive when she's drunk and gets angry at me and my sisters. I don't like being at home." (Girl, 15)

"My parents are caught up in drink and drugs. It's pretty bad at home and they've been violent towards me for years. I really want to leave. I'm scared of telling anyone about what's happening because I don't want them to go to prison and I don't want to go into care, I just want to get out of this situation." (Boy, 16)

It is recognised that children and young people often know more about their parents' substance misuse than parents realise. They frequently feel the stigma and shame of this misuse, and as stated above, they also fear the possibility of being taken into care.

Other psychological effects include:

- A preoccupation with their parents' substance misuse;
- Blaming themselves for their parents' behavior;

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- Difficulty establishing and maintaining healthy relationships;

- Difficulty with respecting and / or engaging with authority figures;

- Difficulty talking with their parents about how things are affecting them.

- Self-harm.

- Suicidal thoughts and feelings;

- Reluctant to share their concerns due to worry about themselves or siblings being taken into care or that the parents' problems may get worse if the family is separated.

Risk and vulnerability factors

All families experience challenges from time to time. This doesn't necessarily mean children are at greater risk of abuse. But when problems mount up, it can be more difficult for parents to cope – particularly if they are isolated or lack support.

Children who live in families experiencing multiple adversities can be more vulnerable. These include children whose parents:

- are involved in domestic abuse
- misuse substances
- have mental health problems
- have learning difficulties.

RESPONSES REQUIRED

As educators, school counsellors, office and ancillary staff, it is importance to notice, follow through, verify and support children and young people who show signs of adverse childhood experiences, within the context of unconditional positive regard.

Reporting

Ensure that all staff are trained to spot the signs of abuse in all its forms;

Ensure that staff are aware of the safeguarding policies and procedures and have the confidence to immediately report their observations and concerns to the relevant person(s).

Follow the schools/ setting's Child Protection Procedures.

Contact the Police if indicated.

Contact the NSPCC Helpline

Contact MCC's Child Protection Services

Assessment

It is essential that practitioners work collaboratively with children and families to identify and assess concerns and intervene appropriately so that the impact of parental substance misuse is minimized.

This assessment involves undertaking a holistic assessment of the child's development, the parents' ability to meet the child's needs and the impact of broader family and environmental factors.

Of equal importance is the need to identify each family's strengths; and to distinguish between immediate concerns for the child's safety and risks which can be mitigated with appropriate support.

Provide easily accessible parenting support and empowerment of substance-abusing parents in their parenting role in order to increase early detection of and intervention in developmental problems in CSAP.

The goals of effective assessment:

➢ Focus on the child and their needs;
➢ Give children and young people the opportunity to talk about their experiences;
➢ Listen to and record the child's views on the situation;
➢ Identify those young persons who are acting as carers for their parents and siblings;
➢ Treat children, parents and carers as individuals;
➢ Ensure that parents know they are being listened to;
➢ Ask parents questions about how their use of drug or alcohol helps and / or interferes with their functioning and parenting;
➢ Consider the wider environment such as support networks, housing and family finances;
➢ Where possible, gather the views of any extended family members or friends who offer support to the family;
➢ Collaborate with and seek the views of colleagues from other agencies who are involved with the family, such as health professionals, teachers, substance misuse services and criminal justice agencies.

Protective factors

Factors which help reduce the impact of parental substance misuse on children include:

• The young person being able to ask for help

• Parents' willingness to acknowledge their difficulties and to seek help and support

• The parent and child having a positive relationship

- The parent and young person having good general physical and mental health
- The availability of social support to the family (for example relatives or friends who can provide care and stability, offer financial support and a clean and safe home environment);
- Having one parent who does not misuse substances.
- Being able to maintain daily routines.

Giving children and young people a voice

Children and young people's perspective should always be prioritized. As educators, it is vital to build safe and trusting relationships with children so they can speak out about any problems they may be experiencing.   Crucially, this involves teaching children what neglect means and how they can get help. Such conversations need to be developmentally age appropriate so that children understand abuse in all its forms and know how to protect themselves.

Supporting children and young people and families

The literature indicates that successful interventions to support families affected by parental substance misuse should use a holistic approach to look at and improve a family's:
- Day-to-day functioning
- Psychological functioning
- Parent-child relationships
- Social factors (such as the family's network, housing and financial situation.

Being mindful that change in thinking and behaviour takes time, time-frames for interventions need to be flexible; reflecting a balance between long-term support and more focused time-limited services.

Short-term support

Immediate support for families where there is parental substance misuse involves setting pragmatic, realistic and timely goals which focus on solutions rather than problems. Consistent with Maslow's hierarchy of needs, practitioners need to ensure that:

Younger children are taken to nursery/school

Older children are not missing school/college

All children receive the appropriate support with their school work

Children receive regular and nutritious meals

Children are taken to all necessary medical appointments/check-ups (including dental appointments).

In the short-term practitioners need to focus on building a good working relationship with parents rather than putting them under pressure to change entrenched, problematic behaviours immediately. Nevertheless, it is important to make sure that parents are addressing their substance misuse and are engaged with a drug or alcohol service.

Medium- to long-term support

In the medium-to-long-term the family may need intensive support and therapy focusing on recognising and changing unhelpful, repetitive patterns of behaviour.

Children should be given opportunities to express their ideas and feelings. They also need help to understand more about their parent's substance misuse. They need to know that it is not their fault and that they cannot control or stop their parent's substance misuse.

It is important for practitioners working with families to receive reflective and challenging supervision so they can maintain an unbiased viewpoint throughout their journey with the family. It is also essential to work with colleagues in other agencies to gain different perspectives on the situation.

An interesting perspective is that a reduction in parents' misuse of substances does not always automatically result in improved parenting as they may need support to learn parenting skills and how to cope with their own challenges and that of the family.

Friends and family support

Models of change process acknowledge that there will be times of regression to unhelpful behaviours. It is therefore important for members of the family support network to be able to step in and help where possible, during moments of setback.

Again, as part of the holistic intervention, educating extended family members, friends and communities on the impact of substance misuse on children and families can enable them to provide more effective support when required.

Monitoring progress

Practitioners (educators, social workers, etc.) must maintain a focus on the wellbeing of the children and young people. Given that psychosocial problems in CSAP can evolve during their life course, it is important to monitor and review children's progress during the period of intervention and respond appropriately to their mental health status on multiple occasions.

Top Tips!

For Early Years

Parental substance misuse can impact the cognitive, social and emotional development of babies and young children; the effects of this may also influence a child's attachment/ability to bond with their parent or others.

The Anna Freud, Early Years in Mind website provides information and support for early year's staff working with families experiencing substance misuse.

https://www.annafreud.org/early-years/early-years-in-mind/working-with-families-facing-challenges/families-experiencing-substance-dependency/

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Post-16

Top Tips!

All teenagers and adolescents will start to explore more risky behaviour such as alcohol or drugs. However, young people with parents who misuse use substances can be more likely to use substances at an earlier age and it can progress more quickly to a problematic level of consumption.

Young people may also have additional care responsibilities such as cleaning and tidying the house or looking after younger siblings. This may create barriers in being able to complete coursework or revise for exams.

Bancroft et al. (2004) suggests that young people (aged 15 – 27 years old) of parents who misuse use substances can also experience higher levels of anxiety and are more at risk of low mood or depression. This research highlighted how important relationships within their education or workplace settings were and that these relationships were highly valued by young people. Additionally, young people needed to feel a sense of control over their lives and know that they could manage independently: this provided a sense of pride for young people.

The Anna Freud Centre have produced a helpful resource that focuses on young people being taught healthy coping strategies including a grounding and breathing exercise as well as a CBT-style reframing activity. This can be found here: https://mentallyhealthyschools.org.uk/resources/healthy-coping-strategies-video-for-young-people/

USEFUL RESOURCES

Organisation specifically providing advice and support for around drug and alcohol misuse. https://adfam.org.uk/supporting-professionals

https://www.mentallyhealthyschools.org.uk/risks-and-protective-factors/home-based-risk-factors/parental-substance-misuse/

https://learning.nspcc.org.uk/children-and-families-at-risk/parental-substance-misuse

Early Intervention Foundation (29.06.2018): https://www.eif.org.uk/blog/parental-substance-misuse-does-enormous-harm-to-children-but-we-know-dangerously-little-about-how-best-to-help

Really helpful printable PDF leaflet/information guide for schools. https://www.drugsandalcohol.ie/24072/1/Identifying-Children-affected-by-parental.pdf

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Children of Parents in Prison (CoPIP)

Overview Description

There are estimated to be 310,000 child who experiences a parent or both parents in prison each year in England and Wales (The National Information Centre on Children of Offenders, NICCO). Imprisonment of a parent is known to be an Adverse Childhood Experience (ACE) and can have significant impacts on a child's progress within education with research suggesting that CoPIPs can be subjected to nearly 5 times as many ACEs to children without a parent in prison (Turney, 2018).

Parental imprisonment is associated with a range of psychological, emotional, behavioural, social, academic and physical challenges for children and young people and can create barriers to them reaching their true potential. Yet, there is currently no system within education, health and social care services that supports the identification of CoPIPs. This means that children and families need to self-disclose in order to identify themselves and will mean that children and families will not be receiving additional support. Therefore, it is important to consider holistic and eco-systemic approaches to supporting children, parents and families, in order to enhance the possibility of children and young people experiencing healthy, happy, safe, productive and empowered lives.

This chapter describes how parental imprisonment can impact children and young people, provides information on how protective factors can support and protect CoPIPs and signpost to further reading, useful links and organisations.

What changes can happen in children's lives when their parent is in prison?

Children of parents in prison experience significant changes within their day to day lives and will experience the loss of their normal relationship with their parent(s) (Kincaid et al., 2019). Some of these may include:

Where they live and go to school/college: children may live at home with one parent, however, many children may live with a relative or become a Looked After Child. This is more likely if the child's mother goes into prison as they are more likely to be the primary caregiver. This may mean that they move away from their friends, family and community and go to a new school/college.

Seeing their parent(s): they will see and speak to their parents less often, their interactions with their parents will change.

Many children often only have telephone contact with their parents. They may also not be able to hug or touch their parent during visitations.

Friendships: children may move away from friend or it may be difficult to share with their friends. Children and young people can be fearful of the stigma and judgement by the 'prisoner' label.

Income: families may loss income or benefits, have additional financial costs to support a child and increased costs for visitations.

Increased care responsibilities for the CYP: students may need to look after younger siblings or have increased responsibilities at home.

How can parental imprisonment impact children's social, emotional and mental health?

Dealing with the changes within their lives as well as the stigma and shame associated with parental imprisonment can have a significant impact on children, young people's and relative's mental health. Children and young people may also have witnessed elements of the criminal activity or the arrest of their parent or relative.

Research suggests that the imprisonment of a mother is more likely to impact the child's because: mothers are more likely to be the primary caregiver meaning the separation is likely to be more disruptive; and, female offenders are more likely to be held further away from home which can have an adverse effect on maintaining family relationships (Kruttschnitt, 2010; Prison Reform Trust, 2017).

The emotional loss felt by children affected by either parent being imprisoned has been suggested to be comparable to that felt by children who have experienced parental bereavement (King, 2002). However, CoPIPs do not always receive an empathetic and supportive response due to the reasons for their grief (Glover, 2009).

It is important to hold in mind that children and young people will be impacted by having a parent or relative in prison, just as children and young people are affected by any challenging or traumatic event they experience.

All children and young people respond differently however they may experience any of the following emotional response during or after their parent's imprisonment:

- Feelings of anger, guilt, sadness, rejection at the loss of a family member, which often occurs unexpectedly. This will be a grief response.
- Feelings of confusion, particularly if the child has not been told that the parent has been sentenced or the reasons for the changes within their lives
- Feeling worried or anxious, for example, concerned about the family member in prison, or concerned for the other family member dealing with additional stress.
- Feelings of disappointment when visitations or contact is cancelled.
- Feeling shame or social isolation which will be compounded by the stigma of having a family member in prison and feeling there is nobody else in the same situation.

These feelings are all normal and students may need a safe space with an adult who can listen and help to co-regulate them. These staff members may worry about what to say and may not have the answers to questions students pose: what is important is for students to feel safe, to explain it is okay to have these feelings and to reduce the shame about the thoughts and feelings that they are experiencing.

SECTION FOUR

What you might notice for CoPIPs who are struggling with their parent's imprisonment?

All children and young people will respond differently and students with more protective factors are likely to be more able to cope and manage with the challenges they face. School staff may also not be informed about a parent in prison.

it is important to notice whether a child is presenting with any of the following:

- changes in their ability to express their emotions or speak to others;
- changes in behaviour, such as becoming more isolated than normal;
- changes in their mental health and wellbeing, e.g. being less able to regulate their emotions;
- signs of the loss and grief they may be feeling;
- difficulties paying attention at school, losing interest in school or missing school; and/or
- changes in their appetite or sleep pattern.

Research has identified that specific groups are more vulnerable to the impact of parental imprisonment including Black and mixed heritage children (Kincaid et al., 2019).

Over time, CoPIPs can be more at risk of:

- social exclusion
- being involved in antisocial behaviour
- Experience longer term difficulties with their mental health
- Involvement with offending behaviour: this has particularly been noticed for boys

Cochran et al., 2018 and Glover, 2009

Early intervention and support to the child/young person and the family should reduce the likelihood of long-term impact.

If you are worried about a child and their behaviour, the best thing to do is to talk to them about your concerns and create a space for them to feel safe and supported.

What protective factors help CoPIPs and their families?

Children, young people and their families need protective factors to help them to manage and cope with the challenges that parental imprisonment can cause.

For staff in school, it is important to explore what protective factors are supporting a CoPIP and their family and to try to ensure there are more protective factors than risk factors.

The parent-child relationship before imprisonment

Maintaining contact with parent in prison

Academic achievement and experience of success

Student's self-regulation and coping skills

The child's support network and relationship with relatives

School connectedness and sense of belonging

Friendships and being included with peers
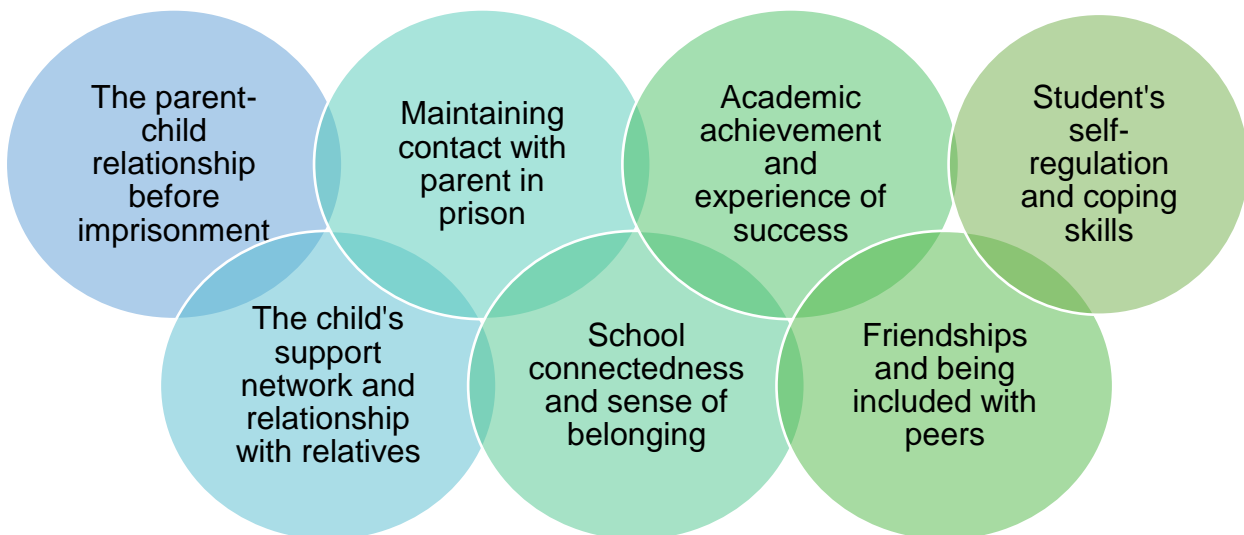
What can staff do to help CoPIPs and their families?

Schools have been recognised as having a critical role in supporting CoPIPs especially when students or families disclose about the parental imprisonment. School staff can be the first to notice changes in children's behaviours and identify children struggling more academically.

School has also been described as a 'game changer' as staff can help to reduce 'stigmatisation and discrimination' as well as acting as a 'champion' for students (p.5, Tuite, 2016).

Work with parents and relatives:

- It is essential to work closely with parents and/ or relatives so that information about the child, parent and family's circumstances are shared. This will help staff meet student's needs and understand changes in their presenting behaviours.
- School staff may need to consider how to communicate with imprisoned parents. Although it is recognised that most day-to-day communication will be with the parent/carer with whom the child lives, everyone recognised in law as being a parent has the right to participate in their child's education, and to

receive information about their child, including school reports (Department for Education, 2018b).

- It is important to understand what the child does and does not know about their parent's imprisonment. It is important to encourage parents and relatives to tell CoPIPs the truth about where their relative has gone, even if the child is very young. There are ways to explain to a child in an age-appropriate way that their relative has gone to prison, and be honest about how long they will be gone for. As with conversations about loss, the best way to explain is to use clear, literal language rather than euphemisms.

- It is important to understand contact arrangements. Children should be given the choice as to whether they wish to visit their relative, or not, as much as possible and they may share their view with a member of staff at school. With consent from the student, you may need to share their view about consent with whom they live with.

Safe relationships in school:

- Provide CoPIPs with a key worker or team of key adults (O'Keefe, 2014). There should be a focus on co-ordinating support, liaising with key adults and providing a safe space for the child to touch-base and share about what is going well and their worries, concerns and difficulties.

- Children are best supported by adults with whom they have a strong, trusting relationship, so schools should utilise existing members of staff.

Providing consistency and routines:

- CoPIPs are likely to have experienced a significant amount of disruption in their lives. Therefore, school should be a place that is consistent and predictable.

- Exclusions should be the last resort: as this will create further disruptions and changes and increase the likelihood of mental health difficulties for the child and their families.

- If the child does need to transition to a new school, it is important to carefully plan and involve the child in the transition plan (see good transitions chapter in this toolkit).

Support for staff in order to adapt the curriculum or be sensitive in their teaching approaches

- It is important to work with the student and family to agree who should know about their current life experiences especially as there can be subjects that may be triggering for a CoPIP. It is helpful for teaching staff to be sensitive to CoPIPs experiences when delivering the curriculum. For example: family trees; genetics; loss; stories or discussions that relate to criminal activities; citizenships curriculum; or, safe and health relationships curriculum.

- Providing staff with training about CoPIPs will raise awareness and improve their skills in meeting children's needs: relational approaches will be essential in order to notice and respond to CoPIPs needs.

Therapeutic support and mentoring:

- Some children and young people may need additional therapeutic support to help provide them with a safe space to talk, process and understand more about their life experiences related to a parental imprisonment.
- Mentoring or regular opportunity to meet and work with an adult has also been associated with positive effects for COPIP and may reduce low mood, support regulation skills and improve social and academic progress.

For further reading, Shaw, Woods and Ford (2022) systematic literature review reflects on how children of imprisoned parents in the UK can be supported in school.

Other chapters of this toolkit may also be helpful when working with CoPIPs such as:

- Inclusive Universal Provisions such as Belonging and Attachment and Trauma
- Supporting good transitions
- Coming into Care (LAC) and Placement Breakdown
- Chapters within the Family and Community Factors section
- Bereavement

Useful Organisations, Resources and Links

Time matters: an organisation who support children aged 5-18 years who are impacted by parental imprisonment anywhere in the UK.

They can provide one to one mentoring in school. https://www.timemattersuk.com/

Barnadoes: have an easy to read website article about supporting CoPIPS as well as the Glover 2009 report that is a useful and interesting article

www.barnardos.org.uk/what-we-do/helping-families/children-with-a-parent-in-prison

Prison advice: provides a variety of resources that can be used in school to support COPIP

https://www.prisonadvice.org.uk/for-schools

Building Families Together: also has an easy read website with advice and guidance about CoPIPs

https://buildingfamiliestogether.org/help-for-children/

NICCO: This is the national information centre on children of offenders, the following link includes a directory of resources and services including the Kincaid, Roberts and Kane (2019) article " *Children of prisoners: fixing a broken system".*

https://www.nicco.org.uk/

Out There: is an organisation that provides emotional and practical support for families

http://www.outtherecharity.org/

Parents of Prisoners: provides advice and support for families of offenders in the North West and Yorkshire

https://www.partnersofprisoners.co.uk/

Prison Reform Trust: a charity focusing on supporting adults in prison and their families. It provides information, advice, statistics and research.

https://prisonreformtrust.org.uk

Families Outside: Provides guidance and resources for schools in supporting children impacted by imprisonment
https://www.familiesoutside.org.uk/content/uploads/2017/03/Guidance-and-Resources-for-Schools-in-Supporting-Children-Impacted-by-Imprisonment.pdf

Department for Education: Has a guidance document about understanding and dealing with issues relating to parental responsibility.

https://www.gov.uk/government/publications/dealing-with-issues-relating-to-parental-responsibility/understanding-and-dealing-with-issues-relating-to-parental-responsibility.

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Child Sexual Exploitation

Overview description

Child sexual exploitation is defined as;

"a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology".   *DfE (2017) p5.*

Child sexual exploitation:
- can affect any child or young person (male or female) under the age of 18 years, including 16- and 17-year olds who can legally consent to have sex;
- can still be abuse even if the sexual activity appears consensual;
- can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity;
- can take place in person or via technology, or a combination of both;
- can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- may occur without the child or young person's immediate knowledge (through others copying videos or images they have created and posting on social media, for example);
- can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse; and
- is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

One of the key factors found in most cases of child sexual exploitation is the presence of some form of exchange (sexual activity in return for something); for the victim and/or perpetrator or facilitator. The exchange can include both tangible (such as money, drugs or alcohol) and intangible rewards (such as status, protection or perceived receipt of love or affection). It is critical to remember the unequal power dynamic within which this exchange occurs and to remember that the receipt of something by a child/young person does not make them any less of a victim. It is also important to note that the prevention of something negative can also fulfil the requirement for exchange, for example a child who engages in sexual activity to stop someone carrying out a threat to harm his/her family.

Key Message: Child sexual exploitation is never the victim's fault, even if there is some form of exchange: all children and young people under the age of 18 have a right to be safe and should be protected from harm.

In February 2017 the DfE published a key document entitled:

Child sexual exploitation: Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation
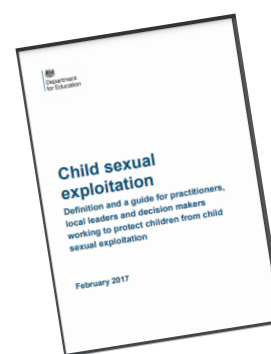
Greater Manchester Safeguarding also has detailed guidance

Much of the information/guidance in this chapter has been drawn from the non-statutory advisory DfE document and MSP Guidance.
They can be found here:

- https://greatermanchesterscb.proceduresonline.com/chapters/p_sg_ab_sexual_exploit.html

- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf

Types of exploitation

Child sexual exploitation takes many different forms. And it is often occurring alongside other forms of abuse or in connection with other crimes. The DfE provides some helpful illustrative examples.

A 44-year-old female posing as a 17-year-old female online and persuading a 12-year-old male to send her a sexual image, and then threatening to tell his parents if he doesn't continue to send more explicit images

Three 15-year-old females being taken to a house party and given 'free' alcohol and drugs, then made to have sex with six adult males to pay for this.

A 14-year-old male giving a 17-year-old male oral sex because the older male has threatened to tell his parents he is gay if he refuses

A 21 year old male persuading his 17 year old 'girlfriend' to have sex with his friends to pay off a drug debt

A mother letting other adults abuse her 8 year old child in return for money.

A 14 year old female having sex with a 16 year old gang member and his two friends in return for the protection of the gang

Child sexual exploitation may occur without the child being aware of events, or understanding that these constitute abuse.

Children can also be perpetrators. They can be both experiencing child sexual exploitation and perpetrating it at the same time. Examples might include a child who is forced to take part in the exploitation of another child under duress, or a child who is forced to introduce other children to their abuser under threats to their family's safety. Responses need to acknowledge the child's own victimisation.

Who is vulnerable to being exploited?

Any child/young person, in any community can be vulnerable. However, the following vulnerabilities are examples of the types of things children can experience that might make them more susceptible to child sexual exploitation:

- Having a prior experience of neglect, physical and/or sexual abuse;
- Lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example);
- Recent bereavement or loss;
- Social isolation or social difficulties;
- Absence of a safe environment to explore sexuality;
- Economic vulnerability;
- Homelessness or insecure accommodation status;
- Connections with other children and young people who are being sexually exploited;
- Family members or other connections involved in adult sex work;
- Having a physical or learning disability;
- Being in care (particularly those in residential care and those with interrupted care histories); and
- Sexual identity.

Not all children and young people with these vulnerabilities will experience child sexual exploitation. Child sexual exploitation can also occur without any of these vulnerabilities being present.

Potential Indicators for grooming and sexual exploitation

Children rarely self-report child sexual exploitation so it is important we are aware of potential indicators of risk, including:

- Acquisition of money, clothes, mobile phones etc without plausible explanation;
- Gang-association and/or isolation from peers/social networks;
- Exclusion or unexplained absences from school, college or work;
- Leaving home/care without explanation and persistently going missing or returning late;
- Excessive receipt of texts/phone calls;
- Returning home under the influence of drugs/alcohol;
- Inappropriate sexualised behaviour for age/sexually transmitted infections;
- Evidence of/suspicions of physical or sexual assault;
- Relationships with controlling or significantly older individuals or groups;
- Multiple callers (unknown adults or peers);
- Frequenting areas known for sex work;
- Concerning use of internet or other social media;
- Increasing secretiveness around behaviours; and
- Self-harm or significant changes in emotional well-being.

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What to do if a child/young person reveals abuse?

> **Any practitioner working with a child who they think may be at risk of child sexual exploitation should follow the guidance set out in Working Together to Safeguard Children (DfE, 2018) and share this information with local authority children's social care. You should refer any concerns about a child's welfare to local authority children's social care. If you believe a child is in immediate risk of harm, you should contact the police.**

The **Greater Manchester Safeguarding Partnership** (GMSP) has developed a standardised approach to dealing with children and young people abused through sexual exploitation across Greater Manchester – the GMSP procedures found at greatermanchesterscb.proceduresonline.com and should be used by all practitioners.

The GMSP procedures are supported locally by the MSB CSE Strategy published in July 2017.

If you believe a child is at risk of, or is being sexually abused through exploitation, please refer via the Manchester MASH – details on our concerned page.

The **Greater Manchester Phoenix CSE Measurement Tool and Guidance** is available from the GM procedures manual at greatermanchesterscb.proceduresonline.com/cse_measurement_tool.pdf and greatermanchesterscb.proceduresonline.com/

If a child talks to you about sexual exploitation it is important to:

- ➢ Listen carefully to what they are saying
- ➢ Let them know they've done the right thing by telling you
- ➢ Tell them it's not their fault
- ➢ Say you'll take them seriously
- ➢ Don't confront the alleged abuser
- ➢ Explain what you'll do next. This may simply be that you need to speak to Mrs XX (safeguarding officer or Head teacher in school) and that they will then need to speak to someone who will be able to keep them safe that day and in the future. Be reassuring but if you don't have all the information say what will happen immediately and be clear that you will keep communicating with them as time goes on.
- ➢ Report your concerns.

Helpful Resources/Support

> Manchester Safeguarding Partnership provides detailed guidance and guidance.
>
> https://www.manchestersafeguardingpartnership.co.uk/resource/cse/

☎ Confidential Helpline: 0808 1000 900   🇫 🇾 🇮🇳 ▶

Our Impact | Wales | Scotland | Ireland | FAQ | Resources | Media Centre

https://www.stopitnow.org.uk/

This charity is run by The Lucy Faithfull Foundation, the only UK-wide charity dedicated solely to preventing child sexual abuse. They will support anyone with concerns about child sexual abuse and its prevention including young people themselves, parents and professionals. There is a free helpline for advice and support.

https://www.stopitnow.org.uk/professionals-looking-for-advice/

They also recognise that working with children and young people who have experienced sexual abuse can have a significant impact on professionals and they offer advice around self-care. https://www.stopitnow.org.uk/professionals-looking-for-advice/professionals-self-care/

The Youth and Policing Hub (Avon and Somerset Police) have put together a resource pack including lesson plans for teaching young people about this issue https://www.youthandpolicing.co.uk/plans/cse/	
Think U Know website offers free resources for teachers. This includes the film Exploited and a lesson plans and resources to accompany it. Suitable for young people from 14 years. https://www.thinkuknow.co.uk/professionals/resources/exploited This website is part of CEOP (Child Exploitation and Online Protection command). This is National Crime Agency command specifically in place to address online child exploitation https://www.ceop.police.uk/Safety-Centre/	

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Videos
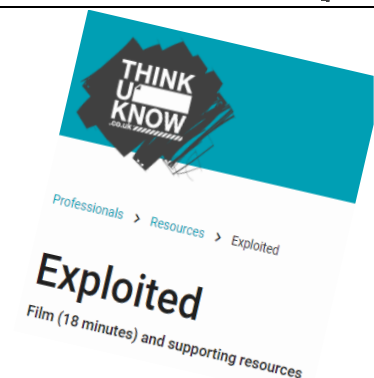
Chelsea's story: https://www.youtube.com/watch?v=bAo8Yly8rFk
This is a dramatisation portraying how exploitation may start. Its helpful for sharing with young people.

It's not because he loves you. https://www.youtube.com/watch?v=RdJt2g28q6k
Again this is portrayal of a sexually exploitative relationship.   Developed by Cambridgeshire Police.
University of Bedfordshire has produced a number of short films as part of its CSE research programme. www.beds.ac.uk/ic/films
These 12 films are aimed at anyone who wants to access learning from the latest research on child sexual exploitation (CSE) in a short accessible form. They are helpful for training of staff.

The films share the findings of a range of studies undertaken by researchers in the 'International Centre: Researching Child Sexual Exploitation, Violence and Trafficking' as well as drawing on wider CSE literature.   Most of the films are under two minutes long. Each film is accompanied by a short briefing document that outlines the evidence in more detail, with references and links to the original research, and questions for reflection.

Parents

PACE is a charity specifically supporting parents against child exploitation. http://paceuk.info/for-parents/advice-centre/

The Children's Society provides a CSE Toolkit for Parents and Carers – available here: https://www.childrenssociety.org.uk/information/professionals/resources/cse-toolkit-supporting-parents-carers

Relationship Abuse

Specifically exploring exploitation and abuse in the context of teenage relationships. https://www.childrenssociety.org.uk/information/professionals/resources/missing-the-mark

Other helpful websites for information:

- https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-sexual-exploitation/

- https://www.barnardos.org.uk/what-we-do/protecting-children/cse

- https://www.nhs.uk/live-well/healthy-body/how-to-spot-child-sexual-exploitation/

- https://www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/child-sexual-abuse-and-exploitation

Manchester Safeguarding Partnership – **CSE for CYP** -
https://www.manchestersafeguardingpartnership.co.uk/resource/cse-advice-children-young-people/

CSE for families and the community -
https://www.manchestersafeguardingpartnership.co.uk/resource/cse-resources-families-community/

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Child Criminal Exploitation

Overview Description

What is Child Criminal Exploitation?

Child Criminal Exploitation (CCE) occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity:

- In exchange for something the victim needs or wants
- For the financial or other advantage of the perpetrator or facilitator
- Through violence or the threat of violence

The victim may have been criminal exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology (Home Office, 2018).

CCE is a broad term and is often a feature in other stand-alone operations such as modern slavery and human trafficking. Some examples of CCE are:

children being coerced into selling and transporting drugs in county lines operations	children being forced to work in cannabis factories	children being forced to shoplift or pickpocket	children being forced to work as child soldiers
	children being forced to threaten or harm other people		

The criminal exploitation of children includes a combination of:

- **Pull factors**: children performing tasks for others resulting in them gaining accommodation, food, gifts, status, money, drugs, or a sense of safety, belonging and affection.

- **Push factors**: disruptive and unsafe home environments (including drug and alcohol abuse, domestic violence etc); child needs being neglected (e.g. lack of belonging and no primary attachment figure), lack of support network

- **Control**: children can be controlled through brain-washing, violence and threats of violence, grooming, supplying an addition, emotional and physical abuse

Who are the children most at risk? Any child can be at risk of exploitation but some vulnerabilities place children at greater risk

Highest-Risk Children

Combination of child-level and family vulnerability characteristics *plus* poor institutional response (exclusion, CAMHS refusal etc)

Child-level characteristics which put children at greater risk

- Special education needs
- Mental Health
- Bullying
- Being excluded from school
- Being denied CAMHS

Family-level characteristics which put children at greater risk

- Domestic violence
- Unstable housing
- Neglect or abuse
- Substance or alcohol misuse

313,000 Know a gang member

60,000 Gang members or siblings of gang members

27,000 Gang members

6,560 Identified Gang Members

34,000 Know a gang member and have been a victim of violence

Children's Commissioner for England, Keeping Kids Safe. 2019

Risk factors

Individual	Relationships	Community	Society
Genetic or biological Perinatal trauma Early malnutrition Behavioural and learning difficulties Alcohol or substance misuse Traumatic brain injury Gender	Low family income Poor parenting and inconsistent discipline Family size Abuse (emotional, physical, sexual) Emotional or physical neglect Household alcohol or substance misuse Household mental illness Family violence Family breakdown Household offending behaviour	Unsafe or violent communities Low social integration and poor social mobility Lack of possibilities for recreation Insufficient infrastructure for the satisfaction of needs and interests of young people	Socio-economically deprived communities High unemployment Homelessness or poor housing Culture of violence, norms and values which accept, normalise or glorify violence Discrimination Difficulties in accessing services
Healthy problem solving and emotional regulation skills School readiness Good communication skills Healthy social relationships	Stable home environments Nurturing and responsive relationships Strong and consistent parenting Frequent shared activities with parents Financial security and economic opportunities	Sense of belonging and connectedness Safe community environments Community cohesion Opportunities for sports and hobbies	Good housing High standards of living Opportunities for valued social roles

Protective factors

Public Health England. Feb 2021

What are some of the indicators for CCE?

- Persistently going missing from school or home and/or being found out of area
- Unexplained acquisition of money, clothes or mobile phones;
- Excessive receipt of texts/phone calls;
- Relationships with controlling/older individuals or groups;
- Leaving home/care without explanation;
- Suspicion of physical assault/unexplained injuries;
- Parental concerns; and
- Carrying weapons.

What can professionals do?

Prevent

Identifying those at risk	Early help programmes for children and families	Support for children in need	Educating families and children
Universal services to address vulnerabilities	Increasing awareness of risks among professionals	Police disrupting grooming and coercion	Community engagement

Disrupt

Robust child protection responses	Information sharing between partner agencies	Police targeting perpetrators and criminal groups	Identifying and referring potential victims through the national Referral Mechanism framework
Support for children and families	Capturing and reporting victimisation statistics	Addressing underlying unmet needs	

Support

Prevention of re-victimisation	Transitional support into adulthood	Safe housing	Mental health and therapeutic provision for trauma
		Support with educational attainment	

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Key messages when working with children who have been criminally exploited:

- A **child-centred approach**: Action should be focused upon the child's needs – practitioners should be aware that children do not always acknowledge what may be an exploitative and abusive situation. Practitioners should view a referral as the beginning of the process of enquiry, not as an accusation.

- **Holistic assessment**: the views and feelings of the CYP must be considered, and those of their parents/carers (if appropriate). Family circumstances should also be considered when deciding how best to safeguard and promote the welfare of CYP. The focus should be on early identification and intervention.

- **Responsive and pro-active**: practitioners should be aware and alert to the potential signs and indicators of CCE and should exercise personal curiosity in their day to day work. It is better to help children and young people as early as possible, before issues escalate and become more damaging.

- **Relationship-based**: professionals should work to establish and maintain trusting relationships with the CYP and create safe spaces for disclosure. There also needs to be effective joint working between different agencies and practitioners.

- **Responsibility:** CYP are the victims and the responsibility for the criminal exploitation lies with the abuser. The focus of police investigations and prosecutions should be on those who coerce, exploit and abuse CYP.

Research base:

HM Government. (2018). Serious violence strategy.
Hull Safeguarding Children's partnership. (n.d.). Hull Safeguarding Children's Partnership. Retrieved June 3, 2021, from
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https://www.gov.uk/government/publications/county-lines-exploitation-applying-all-our-health/county-lines-exploitation-applying-all-our-health#:~:text=County%20Lines%20is%20associated%20with,in%20the%20child's%20emotional%20wellbeing

Resources:

AFRUKA in Manchester offer parent coffee mornings for parents worried about their child becoming involved in gangs/county lines and/or other criminal exploitation.

They also offer a number of different services to parents

https://afruca.org/

Language guide for professionals
https://www.csepoliceandprevention.org.uk/sites/default/files/Guidance%20App%20Language%20Toolkit.pdf

CCE disruption toolkit
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/794554/6.5120_Child_exploitation_disruption_toolkit.pdf

Trapped Campaign Manchester
https://www.manchestersafeguardingpartnership.co.uk/trapped-campaign/

Useful websites

https://www.safe4me.co.uk/portfolio/child-criminal-exploitation-county-lines/

https://www.safe4me.co.uk/wp-content/uploads/2019/02/Fearless_CountyLinesResource_18pp_V2_online.pdf

https://mentallyhealthyschools.org.uk/risks-and-protective-factors/vulnerable-children/child-criminal-exploitation/

https://safeguarding.network/content/safeguarding-resources/child-criminal-exploitation/

Manchester Safeguarding Partnership –

Criminal Exploitation:
https://www.manchestersafeguardingpartnership.co.uk/resource/criminalexploitation/

Child Exploitation -
https://www.manchestersafeguardingpartnership.co.uk/resource/complex-safeguarding-in-manchester/

SECTION FOUR

Criminal exploitation

QUESTIONS TO CONSIDER & DISCUSS

- Am I confident that I would know what to do if I suspected that someone was a victim of criminal exploitation?
- Do I know where to get further help and advice?

Report concerns at mcsreply@manchester.gov.uk or GMP for intelligence sharing.

Further information & advice on criminal exploitation activities can found on our website at www.manchestersafeguardingboards.co.uk/resource/criminalexploitation/

WHAT TO DO WE NEED TO KNOW

- GMP & partners continue to develop intelligence on those involved in criminal exploitation.
- Ensure details of vulnerable individuals involved are reported as soon as possible.
- Information & intelligence sharing will allow GMP to look at ways to mitigate the risk & protect vulnerable Members of our communities.

WHAT DO WE MEAN BY CRIMINAL EXPLOITATION

The term refers to children, young people or adults who are used, through whatever means, to engage in criminal activity by other young people or adults who are able to coerce them to do so.

The coercion is achieved through grooming, intimidation, acts of violence or debt bondage. The individuals involved may not identify themselves as being 'exploited' but it is clearly to their detriment that they are involved in this type of activity.

WHY IT MATTERS

- Criminal exploitation is a hidden but increasing crime
- Criminal exploitation is typically carried out by organised crime groups and criminal networks.
- Victims will often be used to prepare, store, operate phone lines (County Line) in connection with, and deliver controlled drugs.
- Victims often live in the same local area as the exploiters & will be coerced into engaging in criminal activity within & outside Manchester.
- 'Cuckooing' refers to the exploiters acquiring the use of a local property occupied by an (often vulnerable) adult which they use as a base for their criminal activities.

WHO IS EXPLOITED

Gangs 'recruit' and exploit children & teens or vulnerable adults to deal drugs on their behalf or hide weapons in areas where there is little intelligence on them and they would not draw attention to police.

Children are seen as an easily controlled, 'cheap' resource. Often, they fall into some form of debt bondage which leads to violence and assaults.

WHAT ARE THE RISKS FOR OUR COMMUNITIES

- GMP has seen examples of extreme violence being perpetrated by and upon those involved.
- This has included reprisal beatings, violent assault, threatening behaviour with firearms and spiralling inter gang rivalry.
- Young and vulnerable people who have been targeted are subjected to criminality which may include sexual exploitation, modern slavery and money laundering.
- These activities will have a negative impact on public confidence if not stopped.

WHAT ARE THE BENEFITS FOR GANGS

- The impact of local gangs setting up these 'County Lines' networks is a major threat.
- Greater Manchester & Merseyside are two of the four main 'County Lines' exporters nationally.
- The NCA estimate that the 'County Lines' model used by gangs, can generate between £2000 - £3000 per line per day.
- As the upstream gang members are less 'hands on' in relation to possession of drugs, the potential for enforcement on a personal level is reduced.

More information can be found on our website manchestersafeguardingboards.co.uk
Contact us at manchestersafeguardingboards@manchester.gov.uk

SECTION FOUR

County Lines - Supporting Vulnerable Young People

Overview Description

What are County Lines?

"The 2018 Home Office Serious Crime Strategy states the NPCC definition of a County Line is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move [and store] the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons" (The National Crime Agency, 2020).

Looked After Children (LAC) are widely recognised as being at disproportionate risk of being groomed and exploited in county lines. This is partially due to the result of traumatic childhood experiences; which can leave children with a craving for forms of belonging and approval, even when they are damaging in their nature. Additionally, as some LAC children and young people are moved into residential care and accommodation, sometimes at a great distance from their home area and occasionally in unregulated settings, their vulnerability to criminal exploitation increases (Caluori, Corlett and Scott, 2020).

Context

County Lines is a major, cross-cutting issue that often overlaps with other forms of abuse and criminal exploitation (Home Office, 2020). The complexity of these networks, the regularity of gang recruitment, and the often-insidious nature in which this happens, makes it almost impossible to know the true numbers of involvement.

Recent intelligence assessment estimates that **2,000 individual phone numbers** were identified as being on established county line networks across the UK (Guardian, 2019), with **90% of English police forces** having seen county line activity in their area (The Children's Society). The growing number of county line operations and gang involvement has been linked to the increases in serious youth violence, notably **knife crime** which has seen a **49% increase** from when records began in 2011, to the year ending December 2019 (Office for National Statistics, 2019).

In Greater Manchester, latest figures show that referrals of children to social care increasingly identify '**gang involvement**' as a factor and there has also been a **26% increase** in children going missing from 2018/19-2019/20 (Manchester Evening News, 2021). Both of these points indicate a growing number of children getting exploited by county line operations.

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What does County Lines involve?

Grooming - Someone builds a relationship, trust, and emotional connection with a child or young person so they can easily manipulate or exploit them. It can happen over weeks or years, online or in-person

Financial exploitation – Gangs are known to launder money from drugs sales through children's bank accounts, using an existing account or forcing/persuading the child to open a new one

Trafficking and missing children - Young people can be trafficked to locations away from their home for long periods of time by a county lines gang

County Lines in Action

Cuckooing - when someone takes over the home of a vulnerable adult by coercion or force, and use it as a base to deal drugs from. Children can be forced to stay at cuckooed addresses for long periods of time to deal drugs

Physical violence – there is a strong link between county lines activity and; serious youth violence such as knife and gun crime; the use of substances such as acid as weapons; and homicide

Drugs – perpetrators may use drugs and alcohol to entice people into the gang lifestyle. In some cases, gangs may trick young people into incurring drug debts that they have to pay off through county lines activity

Sexual abuse and exploitation – this can happen through; young people being forced into sexual activity; being made to work off drug debts through sexual exploitation as 'payment'; children being groomed into a romantic relationship

Who is more vulnerable to county lines exploitation?

- Being in care (particularly those in residential care and those with interrupted care histories)
- Having prior experience of neglect, physical and/or sexual abuse
- Lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example)
- Having a physical or learning disability
- Being excluded from mainstream education/ attending a Pupil Referral Unit.
- Having mental health or substance misuse issues;
- Not in education, employment or training (NEET)
- Economic vulnerability

Recognising County Lines

In your community:

-Usually takes place in a multi-occupancy or **social housing** property

-An increase in number of **comings and goings** /people entering and leaving at all times of the day and night

-Increase in **cars or bikes outside**, offenders will often have new vehicles outside the property, or frequently use taxis or hire cars

-Possible increase in **anti-social behaviour** in and around the property

-Increase in **litter** outside

-Disengagement with support services/healthcare services

-The property may appear almost **sparse of valuable possessions** inside and go into a state of disrepair

-Signs of drug use

In individuals:

-Frequently **going missing** from school/college, home or care and unwillingness to explain whereabouts

-Travelling to locations, or being found in areas they have no obvious connections with, including seaside or market towns, and **carrying weapons**

-Acquiring money, clothes, accessories or mobile phones which they seen unable to account for

-Receiving **excessive texts or phone calls** throughout the day and having multiple mobile phones or sim cards

-Withdrawing or having sudden **changes in personality**, behaviour or the language they use

-Having relationships with controlling or older individuals in groups

-**Unexplained injuries**, self-harming or significant changes in mental health

The importance of reporting: If you think a child is in immediate danger, you should call **999.** If you think a child is involved in county lines, but not in immediate danger, you should share this information with relevant agencies; school/college, social care.

How can professionals support young people?

Prevention:

- **Raising Awareness** of what county lines is, how young people are targeted and recruited, and what healthy relationships look like. This can be done through whole-school assemblies, class discussions or smaller group work. Schools should ensure children know who they can talk to if they have any concerns.
- **Detached youth work** to identify and support vulnerable young people.
- **Sharing information with parents and carers**, so there is a shared understanding of changes and concerns.
- **Training for staff and professionals** working with children, particularly those that are vulnerable. Early recognition of potential signs and acting on these – trust your instincts.
- **Share concerns** with trusted professionals. If you would rather remain anonymous, you could contact the independent charity **Crimestoppers**. You could also call **Childline** and speak to a counsellor about your concerns.

Support for YP currently involved:

- **Following Greater Manchester's Safeguarding Procedures** and ensuring a child or young person knows there is a way out through conversations and signposting to relevant services.
- **Multi-agency working** and **information sharing** is essential in protecting the welfare of the child, especially due to movement around the country. Should include participation from social care, community safety teams, schools, police and youth offending teams.
- **Services** such as **Catch-22** work with children and young people of any age to help get them out of situations that they are worried about. **St Giles** is a specialist service that helps young people make safe and sustained exit from county line involvement. **Fearless** is a service that allows young people to pass on information about crime anonymously. **ICTG** provides support to all potentially

Support for YP after county lines involvement:

- **Specialist casework** delivered to young person and family so there is a trusted key worker to provide prolonged support.
- Ensure young people are **treated as victims**, not criminals, and help them rebuild their trust and ensure they are not targeted by criminals groups again through projects such as **Disrupting Exploitation Programme**
- **Trauma-informed approaches** to help young people deal specifically with the consequences of trauma and facilitate healing. This should include; the involvement of parents/carers as appropriate; **psychoeducation** about reactions to trauma and **strategies for managing arousal and flashbacks**; and the **processing of trauma-related emotions** including shame, guilt, loss and anger. Services such as **CAMHS** could provide psychological support to young people.
- **Person-centred approaches** should be used to ensure the focus is on the young person and how they can achieve their aspirations in the future, rather than on their condition, disability or experiences.

Words to look out for:

Key Words	Definition
Cuckooing	Cuckooing is when criminal gangs take over the home of a vulnerable person through violence and intimidation, using it as their base for illegal activity.
Going country	This is the most popular term that describes county lines activity. It can also mean the act of travelling to another city/town to deliver drugs or money.
Trapping	The act of selling drugs. Trapping can refer to the act of moving drugs from one town to another or the act of selling drugs in one.
Trap House	A building used as a base for illegal activity. This can often be a cuckoo'd property.
Trap Line	This refers to when someone owns a mobile phone specifically for the purpose of exploiting children and vulnerable adults.
Debt Slavery	When a young person is forced to work in order to pay off a debt

Useful Resources

Podcasts:

- https://www.bbc.co.uk/sounds/play/m0009b47
- https://www.researchinpractice.org.uk/all/content-pages/podcasts/county-lines-criminal-exploitation-and-cuckooing-part-one-greater-manchesters-learning/
- https://www.theguardian.com/news/audio/2019/sep/19/county-lines-how-drugs-gangs-are-recruiting-children-podcast

Documentaries and films:

- 'County Lines' film directed by Henry Blake (2019)
- https://www.channel4.com/programmes/britains-child-drug-runners-dispatches
- https://www.youtube.com/watch?v=sgM6ju2Xi-0&feature=emb_logo

Informative resources

- https://www.programmechallenger.co.uk/practitioner/resources/trapped/
- https://www.childrenssociety.org.uk/what-we-do/our-work/child-criminal-exploitation-and-county-lines?gclid=CjwKCAiA9vOABhBfEiwATCi7GPtxOCes3fmP2dxy7EcB0zmehdGlDgCxSLscYhnqHpjAqTGZqIsBHRoC2pAQAvD_BwE
- https://www.ksscrc.co.uk/2020/01/06/research-county-lines-literature-review/

- http://nrl.northumbria.ac.uk/id/eprint/36968/1/Working%20County%20Lines.pdf
- What Is Trauma-Focused Therapy? | Center for Child Trauma Assessment and Service Planning (northwestern.edu)

Useful campaigns and organisations

- Programme Challenger .programmechallenger.co.uk/county_lines/
- GMP County Lines GMP County Lines info and advice
- CrimeStoppers Campaign https://crimestoppers-uk.org/campaigns.
- Fearless fearless.org/en/campaigns/county-lines
- National Crime Agency what-we-do/crime-threats/drug-trafficking/county-lines
- Children's Society our-work/child-criminal-exploitation-and-county-lines
- North Yorkshire Police Resources what-we-do/tackling-crime/county-lines
- Childline https://www.childline.org.uk/
- County Lines National Summary National Summary - Simon Ford (local.gov.uk)

Further Reading/References

Caluori, Corlett and Scott (2019). *County Lines and Looked After Children*. Retrieved from: https://www.childrenssociety.org.uk/sites/default/files/2020-10/no-place-at-home.pdf
The mental health needs of gang-affiliated young people (publishing.service.gov.uk)
A Guide to Coroner Services for Bereaved People (publishing.service.gov.uk)
file (nationalcrimeagency.gov.uk)

National Crime Agency (2020) Retrieved from https://www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/drug-trafficking/county-lines

Manchester Safeguarding Partnership – **Gang Activity and Serious Youth Violence**: https://www.manchestersafeguardingpartnership.co.uk/resource/gang-activity-serious-youth-violence-advice-for-practitioners/

Knife Crime: https://www.manchestersafeguardingpartnership.co.uk/resource/knife-crime-information-for-all/

Cuckooing: https://www.manchestersafeguardingpartnership.co.uk/resource/cuckooing-advice-for-all/

Missing Children: https://www.manchestersafeguardingpartnership.co.uk/resource/missing-home-care/

SECTION FOUR

Modern Slavery & Human Trafficking – what to look out for

BACKGROUND

Human trafficking is a safeguarding issue and it is important that everyone:

- recognises what human trafficking & modern slavery are
- can identify the signs & indicators
- knows how to refer concerns into the right system.

Modern slavery includes trafficking, sexual exploitation, forced manual labour, sham marriage, domestic servitude and organ harvesting. People may not be victims of human trafficking but are still victims of modern slavery and can come from all walks of life.

WHY IT MATTERS

Trafficking & modern slavery are serious, brutal crimes in which both adults & children are treated as commodities and exploited for criminal gain. People may be forced to work by mental or physical threat; bought and sold as 'property'; physically restrained or have restriction placed upon their freedom of movement.

The scale of modern slavery in the UK is significant and there have been year on year increases in the number of victims identified. There are few other crimes where people are used as commodities over & over again for the profit of others.

In the UK the vast majority of known trafficking is for the purpose of sexual exploitation

QUESTIONS TO CONSIDER & DISCUSS

- How might I recognise an adult or child victim of trafficking and modern slavery?
- Where might our team come across them?
- Am I confident that I would know what to do if I suspected that someone was a victim?
- Do I know where to get further help and advice?

WHAT TO DO NEXT

Everyone is responsible for staying alert to the possibility of human trafficking & modern slavery and reporting on it if they are concerned.
Look at resources on the:

- MSB website
www.manchestersafeguardingboards.co.uk
- Modern Day Slavery Helpline
www.modernslaveryhelpline.org
- ICTA information (advocacy)
www.barnardos.org.uk

THE NATIONAL REFERRAL MECHANISM

(NRM) is a victim identification and support process. It is designed to make it easier for the different agencies that could be involved in a trafficking case to co-operate, share information about potential victims and facilitate their access to advice, accommodation and support.

There is a duty on first responders such as local authorities and police to complete a National Referral Mechanism (NRM) form in all cases of suspected trafficking - the forms (child or adult) can be found at www.gov.uk
NOTE: children do not have to consent to the referral.

Victims may:

- be reluctant to come forward with information
- not recognise themselves as being enslaved
- tell their stories with obvious errors (these stories are often created by others and learnt)
- appear malnourished, unkempt or show signs of bruises or other injuries
- be isolated from the local community
- have tattoos indicating ownership (as will people who are working & living at the same place).

INFORMATION

Obstacles to coming forward may include fear of:

- punishment at the hands of traffickers; including reprisals against their children & family
- reprimand at the hands of the authorities or deportation
- discrimination from their community and families
- Juju or witchcraft rituals
- spoiling attachment to their traffickers.

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More information can be found on our website manchestersafeguardingboards.co.uk
Contact us at manchestersafeguardingboards@manchester.gov.uk

MSB
MANCHESTER SAFEGUARDING BOARDS

Impact of Poverty

Overview description

Around 200,000 children are living in poverty in Greater Manchester (Greater Manchester Poverty Action, 2020). The impact of poverty carries on through life – only 37% of children in Manchester on free school meals leave school with five GCSEs grade A-C, compared to a national average of 61% (Selvan 2019). And the impact of poverty on healthy years of life has long been recognised, with differences of up to 15 years between rich and poor areas.

The impact of child poverty

Children and families living and growing up in poverty and low-income households experience many disadvantages. These can have negative health and social consequences during childhood and into adulthood. The impact of child poverty and some of the inequalities it creates are outlined below (Public Heath Scotland, 2020):

- Children and families living in poverty suffer greater health and social inequalities than their better off peers.

- The negative impacts of poverty on children start before birth and accumulate across the life course.

- Poverty has negative impacts on children's health, social, emotional and cognitive development, behaviour and educational outcomes.

- Children born into poverty are more likely to experience a wide range of health problems, including poor nutrition, chronic disease and mental health problems.

- Poverty puts an additional strain on families, which can lead to parental mental health and relationship problems, financial problems and substance misuse. This can have a negative impact on parenting behaviours which impact children's outcomes.

- Higher educational attainment and skills are associated with substantially higher earnings and employment prospects for individuals and future generations.

Child poverty and ethnicity

Recent analysis of data suggests a correlation in Greater Manchester between the ethnicity of an area and the level of poverty (Greater Manchester Poverty Action, 2020). Areas with the highest BAME populations in Greater Manchester have the highest levels of child poverty. Fifteen out of the twenty wards with the largest BAME populations in the city region have a child poverty rate of over 50%.

How can education settings help?

Below is a summary of some top tips generated by staff, parents and carers, and children and young people (Child Poverty Action Group, 2015).

School clothing

- Be flexible about uniform and allow for purchase from a range of suppliers.
- Hold regular uniform sales and use positive language (avoid advertising as 'second hand clothing' and instead call sales Pop-up shops, Flash sales or Clothing Recycling Events instead).
- Link uniform sales into other school initiatives, e.g. eco schools and recycling to overcome any perceived stigma.
- Advise parents that you will recycle all lost property after a certain period of time.
- Make PE kit available to children who need it without them having to ask every week.

Food and snacks

- Provide opportunities for children to eat breakfast before starting school/college.
- Save uneaten fruit, yogurts and snack bars from packed lunches and make them available for children who would like them.
- If someone regularly doesn't have lunch money, discreetly ask about the reasons for this and cover the costs of lunch for an agreed period of time for non-FSM pupils whose parents are having financial difficulties.

In the classroom

- Let parents know what the school/college will provide for their child (e.g. stationery) as well as what they need to bring.
- Have a stationery box at the front of each classroom that all pupils can use at any time.
- Encourage donations of stationery from the local community to help resource school supplies.
- Be aware that some children may not be having a party and get cards and presents for their birthday so consider how to ensure children's birthdays are celebrated in class.

Homework and out of school/college learning

- Provide a homework club which has appropriate materials and access to online resources and encourage parents to attend and help support children.
- Bear in mind when setting homework that not all children have access to the internet or money for resources for arts and crafts.

Charity and fundraising activities/special events

- Encourage 'show and tell' or golden time activities not to involve electronic toys as this may lead to competition and stigmatisation.

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- Consider arranging book swaps rather than book fairs which put pressure on parents to buy certain books for their child.
- Instead of asking families for money, explore how children can support good causes in other ways, such as helping at an event to raise awareness or doing a bag pack.
- Is there any way of making school photographs more affordable? Can there be a cheaper digital option?
- Instead of an 'American-style' prom which can become competitive, consider low cost alternatives like a day at the beach or making the event about doing something for the local community.

School trips and activities

- Add up the amount of money requested from parents in all the letters that are sent home during a pupil's time in school and consider spacing things out more.
- Inform parents at the start of the year how much may be needed for activities so they have plenty of advance warning.
- Revise any first come (with payment)- first serve policies for activities. This is not fair on parents who cannot produce the money immediately.
- Encourage PTAs to allocate a proportion of their income raised to a hardship fund for pupils which the school administers for pupils from low income families. This helps keep the families involved anonymous.
- Reading out the names of those who have not paid for activities can be embarrassing. Make direct contact with the parents and see if you can understand whether there is a reason for non-payment.
- Letters requesting money should come to parents directly through email or sealed envelopes as children may hide them if they are worried their parents cannot pay.

Other

- Hold high expectations of all pupils but be understanding of the circumstances of each.
- Staff training sessions on the impact of poverty to raise awareness
- Anti-bullying policies should include clear statements on money-based bullying and staff should be mindful of this.
- Developing positive relationships with parents is crucial. Staff being in the playground to meet and greet at the start of the school day has made a big difference in some schools.
- Support parents to claim the benefits they are entitled to by signposting to agencies and other forms of support/advice or hold information events in school.
- Encourage handmade letters and presents for teachers. Discourage class collections of money for teacher gifts or even consider asking pupils not to buy presents at all.

- Review reward and merit systems to ensure they are not given for things that could be related to finances at home, such as 'correct' uniform or having a pencil.

Top Tips!

For Early Years

Work on building positive relationships, and an open supportive dialogue with parents and carers so you are more able to signpost families in need of support.

Make sure to teach all children, not just those experiencing poverty, about the reality for many families. 'It's a No-Money Day' by Kate Milner is a child friendly picture book to spark conversation and build relatability and empathy.

Useful Links:

- Cost of Living: Supporting Families in EYs: https://www.youtube.com/watch?v=GqmZcxtXY9c
- Download and share a local services poster https://www.annafreud.org/early-years/early-years-in-mind/resources/cost-of-living/
- https://www.pacey.org.uk/news-and-views/pacey-blog/2019/november-2019/how-to-support-children-and-families-experiencing/
- https://www.annafreud.org/early-years/early-years-in-mind/working-with-families-facing-challenges/families-experiencing-homelessness/

Post-16

Top Tips!

It may be important to consider that some young people may be travelling longer distances to get to school. Poorer students may struggle to afford public transport costs which may subsequently affect their attendance. It is important to contact the parents/carers discreetly.

Consider the below document which looks at supporting the attainment of disadvantaged children, a briefing for school leaders https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/473976/DFE-RS411_Supporting_the_attainment_of_disadvantaged_pupils_-_briefing_for_school_leaders.pdf

Financial supporting, including information on Bursary's https://www.gov.uk/guidance/16-to-19-education-financial-support-for-students.

There are a variety of organisations that support CYP from experiencing poverty with applying for university and provide additional opportunities. Websites below:

- The Sutton Trust: https://www.suttontrust.com/our-programmes/
- IntoUniversity: https://intouniversity.org/centre/intouniversity-manchester-north/
- NEON: https://www.educationopportunities.co.uk/about/

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Useful resources and links

Tackling Child Poverty: A Guide for School: https://cpag.org.uk/policy-and-campaigns/report/tackling-child-poverty-guide-schools

Manchester Family Poverty Strategy: https://www.manchester.gov.uk/downloads/download/6929/family_poverty_strategy_2017-22

Wood Street Mission - Wood Street Mission is a children's charity helping children and families living on a low income in Manchester and Salford.

https://www.woodstreetmission.org.uk/about-us/who-we-are/

- They provide practical help to help meet children's day-to-day needs and improve their life chances. Through Family Basics they provide struggling families with children's clothes, bedding and baby equipment, and toys and books which are important for children's wellbeing and development.
- They promote engagement in education by helping families with the costs of going to school through SmartStart and run holiday Book Clubs to promote reading and improve children's literacy.
- They also provide toys for children to have presents on Christmas Day.

They raise awareness about child poverty through our communications, holding events and giving talks at schools, businesses and groups.
We help thousands of children and their families every year, and all our services are free for families to access on referral.

Local documents/Strategies
Manchester Family Poverty Strategy
        file://oevs8r2file.1ed.local/fr$/carrie.bray/Downloads/Manchester_Family_Poverty_Strategy_2017_2022_Final%20(1).pdf

Greater Manchester Poverty Action. (2020). *Greater Manchester Poverty Monitor – Child Poverty*. https://www.gmpovertyaction.org/poverty-monitor-child-poverty/

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Child Poverty Action Group. (2015). *1 in 5: Raising Awareness of Child Poverty*. Edinburgh Council. https://education.gov.scot/improvement/Documents/sacfi10b-top-tips-for-schools.pdf

Public Heath Scotland. (2021, January). *Impact of Child Poverty*. Improving Health, Public Health Scotland. Impact of child poverty - Child poverty overview - Child poverty - Children - Population groups - Public Health Scotland

Selvan, F. (2019, May 29). *Child Poverty – it's time to be outraged.* The Big Life Group. https://www.thebiglifegroup.com/child-poverty-its-time-to-be-outraged/

SECTION FOUR

Specific Areas of Need

Medical Needs

Overview description

Every child, without any exception whatsoever, is entitled to receive education (UN Declaration, 1959).

A child or young person with a medical need (CYPMN) is defined as any child with a physical and/or mental health need.

In 2014, a duty to support students with medical conditions (Section 100 of the Children and Families Act 2014) was introduced for all maintained and academy schools, to govern the way schools teach and care for children and young people with additional health needs. This was followed by the statutory guidance "**Supporting pupils at school with medical conditions**" (DfE, 2015).

Children with medical needs include renal patients, those children living with cancer, children with epilepsy, those with chronic conditions e.g. asthma etc. A second group include children who are ill due to injury or accident, e.g. children with acquired brain injury, children with serious fractures etc. This category also includes children who are unable to attend school due to their mental health needs.

All schools will have a number of students who have either temporary or ongoing medical needs. The most recent published national statistics (2018-19) report that "illness" (absence due to reported medical needs) accounts for 8.1% of students with persistent absence (defined as absence rates of over 10% throughout the year). It is noted that children with special educational needs (SEN) are twice as likely to be persistently absent than those with no identified SEN.

Key points from Supporting Pupils at School with Medical Needs Guidance

➢ Pupils at school with medical conditions need to be supported so that they have full access to education, including school trips and physical education.
➢ Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
➢ An individual health care plan must be produced for those students that need it (see resources for link to examples of individual care plans)
➢ Schools must work together with parents/carers and all relevant health professionals to ensure that the needs of children with medical conditions are properly understood and effectively supported.
➢ Children and young people should not be at home without access to education for more than 15 working days and should receive and offer of education of similar quality to that which is available in school, including a broad and balanced curriculum and a minimum of 5 hours teaching per week.

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"Children who miss schooling for medical reasons can be at double jeopardy - suffering not only of their illness or injury, but also the consequences of educational deprivation" (Mintz, Palaiologou and Carroll, 2018). Research states that the impact for CYPMN includes

Missed learning, leading to lower academic attainment	**Loss of social connections due to ill health, time away from school**	**Low mood feeling sad, lack of motivation, loss of interest in activities**
Lower self confidence	**Lower concentration and focus**	**Frustration on missing social experiences**	**Experiences of bullying**
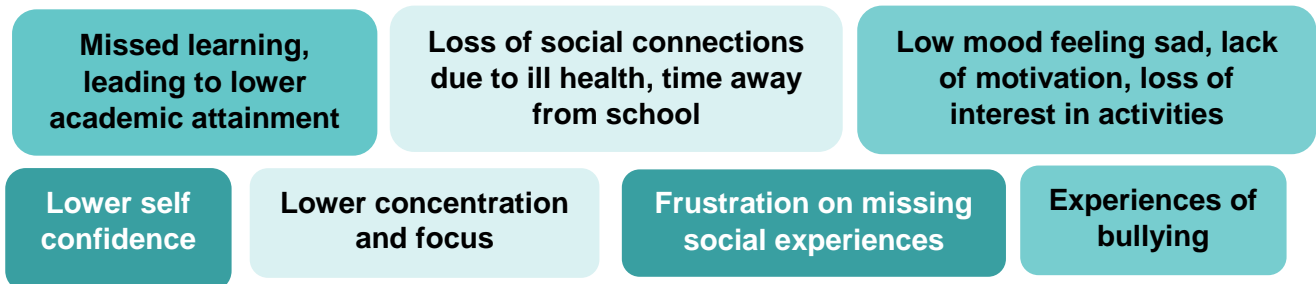
In a number of research papers CYPMN state that they need

- Their school to understand and meet the immediate needs of their medical condition on a day to day basis, with involvement from appropriate health professionals
- The opportunity for the fullest participation, finding creative ways to remove barriers.
- Acceptance of any barriers and limitations to access the full curriculum
- Support to keep them free of bullying or other discrimination
- A safe space to go to in school
- Close cooperation with home and health professionals (Llourido et al, 2020)

How professionals can support CYPMN

International research suggests that the following is needed to support children with medical needs

- Providing support for CYPMN **not to discontinue** engagement with their education, including providing education that is accessible for the CYPMN
- Providing support with children's well-being, their emotional and social development
- To create normalcy around their lives when they are hospitalised or unwell
- To provide learning in core subjects, when not at school, alongside other subjects such as arts and music that benefit the CYPMN's well-being
- To provide ongoing links with and support for the re-entry to home school/mainstream school
- To create meaningful and supportive collaborations with parents/guardians and specialist health services, particularly connecting with staff who can provide advice about the CYPMN's needs as they reintegrate to school
- Networking with other agencies to ensure wrap around support for the child and their family. Martinez and Ercikan (2009), Georgiadi and Kourkoutas (2010).

Supporting the reintegration of children and young people with medical needs (CYPMN)

Successful school reintegration for CYPMN is best facilitated by a coordinated effort between and within home, school, and hospital ecosystems.

- The reintegration needs to be personalised and, as far as possible,

Stages within the Reintegration Process		Actions to be taken
To understand the CYP medical needs	→	To contact key health professionals (specialist doctors, paediatrician, physiotherapist, lead nurse, occupational therapist etc)
To make adaptations to the school environment if required	→	Consider applications for additional funding or outreach support
To train staff to support the child's needs	→	Consider access support from Specialist Outreach services
To create/amend an individual healthcare plan (IHP)	→	Work with relevant professionals to complete individual health plan IEP (template link)
To work closely with family and other professionals as required	→	Support from early help/social care where needed (see Manchester Early help hub)

Manchester Procedures for Children and Young People with Medical Needs

Manchester Hospital School provides education for children and young people who cannot attend their usual school because of their medical or mental health needs. As a Hospital School, they are classed as a community special school because all of their young people have ill health; physical, mental or both.

Manchester Hospital School operates across a number of sites, teaching children of all ages and abilities. They also work with schools across Manchester and beyond, offering advice and practical assistance on how they can best support any of their students who can no longer attend school for health reasons.

Hospital Education

Where a CYPMN is in hospital for more than 5 days in Manchester they will be able to access Hospital Education. When a patient is discharged they may be discharged back to their school. School's may access outreach support to help to ensure a positive reintegration for CYPMN when they return to school. Where the CYPMN is not yet well enough to go back to their school a referral can be made for home education by the school where the CYPMN is on roll.

HIVE Home Education

Manchester City Council have commissioned [Manchester Hospital School](#) to provide their statutory duty for home teaching. Where a CYPMN has been out of school due to illness for over 15 days *and a medical professional is in agreement that that the pupil can't go to school,* their home school can make a referral, using the appropriate referral form, to Manchester's Home Teach Service. The Home teach service is now known as HIVE (Home Innovative Virtual Education)

The role of "home teaching" is to provide an appropriate educational offer to children from Reception to 18 years who are unable to leave their house to attend their school due to an illness/diagnosis which means they will;

- Be without access to an education offer for a significant period of time and/or
- Have prolonged or recurring periods of absence from school, whether at home or in hospital.

Home teaching will only be offered to pupils where a medical practitioner is involved with the child and it has been agreed that the pupil would benefit from home teaching for a short period of time whilst the child transitions back to their home school.

Referral information for HIVE is available through MHS website

Top Tips!

For Early Years

Find creative ways of staying in touch, and making children feel part of the school community if they are experiencing prolonged periods out of school. You might send letters, share photos or exchange video messages as a class to remind children that you are thinking of them and remain connected.

In the early years, it is of great importance that we provide children with resources to develop their awareness, understanding and inclusivity. Ensure your role play, home and reading areas reflect the diversity of children's worlds and harness children's inquisitive nature to create an open dialogue about our differences and similarities.

Age-appropriate books to share:

Relevant Supporting Information and links

Children with Anxiety Based School Avoidance – link to MCC policy.

Acquired brain injury support https://childbraininjurytrust.org.uk/ and www.headway.org.uk

Mental health Charities https://youngminds.org.uk/

Rare diseases support https://www.raredisease.org.uk/

Charity for sick children https://www.wellchild.org.uk/

For children with a terminal illness https://www.rainbowtrust.org.uk/

Epilepsy https://www.epilepsy.org.uk/

Cystic Fibrosis https://www.cysticfibrosis.org.uk/

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Cerebral Palsy https://www.scope.org.uk/advice-and-support/cerebral-palsy/

Muscular Dystrophy https://www.musculardystrophyuk.org/

Diabetes https://www.diabetes.org.uk/

Attention deficit hyperactivity disorder https://adhdfoundation.org.uk/

Autism https://www.autism.org.uk/

Example individual health care plans
http://medicalconditionsatschool.org.uk/

Other related documents are The Equality Act (2010), the Academies Act (2010), Ofsted Common Inspection Framework (2019), 'Alternative Provision: Statutory Guidance for local authorities (2013) School and Early Years Finance Regulations (2012).

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Manchester Schoolshub

Pathway for info: Vulnerable learners (LAC and SEND)/Special Educational Needs and Disability/Support to schools/Supporting Children with Medical Needs

This includes the current Medical Needs Policy (shortly to be updated) and also useful templates for schools in relation to administration of medication. Overleaf is also a flowchart which describes a suggested planning pathway schools can follow on notification of a pupil's medical needs. Please note; These documents are in the process of being updated but remain current at this time

Sample Procedure following Notification of a Pupil's Medical Needs

Notification
- School receives notification of child's medical condition and needs from parent/carer, LA, healthcare professional or other school.
- Parents asked to complete **'Parent/Carer Information about a Child's Medical Condition'form (Template A)**.
- School notifies School Nursing Service if the child has not yet been brought to their attention.

Initial Meeting
- School Lead and parents/carers meet to discuss **'Parent/Carer Information about a Child's Medical Condition' form (Template A).**

Formal Request
- Parent/carer completes **'Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' form (Template B),** if required
- Parent/carer completes **'Parent/Carer Request for the Child's Self–administration of Medication/Medical Intervention' form (Template C),** if required.

Multi-agency Meeting
- School co-ordinates a multi-agency meeting to include parents/carers, relevant healthcare professionals and any other professionals or agencies involved to identify pupil support needs and staff training needs.

Staffing
- School consults with staff to plan for the administration of any medication or medical intervention.
- Appropriate training is provided for staff and recorded on **'Record of Staff Training' form (Template E).**

IHCP
- School develops an **Individual Healthcare Plan** (IHCP), if appropriate, with parents/carers, pupil, healthcare and other relevant professionals.
- IHCP agreed by parents/carers and the school.

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Tourette Syndrome

Overview

Tourette Syndrome, also known as Tourette's or TS, is a neurological difference. Around one in every one hundred school children have Tourette's (Tourette's Action, 2023). The most common Tourette's trait is 'tics', these are involuntary sounds and movements. Although tics are not harmful to an individual's overall health, some physical tics can cause pain, such as "jerking of the head" (NHS, 2021). The frequency of tics can increase if an individual is stressed, tired or is feeling anxious. The cause of Tourette's remains unknown (NHS, Tourette's syndrome, 2021).

Types of Tics:

Motor Tics: Movements of the body. E.g., blinking, shrugging shoulders, jerking an arm

Vocal Tics: Sounds an individual makes with their voice. E.g., humming, clearing their throat, shouting out words or phrases

Simple Tics: Simple tics involve one or few body parts. E.g., sniffing

Complex Tics: Complex tics involve a number of body parts. E.g., bobbing the head while jerking an arm and making sounds.

Reference: (CDC, 2023)

Reducing tics

Students with Tourette's do not need to be 'treated'. However, it can be very physically and emotionally training for some students due to the amount of energy tics can use. Below are some suggestions of how to reduce tics:

- Some have found that activates that use a high level of energy, such as sports, or playing an instrument, can help reduce tics as the energy is being released in a different way.

- Reducing levels of stress and anxiety can also help reduce tics, the best way to support this will depend on the individual's preference. Some people find music relaxing, others might prefer going for a walk.

- Having a safe, quiet space for students to go if they're struggling with the number of tics they are having might reduce the levels of stress the student is experiencing and allow them to calm down.

- Ensuring staff and students are educated about Tourette's so the student can feel accepted and understood in the school/college community might help to reduce a student's anxiety around having tics in school/college. Trying to compress tics can sometimes make them worse.

Reference: (Tourettes Action, 2023)

What can educational settings do to support students with Tourette's?

Students with Tourette's might experience a wide range of emotions as a result of their difference. Providing a safe space where students don't feel they have to suppress their tics could help to reduce anxiety and worries about attending school/college.   In the first instance it's important to sit down with the student, their trusted adult in their setting and their trusted adult at home to discuss helpful ways to support them in their setting.

All of the following should be discussed with each individual student. Every student is different and therefore needs to be given the opportunity to share what works for them.

- Seating the student somewhere they are comfortable. Near the door for a quick exit and an area with larger personal space might be beneficial
- Providing students with a '*Time out'* card to allow them some time outside of the classroom or in a safe space when students are struggling with their tics.
- Creating a safe space where student can relax and no longer feel they need to suppress their tics. Ideally this room would have soft furnishings to ensure students are physically safe but also be somewhere students feel comfortable making loud noises.
- Encouraging teaching staff to ignore tics will help to normalise them and also reduce the attention on the student
- Remove unnecessary objects from desks to ensure the students safety and that of those around them
- Provide students with a fidget toy and help focus their movement
- Break down expected work into shorter more manageable tasks to allow students to deal with their tics and not feel behind with work.
- Allow students to use a laptop in lessons if they are able to type more effectively than write with their tics in mind
- Sometimes allow students to complete tests orally might be necessary to ensure the student is even an equal chance to show their capabilities
- Encourage students to engage with activities they enjoy that could help to reduce stress (e.g. music or sports)
- Provide students with an opportunity for physical movement throughout lessons (e.g. handing out books)
- Ensure all staff and students are made aware that the student has limited control of their tics
- Create an outline of behaviour expectations that the student and family agree with. This might look different to other students as a result of the stress, frustration and exhaustion that the student may experience
- Some students might find organisation, planning and remembering things difficult as a result of their Tourette's. Ensure students are given the support they would like to support them with this

(NHS, 2016)(NCCD, 2022)

Sources:
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Resources and Signposting

Useful websites:

https://www.tourettes-action.org.uk/

This site provides really helpful information for CYP, parents and professionals. It also offers a training module for education staff (see below). There are a range of helpful factsheets which can be downloaded for free.
For example:
- Key facts for teachers
- Functional tic disorder (and how this differs from Tourette's)
- TS and exam revision tips
- Behavioural problems and Tourette's

These can be accessed here: https://www.tourettes-action.org.uk/rescat-2-children--young-people.html and https://www.tourettes-action.org.uk/64-resources.html

Tourette's Action have also developed the TS Passport. This is a four-sided document where young people with TS can add information about their tics and

social situations that heighten/lessen their tics and a space for any medication, accompanied with their photograph. This is a perfect document for teachers, especially supply teachers as they can quickly and easily understand about the child's TS. It can be downloaded here: https://www.tourettes-action.org.uk/105-ta-passport.html

The following article looks at supporting young people with Tourette Syndrome in Secondary School, you are able to request to view this for free. https://www.researchgate.net/publication/265646007_Supporting_students_with_Tourette_syndrome_in_secondary_school_A_survey_of_staff_views

Great Ormond Street Hospital also provide information on how to support young people within a classroom: https://media.gosh.nhs.uk/documents/Tourette_and_managing_tics_F0798_A4_bw_FINAL_Oct16_1.pdf

Other helpful websites are:

https://tourette.org/about-tourette/overview/what-is-tourette/

https://tourette.org/resource/tics-classroom-educators-guide/

https://media.gosh.nhs.uk/documents/Tourette_and_managing_tics_F0798_A4_bw_FINAL_Oct16_1.pdf

Videos:

https://www.youtube.com/watch?v=eJRGDITFCv0&t=26s (for CYP)

https://www.youtube.com/watch?v=M8clZP-PI2Y&t=21s (for all)

Staff Training:

Tourette's action provides online training for education staff: In this module, you will learn what Tourette Syndrome is, co-occurring features and differences that accompany it, how it affects an individual and what can be done to help and understand. Unfortunately, a lot of what we know about Tourette's is what we have seen in the media but in fact, in reality, TS presents very differently. https://www.tourettes-action.org.uk/learningplatform/#/

Recommended books:

- Understanding Tourette Syndrome: A guide to symptoms, management and treatment by Carlotta Zanaboni Dina
- Tic Disorders: A Guide for Parents and Professionals by Chowdhury and Murphy.
- It's NOT All About Swearing!: A Practical Guide to Tourette's Syndrome for Parents in a Post-Pandemic World by Mandy Barnett

Books for CYP
- Can I tell you about Tourette Syndrome?: A guide for friends, family and professionals by Mal Leicester
- Me and my Tourette's by Siânna Stodd
- Self-Control: Activity book for teens with Tourette's Syndrome, Calm your mind and find your best self with mindfulness pages: To Manage Anxiety understand your emotions and develop your communication skills

Acquired Brain Injury

Overview Description

Around 40,000 children and young people experience a brain injury every year according to The Children's Trust (2022). This suggests that one child in every classroom will be affected by an acquired brain injury (ABI). However, professionals working in education frequently report that they know little about ABI and how to practically support children in their care (Linden et al, 2013).

An acquired brain injury is defined as an injury to the brain which occurs after birth, following a period of typical development. The injury can change the way a person thinks, feels and responds to the world around them. An ABI can occur following any of these events:
- traumatic brain injuries (TBI) (such as, falls, assaults, accidents)
- illnesses, infections or other medical conditions (e.g. encephalitis, meningitis, stroke, and brain tumours).
- Metabolic disorders such as liver or kidney or diabetic coma
- Medical procedures such as surgery for removal of a tumour, or the effect of drugs or radiation to treat leukemia or similar.

Each injury is unique, which means that symptoms can vary widely according to the extent and location of the damage to brain tissue. This means that the effects on each child's development can differ widely and the effects may take years to develop. The term "full recovery" can be inaccurate when referring to ABI. Whilst some children and young people may present as having "recovered" from ABI, it is likely that they may still be experiencing some effects of the ABI into adulthood. Some changes which may be considered to be "short-term" may be a permanent shift in the child's or young person's presentation.

Brain injuries can have a significant impact on students' attainments and experience within education (Sariaslan et al., 2016). Changes in cognition and behaviour may only emerge sometime after the initial injury. Cognitive changes can take time to become noticeable and can depend on the age of the child (Middleton, 2001). They are also at risk of exclusion from school and social isolation from peers. Therefore, it is important to consider whether illness or injury could be contributing to current needs and how best to support them.

This chapter discusses ABI and how this might impact children and young people in education settings. It also provides advice, guidance and signposts to helpful organisation and resources.

How can ABI impact children and young people?

Many children and young people affected by ABI present with a mixed set of difficulties, which could potentially include mental health or developmental delay. Many of the difficulties a child or young person faces from an ABI are initially invisible which means that **assessment over time** becomes an essential tool to support them within education. Usually an ABI leads to two types of changes: direct (loss of limb or damage to the brain) and indirect (e.g. reduced mobility, memory loss, depression).

It is common for students with an ABI for it to have some impact on their cognition and learning skills. The ways in which the consequences of ABI become apparent in academic progress and attainment will vary, depending upon the severity of the injury, age at injury and the individual themselves.

The below table describes how children and young people's development can be impacted by an ABI. Many of these are indirect changes. Each child and young person will have a different combination and severity of symptoms.

Cognition and learning:	Communication and Interaction:
- Slower processing speed: may be noticed in their speed of writing, difficulties transitioning between tasks, unable to complete tasks - Attention and concentration: readiness to learn, multitasking, shifting attention, distractibility, staying on task - Executive functioning skills: planning, organisation, goal setting, inhibition, problem solving - Difficulty managing within a busy and noisy classroom. - Difficulty recalling information and retaining new information. - Hold on to information from one situation to another - Following and remembering instructions, a book, film or story - Sequencing of stages in new tasks - Route finding (e.g. classroom, locker) - Increased fatigue throughout the school/college day	- Speech: slower speech or articulation - Social communication (interpreting social situations and understanding non-verbal communication, increased socially inappropriate language and behaviour) - Expressive Language (ability to communicate wants and needs) - Difficulty in understanding language - Reduced ability to learn new vocabulary - Receptive language (understanding of language) - Information processing difficulty - Maintaining conversations can be difficult.
Social, Emotional & Mental Health:	**Sensory and Physical:**
- Intense emotions or mood changes - Loss of interest - Disinhibition - Irritability - Aggression - Depression - Anxiety and fear - Difficulties in regulating emotions - Obsessiveness - Impulsivity - Low self-esteem - Personality changes	- Difficulties with walking or gross motor skills, hand-eye coordination, tremors in movements, clumsiness - Inability to smell, visual or hearing impairments - Inability to control bodily functions e.g. bladder or bowel issues - Loss or increase of appetite - Rapid weight increase - Significant fatigue - Early onset of puberty or delayed onset of puberty

* This table is adapted from childbraininjurytrust.org.uk, Walker and Wilde (2005)'s book "Educating children and young people with acquired brain injury" and the NASEN Childhood ABI: The hidden disability (2018).

It's important to consider that children and young people with ABI may present differently to how they did before the injury. They may have particular weaknesses in one area of development or this may be equally spread across areas. Some children and young people with ABI also may appear to have lost skills which they had previously. This can have a significant impact on the student's perception of self but also their relationships with peers and adults within their education setting.

Social, Emotional and Mental Health

Identity

It is often underestimated the effect that ABI has on children and young people and young people's self-identity and self-esteem. Children and young people are often left unable to do things that they once were confident in and they can struggle to adjust to needing additional support in tasks which they used to be able to do independently.

Not all children and young people will notice the changes after an ABI. However, when they do they are likely to become more easily frustrated and unable to see or accept their new limitations. This can lead to difficult feelings of embarrassment, shame, sadness or anger.

Students with ABI can be more self-consciousness. The changes they have experienced may be more obvious during changing time for sports, swimming, PE and so on. It is not surprising that those affected could be reluctant to participate in this type of activity.

Friendships

Friendships can be challenging when a child or young person has an ABI:
- Friendships can dissipate.
- Sometimes the skills needed to maintain existing friendships and build new friendships may have been affected directly by the injury to the brain such as listening skills, empathy, insight, ability to follow conversations.
- The changes in a young person might make it difficult for their friends to understand or relate to them because they are 'not who they used to be'.
- They can have a decreased friendship circle which can lead to loneliness and isolation

Children and young people may also be more vulnerable socially as they may go on to have sexually disinhibited behaviours which can cause isolation from peers and friendship groups, as well as making them more potentially vulnerable generally in society.

Changes at home that can impact children and young people with ABI

A child experiencing an ABI can have significant impacts on their home and family's lives. Below are some examples of how siblings or parents/carers may be affected:

Siblings

- They may have been present at the event and be affected by survivor guilt or post-traumatic stress

- Siblings may receive less attention and support from their parents due to hospital visitations or their sibling needing more support

- Siblings may become additional carers to help their parents or injured brother or sister.

- They may struggle with the changes in their brother or sister particularly if they have a different personality

- They may find the disruption to home life hard to cope with and could be reluctant to ask friends to come to their home because they feel embarrassed, and then feel guilty for having these thoughts.

Parents or carers

- Becoming a carer of a child who now has disabilities or additional needs

- Needing to provide their child with a greater level of supervision

- Taking on the role of expert and advocate to get the best therapeutic and educational support possible for their child

- Possible reductions in financial circumstances especially if they need to reduce or stop working in order to care for their child

- Having less time for themselves or guilt, anger or blame about the event that caused the injury

How to Support a Student to Return Following their ABI

Returning to school or college can have a crucial role in their recovery. It can be difficult for children and young people with an ABI to return to school or college after an extended absence; they may struggle to fit back into their friendship group or have some of the difficulties that they did not have before.

There is no "one way" for a child or young person to return to school or college. It will be important to work with them and their family to work out the best transition plan. However, children and young people may benefit from:

- **A gradual approach:** Child Brain Injury Trust recommends that a gradual reintroduction to education may be beneficial for children and young people with ABI.

- **A key worker in school:** This designated person should have close contact with the family who can support the student throughout their time at the setting. It can ensure continuity and a clear and determined approach to supporting the child at school. This staff member does not have to be a teaching assistant or a teacher.

- **Staff training:** To ensure staff feel confident to support a child or young person with ABI.

- **Information sharing:** This may include information about the injury as well as their current presentation. This information should be shared with all adults who are involved to ensure consistency.

- Consider using a **checklist**, like the one from NABLES, to ensure vital steps have been carried out before a student returns to school, for example considering interim funding applications and accessing free training on ABI for staff.
    - https://cdn.ymaws.com/ukabif.org.uk/resource/resmgr/return_to_education/return_to_education12_05_2021/abi_return_sencokeyworker_fo.pdf

- **Education for peers:** Other children and young people may struggle to understand why their peer may present differently to how they did before. With consent from the student and their family, other children and young people may benefit from open discussion about ABI and how they can help their peer on return.

- **Consider support for parents and/or siblings:** Good communication between home and school/college is vital for securing the best possible educational progress and attainment

Adaptations to Teaching and Learning for Children and Young People with ABI:

For the majority of children and young people who have had an ABI, their education setting will be a key part of their rehabilitation journey; relearning about the world around them and how they fit in. It is important to consider whether the student requires an adaptive curriculum that is flexible to their strengths and areas of need and/or that provides opportunity to catch-up or re-learn skills and curriculum knowledge.

The following strategies have been adapted from 'Must Try Harder' by the Child Brain Injury Trust and the Walker and Wicks (2005) book ('*Educating children and young people with acquired brain injury*')

Attention and Concentration Strategies

Attention needs are closely linked to memory difficulties and fatigue and they are very common in children and young people with ABI. Attention, concentration and memory difficulties can also impact student's literacy skills. Strategies which may help:

Keep the task short, simple and focused. Shortened tasks enable the student to sustain attention, encouraging completion.

Reduce distractions within the classroom (auditory and visual). Think about the child's position in classroom and where could be less distracting.

Break down tasks into achievable chunks and limit the amount of information presented.

Avoid multitasking and avoid asking them to do more than one thing at a time, e.g. answering a question while carrying a lunch tray.

Limit the amount of information presented, e.g. reducing tasks on a printed page or providing a window that frames small amounts of information to remove distractions on the page.

If they are off task, make a specific task-related comment or direction that will help the child re-focus; a simple command to get on with work may not be helpful as he/she may have forgotten what it is they are meant to be doing.

Reduce the amount of copying from the board and textbooks.

Vary the type of tasks to maintain interest.

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Memory and Processing Strategies

Memory difficulties are quite common following an ABI. Short-term memory loss can be an issue in the classroom, in the playground and at home. Their memory difficulties can fluctuate from day to day:

- Reduce distractions

- Repeat instructions to ensure that key aspects are remembered. Numerous repetitions and rehearsals of information are necessary.

- Written instructions to compliment verbal, including pictorial representations.

- Provide opportunities for over learning (repetition and variation) and link new information to previously learnt knowledge

- Present information in small chunks

- Establish a routine. Consistency provides the child with stability and security and helps with their memory skills.

- Develop a memory book to include daily timetables, notes regarding ongoing work and things to remember. Some children and young people may also need information such as classroom seating charts, teachers' names or room numbers.

- Present information in a variety of ways

- Pre-teach information and talk through lessons during and afterwards.

- For multi-step tasks prepare an outline (task organiser) to be used as a guide.

- Ask them to repeat information to make sure that it is understood and encoded.

- Eliminate timed measures to assess learning, whenever possible.

- Amend expectation of the amount of work required and allow extra time for completing timed assessments.

- Consider frequent breaks to help students "recharge".

Communication and Interaction Strategies

Children and young people's communication, speech and interactions skills can be impacted in various ways (see table above). This toolkit has a chapter that provides general strategies for speech and language needs which may be relevant to support a student with ABI.

Social, Emotional and Mental Health Strategies

- Model calm, controlled and predictable behaviour within set boundaries and routines. Prepare students for changes within the classroom or school day.
- Help pupils to reflect on their own behaviour: students may need targeted intervention to help them to develop their emotional literacy, emotional regulation skills or social skills
- Help them to understand their areas of needs and the strategies that support them: focus on them learning to do these independently over time.
- Provide a key adult with whom the pupil can build a positive relationship
- Redirect the child as soon as behaviour begins to be inappropriate, such as removing them from the situation or involving them in another task, and provide alternatives for inappropriate behaviour rather than just telling them not to do something.
- Give frequent and consistent positive reinforcements and provide feedback regarding behaviour and consequences. A growth mindset approach throughout the whole classroom will be helpful.
- Work with pupils and encourage them to set goals so they can see the progress they are making
- Co-regulation and emotion coaching techniques (see relevant chapters) will also support student's emotional regulation skills.

Sensory and Physical Strategies

- Consider alternative methods for recording work
- Establish 'clutter-free' classroom rules and rest breaks
- Enlarge printed materials, e.g. text books or worksheets and reduce the amount on one page.
- A 'buddy' to help navigate the school/college environment
- Consider referrals to relevant professionals, such as Occupational Therapists.

Top Tips!

For Early Years

The age of the child at the point of the ABI can impact their typical development including their literacy skills, their problem solving skills, executive functioning skills and emotional regulation skills. It's important to work preventatively and provide early intervention for any student with an ABI with a particular focus on attention and listening skills, memory skills and emotional regulation skills.

A good transition from an early years setting to a primary setting will also be important. See the Good Transitions chapter for advice on planning for a transition from early years to primary school.

Post-16

Top Tips!

During adolescence any direct impact of the brain injury on self-regulation may negatively interact with normal adolescent development, sometimes causing very challenging behaviours. It is during adolescent that over-sexualised and disinhibited sexual behaviours may become more apparent. Adolescents may need additional support to help them to learn boundaries of healthy relationships, how to stop their impulses and helpful coping strategies.

Young people with an ABI may also find the following challenging about college: different traveling arrangements, new buildings, moving between classrooms and buildings, new teachers and peers, different subjects, new routines etc. The Child Brain Injury Trust has lots of information about how to support children and young people's transition to KS3. These suggestions have been adapted for post 16 settings.

- Pastoral staff to work closely with secondary school to understand the needs
- Additional transition days to meet new staff and students, navigate the college environment, and to explore reasonable adjustments/additional support required
- Having a "buddy" to accompany the young person on their first few days of college
- Having a key worker to work closely with during the transition and throughout their experience at college
- Awareness training on ABI for staff

The Good Transitions Chapter has further advice to support a student to transition to post-16 provisions.

Useful Organisations, Resources and Links

The Child Brain Injury Trust provides a range of resources and factsheets, and offer free, training courses (supported by The Eden Dora Trust for Children and young people with Encephalitis) for teachers and other professionals:

www.childbraininjurytrust.org.uk/

They also offer Child and Family Support Coordinators to provide support for students transitioning to secondary school by calling their helpline **0303 3032248** or emailing **helpline@cbituk.org** .

The Brain Tumour Charity provides resources to support CYP after brain tumour diagnosis:
https://www.thebraintumourcharity.org/get-support/children and young people-and-families-service/education-resources/

The Children and Young People's Trust provides a broad range of information, support and advice about ABI, as well as excellent resources around returning to

education: https://www.thechildren and young peoplestrust.org.uk/brain-injury-information

N-ABLES provide a set of resources which includes an ABI return booklet, an ABI return poster, a SENCO/keyworker checklist and a supporting information-sharing within school document https://ukabif.org.uk/page/ABIRETURN

Books

Walker, S., & Wicks, B. (2005). Educating children and young people with acquired brain injury. Routledge.

"My Brother is a Shape Shifter" Support booklet for siblings with ABI: https://childbraininjurytrust.org.uk/wp-content/uploads/2019/05/1832_CBIT_My_Brother_leaflet_8p_A5_Final.pdf

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Luiselli, J. K., Sherak, D. L., Dunn, E. K., & Pace, G. M. (2005). Sexual behaviors among children and adolescents with acquired brain injury: an incidence survey at a community-based neurorehabilitation center. *Behavioral Interventions*, *20*(1), 17-25.

Middleton, J.A. (2001) Practitioner Review: Psychological Sequelae of Head Injury in Children and young people and Adolescents. *J.Child Psychol. Psychiat.*, *42(2),* 165-180.

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Sariaslan, A., Sharp, D. J., D'Onofrio, B. M., Larsson, H., & Fazel, S. (2016). Long-term outcomes associated with traumatic brain injury in childhood and adolescence: a nationwide Swedish cohort study of a wide range of medical and social outcomes. *PLoS medicine*, *13*(8)

Epilepsy

Overview Description

The chapter will raise awareness about epilepsy and give practical advice for teaching staff in order to encourage good practice to ensure the best possible outcome for the children and young people.

Epilepsy is defined as a condition of repeated seizures which are produced by temporary changes in the electrical function of the brain, with seizures, rather than fits, being the preferred term.

Epilepsy affects around 600,000 people in the UK and 75% of people with the condition will have their first seizure before the age of 20. It is therefore likely that most adults working within education settings will come into contact with a pupil with epilepsy, at some time during their career.

Most children and young people with epilepsy can be treated with Anti-seizure Medication which can keep the frequency and severity of seizures under control. This allows most them to live a full, unimpaired life. For some children, whose epilepsy is not controlled, this can cause more difficulties in every day functions and will require further supervision. Anti-seizure medication is usually taken once or twice a day.

Types of seizures:

There are many types of seizures and the type of seizure depends on whether only part of the brain is affected (focal seizures) or whether most/all of the brain are affected (generalised seizures):

Focal seizures:

In this type of seizure, the child/young person remains conscious throughout. They are usually seen as a "warning sign" that another seizure is on its way. They are categorised by a "rising" feeling in your stomach, a tingling sensation, in your arms and legs and sudden stiffness/twitching. This may also include involuntary bodily movements, such as jerking.

Generalised seizures:

- **Tonic Clonic Seizures** are the most well-recognised seizure. The child/young person will fall to the ground and be stiff (tonic), There is then a period of rhythmical jerking, shaking or a tremor (clonic phase). After a period of time, the jerking should stop and may be followed by a period of sleep. The clonic phase should be no longer than 5 minutes, it continues for longer than 5 minutes, an ambulance should be called. Be aware that a major tonic-clonic seizure is thought to reduce learning capacity for up to 30 days after the seizure.

Generalised seizures continued:

- **Absence seizures** may be difficult to detect as it involves the child/young person losing concentration and becoming unaware of their surroundings for a few seconds. Sometimes there will be few symptoms but their eyes may flicker and they lose consciousness. This is the most common seizure in children with epilepsy and can happen many times a day.
- **Atonic seizures** occur when the child/young person loses muscle tone, causing them to collapse. This can cause injuries, particularly head injuries, as they usually are unable to brace/protect themselves in the fall.
- **Tonic Seizures** are where the child/young person's body goes stiff. They may shout out and stop breathing. These are relatively short, lasting around 60 seconds.
- **Myoclonic seizures** involve sudden contractions of the muscles which can present as single sudden movements or a series of jerks, mostly in the arms.

Some children/ young people with epilepsy may regularly have long seizures. If this is the case, they are often given medication from their doctor. There should also be an epilepsy management plan.

What might trigger a seizure?

For many people with epilepsy, seizures can occur without any obvious trigger. However, certain circumstances or the use of certain substances can sometimes come before a seizure. These triggers will differ from person-to-person and include:

- stress
- lack of sleep
- menstruation
- flashing lights (this is an uncommon trigger that affects only 3% of people with epilepsy, and is known as photosensitive epilepsy)
- dehydration/hunger
- forgetting to take medication

Some children and young people with epilepsy may also be triggered or more affected by sensory input. Theymay be particularly sensitive to loud noises or touches may feel more intense. This is because the temporal lobes are responsible for processing and co-ordinating sensory responses. This may lead to behavioural responses to sensory input.

Keeping a seizure diary is a good way to help find out what might trigger seizures. Parents and staff should record every time the child has a seizure. Over time, triggers may become apparent.

How can epilepsy impact children and young people?

All children and young people with epilepsy with be affected in different ways and to different degrees of severity. Due to the many types of seizures, differing frequency and severity of seizures between children, the effects of their epilepsy will differ. Many children and young people with epilepsy can live full, independent lives once their epilepsy is well managed.

Cognition and Learning:

Many children and young people with epilepsy have the same cognitive abilities as those without epilepsy and their condition should not be presumed to affect their academic potential. However, there may be reasons linked to the frequency and type of seizures, or the type of medication that may cause more barrier to learning.

However, around 1 in 5 people (20%) with epilepsy also have a learning disability (Epilepsy Society, 2023), which may mean that they find it more difficult to learn than other pupils (refer to learning disability area of this toolkit for more information). Learning disability and epilepsy are not thought to cause one another but link to the same underlying brain functioning. Epilepsy can also be a result of an Acquired Brain Injury which can also affect cognitive functions (see this area of the toolkit for more information).

Some children and young people may have difficulties accessing learning for a period of time after a seizure due to the effects on their cognitive functioning. For example, research suggests that children and young people who experience Tonic Clonic Seizures may have impaired cognitive functioning for up to 30 days after the seizure. Anti-epileptic drugs can also supress brain functioning, such as, processing speed, sustained attention and memory.

Attention difficulties are also frequently observed in children with epilepsy (Sanchez-Carpintero et al, 2003). Be aware that children who experience Absence Seizures may appear to be daydreaming or distracted during a seizure.

Social, Emotional and Mental Health:

Research suggests that children and young people with epilepsy can experience greater feelings of depression, social anxiety, obsessive compulsions and low self-esteem(Baker et al., 2005). This research also found that a higher frequency of seizures is associated with low self-esteem (Baker et al., 2005). Generalised anxiety can also be common in children and young people with Epilepsy due to the unpredictability of seizures.

Children and young people with epilepsy may feel that they lack control over their lives or may find it more difficult to engage in normal day-to-day tasks especially those that involve risk. For example, children and young people with epilepsy may try to create order in their lives for example using ritualised or obsessional behaviour. Or, children and young people with epilepsy may be reluctant to engage in leaning activities that are outside of their normal experience.

Epilepsy Management within Education Settings:

Epilepsy Management Plan:

All staff members should be made aware of any student who has epilepsy. An Epilepsy Management Plan (EMP) is important to ensure all staff understands the types of seizures that the student experiences, the usual prevalence of seizures and how to respond once a seizure begins. Advice from medical professionals should be used as part of the EMP.

In the event that a child or young person does have a seizure in an educational setting or provision, as part of the EMP, it is helpful to record information about the details of the seizure. This can include:
- the date/time
- length of seizure
- type of seizure (you may not know this by name but describe what was seen)
- recovery time
- triggers/ warning prior to seizure

The EMP should be completed collaboratively with parents and health professionals, such as, the epilepsy nurse and/or PIMS team and circulated to all staff members. Examples of a seizure log and Epilepsy Management plan can be found on the Somerset Epilepsy Toolkit (2020).

Spotting the Signs of a Seizure:

Often a seizure can occur without a trigger. Therefore, it is important that staff are confident in spotting signs that a seizure is about to begin. Signs that a seizure has started include a child or young person presenting any of the following:

- seeming to daydream and not take in information
- falling down suddenly for no obvious reason
- eyes rolling or blinking very fast/eyes flickering
- repeated movements that may look out of place
- head nodding as if falling asleep
- stopping what they are doing and staring at nothing for a moment/ appears confused.

Support During a Seizure:

You cannot stop a seizure from happening so it is important that all staff feel comfortable ensuring that the student is safe during their seizure. Support during a seizure will depend on the type of seizure that the child or young person has experienced.

As part of the EMP, a plan for how staff respond during a seizure is essential. This plan should be made in cooperation between education staff, parents/carers and epilepsy professionals, such as, epilepsy nurses. It is important that staff respond calmly to seizures and reassures the student, as well as fellow students. If the student

experiences convulsions, staff need to ensure that the student has the physical space to move and that they won't come to further harm.

Training

Senior leaders or management should ensure that staff are appropriately trained and receive regular training updates to support in the management of children and young people's epilepsy. New staff who encounter the child should also receive this training. Staff can access free online training, such as the course ran by 'Epilepsy Action'.

Adaptations to curriculum or teaching and learning approaches

School and education is often an important part of children and young people's daily lives. It provides a safe routine and structure which is especially beneficial for children and young people with epilepsy who often seek routine due to the natural changeability of their lives.

Children and young people with epilepsy should have the opportunity to engage in all activities within their education setting. Discussions about what children and young people can engage in and what adaptations or additional support required should involve the young person and their family.

Children and young people with epilepsy may need more support with exams. If they are likely to have seizures in stressful situations or at certain times of the day, this may affect their performance in exams or tests. Tiredness, or memory or concentration problems may also affect exams. Discussing concerns with the child and their parents may help to decide whether they need any special arrangements for exams.

Recreational activities, such as sports and music can enhance wellbeing for all children and young people and it is a misconception that children and young people with epilepsy cannot join in with sports activities. There is some evidence that regular exercise may actually improve seizure control by reducing stress that can trigger seizures (Pimentel, Tojal and Morgado, 2019).

Some examples of adaptations might include:
- Swimming: Children and young people with epilepsy may need to be accompanied to the swimming pool by an adult who is knowledgeable about the type of seizures and emergency procedure during a seizure. Staff may need to inform the lifeguard about the CYP.

- Sports and PE: Children and young people with epilepsy should be able to access all sports however they may need additional supervision of trained staff in some sports. Staff may need to seek support from epilepsy professionals about involvement in contact sports. It may be deemed necessary for children and young people to wear helmets during sports activities.

Adaptations to curriculum or teaching and learning approaches continued

- Involvement in trips, including overnight stays: It is encouraged that children and young people with epilepsy can be included in trips, holidays and residential sessions with reasonable adjustments. Parents and staff should consider:
  o Medication and who/how this will be administered
  o An up-to-date Epilepsy Management Plan
  o All staff need to be aware of the EMP and follow this in the event of a seizure.
  o Seek advice from Epilepsy Professionals if felt needed.

It may also be helpful to educate and support other students to know and understand more about a child or young person's epilepsy. This can reduce social anxiety and exclusion and increase empathy and support for the student. This will need to be discussed, designed and agreed with the child/young person and the family. This could include what a seizure is, why they occur and how the children and young people can respond if they see the child experiencing a seizure.

Useful Organisations, Resources and Links

Children and young people with epilepsy may benefit from being able to share their experiences with other children and young people with epilepsy, through local support groups. National epilepsy charities can offer support and produce publications that may help children and young people to understand their epilepsy. Counselling may help some children and young people with epilepsy.

- Hope for Paediatric Epilepsy (Tameside) offers support and friendship to parents/carers and siblings/children and young people with epilepsy. The Group meets on the third Tuesday of every month at Slide and Seek and also on the last Wednesday of every month at Rowan House, Hyde when you can speak to Carolyn Taylor, Epilepsy Specialist Nurse and other professionals. https://www.tameside.gov.uk/Tameside-Service-Information-Directory/Tameside-Service-Information-Directory-Additional/Groups

Epilepsy Action has a range of resources from e-learning to online support groups and a telephone helpline https://www.epilepsy.org.uk/support-for-you

Epilepsy Tooklit (2020) from Somerset Council

Young Epilepsy Charity offer support for young people/ carers with Epilepsy and offer training to school staff https://www.youngepilepsy.org.uk/

The Edmonton Epilepsy Association has produced a series of educational booklets about epilepsy: guidance for parents, children and young people friendly books,

information for teenagers with epilepsy, epilepsy and first aid/safety
https://edmontonepilepsy.org/

"Epilepsy for teachers" free training course by Epilepsy Action
https://learn.epilepsy.org.uk/courses/epilepsy-for-teachers/

Teacher's guide to Epilepsy https://www.epilepsyscotland.org.uk/wp-content/uploads/2021/07/Teachers-guide.pdf

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Epilepsy Society (2023) https://epilepsysociety.org.uk/learning-disabilities

Pimentel, J., Tojal, R., & Morgado, J. (2015). Epilepsy and physical exercise. *Seizure*, *25*, 87-94.

Sánchez-Carpintero, R., & Neville, B. G. (2003). Attentional ability in children and young people with epilepsy. *Epilepsia*, *44*(10), 1340-1349.

Speech and Language Needs

Overview description

Speech and language skills cross all areas of the curriculum. Early recognition and support for pupils with Speech and Language needs can have a significant impact in later life.

Vocabulary at age five is the most important factor affecting literacy at age 11

Language skills at age two can predict reading, maths and writing ability when children start school

Good language, particularly vocabulary at 13, is a strong predictor of better outcomes at GCSE

Good communication skills are rated as the most important employability skills needed for young people entering their first job

10% of children and young people have long-term SLCN

Only 15% of children with language difficulties achieved expected levels in reading, writing and Maths at the end of primary school compared with 61% of their classmates

In some areas of deprivation, at least 50% of children and young people have SLCN

Young people referred to mental health services are three times more likely to have SLCN than those who have not been referred

Children with poor vocabulary skills are twice as likely to be unemployed when they reach adulthood

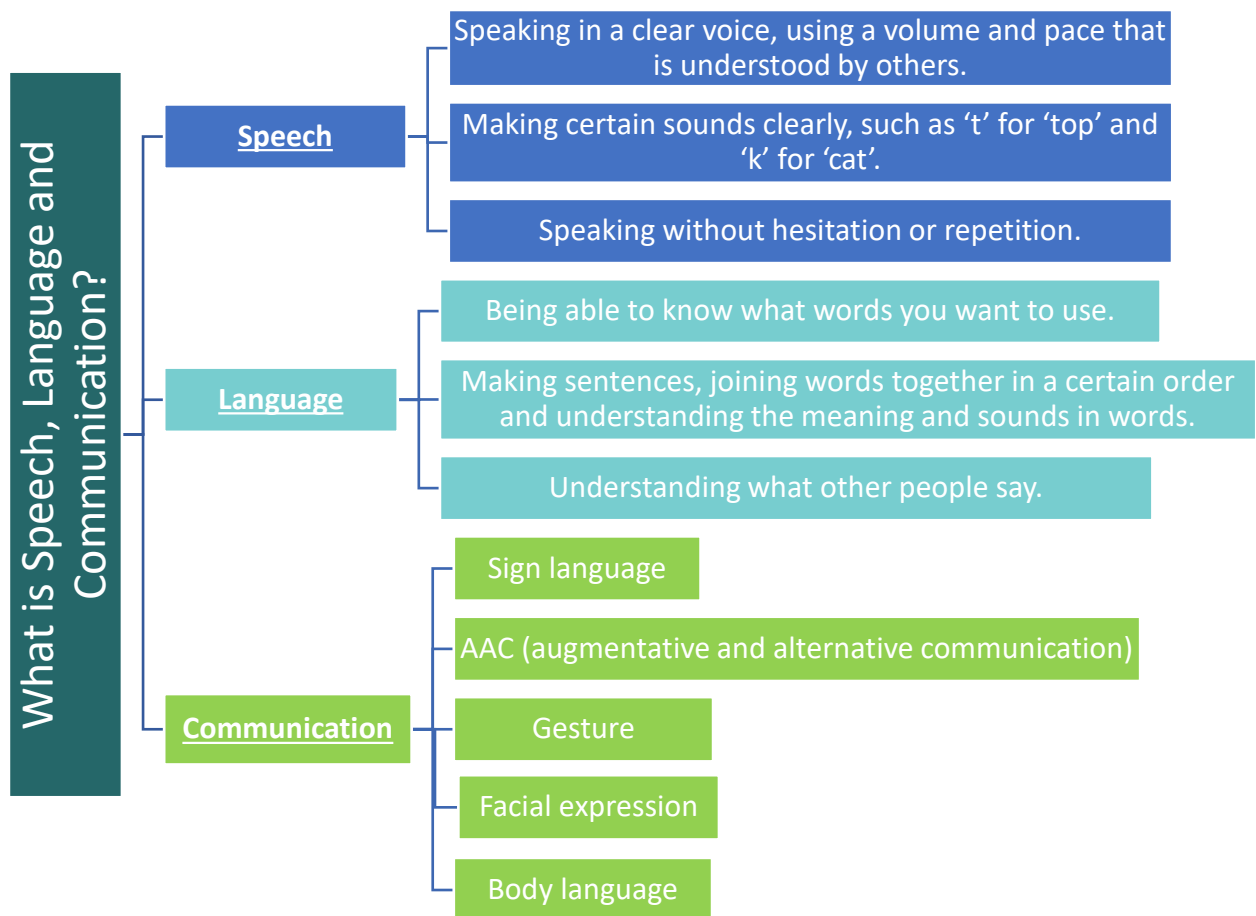60% of young offenders have low language skills

81% of children with emotional and behavioural disorders have unidentified language difficulties

Information taken from Bercow: Ten Years On www.bercow10yearson.com
This is a report on the state of provision for children's speech, language and communication needs (SLCN) in England in 2018
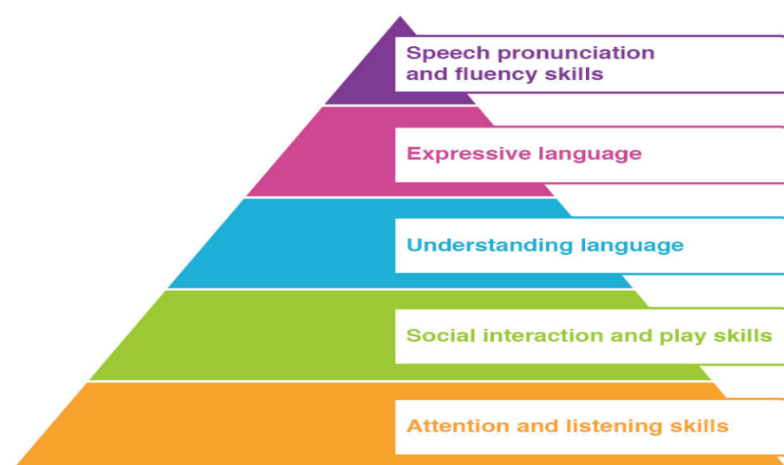
What is Speech, Language and Communication?

What is Speech, Language and Communication?

Speech
- Speaking in a clear voice, using a volume and pace that is understood by others.
- Making certain sounds clearly, such as 't' for 'top' and 'k' for 'cat'.
- Speaking without hesitation or repetition.

Language
- Being able to know what words you want to use.
- Making sentences, joining words together in a certain order and understanding the meaning and sounds in words.
- Understanding what other people say.

Communication
- Sign language
- AAC (augmentative and alternative communication)
- Gesture
- Facial expression
- Body language

How speech and language develops – the pyramid

The communication pyramid outlines the key skills needed to be a good communicator. The pyramid demonstrates the need to work on the foundation skills, such as attention and listening before we can work on higher level skills, such as spoken output and speech sounds.

- Speech pronunciation and fluency skills
- Expressive language
- Understanding language
- Social interaction and play skills
- Attention and listening skills

With the communication pyramid it is important to work from the bottom up. For example, you would expect a child to have skills at the foundation levels first.

Image taken from: (http://cktherapy.com/)

The communication chain

Communication is a complex process that requires many steps to happen in the right order. The communication chain looks at the key skills for listening, understanding and talking. The 'chain' can break down at any point in this chain leading to difficulties.

We take information in by:

- Looking

- Interpreting body language, facial expression and tone of voice

- Listening and hearing

- Remembering

- Understanding words

- Understanding sentences

- Understanding the meaning

We respond by:

- Deciding what to say

- Choosing words

- Putting words together in a certain sequence

- Communicating and joining in conversations appropriately

- Taking turns to speak or listen

- Selecting speech sounds to assemble words

- Articulating sounds

- Speaking fluently

- Self-monitoring

The communication chain

Manchester's Speech and Language Therapy Mainstream Schools Service

Manchester Local Care Organisation

Referral forms are available on MCC Schoolshub website.

They have also provided a lot of very useful resources such as a **SLCN First Response Pack.** Schools can use this, alongside any existing interventions, to provide school-led support. A copy of the pack is available on the MCC SEND Hub website.

Other SLCN resources available from Manchester's SALT via the schoolshub include:

- Briefing on changes to the SALT service (DOCX)
  Size: 334.85 KB
- Making referrals to SALT (DOCX)
  Size: 118.81 KB
- Referral Forms (ZIP)
  Size: 226.78 KB
- SLCN Checklists (ZIP)
  Size: 552.25 KB
- Age 0 - 4 Communication milestones (PDF)
  Size: 280.93 KB
- SLCN checklist 3-4 years (DOCX)
  Size: 47.8 KB
- Age 4 - 11 communication milestones (PDF)
  Size: 249.87 KB
- 11-16 SLCN checklist (PDF)
  Size: 170.99 KB
- Elklan 5 -11 years (ZIP)
  Size: 490 KB
- SLCN First Response Pack Part 1 (PDF)
  Size: 18.33 MB
- SLCN First Response Pack Part 2 (PDF)
  Size: 16.57 MB
- Presentation - Using the First response Pack (PDF)
  Size: 1.84 MB
- Specialist referral form - Communication (DOCX)
  Size: 110 KB
- Specialist referral form - Feeding / Swallowing (DOCX)
  Size: 156.08 KB
- Interim Elklan Evaluation Poster Sept 2019 (PDF)
  Size: 574.16 KB
- Booking Form for Elklan Supporting Language and Learning for 5-11s (DOCX)
  Size: 411.8 KB
- Elklan Champions Network (DOCX)
  Size: 114.29 KB
- Elklan Champions Poster (PUB)
  Size: 560.5 KB
- SALT ELKLAN PRE-COURSE INFORMATION SESSION FOR SENDCos Updated (PPTX)
  Size: 410.32 KB

Top Tips!

For Early Years

- Reduce the amount of information children are required to deal with in one go
- Give step-by-step instructions
- Model and repeat correct grammar in spoken language without correcting the child. For example "Josh *were* here today" – "Yes, Josh **was** here today".
- Consider if very simple *present-tense directions* are needed e.g. 'Michael is sitting'; 'Hitting has finished'.
- Create a reason to communicate e.g. pause, 'sabotage'
- Use *Intensive Interaction* techniques of imitation and mirroring
- Use turn-taking interactions & games to build to & fro 'conversation'
  - Non-verbal (e.g. throw & catch, tickle games)
  - Verbal (e.g. Row the Boat)
- Adopt a *Total Communication* approach
  - Follow the child's lead
  - Use OWLing (Observe, Wait, Listen)
  - Interpret gestures or unclear comments
  - Imitate and comment
  - Aim to sustain the length of the exchange

https://ncse.ie/wp-content/uploads/2020/05/Resource-5-A-Total-Communication-Approach.pdf

Post-16

Top Tips!

- Consider access arrangements for exams if there is a speaking element.
- Consider how the curriculum and teaching can be adapted to support the student: there is relevant suggestions above.

- It will be important to support the student to understand what reasonable adjustments they require to do their best in education and in a workplace. They will need support to learn how to communicate this in interviews or to managers.
- Students will become more aware of their speech and language needs compared to their peers and may be embarrassed or worried about how this will hold them back. It will be important to support the student to have a positive sense of self and feel confident in what they can do and know what they need to that helps them.
- Consider how the student can build their self-esteem and confidence: can they support other students? Can they be part of a student council? Are they part of extracurricular activities?

SECTION FOUR

Useful links

Literacy

http://www.wordsforlife.org.uk/

https://literacytrust.org.uk/

Autism

https://www.autism.org.uk/

https://www.autismspeaks.org/

https://www.autismeducationtrust.org.uk/

https://www.mencap.org.uk/

https://www.intensiveinteraction.org/

https://best-practice.middletownautism.com/approaches-of-intervention/attention-autism/

Speech

Caroline Bowen's website - https://speech-language-therapy.com/index.php?option=com_content&view=article&id=11&Itemid=142

https://chatterpack.net/collections/chatterpack-esources

https://www.integratedtreatmentservices.co.uk/

Stammering

https://actionforstammeringchildren.org/

https://stamma.org/about-stammering

https://michaelpalincentreforstammering.org/

Language

https://www.blacksheeppress.co.uk/

https://ican.org.uk/

https://www.speechandlanguagekids.com/

https://www.communicationmatters.org.uk/

https://www.slcframework.org.uk/

www.stass.co.uk/

AAC

www.makaton.org

www.pecs-unitedkingdom.com/pecs/

https://www.communicationmatters.org.uk/

https://singinghands.co.uk/

https://www.talkingmats.com/

Bilingualism

http://www.bilingualism-matters.ppls.ed.ac.uk/

https://literacytrust.org.uk/early-years/bilingual-quick-tips/

Afasic

https://www.afasic.org.uk/resources/

Elklan

https://www.elklan.co.uk/

RCSLT

https://www.rcslt.org/

COVID 19

Great Ormond Street Hospital - https://www.gosh.nhs.uk/coronavirus-covid-19-information-hub/covid-19-specialty-information-sheets/

Sheffield Children's Hospital - https://www.sheffieldchildrens.nhs.uk/patients-and-parents/coronavirus-resources-for-children-and-families/

Hanen.org/ - COVID-19: How Educators Can Build Interactions While Balancing Precautions

SECTION FOUR

Hearing and Visual Needs

Overview Description

This chapter will discuss hearing loss and visual needs or impairments and describe what education settings and other adults supporting a child/young person's education can do to help.

Manchester Sensory Support Service (MSSS) works free of charge to support children and young people with Visual Impairment, Hearing Needs, and Multi-Sensory Impairment, from aged 0 to the time they leave school. They provide assessment, training and advice to settings and families to help them be inclusive and meet the needs of this cohort.

MSSS also offers a traded service to FE and sixth-form colleges.

Young people aged 18 and above, can access support via Manchester's Adult Sensory Team.

Hearing needs

There are three main types of hearing loss are as follows (taken from https://www.healthyhearing.com/help/hearing-loss/types)

- **Sensorineural hearing loss**, which means there is a problem occurring in either the inner ear or the auditory nerve, which delivers sound to the brain.
- **Conductive hearing loss**, which means sound is not reaching the inner ear, usually due to an obstruction, such as wax or congestion behind the eardrum or trauma
- **Mixed hearing loss** means the hearing loss is being caused by a combination of the two.

Whilst hearing loss is often identified when children are babies through the newborn hearing screening process, hearing loss can also occur during childhood following an illness or an accident or chemotherapy or due to a conductive loss, such as glue ear. It is important for professions to look out for indicators of a hearing loss, especially during the early years and primary settings.

What might you notice in the classroom

You may notice the following behaviours for children and young people with a hearing loss:

- Not responding when their name is called
- Problems with concentration, excessive tiredness and frustration with work that starts to affect their behaviour, particularly at the end of the day
- Watching your lips intently as you speak
- Speaking too loudly or too quietly
- Watching others do something before attempting it themselves
- Becoming increasingly withdrawn from others in the classroom
- Delayed speech and communication development
- Mishearing or mispronouncing words
- Not being able to hear what's being said if there is background noise
- Making minimal contributions to classroom discussion
- Difficulty with reading and phonics

A child with a hearing need does not necessarily require constant additional help, but rather a mindful and sensitive approach to teaching the whole class.

Further guidance on strategies and reasonable adjustments for deaf children in nurseries can be found at Manchester Ordinarily Available Provision for Early Years and for primary schools Manchester Primary Ordinarily Available Provision

It is important to discuss any concerns with parents/carers and suggest their child has a hearing test via a referral from the GP.

Vision

Children and young people are classed as visually impaired when their level of vision, identified by a medical professional, is having an impact on their learning, independence and social inclusion. These children may be prescribed glasses or not depending on if they also have a refraction error in addition to their underlying condition.

Where there are any concerns that a child may have a visual impairment discuss with the parent whether the child has a known visual impairment or has attended any recent appointments with an optician/ orthoptist or GP for vision. If not, support parents to request an orthoptic appointment at their local health centre through the school nurse, GP or through Children's Community Orthoptic Service. If a visual impairment has been identified, you should seek parental consent to contact Manchester Sensory Support Service (MSSS) for advice and support immediately. Part of the anticipatory duty for SEND provision will require all settings to reflect on and provide an environment, teaching and resources that are inclusive of CYP with visual impairments. It is considered that good practice for the inclusion of CYP with VI will actually benefit and be good practice for all.

If a young person is identified as having a visual impairment advice and/or a level of support will be agreed with MSSS.

Vision plays a key role in children's play, the development of language, social skills, and all aspects of learning.

Visual impairments can be present from birth (congenital) or later in life (adventitious). Some common types of visual impairment are as follows https://www.rnib.org.uk/your-eyes/eye-conditions-az/

Depending on the condition the following may be experienced
- **Loss of Central Vision** - The loss of central vision creates a blur or blindspot, but side (peripheral) vision remains intact. This makes it difficult to read, recognize faces and distinguish most details in the distance. Mobility, however, is usually unaffected because side vision remains intact.

- **Loss of visual field** - Loss of visual field is inability to distinguish anything to one side or both sides or anything directly above and/or below eye level. Central vision remains, however, making it possible to see directly ahead. Typically, loss of visual field may affect mobility and if severe, can slow reading speed as a result of seeing only a few words at a time. This is sometimes referred to as "tunnel vision."

- **Blurred Vision** - Blurred vision causes both near and far to appear to be out of focus, even with the best conventional spectacle correction possible.

- **Contrast sensitivity** - **is the ability to distinguish between an object and the background behind it.** It's an important aspect of your visual function, especially in low-light situations. For instance, foggy and high-glare situations require good contrast sensitivity for clear vision.

- **Extreme Light Sensitivity** - Extreme light sensitivity exists when standard levels of illumination overwhelm the visual system, producing a washed out image and/or glare disability. People with extreme light sensitivity may actually suffer pain or discomfort from relatively normal levels of illumination.

- **Night Blindness** - Night blindness results in inability to see outside at night under starlight or moonlight or in dimly lighted interior areas such as movie theaters or restaurants.

What you might notice in the classroom for children with a vision impairment?

You may notice the following behaviours for children and young people with a visual impairment:

- Constant squinting when reading or focusing
- Having trouble reading (or learning to read) and participating in class
- Holding books close to face when reading
- Sitting close to the television or blackboard
- Not being able to see objects at a distance, like on a whiteboard or blackboard
- Frequent falls and bumps and caution in unfamiliar environments
- Not being able to focus on objects, follow or find them,
- An unusual appearance of eyes may squint often and rub their eyes a lot, have chronic eye redness or sensitivity to light

A specialist curriculum has been created by RNIB which outlines the **skills development and best practice required in order to promote equity, inclusion and personal agency. See the link below** Curriculum Framework for VI.

General strategies for a student with a hearing-loss or visual-impairment

It's vital that children with hearing- or visual- impairments are given the right support early. If you have a child with a hearing- or visual- impairment in your class, teaching in a way that fully supports them may seem a daunting prospect, but there is plenty of support and many ideas available.

- Consider and use specialist equipment and the use of assistive technology as advised by MSSS.
- An adapted curriculum may be required
- Work closely with MSSS to receive support to develop and adapt your teaching and learning
- Adapt teaching following advice from teachers from MSSS
- Speak to parents, what works for their child at home?
- Foster a sense of school belonging and develop inclusive practices across the school day
- Encourage self- advocacy and independence

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What to do?

Good practice also indicates that such concerns need to be communicated with the school's SENDCo who can help support you to develop any reasonable adjustments.

Further guidance on strategies and reasonable adjustments for children with hearing or vision needs in nurseries can be found at [Manchester Ordinarily Available Provision for Early Years](#) and for those in primary schools at [Manchester Primary Ordinarily Available Provision](#)

If you have any concern about a student's hearing or vision, please advise their parents/carers to contact their GP first to have their child's hearing/vision tested.

If hearing needs are identified by an audiologist, they will make a referral, with parent's consent, to Manchester Sensory Support Service, who will then contact parents and the setting and offer advice and support as appropriate.

Vision needs may be referred to the service through health services, but if you have concerns or have information that the child has a vision impairment you should contact the Manchester Sensory Support Service

Contact details for sensory support

For children and young people aged 0-18: Manchester Sensory Support Service
MSSS works with children and young people aged from 0 to 18 in schools or further education colleges. They support children and young people with Visual Impairment, Hearing Needs and Multi-Sensory Impairment.

Who to contact: Email: Admin@msss.co.uk or **Phone:** 07903 192731

For young people aged 18 and over: Manchester City Council Sensory Team

The Sensory Team is a specialist team within social services, providing support for people who are deaf, hard-of-hearing, visually impaired (whether partially sighted or blind), or who have a combined sensory loss. The service offers: equipment assessments for either hearing loss or sight loss (or dual sensory loss); visual impairment rehabilitation assessments, mobility and/or daily living skills training for visually impaired people; and general advice for welfare rights and benefits entitlements, and advice, advocacy or signposting in relation to other issues that people with sensory impairments may need support with.

Who to contact: Sensory Duty Officer **Tel:** 0161 219 2658
Email: sensory.team@manchester.gov.uk

For referrals: Telephone: 0161 234 5001 or **Textphone relay service:** 18002 0161 234 500 or **Textphone direct:** 0161 274 4655 (select option 5 to make referral)
Email: mcsreply@manchester.gov.uk

British Sign Language [BSL] users can make a referral in BSL directly through the directory in the SignVideo app, or by going to Manchester City Council social care webpage (https://www.manchester.gov.uk/info/100010/social_services/3584/get_help_support_or_social_care) and clicking on links for SignVideo. Or via this SignVideo link: Contact MCC Social Care in BSL [https://main.signvideo.me/app/8/10050?exitURL=https://secure.manchester.gov.uk/info/200116/websites/4926/sign_video_interpretation_service]

Recommended books:

The Book Trust provide a helpful list of books and links to explore books for visually impaired students: Visually impaired children | BookTrust

The National Deaf Children's Society have a range of books for all ages with a deaf character or focus on hearing-impairments: Books with deaf characters | Reviews (ndcs.org.uk). They also have a booklet for teaching staff on supporting mild hearing-impairments in the classroom: Mild hearing loss (ndcs.org.uk)

Useful links:

- National Deaf Children's Society: https://www.ndcs.org.uk/information-and-support/being-deaf-friendly/information-for-professionals/primary-education/
- NHS hearing loss — https://www.nhs.uk/conditions/hearing-loss/symptoms/
- Royal National Institute of Blind People: https://www.rnib.org.uk
- British Sign website — https://www.british-sign.co.uk/
- The Makaton Charity — https://www.makaton.org/
- British Deaf Association: https://bda.org.uk
- Signhealth (the deafhealth charity): https://signhealth.org.uk
- AbilityNet: https://abilitynet.org.uk
- Sight Advice FAQ: https://www.sightadvicefaq.org.uk/children-young-people-families/early-years-school/education-support
- Partially Sighted Society: https://www.partsight.org.uk
- Look UK: https://www.look-uk.org
- Local Offer webpage for The Sensory Team at Manchester City Council: https://hsm.manchester.gov.uk/kb5/manchester/directory/service.page?id=pkeIYN66VuU
- Local Offer webpage for Manchester's Sensory Support Service: https://hsm.manchester.gov.uk/kb5/manchester/directory/service.page?id=1FgNuX8fEq8
- Lancasterian School's Local Offer: https://www.lancasterian.manchester.sch.uk/page/local-offer--lsss/52162

Harmful Sexual Behaviour

Overview Description

Harmful sexual behaviour (HSB) is defined as:

'Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult'.
        (Hackett 2014 Children and Young People with Harmful Sexual Behaviours)

It may also be referred to as sexually harmful behaviour or sexualised behaviour.

HSB encompasses a range of behaviour, which can be displayed towards younger children, peers, older children or adults. It is harmful to the children and young people who display it, as well as the people it is directed towards. It includes:

- using sexually explicit words and phrases
- inappropriate touching
- using sexual violence or threats
- full penetrative sex with other children or adults.

Technology assisted HSB

The link between on-line behaviour and harmful sexual behaviour may also be a cause for concern. Technology assisted HSB (TA-HSB) is sexualised behaviour which children or young people engage in using the internet or technology such as mobile phones. (Hollis and Belton, 2017).
More information is given later in this chapter.

Where concerns about SHB exist, it requires professionals from all agencies to work together at an early stage so that all information available can be evaluated and an understanding of the needs of the child/young person can be assessed.

In Manchester we follow the '**Greater Manchester Protocol for Harmful Sexual Behaviours presented by children and young people'** which can be found here:
https://greatermanchesterscb.proceduresonline.com/chapters/p_harm_sex.html

This provides detailed advice about how to proceed when harmful sexual behaviour is a concern.   The information in this chapter does not seek to replace that protocol and readers are advised to access information via the link above and via **Manchester Safeguarding Partnership** website:
https://www.manchestersafeguardingpartnership.co.uk/resource/harmful-sexual-behaviours-advice-practitioners/

Please also refer to the chapter in this toolkit entitled Childhood Sexual Exploitation as many themes overlap.

Children and young people who display harmful sexual behaviour

Children and young people who display harmful sexual behaviour are likely to have considerable levels of unmet need themselves. In many cases they can hold dual identities as both the perpetrator of abuse and the victim of harm (Hackett, 2014). Evidence suggests that children and young people who harm others may have suffered considerable disruption in their lives, been exposed to violence within the family, may have witnessed or been subject to physical abuse or sexual abuse, have problems in their educational development and may have committed other offences.

Such children and young people are likely to be 'Children in Need', some will have experienced 'Significant Harm' and may be in need of protection themselves.

Children who display harmful sexual behaviour should be held responsible for their harmful behaviour while being identified and responded to in a way which meets their needs as well as protecting others.

Children and young people who display harmful sexual behaviour are often developing their own sexuality and understanding of relationships. Research clearly indicates that good assessment and early intervention, which addresses risk and builds resilience for the child or young person, produce the best outcomes.

A Continuum of Sexual Behaviours from Healthy to Harmful

It can be useful to think of sexual behaviour as a range or continuum from those behaviours that are developmentally and socially accepted to those that are violent and abusive.   (See **Children and Young People with Harmful Sexual Behaviours, Research in Practice**, https://tce.researchinpractice.org.uk/wp-content/uploads/2020/05/children_and_young_people_with_harmful_sexual_behaviours_research_review_2014.pdf)

Not all sexual behaviours displayed by children/ young people are healthy; some are harmful and some are seen as problematic. The term problematic is used to indicate that the behaviour is problematic for someone whether for the child or young person themselves or someone else who is uncomfortable with the invasion of their personal space by a child/adolescent with little sense of boundaries.

The following behaviours give a general indication of categories and are more applicable to younger children:

Healthy sexual behaviours are:

- Mutual;
- Consensual;
- Exploratory and age appropriate;
- No intent to cause harm;
- Fun, humorous;
- No power differential between participants.

Problematic sexual behaviours are:

- Displaying behaviours not age appropriate - e.g. invasion of personal space, sexual swear word in very young children;
- Some 'one off' incidents of low-key behaviours such a touching over clothing;
- Incidents where there is peer pressure to engage in the behaviour e.g. touching someone's breast, exposure of bottom;
- Behaviours are spontaneous rather than planned;
- They may be self-directed such as masturbation;
- There are other balancing factors such as lack of intent to cause harm, or level of understanding in the young person about the behaviours, or some remorse;
- The child or young person targeted may be irritated or uncomfortable but not scared and feel free to tell someone;
- Parental concern and interested in supporting the child to change.

Harmful sexual behaviours are:

- Not age appropriate;
- Elements of planning secrecy or force;
- Power differentials between young people involved such as size status and strength;
- Targeted children feel fear anxiety discomfort;
- Negative feelings are expressed by the young person when carrying out the behaviour e.g. anger aggression;
- The young person does not take responsibility for the behaviour and blames others or feels a strong sense of grievance;
- Incidents are increasing in frequency and the young person's interest in them is disproportionate to other aspects of their life;
- They are not easily distracted from the behaviour, it appears compulsive and is persistent despite intervention.

Technology Assisted HSB

This might include:

- Possessing, making and/or distributing pornography (including extreme pornography or viewing indecent images of children)

- exposing other children and young people to indecent images

- sexting

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Research undertaken for NSPCC in 2017 suggested that children and young people are often found to display both TA-HSB and offline HSB and so the two should therefore be explored together rather than being treated as two distinct behaviours. (Hollis and Belton, 2017).   This research can be found here: https://learning.nspcc.org.uk/media/1083/exploring-technology-assisted-harmful-sexual-behaviour.pdf).

The AIM Assessment

The AIM (Assessment Intervention Moving on) project developed an assessment framework model in Manchester in 2000.   It was based on the principle that the welfare of children is paramount and the primary objective of undertaking work with young people who abuse others is to prevent future victims. The Framework was revised into AIM3 in 2007, 2012 and most recently in 2019, based on further research and evidence.   The AIM project exists to oversee the development of the assessment framework and provides training and support to promote its use alongside an assessment model for children under 12 years and other models for the identification and management across key agencies of children and young people who harm sexually.

Greater Manchester Safeguarding (GMP) has taken the view that the AIM3 model of assessment meets the requirements for this group of children and young people The AIM3 covers five domains:

➢ **Sexual Behaviours** (offence-specific), looking at: the nature and extent of this behaviour; the characteristics of victims; sexual aggression; the range of sexual knowledge, attitudes and interests.

➢ **Non-Sexual Behaviours**, measuring the following: general criminality that is non-sexual in nature; non-sexual aggression and antisocial behaviour; alcohol and drug uses; general behaviour as well as mental health and wellbeing;

➢ **Developmental,** looking at influences on these wide-ranging behaviours: trauma and victimisation; childhood and adolescent adversity; attachment; family functioning; health, intellectual and emotional functioning.

➢ **Environmental/family**, examining the effect of the environment and wider social and family context in which they live: stability and safety; parental or carer supervision; relationships and peer groups; education, employment and leisure.

➢ **Self-Regulation**, detailing how the individual functions in terms of their abilities to understand the impact of their behaviour and their self-regulation skills: responsibility; motivation and engagement; future perspective; problem solving; social competence.   *(Leonard and Hackett, 2019).*

Further information can be accessed via https://greatermanchesterscb.proceduresonline.com/chapters/p_harm_sex.html

Principles of Working With Children and Young People who have Harmful or Problematic Sexual Behaviour

- Work with children and young people who harm others must recognise that such children are likely to have considerable needs themselves, and also that they may pose a significant risk of harm to other children and young people;
- The needs of the children and young people who sexually harm should be considered separately from the needs of their victims;
- Evidence suggests that children and young people who abuse may have suffered considerable disruption in their lives, been exposed to violence within the family, may have witnessed or been subject to physical or Sexual Abuse, have problems in their educational development and may have committed other offences. Such children and young people are likely to be children in need, and some will in addition be suffering from, or at risk of, Significant Harm and may themselves be in need of protection;
- The reasons why young people sexually abuse are multi-faceted and to explore these further, a full risk assessment and an assessment of need must be carried out in every case;
- Children and young people who sexually harm others should be held responsible for their abusive behaviour;
- Early and effective, intervention with children and young people who sexually harm others may play an important part in protecting children, by preventing the continuation or escalation of abusive behaviour;
- Young people who sexually harm others have a right to be consulted and involved in all matters and decisions that affect their lives. Their parents have a right to information, respect and participation in matters that affect their family;
- The complex nature of the problem requires a co-ordinated, multi-disciplinary approach, which addresses both child protection and criminal justice issues.

Useful Resources

Teaching resources for settings

The NSPCC offers helpful teaching resources and lesson plans which can be accessed here:

https://learning.nspcc.org.uk/safeguarding-child-protection-schools/teaching-resources-lesson-plans

They include lesson plans, resources and curriculum links for the following topics:

- Our PANTs (the underwear rule) https://learning.nspcc.org.uk/research-resources/schools/pants-teaching

- Love Life : Sex and relationships work for young people with learning disabilities https://learning.nspcc.org.uk/research-resources/schools/love-life

The films and supporting resources are aimed at young people aged 11 to 25 to help them learn strategies for staying safe as they grow up and gain independence.

- Its not ok: https://learning.nspcc.org.uk/research-resources/schools/its-not-ok
  It's Not OK are teaching resources aimed for young people aged 11+ that include lesson plans, activities and short videos. They reinforce the importance of building and maintaining positive relationships and recognising and responding to behaviour relating to:
  - Online safety
  - Grooming
  - Sexting
  - HSB
  - Child sexual abuse
  - Child sexual expolitation

  There are 4 different videos/lesson plans covering a number of different issues.

Books for children and young people

The NSPCC also has helpful booklists for children and young people: early years, primary years, 11-18 years, CYP with additional needs. These recommendations support education settings and parents to initiate conversations with children and young people. The booklists can be found here:

Please select the category of books suitable (age range) and scroll to the bottom of the page.

https://learning.nspcc.org.uk/safeguarding-child-protection-schools/promoting-healthy-relationships

Advice/information for worried parents

- www.nspcc.org.uk/harmful-sexual-behaviour
- https://www.nspcc.org.uk/keeping-children-safe/online-safety/sexting-sending-nudes/
- https://www.ceop.police.uk/safety-centre/

Websites for professionals

- www.aimproject.org.uk

- https://www.farrer.co.uk/globalassets/news-articles/downloads/peer-on-peer-abuse-toolkit-14.pdf

- The NSPCC has a wide range of resources on this topic available from their website www.nspcc.org.uk/harmful-sexual-behaviour
There are a series of three podcasts discussing HSB in schools. These can be accessed here:
- https://learning.nspcc.org.uk/news/2020/january/podcast-harmful-sexual-behaviour-in-schools
- https://learning.nspcc.org.uk/news/2020/january/podcast-assessing-sexualised-behaviour

  The NSPCC also offers online training for teachers (there is a cost involved)

- The University of Bedfordshire Contextual Safeguarding Team offers several helpful toolkits and useful briefing documents. The University of Bedfordshire Contextual Safeguarding Team has a Fair Access Panel Referral form to capture peer-on-peer abuse as a reason for a move or exclusion, and accompanying practitioner video.   Only members of the Contextual Safeguarding Network may access the available resources. Details of how to apply to join the Network (free of charge) can be found on the below Contextual Safeguarding links. Useful documents include:

  - Harmful sexual behaviour in schools: a briefing on the findings, implications and resources for schools and multi-agency partners
    Jenny Lloyd, Joanne Walker and Vanessa Bradbury; June 2020
    https://contextualsafeguarding.org.uk/wp-content/uploads/2020/06/Final-Briefing-final-Beyond-Referrals.pdf

  - https://www.csnetwork.org.uk/en/beyond-referrals-levers-for-addressing-harmful-sexual-behaviour-in-schools This toolkit contains a range of resources for schools to assess their own response to harmful sexual behaviour

- Stop It Now – The Lucy Faithfull Foundation

☎ Confidential Helpline: 0808 1000 900

Our Impact | Wales | Scotland | Ireland | FAQ | Resources | Media Centre

https://www.stopitnow.org.uk/

This charity is run by The Lucy Faithfull Foundation, the only UK-wide charity dedicated solely to preventing child sexual abuse. They will support anyone with concerns about child sexual abuse and its prevention including young people themselves, parents and professionals. There is a free helpline for advice and support.

https://www.stopitnow.org.uk/professionals-looking-for-advice/

They also recognise that working with children and young people who have experienced sexual abuse can have a significant impact on professionals and they offer advice around self-care. https://www.stopitnow.org.uk/professionals-looking-for-advice/professionals-self-care/

Peer on Peer: HSB and harassment

The DfE produced guidance in December 2017 on sexual violence and sexual harassment between children (anyone under the age of 18) at school and college. The guidance defines what sexual violence and sexual harassment is, how to minimise the risk of it occurring and what to do when incidents occur or are alleged to have occurred. It can be accessed here: https://www.gov.uk/government/publications/sexual-violence-and-sexual-harassment-between-children-in-schools-and-colleges

The NSPCC also produced a shortened briefing guide:
https://learning.nspcc.org.uk/media/1540/sexual-violence-harassment-between-children-schools-colleges-england.pdf

Other References

DfE (2017) Sexual Violence and sexual harassment between children in schools and colleges.
https://www.gov.uk/government/publications/sexual-violence-and-sexual-harassment-between-children-in-schools-and-colleges

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https://www.gov.uk/government/publications/review-of-sexual-abuse-in-schools-and-colleges/review-of-sexual-abuse-in-schools-and-colleges

Hackett, S. (2017) Children and Young people with harmful sexual behaviours. Research in practice
https://greatermanchesterscb.proceduresonline.com/pdfs/ch_yp_harm_sex_behav.pdf

Hackett, S. and Smith, S. (2018) Young people who engage in child sexual exploitation behaviours: An exploratory study. Centre of Expertise on Child Sexual Abuse

Di McNeish and Sara Scott (2018) Key messages from research on children and young people who display harmful sexual behaviour. DMSS Research
https://www.csacentre.org.uk/resources/key-messages/harmful-sexual-behaviour/

Hollis, V. and Belton, E. (2017) Children and young people who engage in technology-assisted harmful sexual behaviour a study of their behaviours, backgrounds and characteristics. NSPCC Evidence Team

Nice Guideline [NG55]: 20 Sept 2016. Harmful sexual behaviour among children and young people.   https://www.nice.org.uk/guidance/ng55

Please also refer to the chapter in this toolkit on Childhood Sexual Exploitation

Manchester Safeguarding Partnership – **CSE for CYP** - https://www.manchestersafeguardingpartnership.co.uk/resource/cse-advice-children-young-people/

CSE for families and the community - https://www.manchestersafeguardingpartnership.co.uk/resource/cse-resources-families-community/
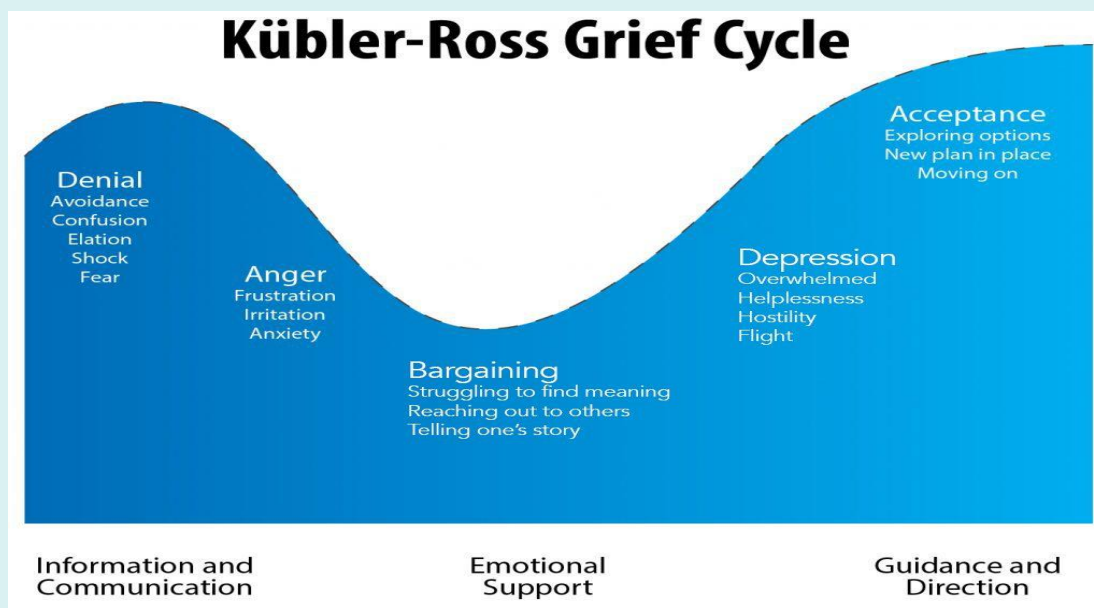
Overview description

The term 'bereavement' refers to the process of grieving and mourning and is associated with a deep sense of loss and sadness. It is a natural process; however, its effects can be overwhelming. Many children and young people will experience bereavement during their school years, through the loss of a parent, sibling, grandparent or friend. Children can also face the loss of a loved animal or pet which can be as significant for them as losing a relative or friend.

During bereavement, children and young people can often experience a wide range of emotions, including sadness, guilt, anxiety, anger, fear, disbelief, confusion and denial. With the right support put in place, most children and young people can learn to manage these unpleasant feelings. Schools/colleges are well situated to provide such support and can do a huge amount to support children experiencing grief.

Processes of grief:

It has been suggested that grief includes five stages, of **denial, anger, bargaining, depression** and **finally acceptance** (Kübler-Ross, 1969). It is believed that individuals experience each stage of this cycle when grieving, but not always progressively. Everybody experiences grief in their own way and they may present differently on a day to day basis. It can be difficult to determine how a child may be grieving, but this cycle and its descriptors, can be used as a guide for practitioners to understand what a young person may be experiencing, and therefore, provide appropriate support and know what to look out for.

Kübler-Ross Grief Cycle

Denial
Avoidance
Confusion
Elation
Shock
Fear

Anger
Frustration
Irritation
Anxiety

Bargaining
Struggling to find meaning
Reaching out to others
Telling one's story

Depression
Overwhelmed
Helplessness
Hostility
Flight

Acceptance
Exploring options
New plan in place
Moving on

Information and Communication | Emotional Support | Guidance and Direction

The different ways children and young people express loss

Physical reactions:

Headaches/ Migraines	Tiredness / Insomnia	Stomach-ache, nausea/sickness	Nightmares

Emotional reactions:

Sadness/upset	Anger	Withdrawal (difficulty in socialising and playing)	School refusal

Psychological reactions:

Changes of personality and behaviour (e.g. from extrovert to introvert)	Clinginess/ insecurity	Fears/anxieties	Inability to concentrate

How do children and young people grieve?

Many children and young people have a limited ability and vocabulary to describe how they are feeling; however, their feelings are often communicated through their behaviour. Due to the complex and varied nature of young people, loss can affect individuals very differently – even children within the same family. Although, an individual's developmental age has a direct effect on their level of understanding and will impact how they respond to grief. Their response will also be influenced by support and behaviour of those adults around them. Children, more than adults, swing quickly between grieving and getting on with their normal lives. They can be upset one minute and asking to play football or have some ice cream the next. It can be so quick that it's sometimes called 'puddle jumping' – the puddle is their feelings of grief, and they move quickly in and out of the puddle.

The importance of acknowledgement

"It's one thing to lose something that was important to you, but it is far worse when no one in your universe recognises that you lost it. "- *Kenneth Hardy*

# How death is understood at different ages and stages of development

Preschool children (Aged 2-5 years old)

Little understanding of death and its permanence

Understanding: At this age children have little concept of permanence and therefore may not understand that the person is not coming back. Children believe that death is reversible and are also vulnerable to believing that the person died because of something they said or did since they are egocentric. At this stage of development, abstract concepts are not easily grasped and it is important for the child to be spoken to in concrete terms. Children of this age may repeatedly ask the same questions in order to make sense of what has happened.

Key points

➢ Are curious about death and believe death is temporary or reversible.
➢ May see death as something like sleeping—the person is dead but only in a limited way and may continue to breathe or eat after death.
➢ Are characterized by 'magical thinking' and understand the world as a mix of reality and fantasy.
➢ Are naturally egocentric and see themselves as the cause of events around them
➢ Often feel guilty and believe that they are responsible for the death of a loved one, perhaps because they were 'bad' or wished the person would 'go away'.
➢ May think that they can make the deceased come back if they are good enough.
➢ Will worry about who will take care of them and about being abandoned
➢ Are still greatly affected by the sadness of surviving family members.
➢ Cannot put their feelings into words and instead react to loss through behaviours such as irritability, aggression, physical symptoms, difficulty sleeping, or regression (such as bed-wetting or thumb-sucking) Is this regression at that age?

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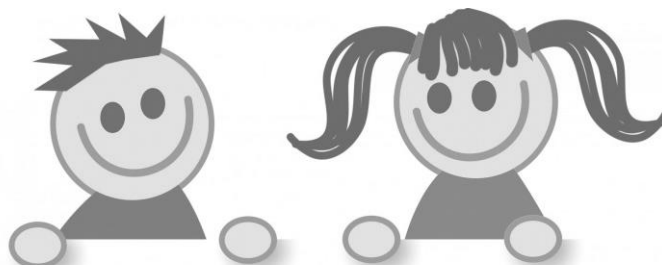
What can staff do:

- They need reassurance that life will continue the same i.e. Routines, life patterns and activities need to be emphasised in order to provide reassurance to the child that 'life goes on'.
- Keep the memories alive: Work alongside the family and encourage them to tell stories and use concrete things where possible i.e. memory box, photos, personalised stories.
- It is vital to reinforce the child's feelings of safety and security at this stage of development.
- Be honest with the child when you answer their questions. They may ask things like 'where have they gone?' and 'what does death mean? which can be hard to answer.
- Young children need enough information to answer their questions, enough detail in line with their developmental stage and to revisit and update this information as they mature.

Possible scripts include: "Your daddy has died, which means he cannot come back, but you can keep asking me as I know how hard it is to believe that' or "when they die their body stops working, they cannot walk, talk, see or breathe or do anything our bodies do."

Primary Aged Children (6-12 years)

Greater understanding of death and beginning to understand that death is permanent

Understanding: Children begin to understand that death is irreversible and something that eventually happens to all living things. Children above 5 may grasp that death happens but may never have experienced bereavement Younger children (5-7yrs) may demonstrate 'somatic' complaints which are manifestations of emotional pain i.e. headaches, sore tummy. Behaviour may change, so it is important to encourage children to express how they are feeling and for them to understand what they are feeling is perfectly normal. Older children (7-11yrs) will understand that death has happened and may seek more answers around death and what it means.

Key points:

➢ Understand that death is final, but see it as something that happens only to other people.
➢ May think of death as a person or a spirit, like a ghost, angel, or a skeleton.
➢ Understand that death is universal, unavoidable, and will happen to them (by age 10).
➢ Are often interested in the specific details of death and what happens to the body after death.
➢ May experience a range of emotions including guilt, anger, shame, anxiety, sadness, and worry about their own death.
➢ Continue to have difficulty expressing their feelings and may react through behaviours such as school phobia, poor performance in school, aggression, physical symptoms, withdrawal from friends, and regression.
➢ Still worry about who will take care of them and will likely experience insecurity,
➢ clinginess, and fear of abandonment.
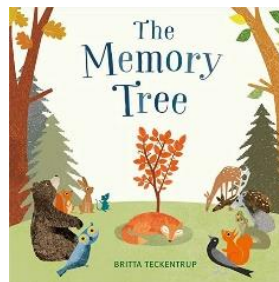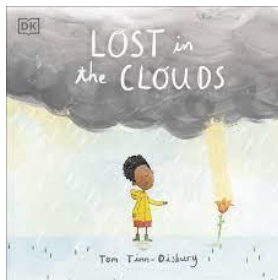
What can staff do?

All strategies stated above are also relevant for this age group

Children begin to recognise that the loss makes them different from their peers. They can feel social isolation when there loved one can't attend events like parents evening, school plays and sports day. It is important for them to identify with other peers and make strong friendships.

- Provide children the opportunity to identify and build friendships with other young people who have suffered bereavement.
- Talk to the children about how they are feeling and recognise that it may be difficult on important events when their loved one cannot be there.
- Provide opportunities on special occasions to create cards, letters or presents for their loved one e.g. Mother's or Father's Day, their birthday etc.
- Additionally, encourage them to read books about loss, watch tv programmes, read and write on websites about their losses and associate with similar losses.

Resources to support early years children with bereavement include:

- https://www.annafreud.org/early-years/early-years-in-mind/common-difficulties/bereavement
- https://www.childbereavementuk.org/early-years

Secondary and Post-16 Aged Children

Understanding: Young people or teenagers have developed a greater understanding of death, the long-term implications of losing someone close and are more keenly aware of the emotional aspects than younger children. Due to the developmental changes taking place within the young person at this time their reactions to death are likely to be extremely intense. Young people are developing their own ideas about who they are and what is important to them in their lives. They are more aware of their future. Death may cause them to reflect on the meaning and purpose of life, or they may not want to reflect, and hide their feelings. As adults our job is to let them know that we are there if they need to talk, or that we can find someone else to help if necessary. The young person's tasks of grieving are very similar to that of an adult but the young mourner is often unable to manage the strong emotions that bereavement entails and can therefore present as being extremely angry and even end up in physical fights. Some bereaved young people can revert to childish behaviour in order to relocate some security and normality in their lives where as others might try to "grow up too fast" and see themselves as taking on adult roles.

- ➢ Have an adult understanding of the concept of death, but do not have the experiences, coping skills, or behaviour of an adult.
- ➢ May 'act out' in anger or show impulsive or reckless behaviours, such as substance misuse or fighting in school/college.
- ➢ May experience a wide range of emotions, but not know how to handle them or feel comfortable expressing them.
- ➢ The reality of death contradicts a teenager's view of himself or herself as invincible, and teenagers may question their faith or their understanding of the world.
- ➢ Developmental issues of independence and separation from parents can interfere with the ability to receive support from adult family members.
- ➢ Coping strategies may create tension with family members, as adolescents may cope by spending more time with friends or by withdrawing from the family to be alone.

Death by Suicide

Suicide is a particularly challenging area of bereavement and it can often be very difficult to talk about what has happened. However. children are better able to deal with the difficult event, if they are given open and honest information. Telling a child or young person about a sudden and unexplained death is not likely to be a standalone conversation, but rather a lengthy process that may happen in stages over days, weeks, months and years after the death. **Suicide is difficult to explain to a young person and it would be recommended that expert help would be sought in these instances.**

What can education settings do?

- ➢ **Routines** provide a sense of **normality** for children and young people. Everything else may be falling apart but school and the teachers can provide a sense of security and continuity.
- ➢ Settings can give students **a relief from grief** and the emotionally charged atmosphere at home.
- ➢ Settings can offer **a safe space** for them to **express their grief**. Often they can try and spare their family by hiding their own grief at home.
- ➢ Settings can provide opportunities for children and young people to be **listened to** and **talk about their grief**. Some family members can struggle to deal with their own grief, making it difficult to make time for the child's grief.
- ➢ Settings allows children to **still be a child**, through playing, laughing and singing without feeling guilty. Should this be explicitly talked about- acknowledging that the child may feel guilty but then rationalisng with them?
- ➢ Settings can provide **general support** for the children and young people and their families. Settings can maintain **good communication** with home to keep track of how a child or young person is coping at both home and school.
- ➢ Settings can offer **intervention** and **resources** on bereavement. Using stories, novels and poems can allow children and young people to learn the concept of death and learn through reading, listening and discussion.

SECTION FOUR

Other considerations:

We must be mindful of each family's beliefs, values, history and current context.

1. Have contact with home

Having good communication with the family will enable school/college to understand what the pupil has been told and provide support for those caring for the pupil. It is important to share the pupil's successes as well as any concerns you may have.

2. Provide young people with information

Provide children and young people with clear, honest and age-appropriate information. They need enough information to answer their questions, enough detail in line with their developmental stage and they need to revisit and update this information as they mature.

3. Ask the young people what will help

Ask a bereaved pupil to think about what they need and want from their friends, teachers and adults in school/college. This will offer them an element of control and give clarity to those wanting to help. Bereaved young people tell us that they welcome the flexibility to leave a lesson if they unexpectedly become overwhelmed by their feelings of grief, as long as this is not viewed as 'poor behaviour' by members of staff.

4. Build support networks

Bereaved pupils may feel very different to their peers and can benefit from opportunities to meet other bereaved young people. They may want to access to further information about bereavement, so you could signpost them to websites and apps.

5. Offer simple choices

A bereaved young person can feel overwhelmed and out of control. By offering simple choices, a setting can help a pupil to feel in control of at least one aspect of their life, particularly in relation to how they manage their grief in school/college.

6. Boost self esteem

Bereaved young people can experience feelings of low self-worth and lack of self-esteem. It is beneficial to provide opportunities to build on their self-esteem and highlight positive attributes a young person has.

7. Support changes

A bereaved pupil can find the transition between primary school and secondary school particularly difficult. Routines become important to them and they may react to a change in school environment. Young people may feel reluctant to be away from their family members or significant people, particularly on school trips or overnight stays.

Try to prepare them in advance for any changes, where possible, and address any anxieties they may have

Younger children:

Help them to make sense of the death and managing their grief

1. Help them to understand the story of what happened
2. Feel the feelings
3. Adjust to life without the person who died
4. Hold onto their memories
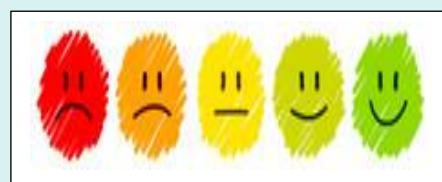   Can you add a box for 'Understand the story?'

Feel the feelings

What are my feelings? (is sad a big enough word?)

Where do I feel them? (and when?)

How big are they?

Who can I tell? How can I express them?

Adjust to life without the person who died

Look for opportunities to help the child feel safe

Keep routines

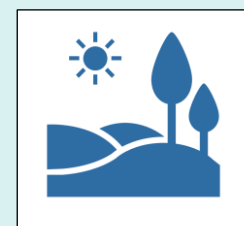Give support where further changes will be happening and be patient.

Keeping memories alive-Use same wording as above

Work alongside families and encourage them to tell stories

Use concrete things; memory boxes, photos and personalised stories

Encourage families to look for opportunities to mention

'*that was mums favourite too*'

Creative ideas for capturing memories

- **Memory bracelet** - Make a 'friendship bracelet' by plaiting together coloured threads. Each thread could represent a different memory or special quality of the person who has died.

- **Pom-pom** - create a small pom-pom using different colour/texture wool, again representing different memories. This pom-pom can also act as a small fidget toy as well as a reminder of the person who died.

- **Weaving** - weaving different threads representing different memories to create a small wall-hanging piece of art. Offering a selection of items to incorporate into the design can add to the detail and give individual meaning to the final piece.

- **Dream-catcher** - create one of these colourful pieces in memory of a person who has died. The belief is that all sorts of dreams get caught in the web of the dream catcher but only the good ones can pass through and slide down the feathers to the sleeper below. Bad dreams become tangled in the protective net and are held until morning, when they burn up in the sunlight. The basis for a dream catcher can be as simple as a thin twig or flexible wire which can be shaped into a circle, or cut out the rim of a paper plate. Wool or twine is traditionally knotted in an intricate pattern but can be simply wound around the frame to create the 'web'.

- **Worry dolls** - According to legend, children in Guatemala tell their worries and fears to the Worry Dolls and place them under their pillow when they go to sleep at night. The doll 'looks after' the worry or problem during the night, so the child can sleep peacefully. Dolls can be made by simply wrapping coloured wool around lolly sticks, pipe cleaners or sticks. As an alternative, small pom-pom pets or tassel dolls can be created with wool or fine thread or even cut out of paper and coloured in.

- **A memory comfort object** - Sewing something special to the inside of a piece of clothing or into a pocket can be a discreet reminder for a bereaved pupil. This could be a button, small swatch of fabric or piece of ribbon from clothing owned by the person who died, or it could be one of these items chosen by the bereaved pupil to represent a special memory.

Ideas taken form Child bereavement UK 2020

Supporting Children with Special Educational Needs and Disabilities

When supporting children with SEN with bereavement you need to think about the developmental and cognitive age of the child, particularly in terms of what they will be able to understand and comprehend. You also have to take into consideration their receptive and expressive communication age. Refer to the developmental stages above to support them at their functioning level. Other factors that will influence their understanding of death include previous life experiences and the family's culture and beliefs, specifically in relation to death.

When supporting children with SEND, we may not know exactly what a child or a young person with profound and multiple learning disabilities understands when someone significant dies. However, they will certainly be aware of that person's absence and of the changes in their own life that may result.

Communicating

It is important to acknowledge the death. If the young person can access words, use real words like 'dying' and dead' and not euphemisms. If the child communicates using signs or symbols, ensure you have the correct vocabulary to hand. Make use of all relevant modes of communication, including signing, symbols and photos.

Helping them to understand death

Children with difficulties may find it particularly difficult to grasp the concept of death and its permanence. They will benefit from simple and real-life examples to illustrate the difference between death and living things. Particularly, children with ASD would benefit from visual explanations of the life cycle.

Buy a bunch of flowers, put them in a vase and observe them wilt, wither, and die. Compare them to a fresh bunch of the same type. If kept, the dead flowers will illustrate that death is permanent and that the flowers do not return to life.

Take the opportunity to talk about insects or animals that have died – for example a fly or a spider in the classroom. Use story books to help explain.

Take photographs of the above activities and put these into a book. This will act as a visual reminder for the many times when the explanation will need to be repeated.

SECTION FOUR

Remembering Activities

Spraying the perfume or the aftershave of the person who has died

Use photographs and memories of significant events to create timeline and story of that person's life.

Put together a memory box of tangible reminders. Try to include something related to all 5 senses. E.g photograph, CD, perfume, object, fabric from their clothes etc.

To download SEND bereavement resources, visit here:

https://www.winstonswish.org/we-all-grieve-activity-pack

Thinking about the impact of perinatal loss in the family

Still Birth

Miscarriage

Baby removed due to care proceedings

The difference with a perinatal loss is that it is invisible and is a loss of hope. The impact of this loss is massive and should be taken with great sensitivity. It can impact various people and relationships.

Impact on the mother's mind and body	Impact on the father	Impact on the couple's relationship	Impact on the next pregnancy
Impact on a sibling	Impact on grandparents	Wider Family	Friends

Perinatal loss and the grief accompanied with that loss, can often lead to the mother:

- ➢ Feeling responsible
- ➢ Having feelings of guilt and shame
- ➢ Questioning whether it was a result of anything they have done
- ➢ Feeling that their body may have failed them

With all this in mind, one can imagine how difficult it must be for this parent to have mental space for the sibling and they may feel overwhelmed. Parents may want to protect the child from their pain and they may find it extremely difficult to talk about.

If children don't know what is going on or they feel that something is not quite right they may fill the gaps in with their fantasies. Additionally, you may see changes to their behaviour. Please refer to the physical, emotional and psychological changes shared earlier on in this chapter, for more information on what behaviours you may observe.

They may become:

- ➢ Withdrawn
- ➢ Clingy
- ➢ Aggressive

What to do?

You can use similar strategies to those that have been mentioned throughout this chapter which support any type of bereavement.

Communicate with the bereaved young person's family. Think together how you can best help their child.

- *Don't be afraid of saying the word 'death' or 'died'*

You may want to:

- o Suggest that parents can create a book together to explain what has happened
- o Help by reading a book that addresses the subject of death
- o If the child wants to, they could create a drawing for the baby

For more information:

https://www.tommys.org/baby-loss-support/stillbirth-information-and-support/supporting-siblings-through-stillbirth

https://www.tommys.org/baby-loss-support/neonatal-death-information-and-support/support-siblings-after-death-baby

Books or Resources for children and young people

Under 5

Someone I know has died by Trish Phillips

Missing Mummy by Rebecca Cobb

5-11 Years

Remembering by Dianne Leutner

Love will never die by Clare Shaw

Young people (11+)

What on earth do you do when someone dies? By Trevor Romaine and Elizabeth Verdick

Still here with me: Teenagers and children losing a parent by Suzanne Sjoqvist

Apart of me – this is an app designed by a child psychologist for young people aged 11 and above who have a parent or relative who's died or is living with a terminal illness.

Post-16

It may be helpful to support young people to explore audio-books or podcasts. The Marie Carie Talkabout recommends the following podcasts:

Griefcast - writer and comedian Cariad Lloyd discusses how we deal with grief and she features a guest comedian each week.

#H2MS: Help 2 Make Sense – this is an online tool for Children and young people coming to terms with the death of a loved one. There is a podcast series where young people who've coped with the death of their loved one.

Grief support – this is an app for young people aged 11-25 who've been bereaved. It can also be used by parents, teachers and friends who want to know more about providing support. For young people aged 11-25 who've been bereaved. It can also be used by parents, teachers and friends who want to know more about providing support.
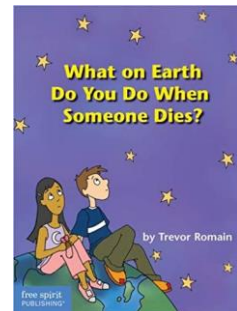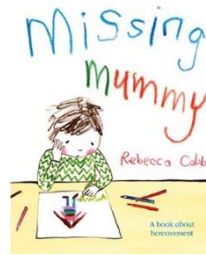
Useful Resources

Greater Manchester Bereavement Service has helpful links for settings.
https://greater-manchester-bereavement-service.org.uk/resources/

SUPPORTING CHILDREN THAT ARE BEREAVED [SHOW MORE]

Resources for parents, carers and teachers to help support children that are bereaved.

Winston's Wish

Advice and guidance on how to support bereaved children during COVID-19.

Time4Me

Time4Me is a free, interactive workbook to be used with bereaved children and an adult. It is designed to facilitate conversations around the death of a significant person in the child's life.

Child Bereavement UK

Support and information for parents, carers, and people that work with children and young people.

RESOURCES FOR SCHOOLS [SHOW MORE]

Resources for teachers, teaching assistants, pastoral staff and senior management to help support children that are bereaved.

Cruse Bereavement Care

Information for schools on how to support children that are bereaved.

The Guardian

Article about how one school handled bereavement in school.

Winston's Wish

Support for school professionals who are supporting a bereaved pupil.

Supporting Children through Grief & Loss: Practical Ideas and Creative Activities for Schools & Carers: Practical Ideas & Creative Activities for Schools & Carers (Jacobs, 2013)

http://www.uktraumacouncil.org/

https://www.cruse.org.uk/about-cruse/publications/free-booklets

https://www.elsa-support.co.uk/bereavement-resources-for-parents-and-school-staff/

Websites with resources for schools and settings

Help the Hospices resources for schools www.helpthehospices.org.uk/our-services/running-your-hospice/schoolresources/

Samaritans Developing Emotional Awareness & Learning (DEAL) Programme www.samaritans.org/our_services/work_in_schools/welcome_to_deal.aspx

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Child Bereavement Charity lesson plans:
www.childbereavement.org.uk/For/ForSchools/LessonPlans

Child Bereavement Charity other lesson ideas:
www.childbereavement.org.uk/For/ForSchools/LessonPlans/

Child Bereavement Charity specific advice and resources for post-18:

https://www.childbereavementuk.org/pages/category/18-to-25

https://www.childbereavementuk.org/pages/faqs/category/resources-for-18-25-year-olds

The Place2Be information for schools: www.theplace2be.org.uk/

Cruse Bereavement Care information for schools:
www.crusebereavementcare.org.uk/Schools.html

Teachers Media: www.teachersmedia.co.uk/videos/coping-with-bereavement#

Childhood Bereavement Network:
:www.childhoodbereavementnetwork.org.uk/publications.html

https://www.childbereavementuk.org/Handlers/Download.ashx?IDMF=4b13d694-2038-4918-90b3-13c06100aafb

Other useful links

https://www.mentallyhealthyschools.org.uk/mental-health-needs/bereavement-and-grief/

http://www.annafreud.org/eybereavement

https://www.theeducationpeople.org/products/early-years-childcare/small-steps/

https://www.childbereavementuk.org/

https://www.manchestersafeguardingpartnership.co.uk/resource/bereavement-support-for-all/

www.winstonswish.org

Manchester Safeguarding Partnership – **Bereavement**: https://www.manchestersafeguardingpartnership.co.uk/resource/bereavement-support-for-all/

One Education EPS have produced a bereavement guidance document for schools which can be downloaded from the website or requested via email.