For Highland's Children:
Support Manual

Towards Excellent Support for
Children and Young People

Guidance to ensure that all practitioners
and managers Get It Right for Every Child in
Highland and meet the needs of all children
and young people, including those who are
vulnerable and require additional support.

The Highland
Council
Comhairle na
Gàidhealtachd

NHS
Highland

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Section 1
Introduction

This Manual was developed as a result of a comprehensive review of the quality of provision for children and young people with additional support needs in Perth and Kinross during 2008-09.

Key issues emerging from the review of provision in Perth and Kinross included the need for all staff across education, care and health to be clear about the importance of:

- *having a positive approach to supporting the wide range of children and young people with additional support needs;*

- *working together as practitioners in the field and at managerial level, as well as in partnership with parents and carers;*

- *being clear about respective roles and responsibilities in relation to meeting the additional support needs of all children and young people;*

- *listening to the views and wishes of children and young people;*

and knowing how to:

- *evaluate the quality of practice in relation to additional support needs;*

- *provide high quality leadership and management;*

- *identify and assess additional support needs;*

- *plan a meaningful curriculum and learning opportunities, and develop positive support strategies.*

The review made several recommendations including the need for **guidelines on practice** (as opposed to guidance on procedures). These guidelines developed into this Manual which describes best practice and effective strategies in relation to supporting children and young people with additional support needs. It is a valuable reference for practitioners and managers in education, social work and health, and other relevant agencies. It provides the framework for best practice, with links to the policies, procedures and guidance documents of the Care and Learning Service, thus setting these within a clear national context.

The Manual was written in close collaboration with many practitioners and managers in Perth and Kinross by Lorna Walker, a consultant in education and social care who has significant experience in the field of additional support needs. She taught children and young people with significant needs in both school and college before working as an Adviser in Support for Learning and Special Educational Needs. After managing Special Educational Needs at Authority level as a Senior Education officer, she turned around a failing special school and was subsequently appointed as one of Her Majesty's Inspectors of Education (HMIe) in Scotland. Her lead HMIe role in residential special schools and secure accommodation rounded off her comprehensive career in this complex area of education and care. The development of the Manual was only possible because of the willingness of staff and managers within Perth & Kinross Council to share their good and occasionally not so good practice with the author. The advice and aspirations

within the Manual are derived from the best practice which was observed during the Additional Support Needs review.

Effectively meeting the additional support needs of all children and young people is a complex and challenging task. Legislative requirements, parental demands and increased expectations for best outcomes for vulnerable children and young people place pressure on practitioners and managers across education, social work, health and other relevant agencies to make very good provision.

Practice has to be of the highest quality as does the grasp of relevant legislation and key national initiatives. In light of the complexity in the field of additional support needs, the Manual contains many hyperlinks which allow practitioners and managers to access wider information and relevant documentation supporting best practice in Highland.

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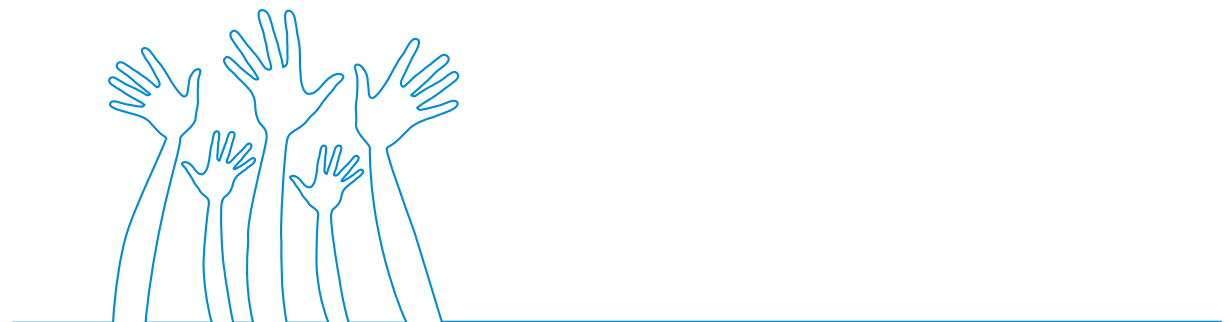
Section 2
Background

The Manual is written in the Scottish context of the presumption of mainstreaming in which meaningful inclusive education is the aim   .

It takes full account of the The Education (Additional Support for Learning) (Scotland) 2004 Act   and The Education (Additional Support for Learning) (Scotland) 2009 Act   and Supporting Children's Learning Code of Practice 2010   .

Appendix 2 clarifies the adjustments made to the 2004 Act by the The Education (Additional Support for Learning) (Scotland) 2009 Act.

It makes frequent reference to the principles and agenda for Getting It Right for Every Child (GIRFEC)   and the Highland Practice Model   which promotes improved outcomes for children and young people, as a result of effective partnership working. Indeed the Manual demonstrates how best practice in relation to implementing the requirements of the ASL Act complements and promotes best practice in implementing GIRFEC, and vice versa.

Section 3
Who Should Read this Manual?

Additional support needs of children and young people cover many issues which can only be effectively supported by a range of practitioners, each with their own training, knowledge and skills. The Manual therefore has relevance for **all practitioners and managers in education, including early years, social services, health services as well as staff from other relevant agencies.**

Whilst some sections may be more directly related to the work of some people than others, a main aim of the Manual is to ensure there is a shared understanding of roles, responsibilities, expectations and quality, in relation to meeting additional support needs whether in school, in the community or in the home.
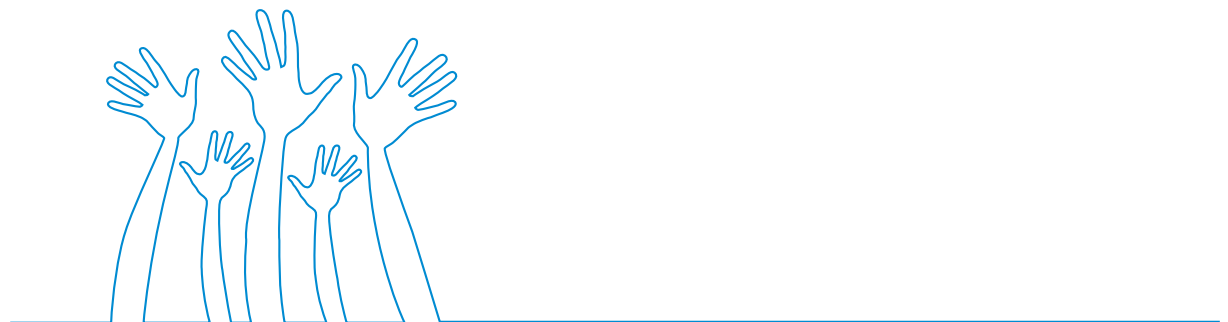
Section 4
What is the Purpose of this Manual?

Essentially, the Manual seeks to support all practitioners to work together effectively and with parents and carers, so that the children and young people who have additional support needs have the best chance for a positive future. The Manual aims to promote excellent practice in order that schools and their partners can fulfil the requirements of current Scottish legislation and effectively meet the additional support needs of children and young people.

The Manual can be used in a variety of ways which includes:

- *informing and improving practice;*

- *promoting effective partnership working;*

- *strengthening the process of self-evaluation in relation to meeting additional support needs, and identifying what needs to be improved;*

- *identifying Continuous Professional Development (CPD);*

- *supporting strategic planning.*

A great deal of helpful practical documentation was written in Scotland from 1992-1999 which supported staff to meet special educational needs. This includes:

- *Effective Provision for Special Educational Needs (EPSEN) (1994);*

- *Special Educational Needs within the 5-14 Curriculum: Support for Learning (1993 and subsequently);*

- *A Manual of Good Practice in Special Educational Needs (1999);*

- *Raising Standards - Setting Targets: Targets for pupils with special educational needs (1999).*

This Manual updates that documentation and takes forward practice in light of the current legislative and curricular context.

Section 5
Legislative Background (Brief Summary)

There is a range of Scottish legislation which underpins provision for children and young people with additional support needs. This includes The Education (Scotland) Act 1980, The Children (Scotland) Act 1995 and Guidance contained in Circular 4/96.

And more recently:

1. *The Standards in Scotland's Schools Act, 2000* ;

2. *The Education (Additional Support for Learning) (Scotland) 2004 Act and The 2009 Education (Additional Support for Learning) (Scotland) Acts (ie the 2004 Act, as amended). A summary of adjustments from the 2004 to the 2009 Act are summarised in **Appendix 2** of Part 1;*

3. *The Equality Act 2010* ;

4. *The Children and Young People (Scotland) Act 2014* ;

5. *Education (Scotland) Bill, March 2015* .

1. *The Standards in Scotland's Schools Act, 2000* (Section 15) which came into effect in August 2003, introduced what is now referred to as the '**presumption of mainstreaming**' in relation to pupils with special educational needs. This means that the onus is on education authorities to place children, including those with the range of additional support needs, in a mainstream school. Exceptions to this presumption are described legislatively as follows:

■ *when education in a school other than a special school would not be suited to the ability or the aptitude of the child;*

■ *when placement in mainstream would be incompatible with the provision of efficient education for the children with whom the child is being educated, or would result in unreasonable public expenditure.*

In addition, Education authorities have to take full account of parents' views in reaching a decision about a placement. (They will also take full account of the advice of all practitioners.) Nevertheless, parents have the right of appeal if they disagree with the placement proposed by the authority.

2. Following the introduction of *The Education (Additional Support for Learning) (Scotland) Act 2004*, '*the new concept of additional support needs refers to any child or young person who, for whatever reason, requires additional support for learning. Additional support needs can arise from any factor which causes a barrier to learning, whether that factor relates to social, emotional, cognitive, linguistic, disability, or family and care circumstances and learning environment.*' The change in wording from special educational needs to additional support needs signals a general recognition that very many children or young people will require additional support at

some stage. That is, it is not necessarily exceptional to have additional support needs, although in some cases the support needs will be exceptional and *will* require very special consideration and significant support. **Appendix 1** at the end of Part 1 provides further information.

The Education (Additional Support for Learning) (Scotland) Act 2004 (as amended in 2009) strengthens parental rights and places more duties on local authorities. The Act also states that Looked After Children should be assumed to have additional support needs unless there is corroborative evidence to prove otherwise. **Appendix 2** provides a summary of the 2009 amendments.

3. *The Equality Act*, which took effect in October 2010, clarifies and improves the definition of disability discrimination and will make it easier for individuals to challenge disability discrimination when it occurs. It strengthens The Disability Discrimination Act, 2005 which placed greater duties on public authorities to eliminate discrimination and required authorities to positively discriminate for children and young people with disability. It defined disability as '*a physical or mental impairment, which has a substantial and long term adverse affect on a person's ability to carry out normal day to day activities*'   . Indeed, there is an expectation that public authorities should positively discriminate to promote equality through implementing anticipatory duties such as ensuring robust anti-bullying strategies are in place.

4. *The Children and Young People Act*, comes into force in April 2015. The Scottish Government has tried to strengthen the rights of children and young people in Scotland by creating new systems to support them and to help identify any problems at an early stage, rather than waiting until a child or young person reaches crisis point. This wide ranging Act also:

   - *increases the powers of Scotland's Commissioner for Children and Young People;*

   - *makes changes to early learning and childcare;*

   - *provides extra help for looked after children and young people in care; and*

   - *provides free school dinners for children in Primary 1-3.*

5. *Education (Scotland) Bill, March 2015:* New legislation will place a statutory duty on Councils to narrow the 'attainment' gap and require Councils and Scottish Minsters to report on progress. The Bill also contains provisions to:

   - *enhance children's rights by extending the rights of children aged 12+ with capacity under the Additional Support for Learning Act 2004;*

   - *promote Gaelic education by placing a duty on Councils both to assess the need for Gaelic medium primary education following a parental request and to actively promote and support Gaelic learning and teaching in schools;*

   - *ensure that all teachers in Scottish schools are appropriately trained and qualified by requiring all teaching staff within independent and grant-aided schools to be registered with the General Teaching Council Scotland;*

   - *improve the process, under Section 70 of the 1980 Education Act, for dealing with complaints about Councils and schools failing in their education duties; and*

   - *ensure senior managers within Councils have the necessary qualifications and experience by providing for the creation of a Chief Education Officer post.*

Section 6
Key Principles

All Scottish Local Authorities/Councils are committed to achieving the best outcomes for all children and young people. Research shows that the Scottish Government vision for children and young people to be safe, nurtured, healthy, achieving, active, included, respected and responsible   can be achieved most effectively through integrated working across all relevant services and agencies, as described within the GIRFEC agenda   .

Scottish Government has a strong commitment to inclusion and promoting equality for all. This includes children and young people who are particularly gifted and require specific challenge. It also includes those children and young people who have learning needs or present with challenging behaviour for whatever reason. It is particularly important that everyone who works with children and young people with emotional, behavioural and social needs recognises their behaviour may be due to a range of developmental or environmental difficulties which can result in barriers to learning. These young people deserve and are entitled to a positive plan which allows them to achieve their potential.

The Children and Young People Act sets out a range of proposals for taking forward our ambitions for children's rights and services   . The Act embeds the rights of children and young people across the public section in line with the United Nations Convention on the Rights of the Child (UNCRC).

Guidance on meeting Additional Support Needs within Care and Learning Service in Highland can be found at this link   .

In addition, the Child's Plan format can be accessed here   .

Learning Together   provides a range of activities which help you to reflect on the implications of inclusion on your practice: **An Introduction to Inclusion** (Education Scotland).

As part of the Single Outcome Agreement, all Scottish Local Authorities are committed to develop and deliver a *Curriculum for Excellence*   to achieve national and local outcomes. *Curriculum for Excellence* extends beyond schools. The Curriculum Review group stated in 2004:

> *"All establishments will work with a range of partners to address the needs of all children and young people and provide motivating and challenging opportunities, particularly for those who may require More Choices, More Chances   Action to address the needs of learners requires an integrated approach across children and young people's services with strong links to community learning and development and community regeneration."*

CfE briefings provide excellent advice on a range of advice on the curriculum   .
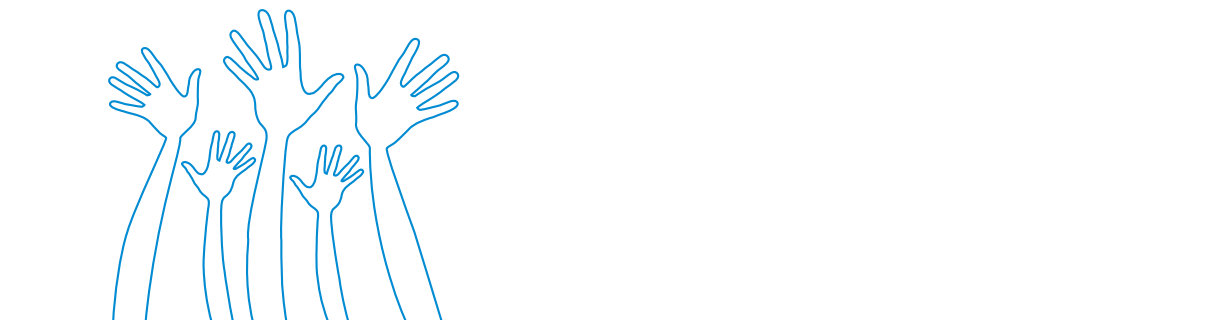
This commitment to meeting the needs of all children and young people, particularly those at risk, is in line with a series of guidance documents relating to *Curriculum for Excellence* such as *Building the Curriculum 4*   which states:

> *"Every child and young person is entitled to support to enable them to gain as much as possible from the opportunities to develop their skills which Curriculum for Excellence can provide. Timely provision of support to meet individuals' needs will enable children and young people to effectively engage with opportunities for skills development."*

This link   takes you to one section of Education Scotland's 2015-16 Advice Note, clarifying expectations in relation to entitlement within CfE.

When children and young people are happy, safe and supported, they are more likely to do well in school. Strong personal support for children and young people ensures that their care and welfare needs are met so that they can achieve their fullest potential. This link   takes you to the 2004 report by HMIe, *Personal Support for Pupils in Scottish Schools*. The report emphasises the need for strong and effective partnership working between parents and carers and the various agencies which support young people and their families. It also highlights the need for a clearer understanding of the respective roles of teachers and other professionals to ensure good quality personal and social education and smooth transitions as young people progress through and between schools.

Schools and their partners should also take account of the aims of Scotland's Commissioner for Children and Young People expressed in 'A *RIGHT* blether' which promotes better understanding of the United Nations Convention and safeguards the rights of children, including those children and young people whose language difficulties or weak communication skills prevent them from effectively voicing their views. This link   to the '*RIGHT* blether' website provides excellent resources for aspects of personal development. There are also adapted resources for children and young people who require additional support.

In addition, Children's Rights Officers and Who Cares? Scotland staff   have a key role in listening to and advocating for children and young people who are Looked After.

An overarching principle when working with children and young people is that of involving parents, carers and families. **Section 10** provides further support and information.

Section 7
Meeting Learners' Needs

Much has been written in Scotland recently to support teachers to meet learners' needs. In particular, *Curriculum for Excellence (CfE), Journey to Excellence (J2E)* and *Assessment is for Learning (AifL)* provide strategies and descriptions of the excellent classroom where the quality of the learning environment is such that it can meet the needs of almost all children and young people. However, there is an underlying assumption, that given excellent teaching, all children will learn.

Certainly strategies such as providing a nurturing environment, active teaching, practical experiential learning, enterprising and co-operative learning and out-of school learning, promote the learning of all children.

However, when a child has specific learning or emotional needs, even the best teaching approach may not be fully successful until these barriers are effectively identified and addressed.

Nevertheless, the much broader concept of additional support needs clarifies that meeting the continuum of learners' needs is the responsibility of every class or subject teacher. What is required to ensure that additional support needs are effectively met is a trusting partnership with relevant others.

Section 3.31, *Supporting Children's Learning: the 2010 Code of Practice* provides a framework of identification and support which each Scottish Authority will develop to suit their own circumstances   .

Assessment is for Learning has taken forward the principles contained in 5-14 Assessment (1991) in a significant way to improve the overall quality of teaching and learning. The National Assessment Resource   provides examples of effective assessment, including assessment approaches for children and young people with additional support needs. The Highland Learning and Teaching and Assessment Policy   and the range of Learning and Teaching Issues Papers created by Quality Improvement Officers in Highland provide useful guidance to inform good classroom practice.

Various documents such as *The National Review of Guidance* (Scottish Executive 2005)   and *A Climate for Learning* (HMIe 2005)   provide advice on creating a positive environment for learning, particularly in relation to children and young people with social, emotional and behavioural needs. The Highland Council policy   and guidance document   on Promoting Positive Relationships in schools provides the framework for promoting a positive ethos, with key principles and strategies that are supported and encouraged in Highland. These are documents that all school managers and practitioners should be familiar with.

Children arrive at (pre-) school with different experiences, aptitudes and interests. They progress at different rates and come to school with very different support networks. To meet the needs of each child in every learning situation, each practitioner supported by others, must be alert and respond to a wide range of learning and social and emotional needs. Teachers must manage the learning environment. Social workers, Home Link workers and others support the living environment. Together, through consulting with each other and working within a framework of shared goal-setting, they can meet the range of needs.

Meeting Learning Needs relates to the school's arrangements for meeting the needs of all learners, including potentially vulnerable groups, and addressing barriers to learning. This includes identifying the needs of, and providing support and challenge for, groups and individuals who may have additional support needs arising from, for example, the learning environment, family circumstances, disability or health needs; or social and emotional factors.

The Highland Council's Support for Learners Policy Framework   , sets out the context for supporting the learning of children and young people with a range of additional support needs, across Highland.

Learning Together   is a professional development pack which provides helpful advice on Meeting learning needs (Education Scotland).

Section 8
Meeting Additional Support Needs

A child or young person may have additional support needs if they are unable to benefit from their school education without help beyond that which is *normally* given to children or young people of the same age. Children with additional support needs comprise a changing group of children and young people whose needs have to be continuously identified, understood and addressed. At significant risk are those children and young people whose family circumstances are challenging; for example, where a child or young person's home life is disrupted by homelessness, parental alcohol or drug misuse, or parental mental or physical health problems. Senior Managers across schools and services need to ensure that practitioners carefully track the progress of all children and young people and are quick to communicate concerns about the degree of progress or different patterns in learning and behaving. *Supporting Children's Learning: the Code of Practice 2010*   along with GIRFEC, emphasises the importance of working in partnership as the means to effectively meeting additional support needs and this is greatly facilitated in Highland by the Lead Agency model of Care and Learning Service.

Partnership working within each school and its community is the first and most important port of call. In order that this happens effectively, all schools and services should be clear who constitutes the in-school Support Team. They must also be clear who constitutes the wider Multi-agency integrated team which includes the school's partners beyond Care and Learning Service. All members should be clear about who takes responsibility for managing and co-ordinating these teams.

Good schools hold a range of regular integrated team meetings to ensure effective support and have a greater sense that they can meet the needs of all children and young people. This may be through more appropriate curricula, effective teaching strategies and resources and/or through pastoral, family and health support provided by representatives of partner agencies. Effective schools and their partners know they are part of a greater team in which there is a width of knowledge and expertise built on relevant experience. These teams know how to develop excellent links with parents and carers. They also develop positive relationships with children and young people and listen to their views.

Curriculum for Excellence is a curriculum for *all* children and young people, aspects of which can be delivered in different ways by a range of practitioners. The entitlement to develop skills applies to all, although opportunities may be provided in different ways according to the needs of each individual learner. Children and young people may need support to make the most of the opportunities available through the curriculum, especially at times of difficulty, challenge or transition both in and out of school. Within the context of each learning situation, the extent to which learning needs can normally be met depends on the skills and expertise of each practitioner, advised by senior managers, support staff and others in relation to how well they:

- *differentiate the curriculum/learning opportunities, using alternative or additional resources and/or strategies;*

- *adapt the learning environment (including the social environment) to meet the diverse needs of pupils in school/ children in the community;*

- *acknowledge individual interests, strengths and needs through particular environmental arrangements such as small groups or low stimulus surroundings;*

- *use effective learning strategies such as co-operative learning, enterprising methods and peer or parent support;*

- *listen to the views of children and young people;*

- *provide targeted personal support to overcome social and emotional difficulties;*

- *support vulnerable families.*

Sections 12, 13 and **14** provide further practical advice.

Appendix 1

What Gives Rise to Additional Support Needs?
(Taken from Supporting Children's Learning: Code of Practice, 2010)

There is a wide range of factors which may lead to some children and young people having a need for additional support. These fall broadly into the four overlapping themes - **learning environment, family circumstances, disability or health need, and social and emotional factors** - and are described below. Further information on each of these factors and detailed information on support strategies can be found at this link   .

Schools are aware of their responsibilities 'to secure that the education is directed to the development of the personality, talents and mental and physical abilities of the child or young person to their fullest potential' (Standards in Scotland's Schools etc Act 2000) for all children and young people on their roll, including those with additional support needs. However, the educational experiences of some children may not take sufficient account of their individual needs and circumstances to ensure that they derive appropriate benefit from school education. A need for additional support may arise where the **learning environment** is a factor. For example, pupils may experience barriers to their learning, achievement and full participation in the life of the school. These barriers may be created as the result of factors such as the ethos and relationships in the school, inflexible curricular arrangements and approaches to learning and teaching which are inappropriate because they fail to take account of additional support needs. For example, highly able pupils may not be challenged sufficiently or those with specific reading or writing problems may not be receiving the appropriate support to help them make progress overcoming their difficulties.

Family circumstances may give rise to additional support needs; for example, where a child's or young person's home life is disrupted by poverty, homelessness, domestic abuse, parental alcohol or drug misuse or parental mental or physical health problems. Additional support needs may arise where the pupil herself is a young mother or is helping to care for disabled parents or siblings. The child or young person may be being looked after by the local authority or have recently left care or be in need of measures to secure their care and protection. In these circumstances support from Child and Family teams may be needed to ensure that the child or young person is able to benefit from education.

Issues relating to a **disability or health need** may mean that additional support is required; for example, where a child or young person has a motor or sensory impairment, specific language impairment, autism spectrum disorder or has learning difficulties. Mental health problems such as attention deficit hyperactivity disorder and depression can disrupt learning and may lead to additional support being required from child and adolescent mental health services to ensure benefit from school education.

Social and emotional factors may also give rise to a need for additional support. A child being bullied or bullying may need additional support. A child experiencing racial discrimination may need additional support. A child with behavioural difficulties may require additional support to develop positive behaviour in school and to stop offending in the community.

The Act provides the legal framework underpinning the system for supporting children and young people in their school education, and their families. This framework is based on the idea of additional support needs. This broad and inclusive term applies to children or young people who, for whatever reason, require additional support, long or short term, in order to help them make the most of their school education and to be included fully in their learning. Children or young people may require additional support for a variety of reasons and may include those who:

- *have motor or sensory impairments;*

- *are being bullied;*

- *are particularly able or talented;*

- *have experienced a bereavement;*

- *are interrupted learners;*

- *have a learning disability;*

- *are looked after by a local authority;*

- *have a learning difficulty, such as dyslexia;*

- *are living with parents who are abusing substances;*

- *are living with parents who have mental health problems;*

- *have English as an additional language;*

- *are not attending school regularly;*

- *have emotional or social difficulties;*

- *are on the child protection register;*

- *are young carers.*

Any child or young person may have additional support needs arising from more than one of these factors outlined above. And, any of the above factors can also lead to poor or non attendance at school and result in additional barriers to learning.

Support needs may be temporary and short-term. Schools should be creative in devising strategies to support each child or young person to overcome these short-term barriers to learning.

However, the overriding consideration for managers and practitioners in schools and services is to agree strategies and the means to overcome barriers to learning, having carefully identified the true nature of these barriers.

Appendix 2

Changes Made by the Education (Additional Support for Learning) (Scotland) 2009 Act *(See Chart at end of Appendix which summarises changes)*

The 2009 Act amendments further strengthen parental rights and place more duties on local authorities. The following information describes the adjustments to the 2004 Act. In addition, this link to the Enquire website provides further clarity   .

Placing Requests

■ *The amended Act permits parents of children with additional support needs and young people with additional support needs, including those with co-ordinated support plans, to make out of area placing requests.*

■ *A parent or young person is able to appeal to the Tribunal following the refusal of the Education Authority to an out of area placing request. This holds true for a child or young person who has a co-ordinated support plan, is being considered for a co-ordinated plan, or in respect of whom the Education Authority have decided does not require a co-ordinated support plan. Where the placing request is to a special school the decision to refuse the request will be referable to the Tribunal whether or not a co-ordinated support plan is involved.*

■ *Following the submission of an out of area placing request, parents or a young person are able to access mediation from the potential host authority regarding the placing request.*

■ *Following a successful out of area placing request, parents or a young person are able to access mediation and/or dispute resolution from the host authority regarding that authority's functions under the 2004 Act.*

■ *Following a successful out of authority placing request for a child or young person with a co-ordinated support plan, the new host authority is under a duty to seek and take account of information and advice from the Education Authority from which the co-ordinated support plan was transferred. This includes any agencies or persons involved in providing support under the co-ordinated support plan prior to its transfer.*

■ *The Act enables the decision of an Education Authority refusing a placing request to a Scottish special school to be referred to the Tribunal. It also allows the decision of an Education Authority refusing a placing request for a place in a school in England, Wales and Northern Ireland which is a school making provision mainly or wholly for children and young people with additional support needs to be referred to the Tribunal whether or not a co-ordinated support plan is involved.*

■ *It provides that when hearing a placing request appeal for a place in a special school, the Tribunal has the power to confirm the decision of the authority or overturn the decision of the authority and specify when the placing request should commence and make any amendments to a co-ordinated support plan.*

■ *It extends the power of the Tribunal, when considering a placing request appeal, to enable it to specify a timescale for placing the child in the school specified in the placing request.*

■ *It ensures that any reference transferred back to the sheriff from the Tribunal will be treated as if it were an appeal made directly to the sheriff in the first instance.*

- *Where a child is being educated outwith the area in which he or she lives as a result of a successful out of area placing request, it prevents the Education Authority (the host authority) from recovering the cost of providing any mediation and/or dispute resolution services from the authority for the area in which the child lives (the home authority).*

- *Where a child is being educated outwith his or her home authority as a result of a successful out of area placing request, responsibility for the education of the child or young person and carrying out all the duties under the 2004 Act transfers to the host authority.*

- *Where a child is being educated outwith his or her home authority as a result of arrangements with another authority made or entered into by the authority for the area to which the child or young person belongs, responsibility for the school education of the child or young person remains with the authority for the area to which the child belongs.*

Definition of Additional Support

- *It clarifies the definition of additional support by specifying that it is not limited to support provided in an educational environment.*

- *It requires authorities to apply the wider definition of 'additional support' to children under school age other than prescribed pre-school children who have additional support needs arising from a disability within the meaning of the Disability Discrimination Act 1995   . The Equalities Act which took effect in October 2010 has finalised a Code of Practice for Schools which can be accessed here   .*

Advocacy, Mediation and Dispute Resolution

- *This link   describes the national advocacy service, Let's Talk ASN, run by Govan Law Centre (GLC) and the charity Kindred, which replaced the Take Note service to assist local education authorities to meet the mediation requirements in the Additional Support for Learning Act.*

- *The Act provides that the Education Authority is required to make arrangements for the provision of independent mediation services which cannot include in-house mediation services. A leaflet providing information on the mediation service provided for Highland Council can be accessed at this link   .*

- *The Act provides that, where a parent or young person makes an application for dispute resolution the Scottish Ministers may by regulations provide that application must be made, to the Scottish Ministers   .*

- *The Act enables Scottish Ministers to make an order specifying certain persons from whom parents and young people can obtain further advice, information and support in relation to the provision for additional support needs, including support and advocacy services as referred to in Section 14 of the 2004 Act and places Education Authorities under a duty to publish information as to those persons.*

Assessment and Examination

- *It extends the rights of parents and children and young people with additional support needs to enable them to request a specific assessment, such as an educational, psychological or medical assessment at any time.*

Looked After Children

- *It automatically deems all Looked After Children and young people to have additional support needs unless they do not require additional support in order to benefit from education.*

Children Under School Age and Additional Support Needs

- *It provides that if a child under school age (generally under 5 years old), who belongs to the authority's area, is brought to the attention of the authority as appearing to have additional support needs arising from a disability, then the authority must provide additional support as appropriate.*

Provision of Published Information

- *It requires Education Authorities to provide parents of children with additional support needs and young persons with additional support needs, for whose education the authority is responsible, with all the information authorities are required to publish under Section 26 of the 2004 Act.*

- *It provides that when carrying out their duties under Section 26 of the 2004 Act, the test to be used by authorities in establishing whether a young person lacks capacity should relate solely to the young person's ability to understand the information published as seen in the previous link.*

- *It places authorities under a duty to ensure that a summary of the published information is available, on request, from each place in the authority's area where school education is provided and in any handbook or other publications provided by the school that is for the purposes of providing general information about the school or, as the case may be, the services provided by the authority, and on any website maintained by the school or the authority for that purpose. The Highland Council Support for Learners' website hosts this information in a variety of useful leaflets published in partnership with CHIP+ and accessed here   .*

- *It extends the list of matters on which authorities are required to publish information to include any procedures established for the resolution of disputes.*

Transition and Child's Views

- *It permits the Tribunal to consider any placing request appeal, where a co-ordinated support plan has been prepared or is being considered, at any time before final determination by an education appeal committee or sheriff.*

- *It extends the types of references that may be made to the Tribunal to include failure by the Education Authority to provide, or make arrangements for the provision of, the additional support contained in a co-ordinated support plan which is necessary for the child or young person to achieve their educational objectives. It also enables the Tribunal to specify a timescale within which action must be taken.*

- *It extends the circumstances in which the decision of an Education Authority to refuse a placing request can be referred to a Tribunal, to include those decisions where an Education Authority has issued their proposal to establish whether a co-ordinated plan is required.*

- *It extends the circumstances in which parents and young persons can make references to the Tribunal consequent on certain procedural failures of the Education Authority.*

- *It extends the jurisdiction of the Tribunal to allow it to consider references in relation to an authority's failure to comply with its duties in terms of post-school transitions.*

- *It enables Scottish Ministers to make rules to allow a convener sitting alone to consider certain references and allow the Tribunal to review its decisions in certain specified circumstances.*

- *It provides that following a decision of a Tribunal that requires an Education Authority to do anything, the President of the Tribunal will have the power to require the authority to provide him or her with information about the authority's implementation of the Tribunal decision.*

- *It provides the President of the Tribunal with the power to refer the matter to Scottish Ministers where he or she is satisfied that the authority is not complying with the Tribunal decision.*

Availability of Information on Additional Support Needs

■ *It specifies the information that must be collected from Education Authorities and published on an annual basis by the Scottish Ministers. This information must include the number of children and young people with additional support needs for whose school education the authority is responsible, the principal factors giving rise to those additional support needs, the types of support provided and the cost of providing that support. In Highland, much of this information is obtained from the pupil database SEEMIS. It is therefore essential that every school maintains their pupil details accurately, ensuring that all relevant ASN and confidential fields on el are kept up to date.*

The following chart provides a short comparison of The Education (Additional Support for Learning) (Scotland) Acts 2004 and 2009:

2004 Act	2009 Act
The 2004 Act introduced a new system for identifying and addressing the additional support needs of children and young people who face a barrier to learning. The Act sets out how children and young people with additional support needs should be provided for by Education Authorities, supported where necessary, by appropriate agencies. The Act established Additional Support Needs Tribunals for Scotland to hear appeals relating to co-ordinated support plans. The Act introduced more rights for parents and young people, including their right to have more say in the educational provision being made, as well as access to new dispute resolution mechanisms. Parents can request an Education Authority to establish whether their child has additional support needs and whether they require a co-ordinated support plan (CSP). A CSP must be prepared for those with enduring complex or multiple needs that require support from outwith education services. The CSP focuses on supporting the child or young person to achieve learning outcomes and assists the co-ordination of services from a range of providers.	The 2009 Act amends and strengthens the 2004 Act, and clarifies the definition of additional support needs. It deems all Looked After Children to have additional support needs unless the education authority determines otherwise. It increases parental/young person's rights in respect of access to the Additional Support Needs Tribunals for Scotland (ASNTS) whether or not a CSP is involved. It provides for the ASNTS Advocacy Service. It strengthens the rights of parents and young people, including those with CSPs to make out of area placing requests. It strengthens parental access to mediation and dispute resolution from the host authority following a successful out of area placing request. It strengthens the requirement to seek the child/young person's view at post school transitions. It deems that authorities must meet requests for a specific assessment and/or examination at any time. It requires authorities to collect specified information on additional support needs

The following chart provides a short comparison of Supporting Children's Learning: Code of Practice 2005 and 2010:

Code of Practice 2005	Code of Practice 2010
Chapter 1 *Summary of Additional Support for Learning Act*	**Chapter 1** *Summary of Additional Support for Learning Act*
Chapter 2 *Additional Support Needs*	**Chapter 2** *Additional Support Needs*
Chapter 3 *Meeting Additional Support Needs*	**Chapter 3** *Meeting Additional Support Needs*
Chapter 4 *Co-ordinated Support Plan*	**Chapter 4** *School Attendance: Rights, Responsibilities and Placing Requests*
Chapter 5 *Transitions*	**Chapter 5** *Co-ordinated Support Plans*
Chapter 6 *Working with Children and Families*	**Chapter 6** *Transitions*
Chapter 7 *Resolving Disagreements*	**Chapter 7** *Working with Children and Families*
Chapter 8 *General Provisions*	**Chapter 8** *Resolving Disagreements*
	Chapter 9 *General Provisions*

Annex a *Links to Other Legislation, Policies and Guidance*	**Annex a** *Links to Other Legislation, Policies and Guidance*
Annex b *Co-ordinated Support Plan Template*	**Annex b** *Co-ordinated Support Plan Template*
Annex c *Features of Mediation*	**Annex c** *Making Decisions About Whether or Not the Additional Support is Significant*
Annex d *Placing Request Routes*	**Annex d** *Features of Mediation*
	Annex e *Practice Matrix: Allied Health Professionals and Education Working in Partnership* *(See also Section 11 Further Information 11.1)*

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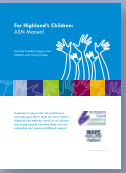
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Improvement Through Self-Evaluation

Section 9
Improvement Through Self-Evaluation

Evaluating the extent to which a school and its partners meet the needs of all children including those with additional support needs, and remain open to improving their practice, is an essential task. Schools and services need to know what positive difference they are making to the lives and the future options of all children and young people. They need to know how to continuously improve their practice and provision for children and young people with additional support needs.

In relation to self-evaluation, *A Journey to Excellence* (HMIe) describes a school (and its partners) as excellent when:

- *staff strongly believe in their ability to make a difference to the experiences of young people and constantly seek to do so;*

- *problem solving is carried out in a resourceful, creative and innovative way that focuses on solutions; and*

- *the school community takes a joined-up approach to improvement across all that it does.*

This link   takes you to HMIe's set of quality indicators which provide the core tool for self-evaluation for all schools. In addition, Education Scotland's 2015-16 Advice Note   provides additional advice about increased expectations. This link   takes you to *Improving Our Curriculum Through Self-Evaluation.*

The **views of children and young people** about how well they are being supported form a key component of effective self-evaluation. Equally important are the **views of parents and carers** in terms of their involvement in decision making as well as their level of satisfaction with provision.

The self-evaluation guidance which is included at the end of each section in Part 2 of this Manual provides prompts in relation to how well **key aspects of services are delivered in partnership** and contribute to meeting the needs of all children and young people, including those with additional support needs.

The guidance emphasises the underlying principle of GIRFEC whereby practitioners co-operate and collaborate to improve the wellbeing and life chances of all children and young people and develop the four capacities of *Curriculum for Excellence* **within an integrated framework.**

The **Prompts for Reflection** allow practitioners and managers to reflect on particular aspects of practice in relation to additional support needs. They can identify their strengths and take action to improve development needs. In addition schools and their partners can take account of this link   to the Education Scotland document '*Improving Outcomes for Learners through Self-Evaluation*' 2008. This link   takes you to the Education Scotland **Supporting learners - Self reflection resource.**
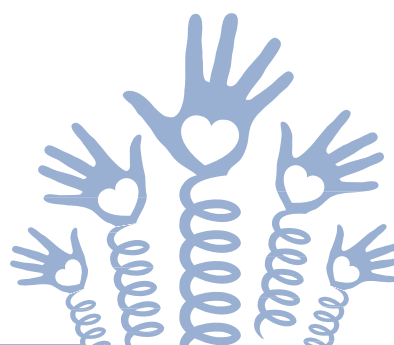
Early Years practitioners will take full account of Child at the Centre   .

Social workers will refer to National Care Standards Framework   .

Community and Youth workers will also refer to the Community Learning and Development framework shown at this link   .

Health Practitioners will refer to the targets and standards set down by Healthcare Improvement Scotland   .

The self-evaluation guidance in this Manual should not be seen as an additional chore, but rather as a support to schools and services in their search for what constitutes best integrated practice across key areas of additional support needs, as well as suggestions about how, together, they can engage in continuous improvement.

Prompts for Reflection

How well do the school and its partners undertake *self-evaluation* in relation to additional support for learning?

Best Practice

Senior Managers across all services support their staff to be reflective and open about how to improve integrated practice.

The range of relevant, regular inter-agency meetings are purposeful, solution focused and open to suggested improvement, and involve parents and children and young people as appropriate.

Senior Managers have ensured their staff have a clear understanding of the implications of the 2009 ASL Act, GIRFEC and other relevant legislation, and use the Highland Practice Model as the framework for their practice.

There is openness for colleagues from Care and Learning Service to carry out peer observation across services as part of the self-evaluation process.

Improvement plan/s, pay attention to matters which improve how the school and partners, including parents and young people, meet additional support needs.

What is the Impact?

The school works with its partners to develop a shared culture of reflection and all are committed to improving their practice in relation to meeting additional support needs

School staff and their partners learn from each other's practice how best to meet needs of all children and young people

Working relationships across all services continuously improve as they share evaluations and plan improvement

The needs of all children and young people are effectively met because of excellent integrated working

Best Practice

Formal audits of quality or provision are undertaken with parents.

Children's voices are heard through formal forums as well as the school having a culture which ensures children and young people, particularly the most vulnerable, feel confident to speak out.

Consultation with children and young people and their parents/carers happens regularly and informs decision-making, policy and strategic developments.

What is the Impact?

Relationships with parents are positive because they are confident in the school's ability to work in partnership to meet the needs of their children

Children are encouraged to be effective contributors and feel confident they can help the school and services to make positive changes

Effective Leadership and Partnership

Section 10
Effective Leadership and Partnership

Effective Leadership

Senior Leaders across schools and early years settings, and all partner services have a key role to play in demonstrating commitment to all children and young people, including those with additional support needs. Their unconditional positive regard for all children, including the most vulnerable and those with challenging behaviour, is a key element in promoting an ethos of acceptance and professionalism within schools and services. In best practice, these key managers become a '*Champion of inclusion, acceptance and diversity*' (Dr Loretta Giorcelli, Fellow of the Australian College of Education who presented at a conference on Inclusion in Perth in November 2010) and continuously promote the importance of building a positive relationship with each child or young person.

Senior Leaders in schools and early years settings, with advice from relevant others, have a key responsibility to ensure that the curriculum and broader learning opportunities are suitably differentiated and flexible to meet the needs of all children and young people, including those with additional support needs. They must also ensure that all practitioners take very good account of advice and guidance from support and specialist staff together with information provided in transition documents. Excellent leadership for learning demonstrates the desire to take responsibility and to accept accountability:

- *Leadership for Learning: Leadership of change and improvement*

- *Leadership for Learning: Leadership and direction*

- *Leadership for Learning: Leaders matter*

- *Leadership for learning: The Challenges of leading in a time of change*

- *Leadership for Learning: Pathways for leaders*

- *Leadership for Learning: Developing people and partnerships*

Each school and service has a duty to ensure that children with additional support needs have their full entitlement to education and support so that they can maximise their attainment and broad achievement. Key tasks to be undertaken by Senior leaders in schools in relation to meeting additional support needs are shown at **Further Information 10.1**. Advice on developing procedures, protocols and practice which clarifies the school's approach to meeting (additional support) needs is shown at **Further Information 10.2**.

A key challenge in respect of managing provision for additional support needs is the time and effort it takes to make sense of and co-ordinate information about each child or young person. Updating the information requires open communication in both informal and formal settings. Indeed, all daily interactions including sharing insights with young people and staff are vital and often illuminating - '*Insight is a perishable commodity*' (source unknown). Irrespective of the size of school, what is essential is an understanding about the importance of having in place systems which

facilitate on an ongoing basis, the co-ordination and management of information, resources, expertise, strategies and best practice of very many professionals, parents and carers. Within Highland, these processes are outlined in the Guidance for meeting additional support needs in Care and Learning Service   and also within the Guidance on the Highland Practice Model   .

Some schools have in place excellent systems which promote the flow of communication and enable close monitoring of progress and concerns about learning as well as emotional and behaviour needs. These schools also ensure much informal communication. The range and extent of meetings will vary in each school depending on the complexity of needs in the school at various times as well as the size of the Support team within and beyond the school. This may vary from year to year and even within the school session. Evidence shows that taking a solution focus in meetings, following the principles involved in following a solution focused approach   , ensures full participation and engagement of all involved. This approach provides a format for effective meetings, which are promoted in Highland.

Senior Leaders across all services play an important role in ensuring that practitioners effectively monitor and track progress of all children and young people across all aspects of learning and social competence.

Effective Partnership

Partnership is crucial if Highland's children and young people are to achieve their potential. Senior Leaders are key to understanding the importance of working in partnership with a range of practitioners as well as with parents and young people, in order to meet additional support needs. The needs of almost all children or young people with significant additional support needs can only be met using the combined skills and expertise of a range of practitioners who plan and work closely together, led and supported by competent Leaders. Partnership working within each school and its community is the first and most important port of call. In order that this happens effectively, all schools and services should be clear who constitutes the in-school Support Team. They must also be clear who constitutes the Care and Learning Service external to the school and also the wider multi-agency integrated team which includes NHS staff, Post 16 Services and a range of voluntary services. All members should be clear about who takes responsibility for managing and co-ordinating these teams. They should also be clear about each other's respective roles and responsibilities which are described in detail in **Section 11**.

In Highland there is a range of specialist educational services to support schools in meeting the needs of children and young people who require additional support. These services are integrated within the ASN team and can offer advice, consultation, training and direct involvement with children and young people and their families. They include:

- *Autism Advisory Teacher   ;*
- *Highland Deaf Education Service   ;*
- *Highland Education Vision Support Service   ;*
- *Assistive Technology Service   ;*
- *Interrupted Learners - Gypsy Travellers   ;*
- *Highland Psychological Service   ;*
- *Pre-School Home Visiting Service for Children with additional support needs   .*

These services are co-ordinated within a strategic planning system, monitored and reviewed by the central Additional Support and Disability Improvement Group, led by the Head of Service ASN. Other members of the central ASN team, ASN Managers and Officers in the Area Teams can help with advice, consultation and training in particular topics. Their details can be found at   .

In addition, there is a range of Health and Social Care support services that can support school staff. They include:

- *Primary Mental Health Workers*

- *Speech and Language Therapists*

- *Physiotherapists*

- *Occupational Therapists*

- *Child and Family Teams (including Disability staff)*

- *Children's Services Workers and CSWs Early Years*

- *Practice Leads (Early Years, Schools, and Care and Protection)*

- *Health Visitors*

- *Public Health Nurses*

- *Dieticians*

If all our children and young people are to develop and use their potential to the fullest extent, they need the skills and expertise of a team to support them. The ability to developing people and partnerships is an essential skill of a good leader. The Education Scotland document   demonstrates 'Making a Start to Working with Partners'.

Getting it Right for Every Child and Young Person (GIRFEC)

Scottish Government's programme, '*Getting It Right for Every Child*' aims to improve outcomes for all children and young people through a **shared** approach which:

- *builds solutions with and around children and families;*

- *enables children to get the help they need when they need it;*

- *supports a positive shift in culture, systems and practice.*

In Highland, the GIRFEC principles form the basis of the Highland Practice Model   . This practice model applies to all those working together to support children and young people in all aspects of their lives and therefore encompasses those who have, or may have, additional support needs. In essence the Highland Practice Model:

"Makes the most of bringing together each worker's expertise: respecting the contribution of others and co-operating with them, recognising that sharing responsibility does not mean acting beyond a worker's competence or responsibilities."

The Highland Practice Model means '*providing leadership and strategic support to implement the changes in culture, systems and practice*' required within and across agencies. It also requires a strong focus on 'child centred

processes'.

Senior Leaders across all services must demonstrate commitment to continuous improvement and support their staff to self-evaluate their practice in line with national advice and by using the Prompts for Reflection in this Manual.

Practitioners are expected to record information using shared language structures around the Highland Practice Model, sharing key, relevant information as appropriate. They should also use the standard planning format   across all children's services.

Effective Partnership with Children and Young People

A key principle of GIRFEC is the need to put the child at the centre: '*children and young people should have their views listened to and they should be involved in decisions that affect them'*.

For children and families *Getting It Right for Every Child* means:

- *they will feel confident about the help they are getting;*

- *they understand what is happening and why;*

- *they have been listened to carefully and their wishes have been heard and understood;*

- *they are appropriately involved in discussions and decisions that affect them.*

The Children (Scotland) Act 1995 incorporated the principles of the United Nations Convention on the Rights of the Child (UNCRC) by giving all children the right to express their views on matters affecting them, should they wish to do so. This includes Local Authority decisions for Looked After Children, and certain decisions made by courts and children's hearings. Scotland's Commissioner for children and young people is passionate about the need for us all to listen to children so that they can have their rights respected and upheld. During 2010 the Commissioner heard from, met and 'blethered' with thousands of Scotland's children and young people to help influence his work over the next four years.

Schools and services therefore need to consider how best to truly engage with children and young people in relation to stating their (support) needs. Some children and young people with additional support needs will be able to express themselves clearly and directly. Their views must be listened to including those who use alternative means of communication and for whom the development of communication passports may be helpful.

The 2009 Education (Additional Support for Learning) (Scotland) Acts (ie the 2004 Act, as amended) provides useful advice on how best to listen to children and young people:

"In order to express views, children and young people need to have experience of being asked for their views, being listened to, making some choices and having some influence over what they do. (Authorities) may need to make arrangements for those who require an interpreter; or whose first language is not English; or who have behavioural difficulties and are unwilling to co-operate. A range of approaches will need to be considered to determine the use of alternative or augmentative communication systems, including signing, the use of interpreters, and engaging the views of others such as family members, foster carers, social workers and other professionals who know the child or young person."

The child or young person may communicate using speech, in writing, tape, sign or other form of communication such as facial expression or body

posture. *"Supporters and advocates can help by making sure that a parent's or young person's view is understood, put across and taken account of in discussions where parents or young people feel unable or less confident to do so themselves."* The *'Voice of the Child'* under the Children (Scotland) Act 1995: Act states: *"Due regard should be given to children's views, subject to their age and maturity"* when making decisions about them. This includes children and young people who are looked after. It is important that schools and their partners understand that some children who are looked after will not have the same kind of parental support as other children. This helpful link to *'My Turn to Talk'* (Scottish Executive 2006) presents issues to consider in relation to talking with children who are looked after and the acknowledgement of a possible set of five levels of participation as developed by Shier in 2001. Consultation has been a key priority within Children's Services and is an underlying principle of the Children's Services Plan, For Highland's Children. Those working on consultation projects are advised to consider this means of recording their consultation project and to alert the Principal Officer Early Education and Additional Support for Learning, so that a local bank of consultation events can be tracked and recorded to inform local decision making and strategic planning.

Further Information 10.3 is a real life story which demonstrates how important it is for all professionals to listen carefully to the views of children and young people, and the consequences of not doing so. All partners can only claim to have full involvement with each child and young person when they have followed through all options to ensure their voices are heard.

Effective Partnership with Parents, Families and Carers of Children with Additional Support Needs

> *"Successful communication between parents and practitioners is always based on positive engagement and mutual respect. Creating an atmosphere where positive engagement is the norm will benefit all parents and children, producing the type of nurturing environment where learning flourishes."*
>
> Communication Matters, an ESRC funded publication

Most Authorities, including Highland Council, have a Parenting Strategy which supports the aim of ensuring better outcomes for children by working to reduce inequalities in Child Poverty, Health, Employment and Training. Parenting strategies seek to implement the Scottish Schools (Parental Involvement) Act 2006 and supports parental engagement in children's learning.

The Additional Support for Learning Acts (2004 and 2009) introduced new rights for parents, and young people with additional support needs. As a result of the Acts, parents have the right to:

- *ask the Education Authority to find out whether their child has additional support needs;*

- *request at any time a specific type of assessment and/or examination;*

- *ask the Education Authority to find out whether their child requires a Co-ordinated Support Plan;*

- *make a placing request to an independent or grant aided special school if their child has additional support needs;*

- *make a placing request to another Education Authority for their child to attend a school under the management of that Authority;*

- *use a free mediation service and a dispute resolution service;*

- *appeal to an independent tribunal on matters related to Co-ordinated Support Plans;*

- *appeal against the referral of placing requests to special schools*

and failure by an Education Authority in relation to their duties regarding school to post school transitions;

- *have a supporter or representative with them at any meeting with the school or Education Authority and at Tribunal meetings;*

- *have access to a free advocacy service in Tribunal proceedings;*

- *receive advice and information about their child's additional support needs;*

- *be informed of the outcome of requests under the Act, reasons why a request is refused and any applicable rights to have a decision reviewed; for example: through mediation or dispute resolution or referred to a Tribunal or an Education Authority appeal committee (where it concerns a placing request where there is no related co-ordinated support plan and the placing request is not for a special school);*

- *request that the Education Authority establish whether their child needs a Co-ordinated Support Plan or review an existing plan;*

- *receive a copy of the Co-ordinated Support Plan;*

- *be asked for their views on the new or amended Co-ordinated Support Plan and have them taken into account and noted in the Co-ordinated Support Plan.*

It is essential that schools and their partners work very closely with parents to demonstrate how they are meeting additional support needs. They should explain to parents the Council's Support for Learners Policy Framework , and the Support for Learning Policy, including the Staged Intervention process and clarify what additional support is being/can be provided. They should also have effective arrangements for meeting the varying needs of parents, for example, those who need interpreting or translation services or have restricted mobility, visual or auditory impairments. All schools should ensure they accurately describe the nature of their provision and, along with their partners should work closely with parents in developing and implementing the Child's Plan , which may include Individualised Educational Programmes and Co-ordinated Support Plans . They must also make reference to other plans and protocols. For example: the Intimate Care plan , Behaviour Support plan and/or Moving and Handling protocols. They must also ensure that relevant Child's Plan meetings, including those for children and young people who are looked after, and transition meetings at all stages are supportive and effective and adhere to the timetable set down within guidance on transition shown at this link . In this way schools and services can try to allay parents' fears about the challenges faced by their child '*moving on*'.

This link takes you to advice from Education Scotland on Developing parents' support for their children's learning and on encouraging full involvement of parents in school activities .

This link takes you to **Learning Together:** advice on how to work effectively with partners: **Working with Partners** (Education Scotland).

This link takes you to advice from (Education Scotland) on Multi-agency approaches to improve learning.

The Contribution of Health

All recent legislation has promoted the benefit of agencies working closely together so that the needs of children and young people can be effectively met. This includes effective implementation of GIRFEC and the Additional Support for Learning Act which states: *"Where it appears to an Education Authority that an appropriate agency could, by doing certain things, help in the exercise of any of their functions under the Act, they may, specifying what these things are, request the help of that agency. In making a request the Education Authority should be very specific about the help they are requesting".*

In Highland, the implementation of a Lead Agency model, developing a Care and Learning Service, has significantly supported this approach.

The Other Appropriate Agency Regulations made under the Act specify that appropriate agencies are expected to: *"respond to requests for help within 10 weeks from the date the request is made by the education authority, subject to certain exceptions."*

Allied Health professionals such as Speech & Language Therapists, Occupational Therapists and Physiotherapists, have much to offer Education practitioners in relation to improving children's communication, their general motor function and mobility and generally contributing to minimising barriers to children's learning. The Public Health Nurse, the Paediatrician and Child and Adolescent Mental Health Service staff and others, also have an essential role to play.

The Contribution of Skills Development Scotland, Colleges and Universities

Skills Development Scotland officers are essential partners in supporting young people in transition beyond school to a suitable placement . They currently provide information about:

- *support in learning;*
- *financial assistance for young people with additional support needs;*
- *local resources in your area .*

These services are also available to parents of children with additional support needs.

'*More Choices, More Chances*' (Scottish Government, 2006) is a strategy developed to reduce the proportion of young people aged 16-19 not in education, employment or training. This link provides useful information on the '*More Choices, More Chances*' project being undertaken by Scotland's Colleges, which is supported in Highland through the use of Activity Agreements ; Funding ; Participation Measure ; Training Opportunities ; Employablity Pipeline ; and the use of various voluntary organisations and post school interventions. Subsequently, 16+ Learning Choices aim to ensure that young people leave school with an offer of a positive and sustained destination.

To ensure young people are given an appropriate offer they must be given the support they need while at school to make an informed choice. Secondary schools must ensure effective co-ordination of 16+ Learning Choices. Effective partnership between schools, health and social work and colleges and Skills Development Scotland can help ensure most appropriate destinations. provides the link to practice as it relates to school leavers in Highland.

Partnership with other Agencies

In Highland there has always been a strong history of partnership working. Providing interventions jointly with other services is a strong feature of our work in Highland. Highland Council values its partnership with various statutory bodies such as Northern Constabulary, Scottish Children's Reporters Association, NHS Highland etc and also with voluntary organisations such as CHIP+, Children 1st, Action for Children, Highland's Children's Forum, care and Learning Alliance and others. This link   takes you to '*Building the Curriculum 3*' which identifies a wide range of examples of organisations and partners who can actively assist learning experiences, the development of the four capacities and the fulfilment of entitlements.

Career Long Professional Learning (CLPL)

Identifying Professional Development Needs

Teachers in the 21st century need to be fully informed with professional values, knowledge and actions that ensure positive impact on learners and learning. They therefore, need opportunities to develop in order to address changing demands and challenges. GTCS - The Standard for Career Long Professional Learning CLPL   .

> *"The most successful education systems invest in developing their teachers as reflective, accomplished and enquiring professionals who are able, not simply to teach successfully in relation to current external expectations, but who have the capacity to engage fully with the complexities of education and to be key actors in shaping and leading educational change."*

> ('*Teaching Scotland's Future*', Scottish Government, 2011, Page 4)

Teachers should continue to develop their expertise and experience across all areas of their practice through appropriate and sustained career long professional learning. Regular review of professional performance through the Professional Review and Development process will help staff to identify their own training needs and plan their own professional learning to ensure continuing development of professional practice. In due course, this will help to inform Professional Update.

All teachers should have opportunities to be leaders. They lead learning for, and with, all learners with whom they engage. They also work with and support the development of colleagues and other partners. Career-Long Professional Learning (CLPL) could include a focus on teacher leadership and leadership for learning. The GTCS revised suite of professional standards   provides guidance for all practitioners at all stages in their career - including those who aspire to move into a promoted position.

It is the responsibility of senior managers in school to provide opportunities for teachers to undertake CLPL. Support staff, Educational Psychologists, Peripatetic teachers, Health practitioners, Social workers and practitioners from other agencies can help to provide specialist training, as required.

Specialist training can generally be accessed from Support staff, Educational Psychologists, Peripatetic teachers, Therapists and other Health workers, Social workers and practitioners from other agencies.

Further Information 10.4 provides a useful guide to a selection of specialist knowledge and skills required by all who support children and young people with additional support needs, and their parents. This guide can be used to audit staff professional development needs and help clarify priorities for specialist training.

Clearly training in all aspects of working in partnership in line with the Highland Practice Model   will contribute to improved outcomes for children and young people   .

Further Information

10.1 Key Tasks undertaken by School Senior Leaders in relation to meeting additional support needs include:

- *Headteachers/Senior Leaders have the final management responsibility to meet the needs of all children in their school/service;*

- *Headteachers/Senior Leaders develop and support an inclusive environment and promote methodologies which consider and include all children and young people;*

- *Headteachers/Senior Leaders develop positive relationships with all involved in meeting the needs of children and young people, including parents and carers;*

- *School Senior Leaders should ensure that a Support team is established in their school, even in a school where there is one teacher (the team may consist only of a member of the Management team and an Educational Psychologist in a very small primary school);*

- *School Senior Leaders should work with relevant Support staff to ensure that the ASN fields in SEEMIS is maintained accurately and that their annual audit of needs submission accurately reflects needs;*

- *School Senior Leaders appoint a specific person/s to support, provide advice to, deploy and redeploy, manage and meet regularly with school ancillary support staff;*

- *School Senior Leaders allocate Named Person responsibility, particularly in larger schools, and will clarify this named contact for parents of children with additional support needs;*

- *School Senior Leaders will clarify a Key Link Person for visiting specialists from Care and Learning such as Peripatetic teachers, Therapists, Social worker, Health practitioners. They will also identify the Named Person;*

- *School Senior Leaders will organise a suitable range of meetings, including consulting with others to agree when a child or young person who is looked after requires a Child's Plan review. The Social worker and relevant school staff should agree the most appropriate venue for the meeting, and discuss how best to review the health, care and education needs as far as possible within the same meeting;*

- *School Senior Leaders ensure that the school and its partners undertake rigorous self-evaluation of their provision for children and young people with additional support needs, in line with the advice in this Manual and other relevant guidance.*

10.2 Procedures, Protocols and Practice on Meeting Additional Support Needs

Key Headings

- *Introduction: Statement that this policy has relevance to all staff who work in and beyond the school, supporting children and young people.*

- *Rationale: Description of how the school is committed to ensuring it meets the needs of all pupils, including those who require additional support, with references to legislative and local contexts. Statements which demonstrate how to meet the needs of most pupils: that is, reference to Journey to Excellence, Dimension 1. For example, 'Learning is flexible and adapted to take account of learners' interests. Teachers take full account of the understanding and learning needs of all learners.' Statements which clarify entitlement to a broad and meaningful curriculum for all children and young people.*

- *Reference to other policies and guidance to which this policy relates such as Curriculum for Excellence, Journey to Excellence, Assessment is for Learning, National Assessment Resource, Risk Assessment, Promoting Positive Behaviour; Additional Support for Learning guidance, Child Protection and A RIGHT blether.*

- *Roles and responsibilities and partnerships: Clarity about individual roles and responsibilities, including Authority personnel; clarity about the role of the School Support team; statements which promote team working and show the ways in which staff should work together; including working with parents and key partners, taking account of the advice in this Manual. The policy should clarify the links between the requirements of ASL legislation and the principles of GIRFEC, including having one Child's Plan and ensuring a named person and lead professional are in place when needed.*

- *Identification and assessment: Clarification about how the school intends to identify and assess the additional support needs of its pupils.*

- *Description of a **flexible school curriculum** in line with Curriculum for Excellence and the range of additional support needs which the school and its partners can meet within this curricular framework. Reference to the need for flexible timetabling.*

- *Approaches to **planning** for classes, groups and individuals, including the school's approach to Personal Learning Plans, Individualised Educational Programmes, Co-ordinated Support Plans and how they are integrated within the Child's Plan   .*

- *Approaches which **promote effective learning** for all pupils, including pupils with Additional Support Needs; a brief description of specific strategies and programmes such as Information Technology support, specialist resources or equipment, enterprising and thematic approaches and pathways to ensure **positive achievement** such as Duke of Edinburgh, ASDAN, Caledonian, John Muir, Youth Achievement Awards and National 1 and National 2 courses.*

- *Approaches to ensure **robust care and welfare** which includes child protection   , Administration of Medication   , Moving and Handling   , risk assessment   , Physical Intervention   , and intimate care   are in line with the Council's policies.*

- *Procedures and support for **course choices**.*

- *Procedures for referral, recording and review: (using the ASL guidelines) brief description of how the Framework of Identification and Support works in the School are in line with the Support for Learners Policy Framework   .*

- ***Accessing additional support:*** *brief description of audit of needs procedures.*

- ***Transition arrangements:*** *Arrangements for planning for and supporting pupils to 'move on' to the next stage of education   .*

- ***Arrangements for evaluating effectiveness of this policy:*** *statement which outlines how the effectiveness of Additional Support Needs is evaluated, including the relevance and impact of the school policy.*

Schools with Enhanced Facilities should also include the following in their policy:

- ***clarify that the aim of the provision*** *is to equip each child or young person with sufficient self-worth, skills and confidence to learn in wider groupings where appropriate and enable them, if appropriate, to return to their local school, albeit with support and with their parents' agreement. It is important that specialist provisions clarify to all mainstream schools their continuing role and responsibility in remaining open to the return from specialist provision of their children with additional support needs. They should also ensure that parents and partners such as Educational Psychologists, Paediatricians, Therapists, Social workers and Practice Leads (Schools) are clear about the aims and nature of the Specialist provision. This includes describing the pathway from each Primary provision to Secondary Specialist provision so that parents remain confident about their child's transition beyond Primary 7;*

- ***describe the continuum of support*** *which can include full or part-time specialist provision with some time in mainstream classes, where appropriate. The policy should explain that the aim is to maximise the most inclusive and appropriate learning situation for each child across the range of learning opportunities in and beyond the school, albeit some children supported by the provision will continue to require individualised programmes and one-to-one support almost all of the time. In mainstream schools, all Support staff should be open to an interchange of role so that the needs of children and young people can be effectively met within appropriate/different groupings;*

- ***clarify who fulfils the designated role of Named Person/Lead Professional*** *so that parents and carers and the child as well as partners have a clear point of contact;*

- ***describe the core curriculum*** *of the specialist provision which will take account of all aspects of Curriculum for Excellence including - as appropriate to each specialist provision - Child at the Centre, the Elaborated Curriculum and specialist programmes such as Quest and 'Q'SKILLS, so that children and young people from mainstream classes can join relevant specialist provision groupings when appropriate. This description of the curriculum will explain that personal, emotional and social development and communication form the core of the curriculum for many children with significant needs;*

- ***describe how the accommodation*** *in the provision is fit for purpose and allows a range of activities for a sizeable group of children. Explain that the name of the provision has been chosen sensitively so as to reduce discrimination and ensure children and parents are happy for any child to learn in that environment;*

- ***describe the management structure,*** *including explaining how provision managers can be released from teaching duties to undertake their other considerable roles.*

10.3 A Young Person's Story (illustrating the importance of listening to Young People)

Hi, my name is Luke Smith and I am 13 years old. I was 6 weeks premature and when I was 5½ months old I had pneumococcal meningitis which is a life threatening infection. After some serious interventions I had to get my food via a drip. But after that I was ok. I just rested a lot and I got on with life, including having an operation for a squint. I had a nice healthy life during Primary School and had a lot of great friends. At the end of P7 I started getting very bad abdominal pains and went to the doctor who diagnosed 'growing pains'. The (spasmodic) pain continued and we paid many visits to the doctor and hospitals. They diagnosed Irritable Bowel Syndrome or abdominal migraine. After a spell of 2 weeks of pain I collapsed and was rushed to hospital where appendicitis was diagnosed. This seemed to solve the problem and I was feeling over the moon since I had no pain anymore and could get back to everything I was doing before, such as my dance, drama and singing. However, this was not the case for long.

After moving to a new school campus, I started having apparent fainting episodes. It was very frightening and all I could remember was I had terrible chest pains before passing out. My eyes were hurting and I was so tired I just wanted to go to sleep. Paramedics undertook certain tests and I was taken to hospital. It was suggested I return to school. The same happened again.

After passing out, I got bad chest pains and numbness in my legs and headache. This time the receiving hospital doctor wished to undertake extensive tests and scans but this was vetoed by the consultant on the basis there was 'no need'. I was devastated as were my mum and dad. I continued to pass out pretty much every day in school as well as a couple of times when we were out in the community. It also happened in our kitchen where we have a fluorescent light. I felt my life had been put on hold. I had to give up all of my activities. Most of all my school work was suffering. I continued to 'pass out', sometimes for up to 15 minutes and my seizures were getting more and more violent. Sadly no doctor believed the symptoms I described such as chest pains and numbness.

The school were fantastic, including all the office staff and teachers. I used the learning bay to do my school work in a quiet place because I was disrupting the class with my seizures. I think it was very scary for my friends to see me like that. I got work home to help me catch up and I got work in the learning bay. I was still behind but I knew I would catch up because I really want to be a doctor very badly.

I was told nothing abnormal had shown up on the scans. When I explained that the lights that were in my eyes when they did the scan had caused my eyes to hurt very badly it was suggested I see a Clinical Psychologist. It was suggested I was having pseudo seizures caused by stress or worry, and emotional issues. I was just so upset and couldn't believe what was being suggested. Things deteriorated and the seizures were getting more violent. I could be 'out' for 30 minutes to 1 hour. I was unbelievably tired and getting so forgetful and getting very bad déjà vu. I got dark glasses to dim the lights and it worked until I took them off. It got to the stage that I was having a seizure every day at school and the paramedics were being called every day. I felt my life was closing down. I was not seeing my friends, my teachers or taking part in any hobbies.

On 4 February 2010 I met an ophthalmologist who specialises in identifying and addressing sensory integration difficulties. My mum and sister were with me and he was asking me questions and I was so scared because I had very bad trouble seeing, and my hearing was sensitive as well. He asked if I had ever seen people as monsters and I was thinking I do but I have never told anyone but I said yes. He also asked if I saw shapes in the space and I do. He

asked about my reading and what I saw. I told him when I am reading the words move about and my eyes skip to another line. But the biggest thing for me was never seeing my full face or anyone else's face and body. I did not realise how much I had accepted all of this until that day.

After asking me lots of questions, the ophthalmologist did various colour tests to check my tolerance for them. I put on a pair of glasses with blue lenses and was so amazed at what I could see. It was so very emotional I was crying because I was in shock and I couldn't believe one pair of glasses could change something so drastic. The ophthalmologist touched my leg and I felt it on the other side of my body which I have never noticed before. Then I put the glasses on He did it again but this time I could feel it where he touched me. It was amazing I was so happy! He realised I had significant sensory problems and discovered that it was the red filter in the lights that was adversely affecting me and this was causing seizures. So, I can finish on a positive note!

- *With my coloured lenses I can see myself and everyone properly.*

- *I can hear better and see better and have my sensory system working correctly.*

- *I am able to engage with my studies again and hopefully can achieve my ambition, which is to be a doctor.*

- *Whilst I may never be seizure free and will not be able to drink alcohol or go to parties with disco lights it is a small price to pay for having my life back.*

- *I am now enjoying life to the full, thanks to careful identification, assessment and appropriate support.*

10.4 Identifying (Specialist) Continuous Professional Development

The table below identifies a range of specialist training which may be required by certain staff. Senior Managers can use it both to audit and identify staff training needs.

Extended Curriculum to Promote Broad Achievement
ASDAN, Dynamic Youth Award, John Muir Award, Duke of Edinburgh
Health/Medical
Epilepsy, Diabetes, Significant allergy, Asthma, First Aid
The Scottish Government National Advice on Child Protection can be accessed here   .
Understanding Specific Needs
Autism Spectrum Disorder, Cerebral Palsy, Down Syndrome, Attention Deficit Hyperactivity Disorder, Dyslexia, Dyspraxia etc
Bereavement Course
Methodologies
ICT: Confidence with Basics; Interactive White Board; Interactive Plasma Screen; GLOW Mentor; GLOW; Boardmaker; Clicker Eduapps
Talking Mats, Intensive Interaction, Visual Supports for Communication, Makaton, Teacch, CALM (1,2,3), Moving and Handling, DCD Training, Rebound Therapy, Risk Assessment, Counselling

The specialist support services that are part of the ASN team in Highland can provide training in many of these areas. Contact details, further information and useful support strategies can be found on the Support for Learning website   .

Prompts for Reflection

How well do the school and its partners *lead and manage* provision for support for all children and young people?

Best Practice

The vision, values and aims of the school and services promote an accepting and positive ethos based on strong and meaningful relationships. This vision is modelled by Senior Leaders.

All partners have shared understanding of the implications of all relevant legislation and Government guidance.

Senior Leaders are clear about what constitutes universal, targeted and specialist support and have explained this to relevant staff and parents.

Senior Leaders across the school and partner services demonstrate high expectations for all children and young people by bringing about change to systems, procedures and practice.

School systems and procedures are in place to ensure strategic discussion and shared agendas with relevant partners.

School Senior Leaders have a system to ensure all relevant practitioners are informed about the medical and health needs, the communication and physical needs and the social and emotional needs of children and young people.

School Senior Leaders have in place and have shared with their partners robust policy and procedures on intimate care, risk assessment, physical intervention and support, moving and handling, eating and drinking, alternative augmentative communication, medication and personal care as required to meet the additional needs of their children and young people.

All partners are sufficiently informed about Curriculum for Excellence to be able to contribute meaningfully to planning to achieve the outcomes for children and young people.

The school facilitates information/training sessions by relevant members of therapy services, health practitioners, Skills Development and college staff, voluntary agencies as needed. The school and its partners' training schedules are relevant and accessible. Training is evaluated as useful and pertinent and has impact on practice.

Senior Leaders are committed to working closely with parents and seeking the views of their children.

All partners record information on improved outcomes for children and young people and use the information in planning and resourcing services in their service specific Improvement Plans.

The school and its partners are committed to evaluating their collective progress and jointly take steps to bring about improvements.

What is the Impact?

Effective partnership develops shared vision and direction

Partnership working meets legislative requirements, including for transitions

Progress/attainment and achievement data trends show that children with additional support needs are effectively supported to achieve their potential

Children are safe and arrangements for meeting their physical, emotional/mental health needs are met well through effective partnership

All practitioners feel confident in supporting children and young people with additional support needs

The combined expertise of partners provides effective support and achieves better outcomes for children and young people

Parents and their children believe they can positively influence the quality of provision
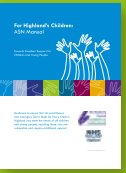
Section 11

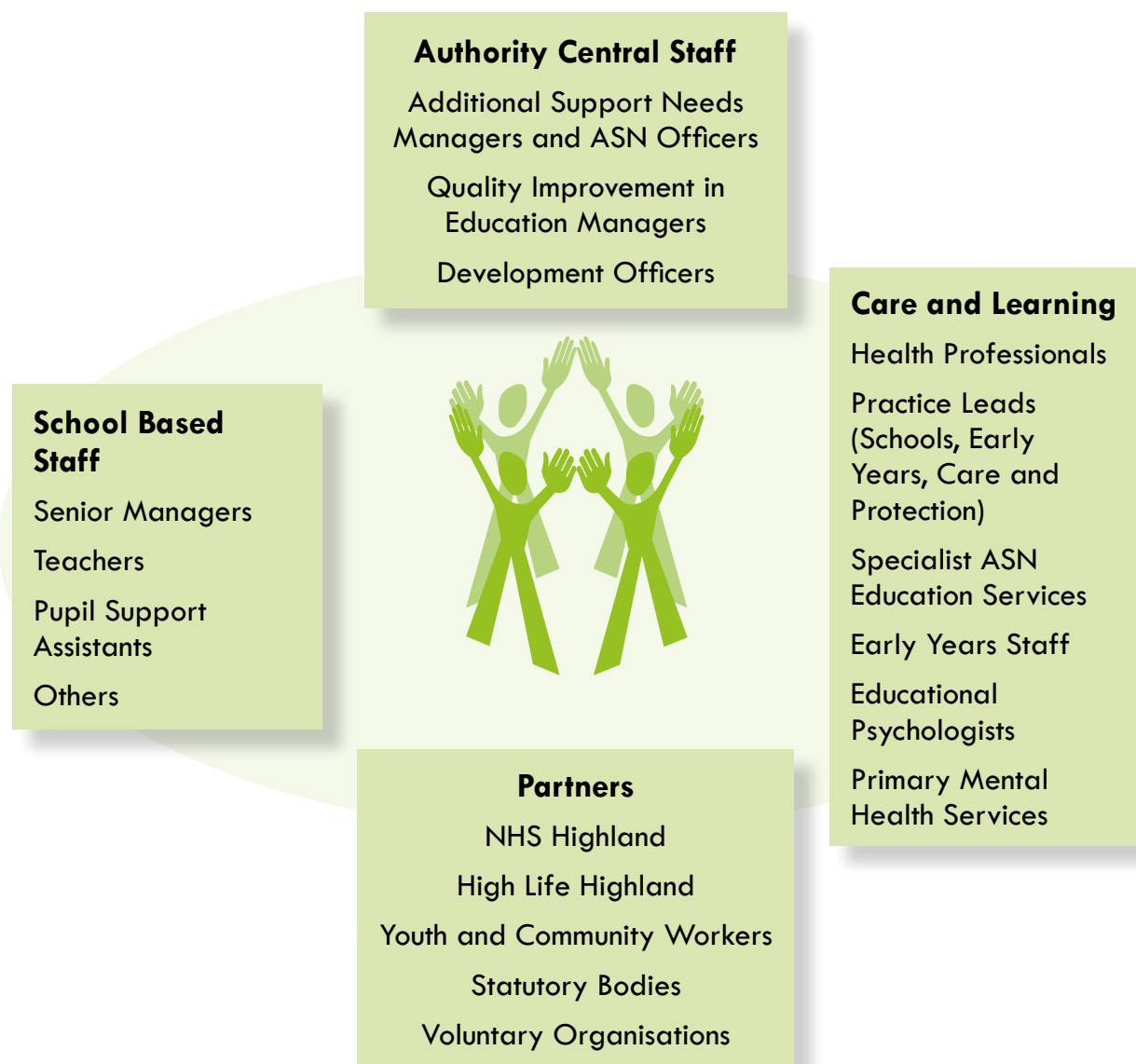# Effective Partnership (Roles and Responsibilities and Communication)

Section 11
Effective Partnership (Roles and Responsibilities and Communication)

Authority Central Staff

Additional Support Needs Managers and ASN Officers

Quality Improvement in Education Managers

Development Officers

School Based Staff

Senior Managers

Teachers

Pupil Support Assistants

Others

Care and Learning

Health Professionals

Practice Leads (Schools, Early Years, Care and Protection)

Specialist ASN Education Services

Early Years Staff

Educational Psychologists

Primary Mental Health Services

Partners

NHS Highland

High Life Highland

Youth and Community Workers

Statutory Bodies

Voluntary Organisations

The diagram above demonstrates the very wide range of support and additional support which can be available within Integrated Children's Services - Education, Health and Social Care - to meet the additional support needs of children and young people and their family or carers.

The nomenclature of posts and the focus of roles can vary from Authority to Authority, but the overall network of support and the responsibilities across schools and services have to have strong similarities.

Irrespective of the names of posts and staff structures, the additional support needs of children and young people can only be met through effective support delivered by a team of staff who are clear about respective roles and responsibilities.

Levels of Identification and Support

Broad roles are outlined in *Supporting Children's Learning Code of Practice* (Revised Edition), at 3.31: the Framework of Identification and Support, shown at this link and in the following diagram.

GIRFEC	Identifying	Supporting
Universal	Parents/pre-school staff/teachers/health or social services staff, other agencies identify child/young person needing support or planning which can be met within the existing pre-school or school setting.	**Internal Support Single agency plan** Support/planning put in place from within school resources but including monitoring and review of effectiveness by school and parents. The named person from within the school co-ordinates the overall approach. An individualised educational programme (IEP) may be needed as part of the Child's Plan.
Single Agency Plan	Situation not resolved and need for further action identified. Advice and support sought from specialists outwith the school or centre but from within educational services. *My World Triangle* used as an assessment framework with specialist assessments provided as necessary.	**External support from within education Single agency plan** Support/planning put in place using educational resources from outwith the school or centre including monitoring and review of effectiveness by the core team as required, eg support from visiting teacher, educational psychologist etc. The named person is responsible for co-ordinating the overall approach. The Child's Plan is in place.
Multi-Agency Plan	Situation not resolved and need for further action identified. Advice and support sought from specialists outwith education. Further multi-agency assessments using the *My World Triangle* and resilience matrix as an assessment framework.	**External support requested Multi-agency plan** Support/planning put in place using support from health and social care staff, voluntary agencies etc as required. Arrangements put in place for monitoring and review, involving parents and all relevant professionals as required. A lead professional is responsible for co-ordinating the overall approach. A Child's Plan is in place. Co-ordinated support plan is considered, as part of the Child's Plan process.

The Code recommends three (revised) levels of identification and support that are in line with the Highland Practice Model   . The Levels of identification and support are described as follows:

- *Universal*

- *Single Agency plan - targeted/specialised*

- *Multi-Agency plan - targeted/specialised*

This link   takes you to Education Scotland's description of **Staged Intervention**.

All managers and practitioners should be clear about Highland's staged approach to identification and support and understand the role of relevant practitioners who are involved at the different levels in identifying and supporting children's learning.

At all Levels, it is the Named person and/or the Class teacher who holds the main responsibility for nurturing and educating all pupils in their class. Additional support at the first level means that teachers can receive advice with planning and additional support from within their own school's resources. That is, they can receive additional support from colleagues, support staff and promoted staff. This is described as **universal provision**, ie provision which is available for almost all children. Any plan at this level will be simple and should be proportionate to the assessed need. An identified child's needs may be planned for within the general class plan, a group plan but with a note made in the chronology or the PPR or on a 'Form 1'.

At the next level, Named persons and Class Teachers can be helped to meet needs with additional support from beyond the school albeit still located within Education & Children's Services. This can include additional support from Peripatetic teachers, Educational Psychologists and advice and consultation from Integrated Services Officers (ISOs). Planning to meet the needs of a child receiving support at this level will generally require a **Single Agency plan**. The support provided is described as targeted provision.

Again, any plan should be proportionate to the assessed need and may be recorded on Form 1, if this is simple and straight forward, or a Child's Plan format should be used if the plan is more complex, with several partners involved.

At the next level, Named persons and Class Teachers can receive a range of support from within the school as well as support from beyond the school. This Multi-Agency input can include direct intervention by social work, eg Children's Services Worker, when appropriate, and/or advice and/or direct support from health and/or voluntary agencies. A child whose support is considered to be at this level requires a **Multi-Agency plan** co-ordinated by a Lead professional. The support provided is described as targeted or specialised, with the plan recorded on the Child's Plan format shown here   . National guidance on the Named Person and Lead Professional can be accessed here   .

Co-ordinating (Educational) Support in Schools

All schools benefit from a Headteacher who demonstrates acceptance and embraces diversity and is highly committed to ensuring the needs of all children are met. All schools irrespective of size need to be clear who forms their Support team and be clear how different functions will be delivered. **All school staff and partners should be familiar with the legislative framework and have an understanding of its application in their day-to-day work.** The following table provides an overview of roles and responsibilities of school and Authority based staff in Highland.

However, roles and responsibilities will change depending on the context of the school and Authority. It is therefore important that each school clarifies their own situation so that there is no confusion for practitioners, children and young people, parents and carers. Schools can use the description which follows to ensure managers and practitioners have an effective collective framework of support for children and young people. Who is specifically responsible and how they decide to deliver the tasks and functions will require careful consideration and agreement. Lead professionals (school staff or partners) co-ordinate help to a child or young person and family, including planning provision.

The following table defines roles of key members of staff.

Part 1

Part 2

School Senior Managers

The key roles and responsibilities of **School Senior Managers** are as follows:

- *have very good knowledge of support, including identification and assessment, best practice, referral systems and procedures;*

- *ensure continuous updating of knowledge; and be able to model best practice in teaching;*

- *demonstrate commitment and unconditional positive regard to all children and young people, including those with additional support needs which includes those with challenging behaviour;*

- *promote within the school an ethos of acceptance and professionalism;*

- *develop and implement a school policy which clarifies how the school meets learning needs, including additional support needs. Further Information at 9.1 provides advice on developing a school policy on Additional Support Needs;*

- *work in close partnership with parents and carers;*

- *ensure effective provision of pastoral care for all pupils, with a particular focus on those experiencing social, emotional or behavioural difficulties;*

- *ensure the provision of support to all pupils who require additional assistance with their learning and provide support and direction to Class teachers, Support for Learning and Guidance staff;*

- *fulfil all duties in relation to Child Protection;*

- *co-ordinate support for Looked After Children (see Further Information 10.1);*

- *provide clarity of roles and responsibilities within and beyond the school;*

- *promote a team approach, and in line with the Highland Practice Model, co-ordinate and integrate in-school support along with Educational Psychologists, Integrated Service Officers and Public Health Nurses;*

- *take account of the advice in Section 9 of the manual in respect of organising a range of solution focussed meetings to ensure effective communication across the team/s;*

- *as named person/lead professional, manage and co-ordinate the Child's Plan meetings, including ensuring effective transition arrangements;*

- *ensure effective allocation and timetabling of staff to undertake key tasks such as the organisation of* **transport***, and support in the playground, therapy follow up, intimate care, as well as classroom support;*

- *ensure robust approaches to whole school self-evaluation which takes full account of how well the school and each class teacher meets learning needs, including additional support needs;*

- *undertake Supervision/Appraisal/Staff Review and Development of members of the Support team and identify and collate staff knowledge and skills for continuous professional development purposes;*

- *effectively use the School Improvement Plan to continuously improve the way in which learners' additional support needs are met.*

And, in Secondary schools:

- *co-ordinate and develop the Guidance Team in their pastoral, curricular and vocational work which includes: co-ordination of all arrangements for Option Choices, support the work of register teachers, oversee Universities & Colleges Admissions Service (UCAS) arrangements and other pupil references, as well as having an overview of the development of the Personal & Social Education programme (which includes Health Education), supervise the work experience programme and have an overview of profiling and records of achievement;*

- *ensure Assessment Arrangements for candidates with additional support needs are in place;*

- *ensure that 16+ co-ordination is undertaken effectively (see Section 11: introduction to Skills Development Scotland).*

Pre-School Home Visiting Teachers

Pre-School Home Visiting teachers have an important role to support families and children where the child has additional support needs arising from complex and multiple factors. Requests for service can come from Paediatricians, Health Visitors, Pre-School Centres, Therapists, Educational Psychologists, Social Workers, Practice Leads (Early Years), Family Centres and parents. Usually more than one other agency is already involved with the child and this gives an indication of the severity of the child's needs.

The Pre-School Home Visiting teacher can:

- *work co-operatively with other professionals involved with the child and family;*

- *provide an opportunity for parents to discuss their concerns fully;*

- *support parents as the main educators of their child (offer advice about toys or equipment or about other services or benefits);*

- *along with partners, assist in identifying the child's needs;*

- *promote a child's development through planned activities;*

- *consult with and work co-operatively alongside staff in Pre-school provision;*

- *assist parents in finding information to support their choice of Nursery or School.*

Part 1

Part 2

Class/Subject Teachers

Class teachers hold the main responsibility for nurturing and educating all pupils in their class. Key roles and responsibilities are to:

- *develop meaningful relationships with children and young people and ensure a positive learning environment to promote learning and personal development;*

- *work constructively with parents;*

- *undertake effective approaches to planning for the class, groups and for individuals and differentiate the curriculum accordingly. Along with colleagues, take responsibility for developing Individualised Educational Programmes as part of the Child's Plan where necessary;*

- *develop well considered curriculum programmes for the class as a whole, for small groups and for individuals where necessary;*

- *deliver high quality learning experiences which include active and experiential learning, Assessment is for Learning strategies, co-operative learning and effective use of ICT;*

- *continuously track and monitor the progress of all pupils through formative assessment and evaluation of outcomes;*

- *remain alert to the lack of progress or accelerated progress and understand the importance of communicating concerns to relevant others about progress;*

- *work in partnership with Support staff to plan, deliver and review;*

- *ensure effective communication/consultation with Support staff;*

- *guide Pupil Support assistants and ensure strategies are meaningfully implemented;*

- *adjust daily timetables when necessary to maximise support;*

- *incorporate suggested strategies, resources and advice whenever possible.*

Pupil Support Assistants

Pupil Support assistants are essential and valuable members of the Support team. They are able to make close and meaningful relationships with children and young people. They may know aspects of the child/ren better than anyone and their contribution to discussion about needs and strategies is essential. Schools must ensure there is a forum and good opportunities for Pupil Support assistants to contribute to discussion and to the Child's Plan process.

The roles of the Pupil Support assistant are extremely varied but can include the following:

- *relationship building with the child/ren;*

- *taking on the role of significant adult in offering emotional support and unconditional acceptance to vulnerable children;*

- *linking with Class Teacher/Pupil Support Teacher and parents (as agreed by Senior Managers) and Therapists/Peripatetic teachers and others during protected time when possible;*

- *providing support with a specified support programme, including support for independent living;*

- *providing support advised by a Therapist or Peripatetic teacher;*

- *moving and handling;*

- *supporting eating and drinking where necessary;*

- *ensuring sensitive intimate and personal care;*

- *providing playground support;*

- *welcoming and departing at beginning and end of day, and escorting throughout the day;*

- *in secondary schools, providing appropriate aspects of support for assessment arrangements for candidates with additional support needs.*

Part 1

Part 2

Primary Pupil Support Teacher/Support for Learning Teacher
Secondary Pupil Support Teacher/Support for Learning Teacher

Meeting learners' needs is potentially more challenging within mainstream since the presumption of mainstreaming. In addition, the Additional Support for Learning Act and GIRFEC emphasise the necessity of partnership working as the means to meeting significant additional support needs. The expectation is that Pupil Support teachers will support the pupil/s in need, irrespective of the nature or degree of their additional support needs. Their main aims are to identify and assess (with others) barriers to learning and in partnership with appropriate practitioners and parents, address these needs through a relevant curriculum, delivered effectively. The Pupil Support teacher utilises 5 roles of support. These include:

Identification and Assessment:

- *assist Class Teachers in identifying additional support needs;*

- *liaise with Senior Managers to clarify those children and young people who are at risk of low achievement;*

- *undertake relevant assessments of learning and/or behaviour in conjunction with others as appropriate;*

- *provide useful advice and strategies to relevant staff including Pupil Support assistants, on the basis of identification and assessment and ensure regular follow-up meetings.*

Good practice in identification and assessment supported by and/or undertaken by Pupil Support Teachers is described in Section 12.

Planning Learning and Teaching (including co-operative teaching)

- *actively teach alongside the Class Teacher to provide all pupils with greater support and enrich the overall quality of learning and teaching;*

- *plan for and/or teach groups, and individual pupils, either in the class or in a suitable smaller environment;*

- *on occasions, follow the teacher's plan and provide focused assistance in a planned way to pupils who have barriers to learning, whether arising from learning difficulties and/ or behaviour, and free the Class Teacher to work with other groups or individuals. This includes having responsibility for a group where the school has 'set' for language or mathematics;*

- *provide short-term assistance to help pupils to catch up on work after a period of illness or absence;*

- *provide support to Class Teachers to develop Child's Plans and, where necessary, Individualised Educational Programmes.*

Consultancy/Consultation:

- *give advice and guidance to Class Teachers, Pupil Support assistants and Senior Managers on the learning and/or behaviour needs and aspects of support programmes for individual pupils;*

- *work with the Management team and the Principal Teacher/s Support to suggest ways of improving the quality and effectiveness of identification and assessment, advising on the suitability of the learning environment and support learning and teaching throughout the school and in particular areas of the curriculum.*

(continued)

Primary and Secondary Pupil Support Teacher/ Support for Learning Teacher *(continued)*

Partnership with Specialist Services:

- *as part of the Support team, liaise with Specialist Support services such as Therapists, Hearing Impaired teachers/Vision Support teachers, English as an Additional Language teachers, and Educational Psychologists and others to help Class Teachers to incorporate additional or alternative strategies into the class curriculum.*

Contributing to Professional Development:

- *along with the Principal Teachers, Pupil Support (Support for Learning/Guidance), the Educational Psychologist, and other Specialist Support staff, contribute to their colleagues' professional development through providing formal and informal training on aspects of additional support needs;*

- *model practice and provide training for Pupil Support assistants in practices such as the use of Toe by Toe, managing motor skills, social skills or emotional coaching groups;*

- *provide information sheets and advice on appropriate reading or online material;*

- *support Senior Managers to hold effective Child's Plan meetings.*

To ensure effective outcomes for all children and young people Pupil Support Teachers' timetables have to reflect the school's current needs so that an appropriate balance of their five roles is planned.

Secondary Pupil Support Teacher (Guidance)

Within the Support for Pupils Facility, Guidance teachers/Guidance teams work in close partnership with families and carers, their Support for Learning colleagues as well as with Subject teachers, Educational Psychologists, Social workers, Youth and Community workers, Health professionals and staff from other agencies. They can:

- *work closely with parents and carers;*

- *provide personal support to pupils, individually and in groups;*

- *support pupil achievement and welfare and help them realise their full potential, through success in broad achievements;*

- *prepare young people for adult life through personal guidance, career education and personal and social education;*

- *monitor attendance;*

- *support, monitor and track the progress of all pupils on their designated caseload;*

- *respond effectively to self-referrals by pupils and through keeping a record of interventions;*

- *attend Child's Plan meetings, and others as appropriate;*

- *deliver and evaluate the Personal and Social Education programme;*

- *contribute to the regular planned programme of interviews with pupils in accordance with the established calendar;*

- *with colleagues, monitor the whole school policy on Care and Welfare and provide progress updates and advice to the Support for Pupils faculty for management team;*

- *play a key role in transition arrangements;*

- *prepare reports and references;*

- *with colleagues, ensure continuous high quality provision and continuous improvement through contributing to the Support for Pupils Improvement Plan.*

Principal Teacher Pupil Support (Support for Learning) Click here to return to title menu

The Principal Teacher Pupil Support (Support for Learning) has a key role in co-ordinating, managing and flexibly deploying their support team, and undertaking the 5 roles of support. In many Secondary schools, the context for Pupil Support teachers has changed to encourage more formalised links among all members of the school Pupil Support Faculty.

The roles of Principal Teachers Support for Learning are **strategic and operational**. Roles and responsibilities are as follows:

- *work across all 5 roles as described previously;*

- *guide and support all Support team members to undertake their roles effectively;*

- *along with relevant others, ensure Pupil Support assistants are deployed effectively and have suitable strategies and resources;*

- *ensure Pupil Support assistants receive suitable informal and formal training to meet the range of needs. This will include modelling good practice;*

- *support schools to accurately maintain the ASN information on Phoenix el and to undertake the annual audit of needs;*

- *along with relevant others, prepare, plan for and undertake a key role in transitions.*

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The Principal Teacher Pupil Support (Guidance) plays an important leadership and management role. Their roles and responsibilities are as follows:

- *support, encourage and motivate Teaching and Support staff to develop positive relationships with children by providing staff with advice, information, training and encouragement;*

- *support children, young people and their families to resolve complex problems. This requires the development of a close and trusting relationship with the child and family and a sound knowledge of the potential role of other specialists and agencies;*

- *ensure that there are effective systems in place to establish that there is one key member of staff who will be responsible for working towards a positive outcome being achieved for the child or young person, when a need has been identified;*

- *deliver, and support others to deliver, a coherent and high quality programme of education for personal development, with appropriate progression;*

- *co-ordinate and integrate services to provide seamless support for the child or young person, including in-school integration of Pupil Support (Support for Learning and Behaviour) and other in-school agency provision such as Youth and Community Link workers and Outdoor Education workers as well as work closely with health colleagues and other partners;*

- *collate information to monitor support to children and track their progress, ensuring this is shared with children, young people and parents appropriately and used by staff to inform their further planning with children;*

- *ensure that quality assurance processes are in place to monitor and evaluate the effectiveness of Pupil Support in the school and identify priorities for the Faculty's Improvement Plan.*

Designated Manager for Looked After Children and Young People

All schools in Highland have a Designated Manager for Looked After Children. Their responsibilities are as follows:

- *along with school staff and partners, work to raise achievement for all Looked After Young People;*

- *use SEEMIS effectively and maintain it accurately, to identify and keep track of children who are looked after;*

- *ensure staff are clear about the need for advocacy in certain situations such as Child's Plan meetings;*

- *ensure effective links between social work, health, education and other relevant agencies, and share good practice;*

- *support carers and parents of Looked After Children in educating their children;*

- *know about and work within the information contained in the material, 'We Can and Must do Better' shown here at this link   .*

Part 1

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What kind of support can schools receive from Highland Council Managers?

Local Authority Managers with responsibility for additional support needs provide significant advice and support. This includes providing legal and procedural advice to Senior Managers in schools and in other services. It also involves strategic planning with partners in Health and other agencies to ensure the children and young people receive the services to which they are entitled. Of particular importance is their relationship with parent groups as well as with individual parents when required. A key role for ASN Managers and ASN Officers is the deployment and monitoring of support staff, generally on the basis of the annual audit of need. Members of the Area ASN teams may provide support at key Child's Plan meetings, including transition meetings. They may also support the development of Child's Plans, Individualised Educational Programmes and Co-ordinated Support Plans where necessary. They can advise schools to undertake risk assessments and signpost specific training such as Crisis, Aggression, Limitation and Management (CALM) when needed.

In summary, Core and Additional Support teams support schools and services and liaise with partners to help them improve the overall quality of provision.

The Role of Educational Psychologists

Educational Psychologists work with the individual child or family, the school or establishment, and the wider Care and Learning Service. In Highland, every school community has a named Psychologist.

The 5 core functions of a Psychological Service were defined by the SEED Review of Provision of Educational Psychology Services in Scotland, 2000 (Currie Report).

Their core service is **consultation** with practitioners and parents who are concerned about children and young people. They can provide advice in relation to family issues, challenging behaviour, learning difficulties, raising attainment for a group of children and developing emotional wellbeing on a school-wide level. Specific tasks will vary from Authority to Authority.

Their other functions include:

- **Assessment,** *which:*

  - *can encompass cognitive, emotional and social factors and can involve classroom observation, analysis of class work, questionnaires, dynamic assessment and use of assessment tools where appropriate;*

  - *supports practitioners in the analysis of useful existing information which has been gathered by the school or establishment;*

  - *responds to parents' requests for a psychological assessment within the context of the Additional Support for Learning Act, 2004 and 2009 and its amendments.*

- **Intervention,** *which may include:*

  - *solution focused work with a young person;*

  - *use of video interaction guidance (VIG);*

  - *peer assisted learning such as paired reading, checking chums etc;*

  - *counselling;*

  - *supporting the development of a Nurture Group;*

☐ *group based approaches such as Seasons for Growth and Friends for Life;*

☐ *eye Movement Desensitisation and Reprocessing, a therapy for children and young people who have suffered trauma.*

■ **Training,** *which may include:*

☐ *attachment and learning;*

☐ *emotional wellbeing and resilience, eg Bounce Back;*

☐ *nurture approaches;*

☐ *supporting young people who self-harm;*

☐ *solution focused approaches;*

☐ *mental health needs;*

☐ *developmental difficulties.*

■ **Research and Development,** *on behalf of schools and the Authority, including participating in key working groups.*

Peripatetic Services

The Additional Support for Learning Act (2004) states: *'when the child or young person is, or is likely to be, unable without the provision of additional support to benefit from the school education provided or to be provided for the child or young person there is the need for additional support.'*

This does not imply that a child or young person lacks abilities or skills. For example, bilingual children or young people, whose first language is not English, may already have a fully developed home language and a wide range of achievements, skills and attributes. Any lack of English should be addressed within support programmes which take full account of the individual's abilities and learning needs. Similarly children and young people who are hearing or visually impaired, deaf or blind, will have barriers to learning which can be reduced through the expertise of the relevant Support teachers for hearing or visual impairment. Children with Autism Spectrum Disorder may also benefit from additional support from an Autism Advisory Teacher.

In Highland, there is a range of peripatetic specialist services that can help support school staff to ensure the needs of children and young people with specific needs are met. The way in which each school co-operates with these Peripatetic services and the quality of the specialist expertise, determines how effectively the child or young person is supported. The titles below provide a guide to the roles of these Peripatetic services and will support Schools and other services in effective partnership working with them.

Click the titles

English as an Additional Language Teacher ▶

Vision Support Teacher ▶

Teacher of Hearing Impaired ▶

Autism Advisory Teacher ▶

Support Staff Working with Children and Young People with Challenging Behaviour ▶

Social Worker ▶

Youth Services and Throughcare and Aftercare Teams ▶

English as an Additional Language Teacher

Click here to return to title menu

Children and young people for whom English is an additional language are easily identified.

The roles and responsibilities of the EAL teachers are as follows. They can:

- attend an enrolment meeting with school staff and parents to establish a pupil profile;

- initially assess and provide verbal advice and recommendations where appropriate, including a brief written report for the Child's Plan when other additional support needs are identified;

- provide advice on resources and strategies such as peer support, collaborative learning tasks, key visuals etc;

- facilitate communication with parents who are non-English speakers or offer advice on access to interpretation and Translation Services;

- provide direct tuition to pupils as appropriate and support the delivery of English for speakers of other languages (ESOL) courses in Secondary schools;

- provide advice to Pupil Support assistants/Class teacher/Pupil Support teacher and where appropriate, Speech & Language Therapist;

- make input to the Child's Plan and Individualised Educational Programme where appropriate;

- provide support to the family depending on their language and needs;

- deliver whole/part school staff and multi-agency training to raise awareness of English as an Additional Language and advise on strategies/policy development for the School or Service team;

- attend Child's Plan meetings where relevant;

- undertake an advisory role, for example in the event of child protection or under achievement;

- signpost parents to adult education for Teaching English as a Foreign Language.

In order for EAL staff to fulfil their roles and responsibilities they require a named contact in school and, when providing direct support, consultation time with relevant person/s. Contact can be maintained via email.

Headteachers have overall responsibility for monitoring the needs of children and young people for whom English is an Additional Language, but require Class teachers and Support staff to track progress and report this to the Pupil Support team. Managers of the EAL service also ensure high quality support through tracking and reporting on individual pupil progress, formal use of relevant Quality Indicators on an annual basis, and analysis of evaluative questionnaires to relevant staff, parents and young people.

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Vision Support Teacher

Children and young people who are blind or partially sighted will generally have been identified by NHS (Ophthalmology) and referred on to the Vision Support Service. However, it is also possible at various stages, that a Class teacher, parent, General Practitioner, Optician, Occupational Therapist or others may raise concern because a child or young person is struggling with print, computer screen or blackboard, regularly bumps into people or objects, or suffers an accident or illness resulting in some form of visual impairment.

Their roles and responsibilities are as follows. They can:

- *provide information about the nature of the visual impairment and the barriers these will impose on learning, where visual impairment (VI) has been identified pre-admission;*

- *discuss and agree the nature of support at Child's Plan meeting;*

- *continuously assess residual vision;*

- *for a new referral and along with relevant health practitioners and with parents present, undertake a Functional Vision Assessment to clarify the child's 'level of vision';*

- *suggest environment changes for pupils with residual vision such as seating position, print enlargement, use of low vision aids such as hand magnifiers and screen magnifications. For a few children and young people with exceptional visual needs, Close Circuit Television (CCTV) and Optical Character Recognition (OCR) may be appropriate;*

- *provide appropriate advice to Pupil Support assistant, Class teacher, Pupil Support teacher/ Support for Learning teacher as appropriate;*

- *make input to the Child's Plan and to the Individualised Educational Programme where one is in place;*

- *provide direct support (in-class, group and individual) as necessary;*

- *monitor the effectiveness of in-class VI-specific strategies used by the child and teacher, and the child's progress;*

- *attend Child's Plan meetings;*

- *deliver sessions to raise whole staff awareness and provide ongoing reminders about the implications of Visual Impairment and strategies to ensure effective learning.*

In order for Vision Support teachers to fulfil their roles and responsibilities they require a **named contact in school** and, when providing direct support, they need consultation time with relevant person/s. Contact can also be maintained via email.

The Primary Headteacher and the Secondary Depute Support have overall responsibility for monitoring the needs of children and young people with visual impairment but require Class teachers and Support staff to track progress and report this to the Pupil Support team. The manager for the Visual Impairment service and the Vision Support teachers also ensure high quality support through tracking and reporting on individual pupil progress, formal use of relevant Quality Indicators on an annual basis, and analysis of evaluative questionnaires to relevant staff, parents and young people.

Teacher of Hearing Impaired

Most children who have significant hearing impairment will have been identified by NHS (Paediatric Audiology) and referred at Pre-school to the Deaf Education Service. However, it is also possible that the Nursery or Class teacher, parent, General Practitioner, Public Health nurse, Speech & Language Therapist raise concerns because the child regularly and significantly 'mishears', has 'odd sounding' language, has a pattern of specific spelling errors, does not respond when spoken to, talks too loudly, is 'inattentive' or absent regularly with bad colds, or suffers an accident or illness resulting in hearing impairment. The teacher of Hearing Impaired children will inform relevant School Managers at the earliest opportunity.

Their roles and responsibilities are as follows. They can:

- *where Hearing Impairment is identified pre-admission, explain the nature of hearing loss and the impact on the development of speech and language, communication, literacy and social development;*

- *discuss and agree the nature of support at a Child's Plan meeting and also during informal discussion with relevant school staff and parents;*

- *for new referrals, liaise with Class teachers to assess and gather further information on listening/hearing difficulties in the classroom situation and advise relevant staff how to take this forward, including referral to Audiology via the General Practitioner;*

- *advise on the most appropriate environment and equipment for each child in each situation to improve acoustics such as carpeting, closing windows, using curtains or blinds effectively; and in very few cases more significant changes, such as the installation of Soundfield and Edulink;*

- *input to the Child's Plan, and where one exists, also to the Individualised Educational Programme, especially for communication;*

- *provide support to maximise listening: for example checking hearing aids are working, noise levels and distractions are reduced;*

- *provide regular flexible direct support where necessary;*

- *advise relevant staff;*

- *liaise with Speech & Language Therapist when needed;*

- *advise the Pupil Support team on total communication options;*

- *complete a home school diary for certain children;*

- *provide professional development sessions to raise whole school awareness and ongoing reminders about the implications of hearing impairment, including advice on possible strategies;*

- *attend Child's Plan meetings.*

In order for teachers of the Hearing Impaired to fulfil their roles and responsibilities they require a named contact in school and, when providing direct support, consultation time with relevant person/s. Contact can be maintained via email.

Headteachers have overall responsibility for monitoring the needs of hearing impaired children and young people but require Class teachers and Support staff to track progress and report this to the Pupil Support team. The manager for the Hearing Impaired service and the teachers of Hearing Impaired children also ensure high quality support through tracking and reporting on individual pupil progress, formal use of relevant Quality Indicators on an annual basis, and analysis of evaluative questionnaires to relevant staff, parents and young people. The role of the teacher of the Hearing Impaired is described further in this link   .

This link   takes you to **Learning Together**: The professional development pack which supports practitioners to meet the needs of deaf children and young people: **Deaf Education** (Education Scotland).

As a result of the perceived increase in the numbers of children diagnosed with autism, many Authorities have appointed Autism Advisory teachers. These are teachers with specific expertise and experience in assessing and supporting children and young people with Autism Spectrum Disorders. These teachers can support mainstream schools and specialist provisions.

The Autism Advisory teacher can:

- *undertake informal assessment consisting of talking to the teacher/s, Pupil Support assistants, parents and classroom observation;*

- *provide useful advice and strategies through the Senior Managers/Pupil Support teacher to relevant staff including Pupil Support Assistants, in the form of observation notes and discussion points (See Section 12 Further Information);*

- *explain suitable strategies such as social skills, choices books, visual timetables and setting up of work stations, social stories and the use of the '5-point scale' to ensure consistent approaches;*

- *provide informal and formal professional development on a range of aspects of Autism Spectrum Disorder such as suitable classroom environment and structures and strategies to relieve the anxiety of the child with autism;*

- *contribute to the Child's Plan and to the Individualised Educational Programmes where appropriate;*

- *when appropriate, provide some direct support and model good practice;*

- *provide suitable 'small step' resources for children with autism whose development in maths and language is considerably delayed;*

- *attend Child's Plan meetings when possible;*

- *play an important role in transitions;*

- *liaise closely with a range of agencies including health practitioners.*

The Autism Advisory teacher may also work as a member of the wider multi-disciplinary Autism Assessment team and can continue to support and monitor children who have been assessed by the team.

Support Staff Working With Children and Young People with Challenging Behaviour

The geography of Highland makes it very difficult to provide one specialist setting for children who display significant challenging behaviour. As a result, many different approaches are taken to support these children. Largely they are supported in their local mainstream schools, many with additional support from staff who augment or differentiate their curriculum to provide a greater focus on the development of emotional literacy and social skills within a nurturing environment. There are vocational centres for young people in the latter stages of secondary school in Wick, (Airport House); Fort William (An Cala) and Inverness (the Bridge).

Pupils attending these centres remain on the role of their mainstream school, with the offsite centre augmenting their school experience as far as possible. In addition, pupil support/tuition time can be arranged by Area ECS managers for those pupils at all stages requiring additional support to maintain their education. This will also generally be the support provided initially for the pupils excluded from school as a result of their challenging behaviour. Further information on the Council's exclusion policy can be found here   .

In best practice staff work in a truly integrated way, following the principles and practice of the Highland Practice Model and involve the child's Social worker if they have one, and other relevant agencies to support each child's personal, social and emotional development. At all times they **work in partnership** with the young person and their family or carers and all involved professionals to develop positive solutions. Any alternative support strategy or provision works well when it uses a nurturing, child centred approach and build strong relationships to help each child or young person in the most appropriate way to sufficiently re-engage with learning to enable them to re-integrate with their peers in mainstream settings. Staff must model respectful behaviour and offer a safe base for growth, development and learning. They must respond in a compassionate manner when challenged by children's behaviour and strive to understand children's actions and support them through transitions. Nevertheless, there must be clear rules and boundaries and consistency of approach. Since the main barrier to learning for children and young people with challenging behaviour is their behaviour, staff must use their skills and positive strategies to overcome this barrier to learning and ensure their pupils access a relevant, motivating and broad curriculum which results in success and accreditation in the senior phase. Learning cannot be seen as a secondary consideration. Several success stories in Section 14 explain effective ways in which some schools have supported children and young people to learn and succeed.

The roles and responsibilities of staff working with pupils with challenging behaviour can include:

- *assessment using emotional literacy profiles, the Boxall profile, the Strengths and Difficulties assessment or Resiliency Scales described in Section 12 as well as observations and previous records;*

- *supporting the Child's Plan and helping the child/young person, his/her family/carers and other professionals to understand the child's behaviour and to see this within an appropriate context. For example, as attachment behaviour, a response to trauma or stress, a reaction to changes in the family, an indication of poor self esteem or lack of social understanding etc;*

- *individualised, creative planning for learning and behaviour, within Curriculum for Excellence;*

- *much experiential learning, including outdoor learning possibly using forest schools approach, and enterprising activities;*

- *therapeutic support, which can range from play therapy to music, art and drama therapy to significant therapeutic support from mental health services;*

- *outdoor education to help the child understand risk, experience team work and cope with challenge as well as to improve fitness and enjoy new activities;*

(continued)

- *supported work placements and links with colleges where appropriate;*

- *a range of realistic and motivating learning opportunities to achieve success and raise attainment and broad achievement;*

- *high expectations for learning as well as behaviour;*

- *following re-integration to mainstream classes/schools, continued support and monitoring of strategies used by the child's mainstream school;*

- *support young people in their transition back from residential schools to the community, home and school.*

Social Worker

The role of the Social Worker is primarily to protect and promote the welfare and wellbeing of children and meet the statutory requirements of all childcare legislation.

Other roles and responsibilities are as follows:

- *assess need and risk;*

- *develop care and protection focused child's plans with clear objectives;*

- *support individuals, families or groups who are facing a major problem and support them to achieve the outcomes they want or need;*

- *promote people's ability to maximise their own capabilities and choices;*

- *help people create and maintain independence and when this is not possible, to access and benefit from alternative forms of support;*

- *work in partnership with families and all agencies to achieve positive change;*

- *develop people's ability to form positive relationships within their family and social network;*

- *develop packages of care to meet identified need;*

- *when working in a Fostering and Adoption Team, recruit, assess and train foster carers to meet needs of children requiring accommodation;*

- *when working in a residential setting, deliver quality residential social care services to meet needs as required.*

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The role of Youth Services is to work in community settings with young people to promote **social inclusion** of all young people and develop within them the four capacities of *Curriculum for Excellence*. Youth Services provide youth focussed **information** to support them to be involved in **local and national decision making**. Support for young people is generally available in local communities and school settings through specifically agreed partnership arrangement. Youth Services offer support for young people with additional support needs and can support them in the following ways:

- *to help them achieve the John Muir, Dynamic Youth, Youth Achievement and Duke of Edinburgh Awards;*

- *to improve personal and social development in partnership with others, with the aim of the young person re-engaging positively with school and learning, and to support them to identify and recognise their own individual achievement in the widest possible sense;*

- *at times of transition, including their move to Secondary education, leaving school and moving on to positive destinations at 16+, or leaving home.*

Throughcare and Aftercare teams provide a specialist and integrated approach to meet the needs of young people who are about to leave care and have left care. The key aim of the team is to work alongside looked after young people, frequently in partnership with other agencies to support them in the transition to more independent living.

Members of the team can:

- *undertake a Pathways Planning process with each young person which takes very good account of their needs and can guide and support them with transition to adulthood;*

- *provide advice and support, both emotional and practical, including financial assistance;*

- *assist the young person into (further) education, training or employment;*

- *liaise with colleagues in the Housing Department to source suitable accommodation.*

Health Care Staff

Scottish Government has developed guidance to improve the quality of partnership between Allied Health Professionals and Education so that children and young people have better outcomes   .

In Highland, linking Education, Social Work and many NHS Paediatric Services within a Lead Agency, creating an Integrated Children's Service, has reduced some of the identified organisational barriers to integrated working. The Scottish Government identified several key issues in relation to effective partnership working. These included ensuring everyone is clear about roles and responsibilities, the importance of shared partnership with parents, having a shared vision and strong leadership as well as sharing a focus on high quality thorough self-evaluation. The guidance in this Manual takes account of key aspects of this national guidance.

In the first instance, it is essential that all practitioners and parents understand a fundamental aspect about therapies. That is, their provision can be described as:

- *'universal', where Allied Health Professionals/therapists provide generic support which can impact on all children;*

- *'targeted', where needs are met by Education staff, often Pupil Support assistants. This level of intervention is evidenced when Support staff use an appropriate curricular approach, based on sound understanding of the communication, mobility and physical development of children, supported by Therapists. Staff training by Therapists is an essential component of this model to ensure quality provision and positive outcomes;*

- *'specialist', where there is direct, probably time limited, intervention by Allied Health Professionals on the basis of assessment of needs.*

Schools, Therapists and other partners require to work together 'smartly' and with a shared understanding of what constitutes the levels or tiers of need agreed within the Highland Practice Model and the Staged approach   . **Further Information 11.1** shows the nationally agreed matrix of AHP tiered support.

The roles of Therapists are described overleaf.

Click the titles

Speech & Language Therapist   ▶

Occupational Therapist   ▶

Physiotherapist   ▶

Speech & Language Therapist

Many children with more obvious and significant speech, language and communication needs (SLCNs) will be known by health services, including the Speech & Language Therapist, at an early stage. Nursery staff have a key role to play in identifying (often more subtle) SLCNs and liaising with their Therapist. However, the SLCNs of many children will not be identified until they are exposed to more formal learning. It is essential that Class teachers and Pupil Support teachers are alert to indicators of SLCNs - expressive or receptive - and discuss these with their Therapists who will undertake assessment if necessary. **Further Information 12.3** adapted from I-CAN Talk series Issue 6, provides basic information about SLCNs along with some strategies.

The Speech & Language Therapist can:

- *(for a child with diagnosed SLCNs), re-assess when necessary and ensure all relevant practitioners are clear about current needs, their impact on learning and discuss strategies; on some occasions, provide a written report;*

- *for a new referral, undertake specific assessment/s;*

- *on occasions, undertake a home visit;*

- *ensure all relevant practitioners are clear about current needs and strategies;*

- *provide specific support to Pupil Support assistants;*

- *when the child requires Alternative and Augmentative Communication (AAC), recommend relevant approaches including using objects, photos, signing, symbols and voice output devices such as Big Mac or sign systems;*

- *assess and provide advice for children with eating and drinking difficulties arising from neuromotor difficulties. They will also liaise with dietetics staff regarding the method of feeding;*

- *provide support in line with their support matrix, including direct support, mostly limited, in or outwith class;*

- *support small groups of children, along with Education practitioners;*

- *contribute to the Child's Plan , especially for literacy and/or input to the Care plan;*

- *contribute to reports for Child's Plan review;*

- *provide formal and informal staff training on the impact of SLCNs for other practitioners, in particular Pupil Support staff, including Pupil Support assistants.*

Speech & Language Therapists need to have a **named contact** in school so that there is effective communication of concerns or perceived changes in needs. In addition, the school should agree with whom the Therapist should have **regular contact** in order to communicate immediate needs and strategies. Where this is a Class teacher or Pupil Support assistant, the school should be clear about how to provide time for this discussion. The school can also communicate with the Therapist by email (taking account of confidentiality) or by using a communication book.

Senior Managers in schools and the wider Care and Learning Service have overall responsibility for evaluating the extent to which the communication needs of children are met. All Therapists ensure high quality through tracking progress, having regular informal discussion with relevant practitioners/Senior Managers, through providing useful reports and input for Child's Plan meetings and through joint self-evaluation using relevant Quality Indicators, Allied Health evaluation guidance and the discussion prompts in this Manual, as long as children remain on their caseload.

Occupational Therapist

Children with more obvious and significant physical disabilities will be known by health services, including the Occupational Therapist, at an early stage. However children with less obvious motor difficulties may not be identified until they are in formal education. Nursery staff and Class teachers particularly at the early stages, and Pupil Support teachers have an important role to identify motor difficulties since they can seriously affect learning, general functioning and ultimately behaviour. They should speak with their Occupational Therapist so that a more thorough assessment can be made if necessary. In Primary schools where motor skills groups have been set up, and in Secondary schools where staff have strategies to support motor difficulties children's **motor learning** needs are better met.

The Occupational Therapist can:

- *for a new referral, undertake specific assessment/s and on some occasions, provide a written report;*

- *ensure all relevant practitioners are clear about the current nature of needs and the impact on learning and discuss strategies;*

- *provide support in line with the child's needs in or outwith class, mostly time-limited in blocks;*

- *when necessary, undertake a home visit to assess and advise on activities of daily living (ADLs);*

- *make a recommendation for specialist equipment if this is required;*

- *undertake an access visit at school;*

- *explain the nature of equipment such as wheelchair, specialist seating, buggy, toilet chairs, bath seats, shower chairs, height adjustable tables, Dycem, cutlery, pencil grips, scissors, specialist cutlery, sit 'n' move cushions, sloping boards, pencil grips;*

- *contribute to the Child's Plan   , and additional care plans, eg for toileting, feeding, Physical Education, dressing, seating, aids;*

- *advise and support the Class teacher/Pupil Support teacher on how to promote independence and ensure appropriate support such as the layout of the classroom and use of equipment;*

- *provide specific support to Pupil Support assistants who can play a key role in carrying out programmes;*

- *provide training on the impact of particular motor difficulties, including Developmental Co-ordination Disorder for all practitioners or specific staff members.*

Occupational Therapists need to have a **named contact** in school so that there is effective communication of concerns or perceived changes in needs. In addition, the school should agree with whom the Therapist should have **regular contact** in order to communicate immediate needs and strategies. Where this is a Class teacher or Pupil Support assistant, the school should be clear about how to provide time for this discussion. The school can also communicate with the Therapist by email (taking account of confidentiality) or by using a communication book.

Senior Managers in schools and the wider Care and Learning Service have overall responsibility for evaluating the extent to which mobility/motor learning needs of children are met. All Therapists ensure continuous high quality through tracking progress, having regular informal discussion with relevant practitioners/Senior Managers, through providing useful reports and input for Child's Plan meetings and through joint self-evaluation using relevant Quality Indicators, Allied Health evaluation guidance and the discussion prompts in this Manual, as long as children remain on their case load.

Physiotherapist

Children with more obvious and significant physical disabilities will be known by health services, including the Physiotherapist, at an early stage. However, if a child regularly falls, is very clumsy, has poor balance or co-ordination, Nursery and Class teachers, particularly at the early stages, and Pupil Support teachers should be alert to these indicators and speak with their Physiotherapist so that more thorough assessment can be undertaken. The Physiotherapist can:

- *(for a child with diagnosed physical disability), undertake an access visit in school, usually in conjunction with the Occupational Therapist;*

- *advise and support relevant staff to promote independence;*

- *for a new referral, undertake a specific physiotherapy assessment through probable referral by the parent and General Practitioner;*

- *make a home visit where appropriate;*

- *explain to relevant staff the nature of physical needs and the impact on learning and provide a brief written report which contains explanations and recommendations for school and home, the latter shared with parents' agreement;*

- *provide support in line with the support matrix, including regular direct support in and/or outwith class depending on the assessed need;*

- *contribute to the Child's Plan and additional Care plans, eg for Physical Education, dressing, seating, mobility aids;*

- *provide strategies for the Class teacher such as layout in class or advice on how to use a standing frame;*

- *provide specific advice and training for Pupil Support assistants.*

Physiotherapists need to have a **named contact** in school so that there is effective communication of concerns or perceived changes in needs. In addition, the school should agree with whom the Therapist should have **regular contact** in order to communicate immediate needs and strategies. Where this is a Class teacher or Pupil Support assistant, the school should be clear about how to provide time for this discussion. The school can also communicate with the Therapist by email (taking account of confidentiality) or by using a communication book.

Senior Managers in schools and the wider Care and Learning Service have overall responsibility for evaluating the extent to which the physical needs of children are met. All Therapists ensure continuous high quality through tracking progress, having regular informal discussion with relevant practitioners/Senior Managers, through providing useful reports and input for Child's Plan meetings and through joint self-evaluation using relevant Quality Indicators, Allied Health evaluation guidance and the discussion prompts in this Manual, whilst children remain on their caseload.

Partnership with the Public Health Nurse, Consultant Paediatrician, Child and Adolescent Mental Health Services

For most children, health issues will be dealt with by their General Practitioners or Health Visitor who may make referrals on to Specialist Hospital or Community Services. When a child is in school, the Public Health Nurse can assess health issues, provide advice and make requests for other services. Requests for service from the Public Health Nurse are usually from school staff, parents or the young person themselves. Some specialist services, for example, Speech and Language Therapy and Primary Mental Health Workers, also accept requests for service from parents and School Managers. These Health Services are available to all children where parental consent has been sought.

When Schools have health concerns regarding a child, these concerns must be discussed with parents/carers in the first instance and any requests for service must be made with parental consent. If schools are uncertain as to how to proceed, the Public Health Nurse is the first point of contact for help and advice. Any health concerns regarding a Pre-school child should also be discussed with parents/carers in the first instance. The concerns should then be directed to the child's own Health Visitor or to the designated Health Visitor for the Nursery. The Health Visitor is the named person and may be the Lead Professional for a pre-school child.

Click the titles

Public Health Nurse ▶

Community Paediatricians ▶

Primary Mental Health Worker ▶

Multi-Disciplinary Locality Autism Assessment Team ▶

Public Health Nurse

Every school has a Link Public Health Nurse who is based in a local office or at the local Health Centre. They are fully trained nurses who specialise in health issues relevant to children and young people. Through working closely with children and young people and in partnership with parents and carers and teachers, the Public Health Nurse aims to enable children and young people to achieve optimum health.

Practitioners should request a service from the Public Health Nurse when:

- *a child has difficulty coping with the school environment because of health issues;*
- *there are concerns about general health/child care issues;*
- *a child has recurrent absence due to medical complaints;*
- *there are concerns about vision or hearing;*
- *a child is soiling/wetting in school and/or at home;*
- *a child displays significant behavioural difficulties or evidence of emotional disturbance;*
- *there is a newly diagnosed medical problem which may require support in school;*
- *a child returns to school after prolonged absence who may require support in school;*
- *there are concerns that a child may have a developmental disorder such as Attention Deficit Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder.*

The Public Health Nurse can:

- *promote healthy lifestyle choices;*
- *offer a Health Promotion Programme to children and young people;*
- *work with other practitioners to support young people with specific medical needs;*
- *gather further information from teachers and parents to support assessment of the child by a Community Paediatrician;*
- *support schools in relevant programmes such as sex education and drugs and alcohol education;*
- *take forward a request from the school or Education Authority for an assessment in response to Additional Support for Learning legislation;*
- *attend school based support meetings or Child's Plan meetings and Child Protection meetings;*
- *take on Lead Professional responsibility where appropriate.*

Community Paediatricians

Community Paediatricians are children's doctors who are experts in child development. They can provide assessments for children who may have additional support needs. They see children in school in Highland or at clinics, often in Health Centres.

School Age

- *School age children who may have developmental and learning problems can be assessed and investigated by a Community Paediatrician.*

- *Referrals to the Community Paediatrician come from the School Health Nurse, school staff or any other Health professional.*

- *Educational Psychologists may directly refer children who they have assessed and who they feel require paediatric assessment.*

- *Education, Health and Social Care Senior Managers may directly request assistance for children when deemed appropriate.*

- *They must also ensure that other appropriate steps are first taken to fully identify the child's additional support needs: for example, by carrying out learning assessments and also by involving the appropriate specialists within Education such as Pupil Support team and Autism Outreach teacher.*

Pre-School Clinic

- *Requests for assistance with Pre-School children come from General Practitioners and Health Visitors and from other Health professionals.*

- *Children who are known to have complex physical and learning disabilities are often reviewed in Joint Clinics. Referrals to this clinic are from other Paediatricians and Health professionals.*

- *Children with social communication difficulties may be referred for assessment by the Community Paediatrician and the multi-agency locality team if the Health Visitor, Nursery staff, GP, parents and other professionals believe the child may have an Autism Spectrum Disorder.*

Vision Assessment Clinic/Hearing Assessment Clinic

- *Children who are known to have a visual impairment or hearing impairment are assessed in Assessment Clinics. These are multi-disciplinary clinics providing joint assessment by a Consultant Paediatrician, Orthoptist and/or Optometrist, Audiologist and a Vision Support/ Hearing Support teacher.*

- *If teachers have concerns regarding the vision of a child age 7 years and over, the parent should be directed to take their child to a High Street Optometrist (Optician). There is no charge for eye tests in children.*

- *Children under the age of 7 years should be referred to the Public Health Nurse with parental permission.*

- *All children of pre-school/school age, where there are concerns about hearing - intermittent or consistent - should be referred to the Public Health Nurse, with parental permission, who will check the child's hearing and decide whether a further referral on to a Consultant Paediatrician, specialist service or specialist clinic is required.*

Primary Mental Health Worker

The Primary Mental Health worker is a Health professional within Integrated Children's Services who works closely with the Children and Adolescent Mental Health team. The Primary Mental Health worker can be consulted regarding any behavioural or mental health issue and can advise school staff on how best to proceed in specific situations. Schools can make a request for service from the Primary Mental Health worker for children and young people who present with significant emotional difficulties and about whom they have mental health concerns.

Primary Mental Health workers can:

- *attend Integrated School Team meetings and offer their support and advice;*

- *advise how and when to make referrals to Specialist CAMHS services.*

Multi-Disciplinary Locality Autism Assessment Team

In Highland, Multi-Disciplinary Locality Assessment teams draw on the expertise of a wide range of practitioners as appropriate. Input may be provided by a Paediatrician, Clinical psychologist, Speech and Language therapist, Social worker, Autism Practitioner, Educational Psychologist or an Autism Outreach teacher. These teams follow the agreed autism assessment pathway.

- *Referral to the team will generally come from the Public Health Nurse, General Practitioner, Speech and Language Therapist or Community Paediatrician who has been alerted by the school and/or parents or carers.*

- *The team agrees on the basis of information provided what further assessment requires to be undertaken.*

- *Assessment consists of direct observation of the child in the class, playground and/or home and provides an opportunity to gather information from staff who know the child well.*

- *Assessment also involves practitioners meeting with the family where information such as the family history, a typical day and the nature of the child's communication are discussed.*

Crucially, support and strategies should be put in place as soon as difficulties are identified and even before the assessment begins, irrespective of the final diagnosis.

Where the team requires more information to make a diagnosis, they may move to more formal assessment and make use of the Autism Diagnostic Observation schedule (ADOS) as well as any other assessment that may help inform the diagnosis (eg cognitive assessment; Occupational Therapy assessment).

The team may ask for a second opinion from another colleague or seek advice from colleagues who work in the central specialist assessment team based in the Pines, Inverness (PADDT).

This highly integrated approach ensures consistent approaches to all children and young people with Autistic Spectrum Disorder. Verbal feedback and recommendations are provided to schools and parents by the assessing practitioners. A report with recommendations is sent to the General Practitioner, the referrer, the school, including early years settings, and the family, a summary of which can be shared with the permission of parents.

Along with others as appropriate, the Autism Outreach teacher supports school staff in monitoring and supporting the child in their educational placement following assessment.

Partnership with Skills Development Scotland, Colleges and Universities

More Choices, More Chances (Scottish Government, 2006)   is a strategy developed to reduce the proportion of young people aged 16-19 not in education, employment or training. Subsequently, 16+ Learning Choices aims to ensure that young people leave school with an offer of a positive and sustained destination. To ensure young people are given an appropriate offer they must be given the support they need while at school to make an informed choice. Secondary school must ensure effective co-ordination of 16+ Learning Choices co-ordination. This is generally overseen by the Depute Support who undertakes the following:

- *with the Skills Development Scotland Adviser for the school, discuss any young people who may need extra support to make their choice;*

- *between January and March, ensures members of relevant Support staff meet with every leaver to discuss their likely destination;*

- *gathers and records information from those meetings on an appropriate pro forma and records the likely destination at required times throughout the year;*

- *shares data on each young person with Skills Development Scotland;*

- *confirms or amends the Likely Destination when the young person leaves school.*

This case study   further highlights the importance of a clear 16+ Learning Choices pathway from school into a post-16 destination and of developing essential employability and life skills that are aligned to a young person's stage, circumstances and additional support needs.

This further link   provides other important advice on effective transition processes, particularly for young people with complex needs.

Transition planning should begin as early as possible, particularly for young people with additional support needs. Partnership Matters   is an important document which aims to provide greater clarity on the roles and responsibilities of all agencies that support students with additional support needs studying, or intending to study, at college or university. Institutions, local authorities and NHS Boards have statutory responsibilities while other organisations such as the voluntary sector provide support on a non-statutory basis.

Click the titles

Skills Development Scotland   ▶

Colleges/Universities/Transition Officers   ▶

Skills Development Scotland

Skills Development Scotland is a **career planning organisation** which aims to empower young people with career management skills. For young people with additional support needs, Skills Development Scotland advisers work alongside Support for Learning and Guidance staff, college practitioners and parents to **support young people to make the right choice** of future jobs, careers, training and further and higher education. Skills Development Scotland gathers data on the (likely and) ultimate destination of each school-leaver, including those with additional support needs.

Secondary schools and Specialist provisions generally have an allocated Skills Development adviser. The adviser can:

- *engage in group and one-to-one sessions in which they help each young person to identify his/her skills, abilities and interests;*

- *support each young person to understand how best to use these strengths;*

- *offer the option to parents and their child to meet with them outwith school, in a public office;*

- *inspire and help young people to aspire to their appropriate next transition point, and make the best choice for the future;*

- *play an important role in each school's 16+ Learning Choices process   ;*

- *encourage the use of self help choices for the future through engaging in online, interactive programmes.*

The adviser may also:

- *work in partnership with relevant school staff to re-engage or support young people to continue to engage with the school so that they have more chances for the future;*

- *provide information on National Training Programmes.*

This link   provides further information.

Colleges/Universities/Transition Officers

Key college staff can play an important role in supporting '*enhanced*' transition arrangements (to college) for young people who have significant and complex needs. For young people with significant support needs, the student support Adviser will provide information on specialist assessments and the process of applying to the Student Awards Agency for Scotland (SAAS) . To support this process it is helpful to have a letter from the young person's school and/or health practitioner outlining the young person's needs and the support that has been helpful to them in school, especially with respect to support for assessments and examinations.

College staff may:

- *attend Child's Plan meetings not later than 12 months before the expected school leaving date to ensure the college understands each young person's needs as well as communicating what the college has to offer;*

- *ensure that young people with significant needs are given the opportunity to attend college on a linking programme for at least a year before leaving school;*

and can:

- *make a presentation to describe the college facilities and learning opportunities*

- *attend relevant meetings as requested.*

For young people whose needs are not so significant, a **Student Support Co-ordinator** can:

- *attend Child's Plan meetings approximately 6 months before school-leaving;*

- *ensure the college is clear about the young person's support needs.*

Further Information

11.1 **Guidance on Partnership Working Between Allied Health Professionals (AHP: Speech and Language Therapy, Occupational Therapy and Physiotherapy) and Education (Scottish AHP Child Health Action Group) – May 2010**

Below is the model for enabling understanding of AHP roles and ways of working between health and education that applies to a variable extent across the AHPs according to their involvement in supporting learning outcomes for children and young people.

Target Population/ AHP Roles	Universal Role	Targeted Role	Specialist Role
All Children	For all children irrespective of need. Includes preventative or health improvement measures.	For children potentially in need of support but not referred and un-named. Includes general advice for non-specified children but not advice for a named child. This can be post-discharge but the advice will be of a general nature and not specific to any one child.	For children in need of support and have been admitted to the AHP service. (Open duty of care exists if assessment has identified need. Referral may not be accepted if needs can be met through universal or targeted support alone.) Individual or group work.
Individual Child or Young Person (Intervention may be provided within a group)	Information about the AHP services available and how they can be accessed. Awareness of environments which will optimise a child's development and facilitate identification of need.	AHP support given to school staff to enable them to help individual children within the school to achieve their learning outcomes or a particular group of children with common support needs.	Following assessment of need child requires time limited periods of AHP intervention to achieve predicted outcomes. Effectiveness of AHP support must be evidenced and either further support negotiated or child and family prepared for discharge. Specialist role could include supporting school staff in meeting identified needs.
School/ Educational Provision (pre-school to end of secondary school)	AHP support that impacts on the whole school population.	AHP support given to school staff to enable them to help a particular group of children within the school to achieve their learning outcomes.	
Local Area/ National Context	AHPs work in partnership with national and local policy makers and planners to develop understanding of AHP contribution to influence best outcomes for children.	AHPs contribute to forward planning and resourcing for children with additional support needs.	

Prompts for Reflection

How well do all partners *understand their own and each others' roles and responsibilities* in relation to meeting additional support needs?

Best Practice

The school policy describes the roles and responsibilities of all school staff and partners, including **emphasising that each Class teacher holds the key responsibility for meeting additional support needs.**

The policy describes the 5 roles of Pupil Support teachers (Support for Learning/Behaviour), and Senior Managers take very good account of the 5 roles when timetabling in light of the school context and children's changing needs.

All Class and Support teachers recognise the important role of Pupil Support assistants and provide them with direction and support.

Senior Managers ensure Pupil Support assistants access relevant training.

The School has in place formal and informal meeting opportunities to share information and expertise. The school provides Peripatetic teachers with named contacts to ensure effective communication.

All Senior Managers are clear about the range of expertise within Education and Social Work and across Health, Post 16 Services and other partners which are available to meet additional support needs and know how to access it.

Senior Managers ensure specialist programmes such as those from Peripatetic teachers and Therapists are followed through.

The school accesses the advice and support from relevant Authority Senior Managers as needed.

Children and young people and their parents are clear about the roles and responsibilities of the wide range of practitioners who support them and know who to contact to discuss concerns.

What is the Impact?

All partners are clear about relative roles, know who to ask for help and feel supported and motivated by being part of a wider team

All partners support and work well with each other

Children, young people and their families are clear who to contact when they have concerns

Effective partnership working leads to best outcomes for children and young people

The additional support needs of all children and young people are effectively met through the collective support of a range of Integrated Children's Services practitioners

Identification and Assessment of Additional Support Needs

Section 12
Identification and Assessment of Additional Support Needs

Identification

Additional support needs can emerge and develop at any time: at birth, pre-school, in Primary school and also at the Secondary stages and beyond. Clearly, it is imperative that additional support needs are identified at as early a **stage** as possible, but this may not always be at an early age. Nevertheless, Highland Council is strongly committed to early intervention and supported in this work by the Scottish Government's Early Years Framework which is shown at this link   .

(Changing) family circumstances, social and emotional difficulties, the environment and health needs can substantially affect a young person's ability to learn and function. In order to ensure timely identification and improved assessment of additional support needs - and additional support where appropriate - it is essential that **all** practitioners before and during pre-school, at primary and secondary stages continuously observe and monitor the progress of each child and young person to ensure that development is in line with expectation. Using normal classroom procedures, the Nursery/ Class teacher monitors individual learning needs and difficulties in order to informally screen children and young people and identify as early as possible issues to do with learning and overall functioning.

The same approach applies equally to Health practitioners, Social workers, partners in external agencies and parents and carers.

When the child is having difficulty in the classroom, the first step is an alert to and discussion within the School Pupil Support team or equivalent. In small schools, it may simply involve a discussion with the Headteacher. At this stage, the team, whatever its size, will use professional judgement and take account of legislative advice to agree the appropriate timing of involving the child's parent. This will depend on whether the parent has instigated the concern as well as the nature and degree of concern.

In almost all cases the school will involve parents, but in a way which does not exacerbate concerns, since initial investigation may find a simple way forward. **All Class teachers are expected in the first instance to review the learning environment, the class curriculum, use different resources, or provide more intensive individualised direction and support.**

In all cases, the effective practitioner - Teacher, Children's Service Worker, Therapist - takes action, often using a common sense and unobtrusive approach to overcome the perceived barrier/s to learning or functioning within a defined period. For some children, where the nature of their need is fairly clear, education staff may be able to request a direct service or consultation with other services and agencies. This includes, for example, Speech and Language Therapy, the Primary Mental Health team, the Police and most Voluntary sector agencies. For others, where the benefits of involvement with particular service(s) is less clear, an appropriate request may emerge through discussion of the presenting concerns with partners at an Integrated Support team meeting. Therapists and

other Health practitioners will pursue different approaches including, where appropriate, reviewing medication. Social workers and Children's Services workers will consider and support changing family circumstances. Following these interventions, all practitioners have a duty of care to communicate and share continuing concerns with relevant members of the School's Pupil Support team. They will of course be mindful of issues of confidentiality. The school and partners will, together, take forward any continuing concerns and in line with the Highland Practice Model, plan joint strategies and request additional advice and more specialist assessment from relevant partners when necessary.

In Primary schools, Pupil Support teachers have a key role in working with Headteachers and staff to ensure that early identification, effective strategies and, where necessary, additional supports are in place.

In secondary schools, Principal teachers Pupil Support (Support for Learning and Guidance) and their staff help Secondary colleagues to identify learning and behaviour needs. In line with best practice, at the start of each session, Principal teachers Pupil Support (Support for Learning) provide all staff with a profile of all pupils with identified additional support needs and make very good use of transition information to highlight needs of children moving on from Primary 7. Along with others they deploy support where necessary. Similar careful communication of identified needs takes place for all other transitions including from Nursery to Primary and post school.

This link   to Chapter 3.31 shows you the **three Levels of Identification and Support** described in the revised Supporting Children's Learning's Code of Practice.

Further information on identification is provided at the end of this section.

Assessment

Managers and practitioners should be clear that the 2009 ASL Act extends the rights of parents and children and young people with additional support needs to enable them to request a specific assessment, such as an educational, psychological or medical assessment at any time.

Effective teachers continuously monitor their pupils' progress, most often using a common sense approach informed by previous experience and the advice of colleagues. Highland's Learning Teaching and Assessment Policy can be access here   . In every situation, assessment must follow the principle of least intrusive but most effective intervention. This means causing minimal change to the child's routine, ensuring the learning environment is appropriate, not involving more people than is needed, **not referring to external resources or seeking alternative placement until internal resources are exhausted**, and continually working hard to find the means to support the child. Teachers should take very good account of this link to the National Assessment Resource (NAR)   , launched in Autumn 2010 and created to support practitioners in improving their current approaches to assessment. The Framework for Assessment described in Building the Curriculum 5 is shown at this link   .

Links to specific diagnostic assessments including general barriers to learning, speech and language difficulties, motor learning difficulties, dyslexia, autism spectrum disorders, sensory integration and emotional wellbeing can be accessed from **Further Information 12.1,12.2, 12.3, and 12.4**.

Pupil Support teachers and/or other practitioners depending on each Authority's policy - can 'take a closer look' at a child or group of children following an alert from many people, including the Primary Headteacher during a regular weekly meeting. In Secondary schools it almost always follows a request for input from the Principal teacher

Pupil Support (Support for Learning or Guidance). Taking a 'closer look', can take various forms depending on the concerns which are raised. In the context of Highland, this might result in a solution focussed meeting with representatives from various services having a more detailed discussion with parents/carers and where possible, with the child/young person.

Further Information 12.5 and 12.6 provide details about a range of assessments/standardised tools used by Support staff in both Primary and Secondary schools. Support teachers regularly consult with the link Educational Psychologist regarding the interpretation of their assessments or to access additional advice. They can also consult with the Speech and Language Therapist or others, including Peripatetic teachers, who can use their particular specialist assessment and approach to ensure effective assessment of needs.

For a few children or young people whose behaviour places themselves, or some one else (adult or another child or young person), at risk of either physical or psychological harm, **a risk assessment** must be completed. This assessment will identify the risk, clarify who is at risk and specify preventative and protective measures to be implemented as well as the means by which this is to be communicated to all practitioners involved, and parents. A member of the school's Senior Management team should oversee this procedure to ensure the control measures are implemented.

All practitioners are expected to pay particular heed to monitoring the progress of **Looked After Children and Young People** since they can be at greater risk of underachieving at school because of disruption to family life and education. The 2009 Act states that Looked After Children should be deemed to have additional support needs unless there is corroborative evidence to prove otherwise. Some children and young people who are looked after may have low expectations, poor emotional and psychological health and a lack of family support. It is the responsibility of the designated member of staff for Looked After children and young people in each school to ensure that all teachers know which children are looked after and be alert to identifying any barriers to learning. This link takes you to *These are our Bairns*, Scottish Government 2009 and an important quotation: *"Our ultimate aim is that there is no discernible difference between the outcomes of children and young people who have been looked after and their peers who have not"*. Page 65 provides a description of the roles and responsibilities of the designated person for Looked after Children in schools.

Further Information

Introduction

Assessment and progress should always be made within the parameters of the Highland Council Learning, Teaching and Assessment Policy   . This provides the context for considering any differentiation of the curriculum that may be required to meet individual needs. It will also be the context for considering more detailed and specialised assessment.

The indicators which follow should be used with caution since children come to school with different experiences and degrees of support from home. In addition, each indicator is on a continuum which stretches from mild to significant. Clearly some indicators can be more concerning than others. All practitioners must be alert to the situation where several of the indicators are present, especially when at least some of them are considered to be beyond mild.

12.1 General Indicators Which Can Support the Early Identification of Barriers to Learning

Attendance

- *Has erratic or poor attendance, often with unexplained absences.*
- *Reluctance to come to school/enter the classroom.*

Sight/Hearing

- *Peers at text/has difficulty seeing work on the board.*
- *Bumps into things regularly.*
- *Has difficulty copying from board or from information on the desk.*
- *Ignores the teacher or other children when spoken to.*
- *Regularly asks the teacher or other children to repeat information.*
- *Answers regularly do not reflect the question.*

Visual/Perceptual Ability

- *Complains of 'double vision'.*
- *Peers at text.*
- *Says text 'disappears' or 'swims' or seems blurred.*
- *Has difficulty copying from board or from information on the desk.*
- *Letters are reversed or inverted.*

Teachers should watch for the following: the child tilts his head/holds his book unusually closely or in odd way/the pupils of the child's eyes are abnormally large or small (Large pupils (in the eye) may react incorrectly to light stimulus).

Communication and Language

- **Receptive Language**
  - *Often appears not to hear others when they are spoken to.*
  - *Shows little attention when books are read aloud.*
  - *Struggles to understand complicated sentences.*

❏ *Struggles to understand spoken instructions.*

❏ *May repeat or parrot words or phrases back to the individual who has spoken them.*

■ **Expressive Language**

❏ *Is unwilling to speak.*

❏ *Has limited vocabulary.*

❏ *Often has trouble putting words together to complete a sentence or thought.*

❏ *May have hesitant speech while the individual attempts to select the right word.*

❏ *Has difficulty with verb tense or grammar structure for what they are trying to express.*

■ **Phonology**

❏ *Lacks ability in nursery rhymes.*

❏ *Cannot detect or produce rhyming words.*

❏ *Hesitant or slow or inaccurate when pronouncing words with several syllables (eg buttercup, elephant).*

❏ *Has difficulty when listening, has difficulty identifying words that start with or end with the same sound.*

❏ *Finds it hard to produce a list of animals, objects etc starting with one sound.*

❏ *Has difficulty discriminating speech sounds.*

❏ *Has very unclear speech.*

❏ *Has very poor spelling ability relative to age and/or stage.*

■ **Reading**

❏ *Cannot identify initial phonics after careful teaching.*

❏ *Cannot 'hear' beginnings and endings of words.*

❏ *Is very reliant on picture clues to make guesses at words.*

❏ *Is hesitant and laboured in reading, especially when reading aloud.*

❏ *Has significant difficulties relative to age/stage.*

■ **Writing**

❏ *(At early stages) cannot do simple drawing.*

❏ *(At all stages) has difficulty copying close work or work from board.*

❏ *Has difficulty forming letters or words.*

❏ *Finds spacing difficult.*

❏ *Has significant difficulty relative to age/stage.*

Sequencing and Organisation

■ *(At early stages) has difficulty remembering sequences, eg days of the week, the alphabet, months of the year, seasons.*

■ *Finds form boards difficult.*

■ *(At all stages) shows poor time keeping.*

■ *Has difficulty organising work on table or in jotter.*

- *Has difficulty getting from one place to another.*
- *Has difficulty telling the time.*
- *Has difficulty in remembering what day of the week it is, birth date, address etc.*
- *Has difficulty remembering more than two instructions/has poor problem solving skills.*

Motor Skills

- **Fine Motor**
  - *Has difficulty with cutting, glueing, threading beads.*
  - *Has difficulty with drawing or painting.*
  - *Has difficulty holding or using a pencil/has confusion with hand preference.*
  - *Confuses right and left.*
  - *Has difficulty fitting jigsaws together.*
  - *Has difficulty with personal care skills such as managing buttons, dressing, lacing shoes, using cutlery.*

- **Gross Motor**
  - *Is clumsy and regularly bumps into things.*
  - *Has poor balance.*
  - *Finds kicking and throwing or catching a ball difficult.*
  - *Jumping, hopping and skipping are difficult.*

Numeracy

- *Has difficulty with remembering numbers or number bonds.*
- *Finds sequential numbering difficult.*
- *Is confused by symbols, such as + and x signs.*
- *Has significant difficulty relative to age/stage.*

Social and Emotional

- *Seems to 'dream', does not seem to listen.*
- *Is easily distracted.*
- *Seems to crave attention.*
- *Is disruptive or withdrawn.*
- *Seems excessively tired (possibly due to the amount of concentration and effort required).*
- *Shows inconsistent performance - very good work one day, poor work the next.*
- *Employs work avoidance tactics, such as regularly going to the toilet and 'looking for books'.*
- *Has very short attention span.*
- *Annoys other children and/or finds it difficult to make friends.*
- *Demonstrates 'bizarre' behaviour.*
- *Is obsessive about certain things such as dinosaurs or trains.*
- *Makes little eye contact.*
- *Is in a 'world of his or her own'.*

12.2 General Developmental Indicators of Possible ASD in Pre-School Children (taken and adapted from the National Clinical Guideline by Scottish Intercollegiate Guidelines Network/SIGN)

- *Delay or absence of spoken language.*
- *Looks through people; not aware of others.*
- *Not responsive to other people's facial expression/feelings.*
- *Lack of pretend play; little or no imagination.*
- *Does not show typical interest in or play purposefully with peers.*
- *Lack of turn-taking.*
- *Unable to share pleasure.*
- *Qualitative impairment in non-verbal communication.*
- *Does not point at an object to direct another person to look at it.*
- *Lack of gaze monitoring.*
- *Lack of initiation of activity or social play.*
- *Unusual or repetitive hand or finger movements.*
- *Unusual reactions, or lack of reaction, to sensory stimuli.*

This link   directs you to further information from Scottish Intercollegiate Guidelines Network (SIGN) about children and young people with Autism Spectrum Disorder.

12.3 Understanding and Identifying Speech and Language and Communication Needs (SLCN)

Understanding and Formulating Spoken Language (Receptive Language)	Some children may not be able to understand the words being spoken to them and/or the grammatical rules of sentence construction. Therefore, when their teacher tells the class what they need to do, or explains a new idea or concept, they may struggle to understand what is being said. Having an appropriate vocabulary is essential for the learning process. The ability and confidence to ask questions is a vital skill for provoking and shaping new thinking. Interaction and discussion among pupils is hugely difficult for children with SLCN, so vital learning and opportunities to talk with peers can be missed. They may struggle with developing an age appropriate vocabulary, formulating sentences, using the right words in the right order and with following grammatical rules to understand or make it clear to others what has happened in space and time.

Processing and Producing Speech Sounds (Expressive Language)	Children with SLCN may not be able to effectively process the speech sounds that make up words. This means they cannot identify which sounds come at the beginning of words or break up words into their component parts. Children who struggle with processing speech sounds are at risk of literacy difficulties. An inability to produce speech sounds appropriately can also have a significant impact on a child's ability to make themselves understood, which can mean difficulty contributing to classroom discussions, making their needs known, sharing information about themselves, answering questions and joining in with conversations with peers.

Using and Understanding All Aspects of Language Appropriately in Different Social Contexts (Semantic pragmatic language)	Children may have difficulty knowing when and how to use their language in different social situations, or knowing the differences in how to speak to adults or peers. They may not understand jokes or sarcasm or may struggle with metaphorical language, taking well-known phrases literally. This can often result in adults and other children misunderstanding reactions from these children as they can seem perverse, pedantic or unsympathetic. There is a whole range of well used phrases, which are new to children starting school that can be very difficult and confusing for children with SLCN to understand. Phrases such as '*fold your arms*', '*line up*' and '*break time*' can all be interpreted literally. Talk and social interaction among children play a key role in children's social development and learning and it has been found that improving pragmatic language skills can help prevent problems in later educational performance. In addition to using language socially, using language effectively for a range of functions can be problematic to many children with SLCN; to infer, debate, reason and predict or to clarify a message to others can be areas of difficulty.

12.4 The following links can help you with more in-depth assessment:

Motor difficulties screening (DORE)

Highland Developmental Co-ordination Disorder Guidelines

The Addressing Dyslexia Toolkit

This link takes you to Learning Together: advice on how to support the learning of children and young people who have dyslexic tendencies: Meeting the Needs of Learners (Education Scotland)

Highland Dyslexia Policy

The Autism Toolbox (Scottish Government)

Highland Autism Spectrum Disorder Policy

This link takes you to Learning Together: advice on how to meet the needs of children and young people with Autistic Spectrum Disorders (Education Scotland)

Sensory Integration (NAS)

An ophthalmologist's perspective (See also Further Information Section 12.1 'A young person's story about sensory integration')

Emotional wellbeing (Boxall)

12.5 Assessments/Assessment Strategies Used by Support Teachers in Primary Schools

Assessment will always be based on the 'My World Triangle', with consideration given to all aspects of the child's development. However, more in-depth, diagnostic assessment is most effective when undertaken by Primary Support for Learning teachers when there is regular communication between them and the Headteacher/Primary Depute who is the named person and as such the conduit of information from **Class teachers who are the eyes and ears of early identification**. Concerns from parents will also lead to further discussion and probable action.

During regular meetings the Headteacher/Primary Depute can direct the Support teacher to individual children or groups of children who have been identified as not progressing as well as expected, not achieving national targets or behaving in an odd or different way. These meetings are essential to ensure best use of the Support teacher. This good practice requires a flexible approach to the Support teacher's timetable to reflect constantly changing demands. It may also lead to changes of deployment of Support assistants.

(a) Forms of Assessment

Assessment includes 'taking a closer look' at children and the learning environment. This can generally be done during normal classroom activities as shown below.

Focus on Child/ren	Focus on the Learning Environment
Through **observation** in the classroom, or in small group or one-to-one and by **speaking with** relevant practitioners the Support teacher will assess:	Through **observation** and **discussion** the support teacher will assess:
■ *the degree of engagement of the child with adults and other children along with their motivation, length of concentration and evidence of fatigue;*	■ *the quality of relationships between adult/s and children, children and children and the general ethos of the class in terms of boundaries, rewards and consequences;*
■ *left/right orientation and consistency, visual tracking, visual transfer and word boundaries;*	■ *the suitability of seating arrangements, lighting or sound distraction, visual support (pictorial, symbols, key vocabulary, text as appropriate) and use of resources including IT;*
■ *the ability to recall and retain both auditory and visual information in the short term; as well as sequencing ability;*	■ *the nature and level/s of the curriculum;*
	■ *the degree to which motivation and success is promoted through positive, active teaching and learning;*
	(continued)

Focus on Child/ren	Focus on the Learning Environment
■ *phonological awareness, reversals (letters and/or words), verbal and semantic fluency;* ■ *disparity between written and oral performance;* ■ *disparity across the curriculum.*	■ *clarity of planning for the range of children, including where necessary Child's Plans, behaviour protocols and Individualised Educational Programmes, and ensuring these are implemented;* ■ *suitability of learning styles and teaching strategies particularly in relation to child/ren being assessed.*

Effective Support teachers will also examine evidence of children's learning through checking their Pupil Profile Record (PPR), speaking with relevant practitioners about the child in a range of settings and speaking with parents or carers.

The skill of all teachers lies in the ability to make sense of the assessment information and highlight what are the barriers to learning. Effective analysis leads to strategies or resources which can reduce these barriers and enable the child to make progress. Always, the first question when undertaking (diagnostic) assessment must be 'What is the purpose of this exercise?'

The purpose in every case is to identify why a child is not progressing sufficiently well and to identify what are the barriers to the child's learning. The purpose is not to 'label' the child or categorise the child with a disability which may lead to an assumption that he or she cannot succeed.

The teacher's role and responsibility is to devise suitable means, along with others where appropriate, to overcome or circumvent those barriers to learning and enable the child to progress.

The following is an example of an Autism Outreach Consultation Record for a P1 child. It shows what has been observed and describes the suggested strategies.

Observations

■ *X was sitting on the periphery of the group during 'together time'.*

■ *The teacher was introducing a new phonics sound (ay) and encouraging the children to learn the associated song.*

■ *X was lying on the carpet playing with the hair of another child sitting in front of him.*

■ *He was participating in the lesson and singing along with the other children.*

■ *When it came to having turns to write on the whiteboard, X started asking for a turn and becoming agitated when asked to wait his turn and not shout out.*

■ *At the end of the lesson the children were orally given a follow up activity to complete - a worksheet based on the new sound they had learned.*

■ *X had difficulty making the transition to the activity and was obviously still agitated. At first he did not comply with the teacher's instructions.*

■ *After some negotiation with the teacher, X eventually went off to complete his follow - up activity.*

■ *When his work was finished, X referred to the choosing board and went off to access the role play area appropriately.*

Strategies and Resources Offered

- *Sensory issues of the child may have been the cause of him feeling more comfortable sitting on the edge of the group - it is easier for him to sit at the back so he can reduce the possibility of others invading his space.*

- *X has low muscle tone and finds it difficult to sit cross legged for long periods. It may be beneficial for him to sit on a chair and build in active or 'brain breaks' periodically.*

- *Playing with another child's hair is satisfying his need to fiddle with something but must be irritating for the other child - provide X with a fiddle toy - a Koosh ball or something similar.*

- *Turn taking can often be an area of difficulty for children with Autistic Spectrum Disorder. This can be alleviated by making it clear who is going to have a turn next. This can be done by making a list on the board and saying 'first A, then B'.*

- *Visual prompts can be used at the beginning of each lesson reinforcing the desired behaviour eg 'good sitting', 'good looking', 'good listening'. It is important to model and discuss what the desired behaviours are.*

- *At the end of each lesson it is important to tell the children that the lesson has ended and what is expected next. With children with Autistic Spectrum Disorder this should be done visually by referring the child to look at his visual timetable, remove the symbol and refer to the next activity. Make sure X knows where to access the materials needed to complete the task. This will help the child be able to make the desired transition. It is good practice to use a choosing board consistently and effectively. This helps X be able to make choices which can be difficult for children with Autistic Spectrum Disorder.*

- *Use a 'Fiddle toy'; Use a 'First' and 'then' board; Encourage and use the phrases 'Good sitting, Good looking, Good listening'.*

(b) Standardised Tests

A few schools undertake 'whole class' regular screening/assessment of all children. Examples of this type of screening include PIPs ⚡ at the start and end of P1, and Incas ⚡ during P3.

Support teachers in Primary can use a range of standardised tests which are shown below. The list is not comprehensive nor does it in any way imply wholesale use of standardised testing. Indeed a highly experienced Support teacher will rarely use a standardised test. Use of standardised testing by experienced teachers is often to simply confirm sound professional judgment. However, for less experienced teachers, using standardised tests is an excellent staff development exercise in its own right and can increasingly support the teacher to identify why a child is having difficulty. It is important to know the focus of each test. It is also essential for the teacher/s to make sense of the results, develop strategies from the results and help the child overcome barriers to learning.

Examples of Standardised Tests Used by Primary Support Teachers

Test	Stage	No. of Children	Focus	Comments
British Picture Vocabulary Scale	All	Individual	Assesses receptive understanding of individual words.	Helpful in screening receptive language.

Test	Stage	No. of Children	Focus	Comments
PhaB or Phonological Awareness Screening Pack (PAS Pack)	Nursery - P3	Individual/ small group	Assesses early phonological difficulties.	PAS developed by Alice Peters and Lynne Kemp, READ+Project Dundee. It is not standardised but is recommended by SALTs and also has relevant activities.
Salford Sentence Reading Test (SSRT)	All	Individual	Reading age (decoding ability) only.	Quick and easy and relatively accurate.
Schonell Spelling Test	P3-P7	Individual/ Small group	Spelling	Quick and easy and relatively accurate.
LUCID CoPS	Nursery to P4 (4-8 years)	Individual	Identifies cognitive strengths and weaknesses. Auditory and visual memory, rhyme, alliteration, sound discrimination.	Licence needed. Helpful manual. Parents appreciate the graphical presentation of results.
LUCID LASS Junior	P4-P7 (8 years to 11 years, 11 months)	Individual	Assesses general ability and identifies risk of Specific Learning Difficulties/ dyslexia.	Licence needed. Helpful manual. Parents appreciate the graphical presentation of results.
LUCID Ability	P3-S1	Individual	Assesses verbal and non-verbal abilities.	Licence needed. Helpful manual. Parents appreciate the graphical presentation of results.
LUCID Rapid	4 years to 15 years	Individual	Quick screening for dyslexia. (15 minutes)	Licence needed. Helpful manual. Parents appreciate the graphical presentation of results.
Dyslexia Junior Screening Test	Primary	Individual	Dyslexic-type indicators.	Requires assessor to be registered.

Test	Stage	No. of Children	Focus	Comments
New Group Reading Test (NGRT)	All	Individual and group	All underlying skills for reading and comprehension.	Time consuming but occasionally necessary.
Strengths and Difficulties (SDQ)	All	Individual	Overall functioning and determines children 'at risk', eg of Asperger's, ADHD.	Online assessment with results provided in parent friendly language, free of charge.
Sensory Integration	All	Individual	Visual perceptual difficulties, including dyslexia, dyspraxia and other sensory integration issues.	Requires trained assessor and can result in possible purchase of coloured lenses.
Boxall	Mostly primary	Individual	Emotional needs.	Very helpful to judge emotional maturity and track progress. Used in Nurture groups in the main but can be used with older vulnerable children and young people. However, it is time consuming.
SNAP	All	Individual and group	Specific learning difficulties and related conditions, plus self-esteem (new dimensions include sensory integration, impulsivity and involuntary speech and motor difficulties).	Profiles specific learning difficulties and related factors, and gives follow-up suggestions for both teachers and parents (computer-aided).

Conclusions from assessments and tests ought to be made over a period of time. It is rare for one assessment and/or test to clarify a child's difficulties or needs.

12.6 Assessments/Assessment Strategies Used by Pupil Support Teachers (Support for Learning) in Secondary Schools

Introduction

All Secondary schools work very closely with their Primary colleagues to gather relevant assessment and progress information about all children. **Transition meetings**, involving all key practitioners and parents or carers, are held for children with Additional Support Needs who have Child's Plans. They can also be held for children and young people who require personalised arrangements or where parents have particular concerns and have expressed a wish for a transition meeting.

For a few children enhanced transition arrangements are planned, involving a range of practitioners. All Primary 7 pupils have meaningful **induction days** so that many staff, and Support staff in particular, can informally observe the children in different situations and classes. A few children, along with relevant practitioner/s and sometimes accompanied by parents or carers, have **additional visits** to help them orientate and become used to their new environment.

Secondary schools vary in their approach to initial assessment at Secondary 1. Whilst taking full account of the information from the Primary school, they also wish to ensure each child has some opportunity to settle into their new routines before critical assessments are undertaken. A school might organise an Adventure day during the first term where outdoor education activities and other experiences help staff to assess motor skills and social skills, evaluate levels of confidence and self esteem and provide opportunities for team building.

School staff might also gather 'positive comments' from all subject teachers during the first term. These include comments such as the pupil 'Has improved greatly in Maths/Good efforts are made to follow instructions/Excellent behaviour and concentration in computing/Confident/ Works well with classmates/Keen in class and eager to please/Extremely interested in Science and has excellent questioning attitude/More settled and participative/Friendly pupil who always does his best'. Staff are also helped to identify behaviours more accurately using the following descriptors: Over-active behaviour/Impulsive behaviour/Inattentive behaviour so that Support staff can help with appropriate strategies.

All Secondary schools in Highland allocate a 'case load' of pupils to the Guidance/Pupil Support team. Pupils will also be allocated to individual members of Support staff, ie they appoint a named person, in order to promote strong relationships and ensure closer observation and monitoring. This ensures parents or carers are clear who to contact for information when they are concerned. If the care team around the child involves services other than education, this person may act as lead professional for the pupil.

(a) Forms of Assessment

Effective Secondary Pupil Support teachers (Support for Learning and Guidance) supported by the Depute Support, have a key role in observing learning and behaviour in a range of situations. They also informally discuss concerns with and offer advice to subject teachers and follow up concerns raised by parents or carers. Pupil Support teachers (Support for Learning) examine pupils' jotters, PPR information, including medical information, and previous reports to make sense of children's (lack of) progress. All effective schools have a referral system which enables subject teachers to access more formal assessment via Principal teachers (subject) and Principal teachers Pupil Support (Support for Learning and/or Guidance). Support teachers and the Depute ensure that they discuss concerns with parents and carers and relevant partners when appropriate. A school might undertake an informal audit of behaviour in S1 by gathering information from subject teachers and Support for Learning teachers. The Support faculty agrees how to deploy support on the basis of regular monitoring and assessment. Continually changing needs means that the timetables of Support teachers and Pupil Support assistants have to be flexible and regularly changed.

Secondary Support teachers generally use formal assessments to confirm their own professional judgment. They regularly discuss the results of their assessments with their Link Educational Psychologist who can provide additional advice and help.

(b) Standardised Tests Undertaken by Secondary Support Teachers *(only as needed)*
The list is not comprehensive nor does it imply wholesale use of standardised testing.

Assessment	Stage	No. of Children	Focus	Comments
Cognitive Ability Test (CAT)	S1	All	The tests assess reasoning within words, numbers and shapes or figures, ie verbal, quantitative and non-verbal reasoning.	Used in some schools to confirm judgments. Can be daunting for some children, especially when undertaken early in the session.
Strengths and Difficulties (SDQ)	All	Individual	Overall functioning and determines children 'at risk', eg of Asperger's, ADHD	Online assessment with results provided in parent friendly language, free of charge.
Boxall	Mostly primary	Individual	Emotional needs.	Very helpful to judge emotional maturity and track progress. Used in Nurture groups in the main but can be used with vulnerable older children and young people. However, it is time consuming.
Resiliency Scales	All	Individual	Emotional needs and ability to cope with challenges.	Very helpful for some vulnerable and unconfident young people and promotes positive thinking.
New Group Reading Test (NGRT)	All	Individual	All underlying skills for reading and comprehension.	Time-consuming but occasionally necessary.
Schonell Spelling Test	Any	Individual/ small group	Spelling	Quick and easy and relatively accurate.
LUCID	Any	Individual	Auditory and visual memory, rhyme, alliteration, sound discrimination.	Licence needed. Helpful manual. Parents appreciate the graphical presentation of results.
BDA Dyscalculia Checklist	Any	Individual	Assesses young people who are struggling with maths.	Useful and quick as first assessment.
Assessing Dyslexia Toolkit	All	Individual/ Group	Provides checklist for considering literacy and associated difficulties	Also provides advice on strategies for practitioners with varying levels of understanding and knowledge.

(c) Assessment Arrangements for Candidates with Additional Support Needs (including those for whom English is an additional language)

The SQA publish guidance for schools to help them to choose the most appropriate assessment arrangements. A key part of this is ensuring that schools meet duties under Equality legislation which includes the Additional Support for Learning Act 2004, the 2009 ASL Act, the Disability Discrimination Act and Education (Disability Strategies and Pupils' Educational Records) (Scotland) Act 2002 and the Equalities Act 2010.

Principal teachers of Pupil Support (Support for Learning) play a key role in ensuring young people who require alternative assessment arrangements are appropriately supported during their course work in the first instance. They work to the principles laid down in the SQA document   which are as follows:

- *candidates for whom assessment arrangements are requested should potentially have the ability to achieve the national standards, but be unable to do so using the published assessment arrangements for the particular qualification;*

- *the integrity of the qualification must be maintained;*

- *any adjustment that you request should be tailored to meet a candidate's individual needs;*

- *any assessment arrangements requested should reflect, as far as possible, the candidate's normal way of learning and producing work.*

All subject teachers should take responsibility for alerting Support teachers when young people are underachieving. Special assessment arrangements can only be agreed when the candidate submits two pieces of work which clearly demonstrate what difference the requested support makes.

(d) Digital Examinations and Accessible Resources

Digital examinations are enhanced digital versions of the paper exams and enable the student to sit their exam independently. Pupils must be given the opportunity to practice with the digital format and it is their decision if they choose to use them or not.

Digital exams:

- *have the same appearance and layout as the paper so that students can use both digital and hardcopy during an exam;*

- *can be magnified and adjusted (for example by changing foreground and background colours on screen);*

- *allow students to type directly on to the paper or screen;*

- *are compatible with assistive technologies such as screen or text reader programs, specialised keyboards or access systems, or speech recognition software.*

This technology reduces the need for the candidate to rely on additional human support such as readers, scribes and prompts to help them read the paper and/or write the answers, thus reducing possible stigma and embarrassment.

Classroom resources and internal assessments can be prepared with accessibility as a priority   . The whole class can use the same resource, reducing the possibility of any pupil feeling stigmatised or different. This includes resources such as Text Help Read Write Gold which

enables any format of electronic documentation to be read to the pupil using the highest quality of voices available, including the Scottish Voice "Heather". Free accessibility software called Wordtalk can be downloaded. It uses the new Scottish Voice, Heather, which is of the same quality as voices in Read Write Gold.

Scotland's Digital Examination journey

Communication and Assistive Technology for People with Disabilities

Free text recognition software for any school or individual which will read any 'Word' document

Read Write Gold

Scottish Voice

Past SQA digital papers

MyStudyBar

'MyStudyBar, developed by small team from the JISC Regional Support Centre Scotland North & East (disbanded in July 2011), puts a whole range of individual and essential tools at your fingertips. Together, these have been designed to support the complete study cycle from research, planning and structuring to getting across a written or spoken message. MyStudyBar has 6 sections; each has a drop down menu offering personal choice, flexibility and independent learning, particularly for those learners who require additional strategies to support their learning. With over 15 apps to choose from, MyStudyBar is the perfect study aid.

Examples include: Xmind for planning and organization; T-Bar for customising font and colour backgrounds; Lingoes for when you need a talking dictionary; LetMeType for help with text input, and Balabolka for converting text to audio. And if all that's not enough, there's even a speech-to-text app which allows you to talk to your computer.

You can use MyStudyBar straight from a USB stick (if, for example, you are using a machine that is not your own) or you can install it directly to the desktop (Technical staff in colleges or universities also have the choice of installing it on the network for everyone to use).'

Sir Jackie Stewart says of MyStudyBar: "MyStudyBar can be a great help to persons with literacy difficulties and is accessible even to those with unsupported, or hidden, dyslexia."

Prompts for Reflection

How well do the school and its partners *identify and assess* additional support needs?

Best Practice

Information issued to staff on children already identified as having Additional Support Needs, including those who are looked after, is clear and accurate and is used effectively to plan and teach.

There are good opportunities for formal and informal professional development, often inter-agency, in relation to identification and assessment of learning and behavioural needs and related issues.

Every practitioner takes responsibility for tracking and monitoring the progress of each child and young person and has confidence in the advice on identification and assessment provided by Support colleagues, Senior Managers and School partners.

What is the Impact?

School/service staff effectively use assessment to judge whether children and young people are progressing in line with expectation and take action accordingly

School/service staff are alert to lack of progress/accelerated progress and know who to speak with for advice and support

Best Practice

(Classroom) practice is systematically observed and discussed to ensure robust identification and assessment and Senior Managers provide opportunities to discuss with staff, including School Support staff, how well they believe needs are identified and assessed.

When parents or carers of children with additional support needs, including those who are looked after, raise concerns about their child, the school/service listens carefully and can clearly articulate the steps they will take to clarify needs and arrange a meeting to take this forward when necessary.

The use of digital resources, supports practitioners to respond to individual needs, support particular aptitudes and talents and build on prior learning.

Assessment advice, including assessment for (pre-) examination arrangements for young people with Additional Support Needs, is used to support learning and positive behaviour and promote achievement.

What is the Impact?

Senior Managers have confidence that the needs of children and young people are very well identified and assessed by all Class teachers and other practitioners

Parents and carers of children with Additional Support Needs, including those who are looked after, believe their children's needs are identified and assessed well

Best Practice

Senior Managers in Schools and Services use the Pupil Support team/the Integrated team to ensure school staff and colleagues in Health, Social Work and other services work closely together to identify and assess needs

The school has in place a robust policy and procedures for risk assessments which practitioners follow.

What is the Impact?

School staff and their partners work together within an integrated assessment framework to provide advice to each other and support each child or young person to maximise progress

Risk assessments ensure staff and children and young people are as safe as possible

Planning, Learning and Teaching within *Curriculum for Excellence*

Part 1

Part 2

Section 13

Planning, Learning and Teaching Within
Curriculum for Excellence

Scotland's *Curriculum for Excellence* is a curriculum for all children and young people. The curriculum - that is 'the totality of all that is planned for children and young people throughout their education' includes:

- *the ethos and life of the school as a community;*

- *curriculum areas and subjects;*

- *interdisciplinary learning; and*

- *opportunities for personal achievement.*

Curriculum for Excellence aims to achieve a transformation in education in Scotland by providing a coherent, more flexible and enriched curriculum from 3 to 18. The Building the Curriculum series provides advice, guidance and policy for different aspects of Curriculum for Excellence.

'*Building the Curriculum 1*' published in 2006, focuses on the curriculum areas, each of which make a contribution to developing the four capacities of children and young people   .

'*Building the Curriculum 2*' (2007) describes the experiences and outcomes for children's learning in ways that support a more active approach to learning and teaching in the early years   .

'*Building the Curriculum 3*' (2008) provides the framework for planning a curriculum which meets the needs of all children and young people from 3 to 18   .

'*Building the Curriculum 4*' (2009) sets out key messages about how children and young people develop and apply skills   .

'*Building the Curriculum 5*' (2011) provides guidance for all teaching staff on the main areas of the assessment strategy for Curriculum for Excellence   .

National Qualifications

National qualifications have been developed to ensure a smooth transition from Broad General Education, as part of Curriculum for Excellence, to prepare our young people for the twenty-first century.

New qualifications have been developed by SQA alongside the partner organisations involved in developing and delivering Curriculum for Excellence: The Scottish Government and Education Scotland.

The entitlement to develop skills within the four capacities (confident individual, successful learner, effective contributor and responsible citizen) applies equally to all children and young people.
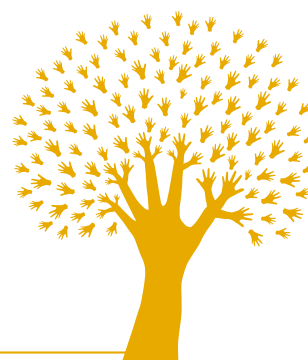
This link   takes you to **Learning Together: Supporting Children and Young People** (Education Scotland) and provides advice on how to support the learning of all children and young people.

The skills include literacy, numeracy and associated thinking skills; skills for health and wellbeing, including personal learning planning, career management skills, working with others, leadership and physical co-ordination and movement skills; and skills for enterprise and employability. What has to be considered is that the opportunities to promote these skills within the four capacities may be provided in different ways, by different practitioners in different locations, according to the needs of each individual learner. For some children and young people the focus is on developing skills of independence. This collection of case studies   examines the importance of developing essential employability and life skills in young people from disadvantaged backgrounds. The case studies accessed here   demonstrate evidence of progression in the development of skills for learning, life and work as outlined in Building the Curriculum 4.

For others, the challenges of learning in the outdoors can motivate more formal learning in basic skills. Many children and young people learn better through undertaking interdisciplinary tasks or in practical contexts. Clarification of Outdoor Learning in Highland is shown here   . '*Outside and In*' supports a strategic approach to the development of outdoor learning and provides a framework and process for collaborative planning and review   . This link   takes you to Education Scotland's framework for evaluating the quality of Outdoor learning. Key skills in literacy and numeracy can be more effectively understood by some children when learned in context and across the curriculum. This link   takes you to an inter-disciplinary project in one cluster and describes the successful learning achieved by all children and young people. The challenge for all practitioners is to carefully consider:

- *the nature of the curriculum (content, level);*

- *the nature of the learning environment (structured, flexible, motivating, consistent, positive, physically appropriate, low stimulus);*

- *the manner in which the curriculum is delivered (challenging, differentiated, supportive, appropriately-paced, inspiring, imaginative, varied, with clarity)*

and **match it to the needs of each child or young person.**

The effective practitioner - Class teacher, Support teacher, Social worker, Therapist, Children's Services worker and others - knows within their own context the nature of the learning activities/curriculum which can best meet the needs of each child or young person, their group or class. They also know each young person sufficiently well to be clear about the best means of delivering that learning experience. In addition, whilst almost all children and young people learn effectively in a traditional setting, a few respond better to alternative environments.

Fundamental to effective learning and the promotion of positive personal, social and emotional development is the need for all practitioners to **foster strong relationships with each child and young person**. This is even more important for children and young people with Additional Support Needs who may lack confidence and self-esteem.
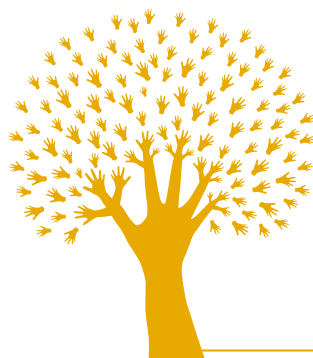
It is also very important for children and young people who are vulnerable for a variety of reasons, including those who are looked after. Many schools have worked to **develop children's resilience**   and help them cope and '*drive their own advocacy*'. Increasingly schools are adopting a restorative approach   to promote a positive learning environment and help practitioners constructively manage the behaviour of children and young people. Some schools have further

developed a positive ethos using the framework outlined in Rights Respecting Schools   . For some children and young people, high-quality **personal support** is essential to ensure they simply attend school.

> *"By listening, talking and including the young person in the decision-making process as regards education plans and extra support, you will help to engage them and make them feel more at ease. Something as simple as offering a word of encouragement or praise can be the best motivator; making the young person feel that there is someone who values them and cares about their welfare can make all the difference."*
>
> *(These are our Bairns, Scottish Government 2009)*

HMIe's *Journey to Excellence* 2006, advises staff to '*work alongside learners as role models, encouraging them to develop a positive attitude to learning*'. The challenge for all practitioners is to use a range of strategies which engage young people, maintain their engagement and enable them to persist in the task in hand. *Curriculum for Excellence*, which promotes outdoor learning, enterprising activities and practical tasks, all of which include core learning opportunities, strengthens the skills of engagement of practitioners and in particular classroom teachers.

There is no doubt that when children and young people are engaged in active learning the degree of engagement increases. This link   takes you to **Learning Together**: a development pack which supports practitioners to ensure children and young people are actively engaged in their learning: **Active Learning** (Education Scotland).

This link   takes you to **Learning Together**: a development pack which supports practitioners to introduce collaborative learning into their learning environment: **Collaborative Learning** (Education Scotland).

Increasingly, the use of **Glow**   can motivate young people to work independently as well as collaboratively and support individualised learning, allowing for personalisation and choice. It can also deliver virtual learning and meet the needs of young people for whom attendance in mainstream environments is very challenging, or in a very few cases, because of significant health reasons, impossible.

Highland Council also supports families who choose to home educate their children/young people providing advice and consultation on CfE and access to useful resources and information that can help them develop an appropriate curriculum. Further details can be found here   .

Further Information 13.2 describes how some schools and provisions have enhanced their curriculum, sometimes in partnership with agencies, to promote broad achievement and allow all young people to achieve success. Highland's Learning and Teaching Issues Papers   provide further support and advice to practitioners on a wide range of teaching approaches.

Teachers and their partners have a range of advice to assist them when **planning** to meet needs. This link   takes you to the NAR Flowchart which provides guidance on how to plan effective learning, teaching, moderation and assessment. This link   describes the process in greater detail.

What is important to note is that the level of detail in the Child's Plan for each child and young person is dependent on the context for the child which includes the experience of the teacher or school as a whole, the quality or amount of support provided in the class, access to
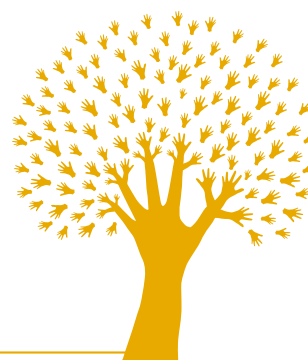
therapy, the size of the group and the nature of and access to resources. In one school a child's needs may be met by class planning, while in another school, the same child may require a Child's Plan that includes an Individualised Educational Programme.

For a few children and young people with significant challenging behaviour, individualised personal support and specific social skills training is the first step to re-engage them with learning. Targets within these individualised programmes must focus on the key issues for each young person, such as misuse of drugs and alcohol, self-harm and offending, so that their personal lives become manageable for them and learning becomes more possible. **Further information 13.1** provides advice on effective planning for a young child with significant social and emotional needs. The Highland Practice Model requires practitioners to develop one integrated plan on the basis of information gathered using this Integrated Framework. This link provides guidance on how to develop the Child's Plan.

Advice on methodologies and practical teaching strategies is contained in:

- **Section 14: Successful Support Stories** *which is a collation of best practice from a selection of schools and services. They exemplify:*

    - *best practice in planning, often using solution oriented approaches;*

    - *specific teaching resources, practical strategies, particularly those which promote positive environments;*

    - *partnership working, within and beyond schools;*

    - *positive outcomes for a range of children and young people with additional support needs.*

'My experiences and outcomes' is a practical online tool that can help with planning and monitoring learning.
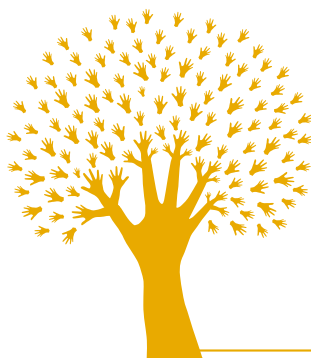
Further Information

13.1 Example of Targets within a Child's Plan for a Young Child Experiencing Social, Emotional and Behavioural Difficulties

Good practice in working with children and young people presenting challenging behaviour requires the focus to be on establishing a clear support plan, with effective interventions based on good quality information and observation. Any detailed behaviour plan or protocol should be incorporated into the wider Child's Plan .

In order to create an effective plan, practitioners need to understand and take account of general child development and the child's early experiences; early brain development, and an understanding of the development of the teenage brain; and emotional coaching as a way of supporting the development of emotional literacy through positive interventions. In addition, an understanding of the effects of the educational setting in creating a nurturing environment is an important feature of good quality support.

Any plan or behaviour protocol should be created with the young person where possible and with parents and support staff. It should be regularly reviewed to ensure its continued effectiveness. Being involved in confrontational or challenging behaviour can be distressing for support staff and so debriefing and staff support should also be part of any plan or protocol
.

13.2 Enhanced Curricular Opportunities to Promote Wider Achievement

Some children and young people require an extended and highly differentiated curriculum for different reasons. For some it is as a result of having disengaged with learning. For others it is the most appropriate curriculum pathway which ensures they have success in learning and are able to progress at their own, suitably challenging pace. The key to ensuring engagement and for some re-engagement with learning within an extended curriculum depends very much on the quality of relationships experienced by each young person. Robust, consistent and positive personal support can ensure that clear Child's Plans lead to wider achievement which can for some young people promote more formal attainment. The success of the extended curriculum pathways or learning opportunities shown below depends on the skill, empathy and emotional intelligence of those who deliver them. An enhanced curriculum which involves other partners requires schools to be clear about what these services can provide as well as a real commitment to joint planning and continued involvement in supporting the young person. The range of additional curriculum pathways and support from external agencies will vary.

Enhanced Curriculum within schools and colleges includes:

- *Equals P*
- *Routes for Learning*
- *Northern Ireland Curriculum: Inclusion and SEN*
- *Outdoor learning*
- *At Secondary, an increasingly good range of programmes of study at National 1, 2, 3 and 4*
- *In-school drama groups*
- *ASDAN*
- *Duke of Edinburgh and Supported Duke of Edinburgh courses*

- *Sports leaders' qualification*

- *John Muir Award*

- *Enterprise qualifications*

- *An improving range of Skills for Work, in schools and colleges, including hairdressing, motor vehicle skills, construction, rural skills*

- *'Open' and supported work experience*

- *College courses (such as Sport and Leisure, Computing, Drama)*

Enhanced Curriculum provided in partnership with Support Agencies includes:

- *Dynamic Youth Award*

- *Action for Children (previously PACT)*

- *Army Cadet Force Association: Youth and Community Project*

- *Riding for the Disabled*

- *Hopscotch*

- *PUSH*

- *The WEB Project*

- *Youth Justice and SACRO*

- *Authority Environmental Services*

Further information can be accessed from this link to 'Amazing Things'   .

Prompts for Reflection

How well do the school and its partners *plan and deliver support* for each child and young person?

Best Practice

The school/service has a clear curriculum rationale which takes full account of the principles of *Curriculum for Excellence*, including ensuring full entitlement for all.

The school/service has provided information to all relevant staff about the Levels of Assessment and Intervention in line with Additional Support legislation and the Highland Practice Model.

Senior Managers monitor the quality of Child's Plans and provide opportunities to discuss, support and improve the quality of plans.

Professional development opportunities are provided to ensure high quality planning at all levels, primarily this will involve integrated planning with partners, but may also include behaviour and medical protocols, intimate care plans etc.

What is the Impact?

The school and its partners meet legislative requirements in relation to delivering a relevant and challenging curriculum for all

The school and its partners ensure all children and young people have maximum opportunity to succeed

The school and partners take full account of national and local curricular and pedagogical guidance

Best Practice

The learning environment is positive and helps to promote learners' self-esteem and confidence and other broader capacities.

The school/service pays very good attention to ensuring parents are true partners in their children's learning and can contribute to their children's progress.

Observation and self-evaluation of practice focuses on the quality of relationship children and young people have with practitioners to ensure it is of a high quality. Observations also evaluate the degree of engagement with learning and ensure learning plans are effectively implemented.

There are systems in place to evaluate the extent to which vulnerable children and young people are engaged and safe in activities in the playground, corridors, on excursions and out-of-school activities.

This will include the Evolve system and will take account of any medical procedures in line with the Administration of Medicines policy   .

What is the Impact?

All learners talk positively about the quality of their learning experiences

Parents are satisfied with the quality of provision and progress of their children

Children and young people are attaining at levels in line with high expectation, including the children and young people with Child's Plans who are achieving their targets

Children and young people feel safe and confident and able to enjoy success

Best Practice

Senior Managers encourage staff to be creative and imaginative in finding strategies to engage children and young people with Additional Support Needs across all aspects of the curriculum.

The school and its partners work together to ensure they are all committed to developing the four capacities of *Curriculum for Excellence* for all children and young people.

The school/service evidences and records broad achievement including success in work experience; residential courses; and additional activities in and beyond the school day such as data on personal and social skills qualifications, eg Duke of Edinburgh's Awards, Award Scheme Development and Accreditation Network (ASDAN), Youth Achievement Awards.

The school takes very good account of national and local guidance on transition and works closely with its partners, the child and parents to ensure smooth and successful transition to a suitable next placement.

What is the Impact?

All children and young people are supported by relevant practitioners to achieve the four capacities

Attainment, achievement, attendance and exclusion data is positive for all children and young people, including those with Additional Support Needs

Trend data on school leavers' destinations shows appropriate levels of achievement

Successful Support Stories

Section 14
Successful Support Stories

Introduction

Almost all children and young people require additional support at some stage. For some the support is short-term, although it can still be significant and require co-ordination. For other children and young people, support is long-term and requires the continuous expertise of a range of practitioners.

Supporting Children's Learning: the Code of Practice, 2005, revised in 2010 advocates that each Local Authority set out guidance for identifying and supporting Additional Support Needs. It incorporates the values and principles of GIRFEC, and advocates an integrated framework   for professionals working with children and young people across education, health, social work services and other areas. In Highland, the Highland Practice Model provides a framework of identification and support at three different levels.

Universal - simple plan, usually single agency	*Internal support available within all Schools/ Nurseries.*	*Click to show stories*
Targeted/long-term - more complex plan, may still be Single Agency plan	*Internal and External Support delivered by School staff, including Specialist School staff and their partners, within Education Services*	*Click to show stories*
Specialist/long-term - multi-agency plan where education may be the lead professional or a partner service may fulfil this role	*Internal, External and Multi-Agency Support from schools/specialist provisions with possible additional support provided from central resources, and their partners outwith education all of which requires significant co-ordination. Support can be delivered in mainstream schools, in shared locations or in specialist environments.*	*Click to show stories*

The **Successful Support Stories** which follow exemplify support at each of the levels of identification and support. Each story has been anonymised or slightly changed to respect confidentiality.

The Support Stories provide an excellent opportunity for in-school and multi-agency staff development.

Support at the Universal level with a simple Child's Plan where education is the named person/lead professional

Click the titles to show stories

1.　**A Very Young Child Whose First Language is Not English**　▶

2.　**A Primary Child with Undiagnosed Tourette Syndrome**　▶

3.　**Effective Practice Between Schools and Therapists**　▶

Support within a more complex plan where education is the named person/lead professional

Click the titles to show stories

Support within a multi-agency plan

Click the titles to show stories

1. A Very Young Child Whose First Language is Not English

Background
Following a placing request, one school enrolled a child whose family had arrived from a remote village on the border of Pakistan. Enrolment discussions were facilitated by the EAL service. In addition to speaking no English, the child presented as very immature and had a restricted diet. He was unable to manage the P1 classroom situation without 1 to 1 support.

Solution Focused Approach
The Headteacher and Support team agreed that the learning and behaviour needs of this child could only be met in a range of environments wider than the P1 classroom, since his level of maturity was similar to that of a much younger child. An essential part of the plan for this arrangement was the need to fully involve his father with the help of the EAL service since he had high expectations for his son and believed he ought to learn in the mainstream class. Support for this child was wholly met from the existing school support budget which had to be re-prioritised.

Strategies
Key success factors were agreed as follows. The child:

- *had a varied breakfast in the Nurture group;*

- *after a calm breakfast, arrived in class with support once the P1 class was settled;*

- *attended the nursery class with the Pupil Support assistant for suitable activities and to access play equipment, including when the Nursery staff were on lunch break;*

- *participated in the P1 activities which were generally active and focused on learning through play.*

### Range of Strategies to Promote Positive Behaviour and Improve Learning
The school had in place a nurture group which helped children to identify, explore and come to terms with their feelings. Staff used clear structures such as breakfast and break times to establish good eating habits and table manners, and promote positive communication. 'Painting parties' had allowed parents and staff to work together to improve the appearance of the school and confirm the positive and accepting ethos. In addition, the school's attractive environment both in and outside school, included overt positive affirmation posters, golden rules, values, and a 'no hurting' sign made by a child.

Individualised Planning and a Flexible Curriculum in Line with *Curriculum for Excellence*
The school recognised that this child required his own learning environment and child's plan. Learning through carefully planned play situations allowed the pupil the learning opportunities to come to terms with a significant change of culture and learn the (English) language in a meaningful environment. Success for all children was rewarded using stickers, certificates, the tree of achievement, the 'high five' club, 'Smile Files', and golden time.

Partnership Working
The child's father was the key partner and the relationship with him was facilitated through support from the EAL service. He had high aspirations for his son, in line with his culture. In addition, the in-school Support team worked closely to plan learning across the Nurture group, the Nursery and P1. The Pupil Support assistant built up a strong relationship with the child who gained in confidence and started to learn and feel comfortable with the routines of the school.
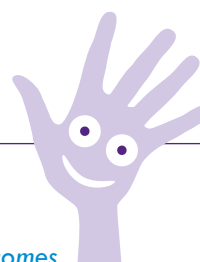
Click here to show successful outcomes

Successful Outcomes included:

- *clear understanding of all school staff of the meaning of inclusion and acceptance of all children and their families;*

- *continued calm learning environment for all children and practitioners so that the needs of the P1 class continued to be met;*

- *increased confidence in staff to manage a new challenge in both learning and behaviour;*

- *excellent partnership between the school and parents;*

- *active, meaningful partnership within school and with the EAL service who ensured good communication between school and parent;*

- *successful learning by the individual child;*

- *the school's flexibility in meeting this child's needs.*
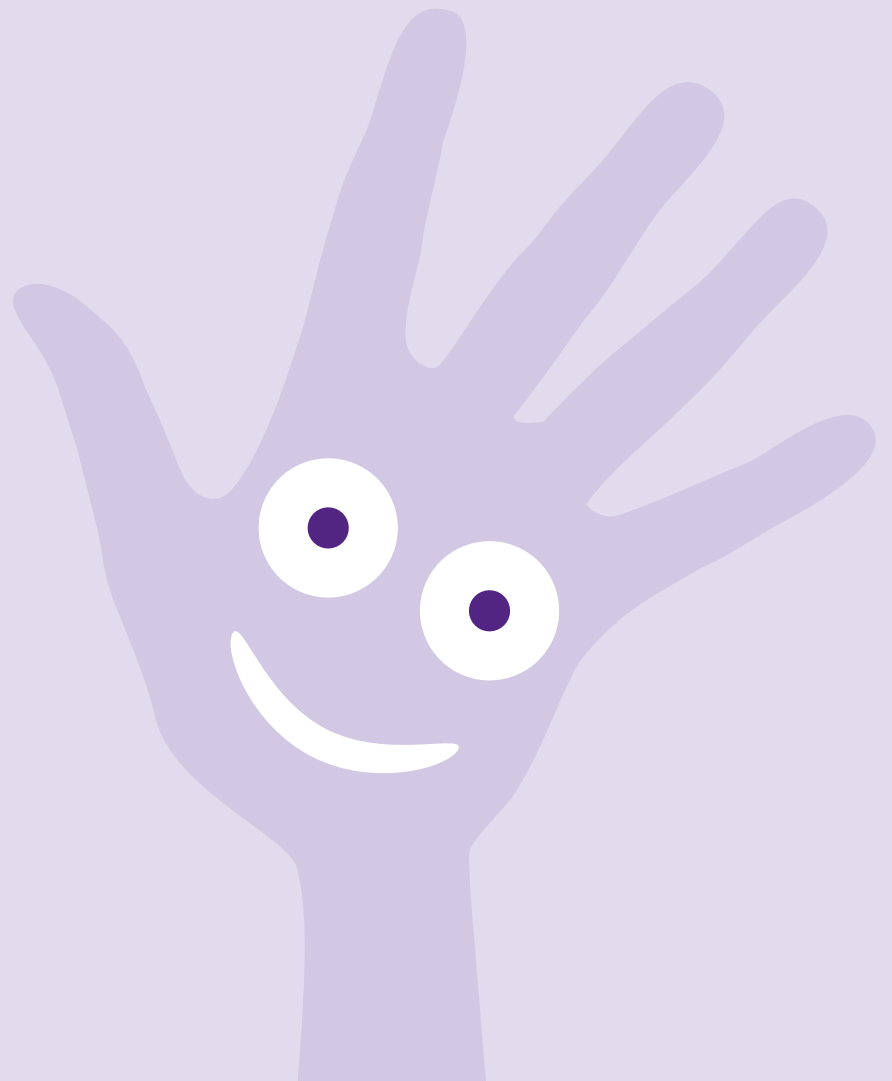
2. A Primary Child with Undiagnosed Tourette Syndrome

Background

A P5 child, diagnosed as dyspraxic, was enrolled in a new school, having been excluded from his previous placement because of unacceptable behaviour which included regularly shouting out.

Solution Focused Approach

The School Support team believed the child suffered from Tourette syndrome. However, this was not confirmed by Mental Health practitioners. Nevertheless, experienced staff used approaches which acknowledged and successfully addressed 'Tourette-type' behaviours.

Strategies

Key success factors included the following:

- *an experienced teacher took the P5 class and observed the child carefully;*

- *on the basis of observations, the Headteacher helped the child's mother to write an explanatory letter to her General Practitioner requesting a referral to Mental Health services;*

- *a lengthy assessment by the Speech & Language Therapist, during which the child divulged that he could 'feel' the noises he was making;*

- *an agreement that when the child realised he was about to shout out, he used his time-out card to leave the class and 'let out' his noises;*

- *an agreement that the child did not line up for class as this was frequently a time when his noises were significant.*

Range of Strategies to Promote Positive Behaviour and Improve Learning

The school had a good history of supporting a range of children with additional support needs. Several members of staff had wide experience in identifying specific needs and clarifying the way forward. The school's ethos was positive, accepting and supportive.

Individualised Planning and a Flexible Curriculum in Line with *Curriculum for Excellence*

The child had very good ability to learn. However, his disability was in danger of 'labelling' him as a difficult pupil. Once he and others were clear about the nature of his Tourette-type presentation and he could take responsibility for managing it, he required no special planning or curriculum.

Partnership Working

- *The in-school team worked closely with the child's parents to problem solve this child's difficulties and meet his needs.*

- *The child's doctor co-operated on the basis of a convincing case made by the Headteacher and parent, by 'fast tracking' him to Mental Health services.*

- *Despite the initial non-diagnosis by Mental Health services, the school team along with the Speech & Language Therapist and the Educational Psychologist, agreed the way forward.*

- *The child was subsequently diagnosed by Tourette's Scotland and re-referred to Mental Health services.*

Click here to show successful outcomes

Successful Outcomes included:

- *acceptance rather than exclusion for a child with undiagnosed disability;*

- *support for an unconfident mother to seek specialist help;*

- *best use of specialist staff such as the Speech & Language Therapist to confirm professional judgement;*

- *positive action taken based on presenting barriers to learning, irrespective of a lack of diagnosis;*

- *simple but successful strategies to enable the child to take responsibility for his presenting behaviour;*

- *successful learning for this child who also gained in confidence;*

- *increased confidence within the School Support team in relation to identifying (sometimes less obvious) additional support needs.*

3. Effective Practice Between Schools and Therapists

Much good practice between schools and therapists was observed and described during the Additional Support Needs review.

- *Examples of good practice included the Language Enrichment Groups (LEGs) which focused on children whose significant language delay was as a result of deprivation and poor stimulation at home. The strength of this project was the impact of staff development for Support staff, Early Years practitioners and Class teachers by the Speech & Language Therapists. This professional development helped practitioners to understand and respond to children's lack of development in vocabulary and language, including phonology, and the significant adverse effect on the ability to listen and comprehend, and/or effectively communicate. This in turn helped practitioners to accelerate learning, particularly in relation to literacy skills.*

- *A few Headteachers allocated a Pupil Support assistant to follow up and reinforce the work of the Speech & Language Therapist, including ensuring the Support assistant had received specific training and support from the Speech & Language Therapist.*

- *Some Support teachers who had benefited from very good advice and strategies from their Speech & Language Therapist were more able to support Class teachers, particularly at the early stages, to identify and address speech and language needs and promote learning in literacy.*

- *The Developmental Co-ordination Disorder (DCD) group, consisting of Occupational Therapists (OTs), Support teachers from 4 schools and Education Services staff produced a DVD which illustrates the benefits of setting up motor skills groups, particularly at the early stages. Several Support teachers with advice from their Occupational Therapist had set up motor skills groups to screen and identify motor difficulties. Good strategies helped these children to overcome their difficulties and promoted effective learning as a result of improved levels of concentration, better organisational skills and increased confidence.*

- *All Therapists spoke about the importance of the support provided by the Support assistants. Occupational Therapists and Physiotherapists in particular depended on Support assistants to carry out essential programmes. Effective partnership between the Support assistant and Therapists depended on there being time for the Therapists to advise and speak with the Support assistant on a regular basis.*

Part 1

Part 2

4. A Secondary 1 Young Person with Undiagnosed Autistic Spectrum Disorder

Background

A P7 child with a diagnosis of 'severe dyspraxia' and 'oppositional defiant disorder' joined a Secondary school following a period of careful transition planning. Despite the best efforts of both Primary and Secondary schools, the environment and daily routine of the latter presented formidable challenges to the pupil when he arrived, and frequent episodes of 'bizarre' and 'aggressive' behaviour indicated high levels of distress. Such events often included:

- *loud, piercing screams;*
- *running out of class;*
- *temper tantrums;*
- *pushing over desks;*
- *hiding under tables;*
- *rolling on the floor.*

These behaviours led to distress and anger amongst staff working with the young person, concern from fellow pupils, and exclusion from subjects in which health and safety concerns were paramount.

Solution Focused Approach

Support staff recognised that effective support for this pupil could only be achieved by building capacity within the school and that it would be more productive to increase knowledge and skill levels amongst Class teachers and Support for Learning assistants than to try to change directly the behaviours of the young person through punitive/retributive action. This necessitated a re-evaluation of staff attitudes towards challenging behaviour and the development of a consensus towards solution focused planning.

Strategies

The initial Child's Plan involved strategies to help the young person feel safe by:

- *establishing a relationship with a trusted member of staff;*
- *identifying a safe place within school for intervals, individualised learning and during times of distress;*
- *forming a strong dialogue with parents through regular contact and a home link diary.*

Alongside this, Continuous Professional Development was delivered in which detailed discussion took place on the nature of the behaviours observed, the 'triggers' that led to temper tantrums and episodes of high distress, and the most effective ways of managing such situations when they did arise. This approach depended heavily on staff recognising that the behaviours that the school considered 'undesirable' were more likely to be the product of a need to communicate distress than to attract attention or disrupt the learning of others.

The emphasis was less on changing the young person by direct intervention, and more on reducing crises by creating a **'safer learning environment'** for him by carefully modifying what was already available. The staff who were encountered by the young person were considered to be a part of this environment.

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The latter Child's Plan has focused on a careful move towards reduced dependence and increasing independence as the pupil (now in S3) prepares for transition to college.

Key success factors included:

- *strong supportive role of caseload teacher/lead person;*

- *parental involvement in planning and decision-making;*

- *learning difficulties addressed through holistic package of support;*

- *heavy emphasis placed on emotional wellbeing and self-esteem of pupil;*

- *long-term development of resilience and independent learning;*

- *effective transition programme;*

- *dyslexia supported with targeted programmes to improve spelling accuracy, but also with study support and help in addressing organisational difficulties;*

- *support staff helped the young person to understand the complexity of his own difficulties and the range of strategies that he could put in place to mitigate problems;*

- *a recognition that forgetfulness and poor organisation are not indicative of a lack of interest, willingness or intelligence.*

Range of Strategies to Promote Positive Behaviour and Improve Learning
The school identified the need to evaluate behaviour within a functional rather than a moral framework and to employ a solution focused approach to reduce and subsequently eliminate undesirable events. This required a degree of change within the school itself in order to build capacity and increase both knowledge and skills.

Individualised Planning and a Flexible Curriculum in Line with *Curriculum for Excellence*
Alongside a core mainstream curriculum, planning has been 'needs led' and has prioritised those areas which could become significant barriers to future learning. For a boy with such complex needs, and vulnerability, the emphasis has been on building resilience rather than just acquiring knowledge. Rather than protect the pupil from the challenges that he will have to face later in life, the school has adjusted his learning experiences so that they are encountered at a time when he has a higher chance of success, and therefore of learning from them.
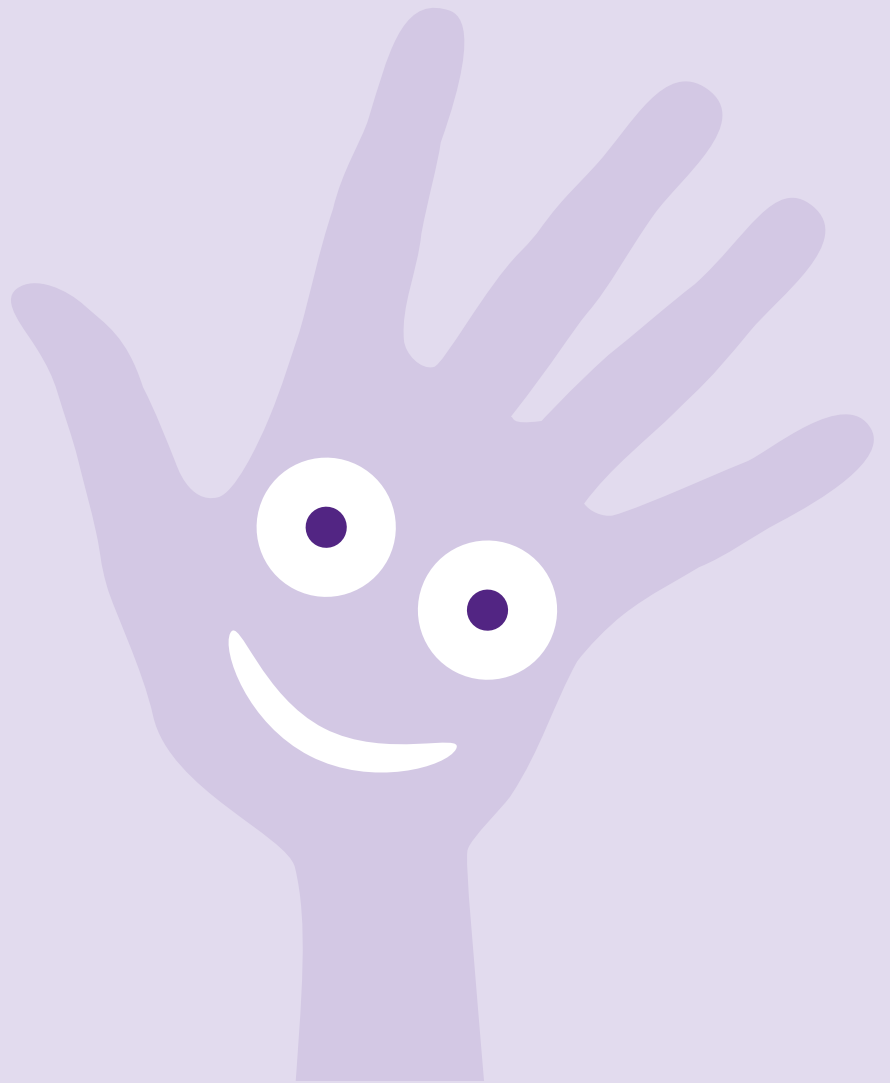
Partnership Working
The school, through the named person, has worked closely with home to ensure that all major planning decisions are the product of a consensus achieved through working towards a common purpose. Transition planning is already underway although it is likely that the young person will stay on in S5 and S6. The school is currently supporting the boy's parents through the assessment process and has strong links with the local CAMHS team in order that a full profile of the young person is completed.
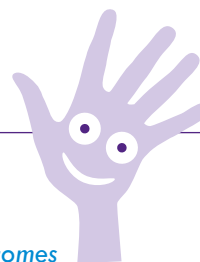
Click here to show successful outcomes

Successful Outcomes included:

- *dramatic reduction in frequency and intensity of undesirable behaviour;*

- *rapid academic progress in most areas of the curriculum;*

- *significant improvements in legibility of handwriting;*

- *increasing independence around school;*

- *reduced sensitivity to environmental triggers (eg fire alarm);*

- *evidence of enhanced self-awareness and understanding;*

- *almost perfect attendance - young person comes in each day at 7.50 am;*

- *popular within small peer group and accepted within mainstream classes.*

5.   A Secondary 1 Young Person Experiencing Dyslexic Difficulties

Background

A pupil diagnosed with dyslexia emerged with ever increasing needs during the early course of his secondary schooling. Difficulties in spelling were assessed to be the root cause of his academic problems, but staff in the Pupil Support department were reluctant to adopt too narrow a focus in providing a package of support measures and identified a broad range of needs amongst which were chronic low self-esteem and poor organisational skills (eg of homework, PE kits etc). The pupil also had weak study skills (eg knowing how to plan answers, revise terminology), high levels of inattention and distractibility, low mood and depression. He also suffered significant social isolation. The pupil was 'caseloaded' to a member of the department who had a special interest in dyslexic difficulties and her role involved developing an oversight of all aspects of his learning in school, including his emotional wellbeing and welfare. This is in line with the GIRFEC concept of named person   .

Solution Focused Approach

A key focus even at an early stage in the Child's Plan process was to identify long term targets that were relevant to, and had a resonance with, the pupil himself. For this reason they had to be ambitious but realistic. So despite his considerable difficulties he was experiencing in achieving the standards that he and others expected, entry into university was set as a benchmark for success. Alongside this goal, the Pupil Support department took measures to:

- *enhance his self-esteem;*

- *build resilience in his approach to learning;*

- *improve his study skills and help him to become more independent;*

- *employ technology to support his learning and reduce barriers to learning.*

Without these, entry into university would be a contrived success because he would not manage to complete a degree and meet course requirements.

Strategies

The support package was founded upon the development of a strong, trusting relationship between the pupil and his caseload teacher/lead person, who provided a very high level of guidance during the early phase of the pupil's school career. The usual range of dyslexia specific support measures were put in place, including *Touch, Type, Read, Spell (TTRS)*   , *Successmaker* and *StarSpell*   .

However, the case load teacher/lead person placed considerable emphasis on addressing his low self-esteem through counselling, consultation with his parents and in supporting him to achieve success in the classroom. The latter, proved to be a powerful force in re-orienting him towards a more positive and less self-critical perspective, and helped reduce the impact of his learning difficulties on the learning process.

This lead teacher was also instrumental in helping him to address ongoing bullying issues both within and outwith school, and in so doing, helped him to develop meaningful relationships with his peer group and thus enhanced his enjoyment of his latter years in secondary.

With considerable assistance, he learnt how to use an Alphasmart keyboard   and later a laptop to support his learning, not only in the production of extended writing tasks, but in the planning of assignments. Voice recognition software was also used (with marginal success) and in individualising the support, the pupil was encouraged to take increasing responsibility for his own learning.

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Key success factors included:

- *strong supportive role of caseload teacher/lead person;*

- *parental involvement in planning and decision-making;*

- *learning difficulties addressed through holistic package of support;*

- *heavy emphasis placed on emotional wellbeing and self-esteem of pupil;*

- *long-term development of resilience and independent learning;*

- *effective transition programme;*

- *dyslexia supported with targeted programmes to improve spelling accuracy, but also with study support and help in addressing organisational difficulties;*

- *support for Learning department helped pupil to understand the complexity of his own difficulties and the range of strategies that he could put in place to mitigate problems;*

- *a recognition that forgetfulness and poor organisation are not indicative of a lack of interest, willingness or intelligence.*

Range of Strategies to Promote Positive Behaviour and Improve Learning
The school recognised that dyslexia often involves a wide range of complex, inter-related learning difficulties that impact not only on academic attainment but on mental health and emotional wellbeing. For this reason, those involved in supporting the pupil, especially the caseload teacher/lead person, adopted a broad approach which placed an emphasis on building self-esteem upon areas of strength rather than on direct interventions to improve spelling accuracy. The school also placed a high priority on developing resilience and independent learning at an early stage. Engagement with learning depended on a collaborative relationship with home, and on the parents and pupil taking a constructive role in developing the Individualised Educational Programme within the Child's Plan.

Individualised Planning and a Flexible Curriculum in Line with *Curriculum for Excellence*
This pupil attended mainstream classes but received support outwith the timetable during registration (for TTRS), and during class time for the development of study skills. Although this pupil had needs and required a high level of support in order to fulfil his potential, he was also a very effective contributor to the school community and played an important role as a school prefect. Success was achieved primarily because this pupil's learning difficulties were not allowed to become barriers to learning, and because the pupil adopted the belief that he could achieve his personal goals despite, and possibly because, he had dyslexia.

Partnership Working
The named person developed strong working relationships with his subject teachers in order to identify areas where support was necessary and also to help explain his difficulties and so gain their understanding. Because this process was successful, he experienced a very sympathetic level of support in class and teaching staff went to considerable lengths to ensure that appropriate arrangements were in place for all assessments.

The parents took a role in supporting the caseload teacher/lead person by providing a study structure at home, encouraging him to develop ICT skills, and supporting his involvement in local drama. They attended all review meetings and were heavily involved in decision-making during the transition process which led to such successful outcomes.

Click here to show successful outcomes

Successful Outcomes included:

- *successful academic attainment at Higher Grade;*

- *pupil gained entry to university of choice;*

- *pupil became heavily involved in drama in school and then within local area, which led to participation at a national level;*

- *increasing confidence and self-esteem allowed pupil to defer university entry for a GAP year involved in performing arts;*

- *pupil took a leading role in a disability awareness programme for S1 pupils in school and spoke about his own difficulties.*
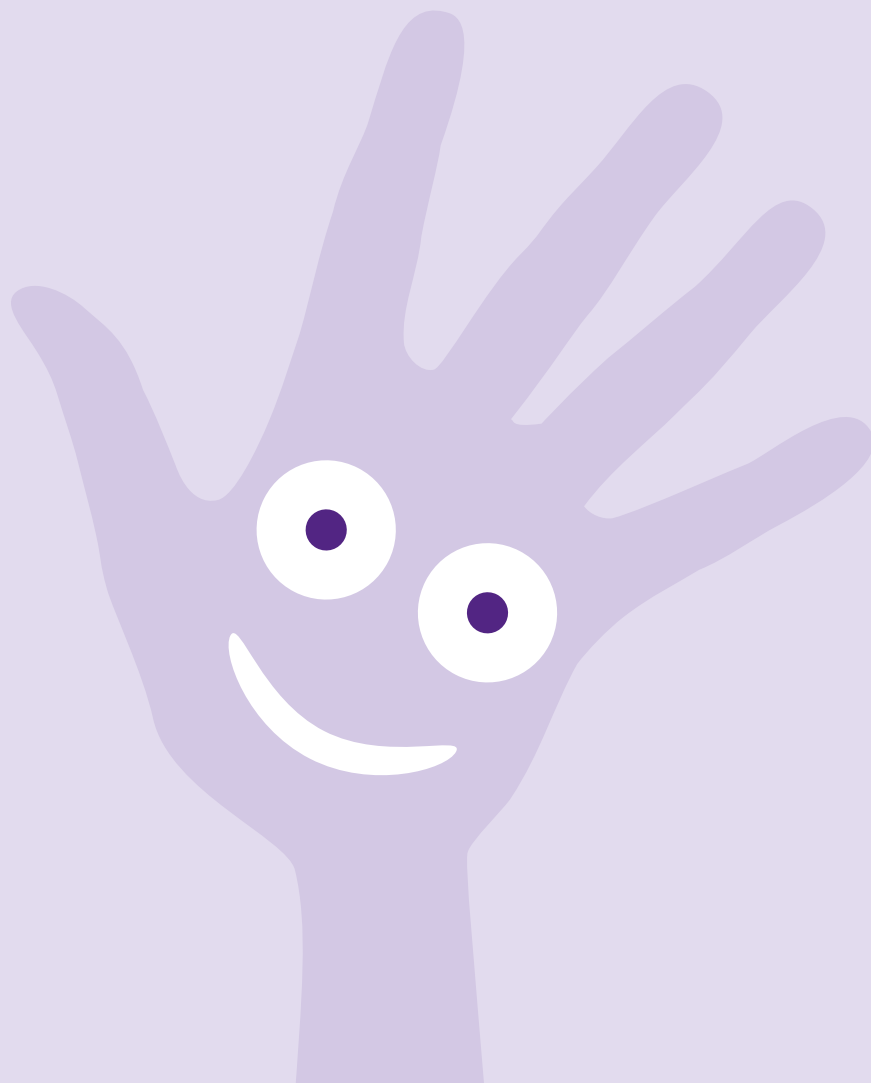
6. A Small Group of S1 Pupils with Significant Learning Needs

Background
A group of four vulnerable pupils with significant additional support needs were identified during the P7 transition process, and a needs assessment determined that their educational requirements would be best met in a Specialist provision. With no spaces available in the locality, the pupils were placed at a mainstream Secondary school located in an area of multiple deprivation. All four children had yet to attain Level A (5-14) and could not therefore access the mainstream S1 curriculum and so an alternative curricular pathway had to be defined that would allow the class to learn at a pace suited to their needs, but with the same level of opportunities open to all other pupils.

Solution Focused Approach
In collaboration with the Authority Senior Managers, the school designated a classroom as the main base for the group and equipped it with furnishings to accommodate a range of small learning environments. The pupils gave their class a name they were happy with and were initially taught all of their lessons in this room with a limited number of teachers moving to them rather than vice versa. The long-term aim was that, after a period of initiation and consolidation, the class would broaden their experiences of the school by moving more extensively throughout the school and eventually into the community beyond.

Strategies

- *The first phase of the long-term plan for the class was for each pupil to develop a sense of security in the school and a trusting relationship with a small number of key members of staff.*

- *A broad curriculum based on Curriculum for Excellence principles aimed to build the four capacities in each pupil and to enhance their resilience and willingness to take learning 'risks'.*

- *Core literacy and numeracy learning was embedded in all areas of the curriculum with a consistency of approach in terms of methodology and terminology.*

- *Teachers adopted a 'can-do' approach to problem-solving and persuaded each pupil to not only develop a confidence in their own capacity to learn, but a willingness to step outside their comfort zones into more challenging territories.*

- *By S2, pupils were following Access 1/2 courses and gaining certification in PE, art & design, music, science, social subjects and enterprise.*

- *The base classroom provided learning experiences for around 15 other pupils who need enhanced levels of academic or emotional support in certain areas of the curriculum.*

- *The base class planned and established a café which served refreshments to employees and visitors at a local community centre. In doing so, they acquired vocational and enterprising skills in food preparation and hygiene, customer services and money management and budgeting.*

- *By S4, all four pupils had established links with the local college, had participated in an extended work experience and were in the final stages of completing both their ASDAN Award and their Duke of Edinburgh Bronze Awards .*

- *Pupils in this class have raised over £1,000 for charities such as Concern and Save the Children through their café enterprise and by other initiatives such as selling recipe books.*

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Range of Strategies to Promote Positive Behaviour and Improve Learning

- *Long and thorough transition process founded on strong links with the two primary schools.*

- *Establishment of a 'safe learning environment' in which occasional 'failure' was regarded as a stage on the route to success.*

- *Realistic expectations in target-setting and management of daily routine - varied curriculum to sustain learning interest.*

- *Heavy emphasis on co-operative learning and problem-solving and on celebrating success.*

- *Recognition of entitlement to participate in the full range of school activities including sports events, work experience and school visits.*

- *Long-term focus on life skills and resilience-building in preparation for post-school life.*

- *Flexible approach to teaching with staff developing courses in areas suited to pupil needs rather than teacher experience.*

- *Support from Senior Managers in developing the curriculum outwith the Support for Learning department and co-operation from key mainstream departments, eg PE, Home Economics and Technology.*

Individualised Planning

Although each pupil shared certain learning difficulties, at the planning and delivery stages they were considered individuals with their own learning needs and Child's Plan. Success was built less upon defining deficits than on enhancing existing competencies and emphasising strengths. Staff ensured that each pupil was made aware not only of the progress that they were making and of their own successes, but of their importance within the group. Group success was celebrated alongside individual achievement. Pupils working at different levels within the same class shared similar learning experiences albeit with different outcomes.

A Flexible Curriculum in Line with *Curriculum for Excellence*

The curricular framework followed by young people in the base classroom was formed on a long-term plan to prepare them for the transition from school to the world of further learning, independent living and work. Course content was designed to build the four capacities with an emphasis on skills and knowledge that would have long-term relevance. Abstract concepts were taught within real-life contexts with points of reference that linked to experiences familiar to each pupil. A conscious effort was made to extend learning beyond the classroom to the school grounds, the local café, college and a range of work places.
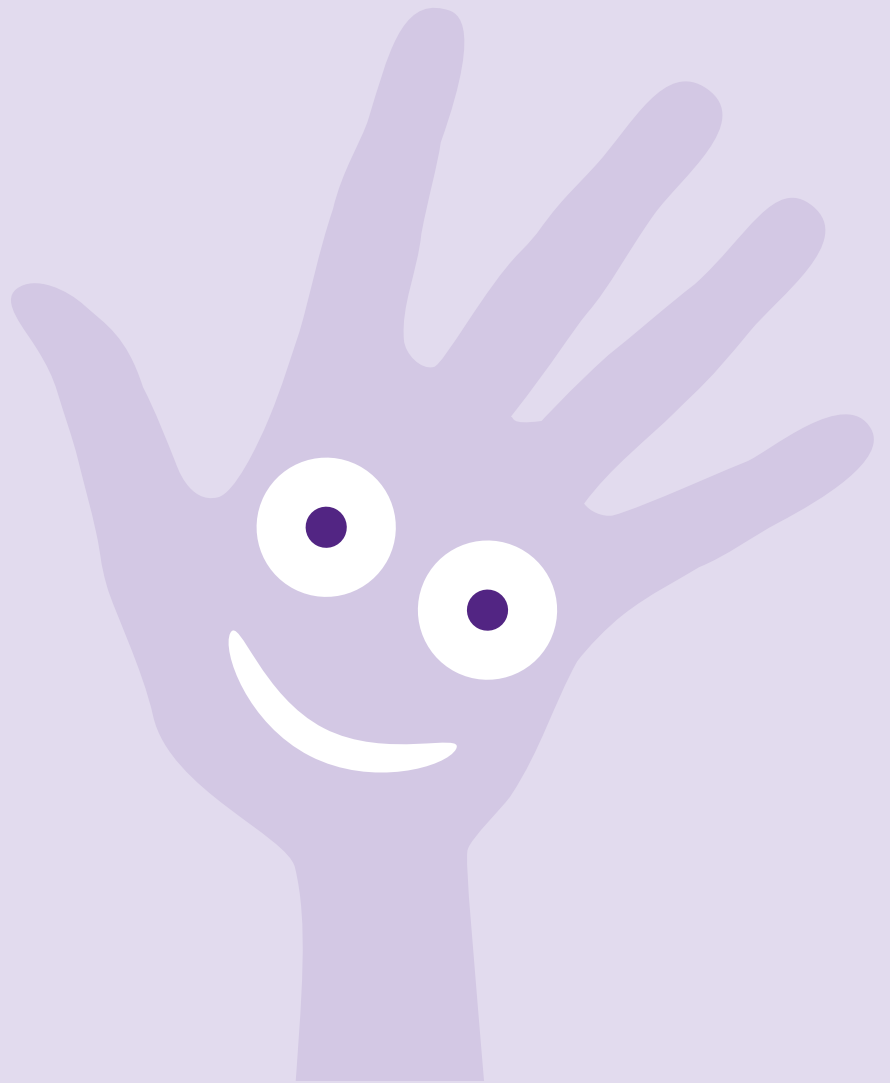
Partnership Working

- *Each pupil is allocated a named person who kept in contact with parents/carers at home.*

- *Very strong links were formed with the local specialist provision for advice on specialised areas of the curriculum, eg sex education.*

- *The school established links with the local college and with local work placements sympathetic to the high level of need of these pupils and arranged for carefully planned visits.*

- *The regional Duke of Edinburgh Award office provided enhanced support and flexible assessment arrangements to assist with completion of the Bronze Award.*

Click here to show successful outcomes

Successful Outcomes included:

■ *pupils who were initially frightened of unfamiliar teachers visiting their classroom can now move freely around school and with confidence in their work placement;*

■ *very significant improvements have been recorded in the quality of speech and communication in one boy with autism;*

■ *all four pupils have achieved certification at Access 1 and 2, ASDAN and Duke of Edinburgh Award;*

■ *attendance levels have remained high;*

■ *all pupils have a clear transition plan to college;*

■ *the class has been accepted by their peer group and are fully included within their registration class;*

■ *one pupil with a significant stammer participates in a Disability Awareness course delivered to all S1 pupils and speaks about his difficulties to the classes;*

■ *the successes achieved by the class have changed opinions amongst staff within the school by demonstrating how well planned inclusion can work.*

7. A Primary 1 Child with Social and Communication Difficulties

Background

A Primary 1 pupil had made the transition from a private nursery where he had been displaying angry outbursts. It quickly became apparent that he was having difficulty in coping with the various transitions he was required to make on a daily basis. Attempts to move him from his agenda resulted in angry incidents involving aggression towards adults and peers. Furniture and equipment were knocked over and the child ran out of the classroom to find another adult to engage with. This created a great deal of tension within the classroom as the teacher struggled to maintain a calm environment and reassure the other children whilst ensuring the safety of everyone.

The child also dominated the attention of adults in the room by attempting to talk about his current obsessions or by interrupting, shouting out answers or asking questions.

Solution Focused Approach

The primary school staff worked closely with the child's parents, the Autism Outreach teacher and Speech & Language Therapist. Through observation and discussion it was decided to adopt a consistent approach to managing the behaviour of the child and meetings were arranged to plan strategies with all members of staff involved.

Strategies

Key success factors included:

- *a consistent approach by all members of staff working with the child, adopting agreed strategies;*

- *a visual timetable to make the day predictable and help the child cope with changes with his routine;*

- *a work station using the TEACCH approach established to provide a quiet, calm environment;*

- *a work system to help develop organisational skills by presenting tasks using numbered folders;*

- *behaviour management strategies implemented and consistently adhered to by all members of staff involved;*

- *regular consultation time with all staff involved in working with the child in order to agree strategies and review progress;*

- *consistent implementation of strategies both at school and in the home environment;*

- *CALM training for staff members which focussed on de-escalation techniques;*

- *an awareness and understanding of the difficulties being experienced by the child.*

(continued)

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Range of Strategies to Promote Positive Behaviour and Improve Learning

A reward system was put in place making use of the child's specific interests; in this case it was cars, printers and roads. The rewards were provided for success in reaching the daily targets set for completing tasks, ie 5 minutes time set aside at the end of each day for browsing the internet looking for different models of printers.

Care was taken by all staff not to reinforce the negative behaviours by giving attention when the child ran out of the classroom. A chair was provided in a safe spot outside the classroom and the child was directed to sit there quietly or return to the classroom.

A visual timetable   was established using Boardmaker symbols. This served to make the child's day predictable and prepare him for the pending transitions he would be required to make.

The classroom rules were presented visually and time was taken each day to reinforce these rules and remind the child about the expectations of appropriate behaviours. Social stories were created to help with the child's understanding of these expectations   .

Visual prompts were provided by the Autism Outreach Teacher to encourage the child to follow the classroom rules regarding good sitting, looking and listening.

Individualised Planning and a Flexible Curriculum in Line with *Curriculum for Excellence*

The school looked at ways to help the child make the necessary transitions throughout the day. This involved allocating a Pupil Support assistant to help in the classroom; to guide the child through his various daily tasks, prepare him for forthcoming transitions and recognise the signs of anxiety and apply agreed de-escalation and distraction strategies.

The Class teacher revised her planning for the child by considering alternative methods of assessing progress, thus reducing the need for written work.

The child was able to read on entry to Primary 1 so the work was differentiated to take account of this, thus providing a challenge for the child at an appropriate level.

Sensory issues were taken into consideration (unwillingness to sit in close proximity to others, dislike of certain food smells, loud noises etc) and care was taken to gauge levels of anxiety relating to these issues and avoid exposure during times of stress.

It was agreed that the child would benefit from an understanding of different emotions and the feelings related to each one so that he could recognise similar emotions in himself. Strategies would be provided to help the child take ownership of his emotions by realising when he was becoming anxious and take steps to compose himself. Visual supports were provided to assist with this strategy.

Although a work station was established for the child, opportunities for group work were also provided and the sessions were facilitated by an adult to encourage appropriate interactions.

The Speech and Language Therapist embarked on a programme to develop social skills, ie turn taking, sharing an activity with another person.

Partnership Working

The Autism Outreach teacher developed strategies with the child's parents at home and the staff at school to support the child with his behaviour. Additional Child's Plan meetings were co-ordinated, involving all agencies working with the child to review progress and plan for future interventions. This work led to consistency of approach across all the child's settings and acted as a strong meaningful link between school and home when problems arose.

Click here to show successful outcomes

Successful Outcomes included:

- *the incidences of running out of the classroom reduced substantially;*

- *the child was more able to cope with transitions throughout the day and managed to work through his daily timetable;*

- *he willingly accessed his work station where he was able to work quietly and calmly;*

- *the implementation of his work system helped him organise and complete his daily tasks;*

- *episodes of challenging behaviour were reduced and this resulted in a calmer, more peaceful environment;*

- *the child participated more successfully in the classroom activities and discussions;*

- *he was included more regularly in the play activities of his peers;*

- *members of staff were able to remain calm and confident when working with the child due to their increased understanding of the difficulties being experienced by the child;*

- *the child appeared happier and more settled in school.*
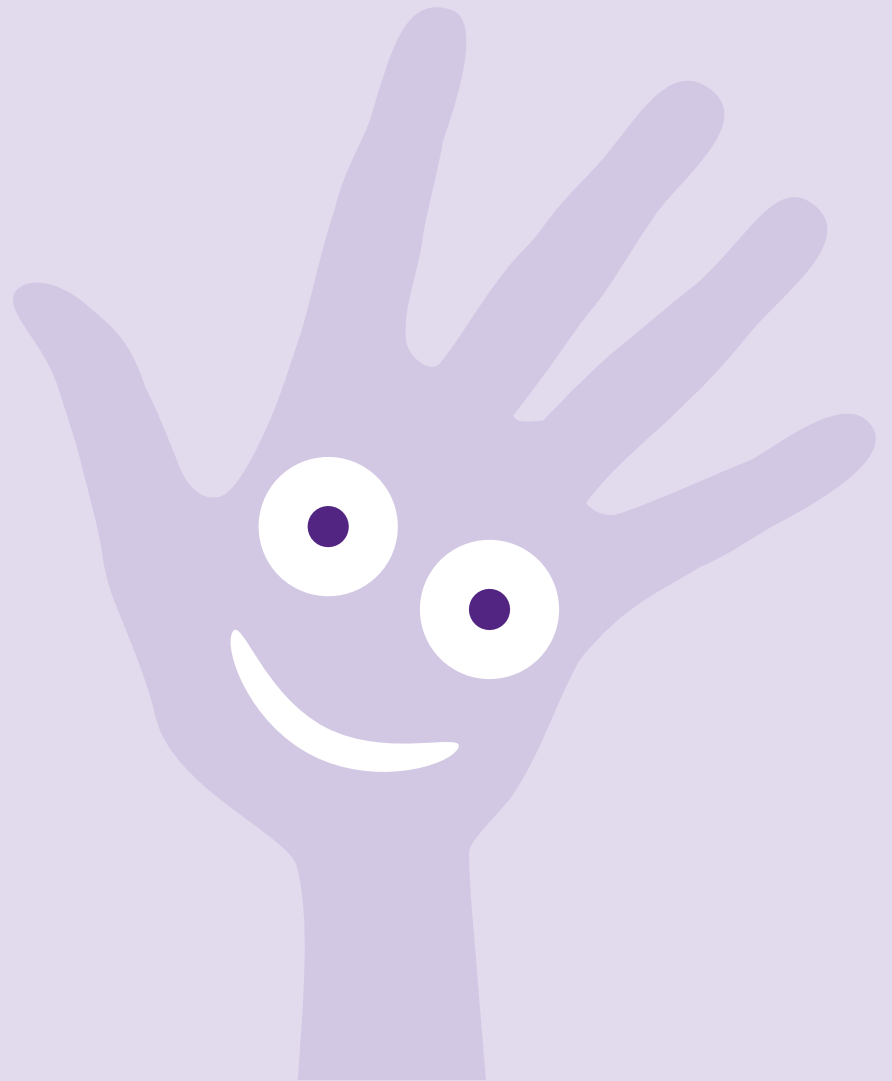
8. The Place of Outdoor Education in Promoting Personal Development

Background

The Outdoor Education practitioners at one secondary school use a model developed by 'Outwardbound Metro' to deliver courses aimed at helping pupils who are failing to progress in the mainstream environment   . Each of these five day courses (every 8 days for 5 weeks) focus on a specific area of need. One was aimed at S1 pupils who needed:

■ *nurture and encouragement;*   ■ *to build self knowledge;*

■ *to develop life skills;*   ■ *to explore future options.*

Seven pupils were chosen from those referred.

The last day of the course was spent reviewing and reflecting on their experiences and producing a presentation for friends, teachers and parents.

Solution Focused Approach

By setting an appropriate level of challenge for each pupil during activities, individuals can achieve real success. These successes would be transferred to other settings through review and reflection. Using this method, barriers to learning can be addressed and overcome.

Strategies

Key success factors were agreed as:

■ *ownership - activities were chosen by the pupils (from a menu). They were helped to develop a "group culture" and their own rules;*

■ *individual aims within each Child's Plan were needs led and were changed as individual needs became clearer, eg the ability to manage appropriate behaviour;*

■ *allowing the group time to get things wrong and learn from it which required extra staff to give individual attention, time outs and 1:1 challenges;*

■ *the challenge of telling their story to others was an ever present challenge that helped to focus their minds and efforts.*

Individualised Planning

The structure of these groups is critical to success; input from all areas is used to put together a productive balance of pupils.

Using a variety of activities (climbing, initiative problems, hill walking and presentations) allows individuals to explore and address challenges that are relevant to them.

A Flexible Curriculum in Line with Curriculum for Excellence

The choice to remove pupils from lessons is one which requires much consideration and is not without its critics. However the skills that these courses developed helped the young people to re-engage with formal learning. This effort invested in S1 can pay long term benefits.

This flexible approach required dedicated staff with additional skills. They needed the time to 'tailor make' each course to respond to individual needs, and to disseminate the learning afterwards.

Partnership Working

Pupils were referred by Guidance and Support staff. Additional support was offered by Support staff due to the high level of need in this group.

Support staff on each day came from across the school; Pupil Support staff, Community Link worker and the Depute, Support.

The young people presented their achievements to Support and Class teachers, family and senior pupils.

Click here to show successful outcomes

Successful Outcomes included:

- *stronger and more positive relationships among group members and staff. Staff commented on their greater understanding of individual pupils;*

- *sharing of information across whole school staff via a final report emailed out within days of the course ending. This included an outline of the course and observations of each pupil;*

- *development of skills/experience among all the staff involved;*

- *pupils in general developed their self knowledge, confidence and communication skills. Individually they often achieved self-defined goals, such as making friends, trying harder, thinking about others, etc;*

- *parents, staff and peers shared in the enjoyment/success/fun experienced throughout the course.*
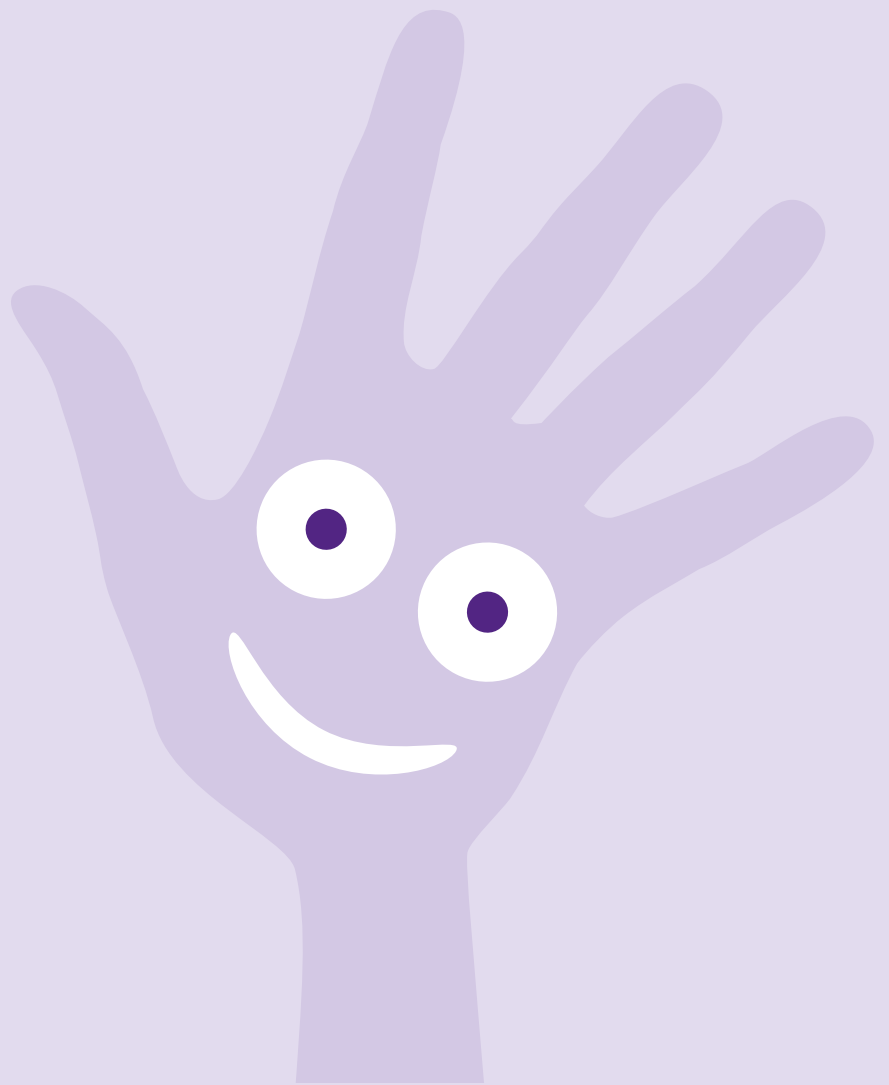
9.   A Secondary Pupil with Visual Impairment

Background

This S5 visually impaired young person attended a mainstream primary outwith his catchment school. He attended his local secondary school so that he could meet people from his local area. At all times, his parents encouraged their son's independence. He is currently studying a combination of Higher and Intermediate 2 courses - English, Business Management, Administration, Hospitality and Economics. This support story describes the support provided during the young person's secondary education.

Solution Focused Approaches and Successful Strategies included:

- *careful transition from primary school;*

- *passes prepared to allow the pupil out of class early and to access the dining centre to avoid queues and the busy stairwells;*

- *support initially in transporting and setting up IT equipment since in S1 the weight of the equipment prevented pupils from carrying the bag to class;*

- *staff consulted with the Authority Education Support team on software and printing issues;*

- *in S3/S4, the pupil's independence was promoted in relation to IT and he had responsibility for charging laptop and taking it to class;*

- *consultation with staff on how to use IT resources to enable the pupil to access visual presentations;*

- *enlargement of class texts. Staff training to enable Support assistants to prepare materials;*

- *planning with staff to ensure materials prepared in advance;*

- *lift pass access to enable pupils to get to class with equipment promptly;*

- *consideration given to toilet facilities due to high anxiety in using the boys' toilets at times;*

- *consideration of review meeting location as the boy's parent is registered blind;*

- *reports and review minutes electronically sent to parent;*

- *robust post-school transition planning within the Child's Plan process.*

(continued)

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Individualised Planning and a Flexible Curriculum in Line with *Curriculum for Excellence*
The pupil shared support in class across most subject areas. The school and VI service consulted on appropriate IT and software and secured the funding for this prior to the boy starting at Secondary school. The pupil was allowed access to the Support base at social periods as necessary and supported and encouraged to attend clubs. Opportunities were created for the pupil to participate in appropriate PE activities. Support was given for the class residential to ensure that he could participate in the wide range of activities, eg climbing, canoeing, wide games. The school arranged Careers contact from S2 and study periods were organised in S3/4. In addition, support was provided with a study plan and enlarged materials. Support was given to secure work experience opportunity with Marks and Spencer. The pupil's attendance at the local 'Help @ Hand' event provided contact with representatives and agencies that can help and provide support. Alternative Assessment Arrangements were in place and have been regularly reviewed. The organisers of a school trip to Italy were given advice on risk assessment and VI awareness. The school continues to be flexible with PE activities to ensure participation and enjoyment.

Partnership Working

- *Parents were consulted about school transport but they did not want individual arrangements made. Plans were in place to monitor transport issues.*

- *Close links with the Vision Support teacher who brought the pupil and another VI pupil on familiarisation visits at P7/S1.*

- *RNIB undertook assessments of the school building with a report to highlight the poorly lit areas in school   .*

- *Support for Learning staff received CPD on VI awareness and hands-on training in setting up CCTV camera and laptop.*

- *Subject staff received awareness training CPD from the VI specialist.*

- *Regular reviews with input from the mobility assessors were undertaken. They looked at independent travel skills, road safety etc.*

Click here to show successful outcomes

Successful Outcomes included:

- *successful transition from Primary, and inclusion in all areas of the curriculum;*

- *ongoing consultation with subject staff with regards to adaptation of subject materials;*

- *working with the pupil so that his needs are met. In S1 the pupil did not want to appear different and he was reluctant to use enlarged materials or specialist equipment leading to increased migraines because of fatigue. As the pupil has matured, he is more able to express what his needs are and the type and nature of support he requires;*

- *the pupil is keen to have a career in the hospitality industry but is becoming more aware that with his VI he needs to look at employment opportunities across all areas not just food preparation;*

- *The pupil attained 7 Standard Grade/Intermediate passes in S4.*
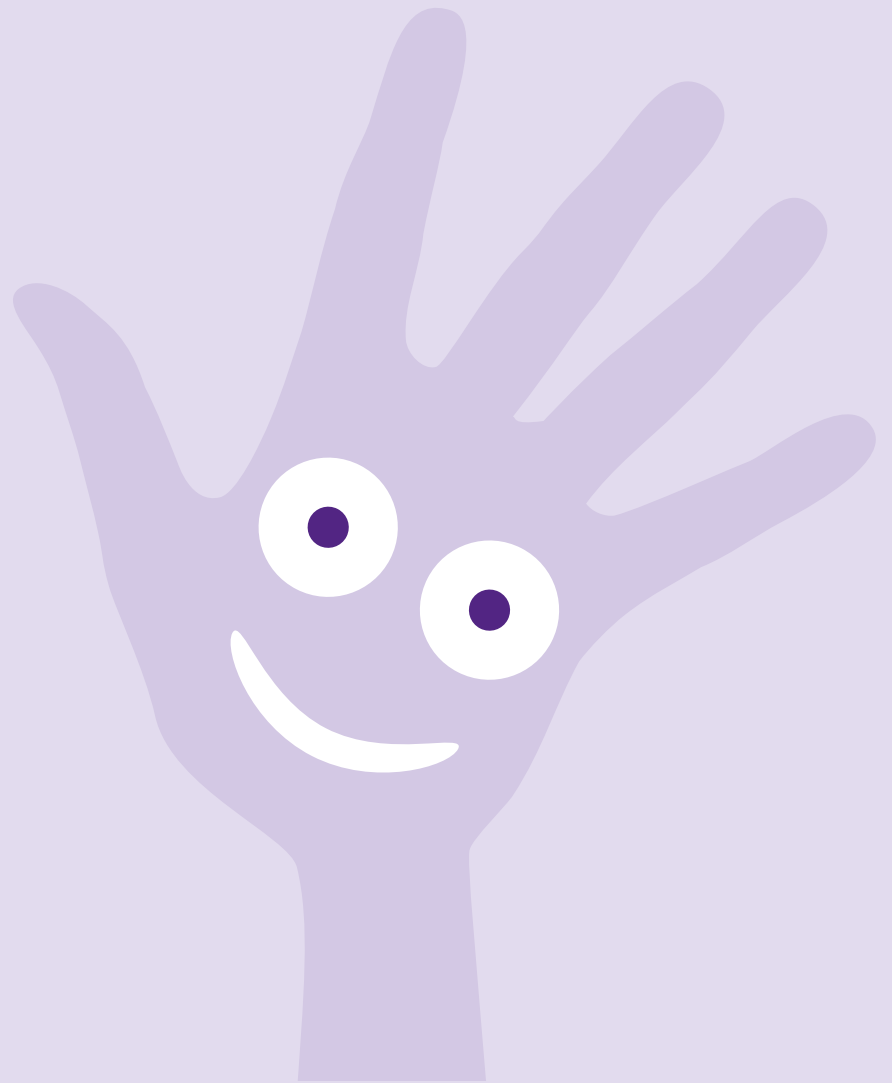
10. Alternative Ways to Motivate Young People with Additional Support Needs in S1

Background

New skills of Pupil Support staff provided the opportunity to develop life and social skills in a new way. Through the John Muir Trust Awards the school was able to work in a multi-disciplinary way to meet many principles of *Curriculum for Excellence* and more effectively meet needs. Support staff and subject teachers including Geography, Art, Computing and Technology worked together. The Perth and Kinross Rangers and also John Muir Trust staff supported the planning and delivery of the programmes. Two groups of 6 children were selected from pupils with a range of Additional Support Needs. One group consisted of more vulnerable pupils and the other group included pupils with both learning and behavioural needs. The range of need included pupils with global learning difficulties, Asperger's Syndrome, Tourette Syndrome, Dyslexia and ADHD. 2 or 3 staff members supported each session.

*Curriculum for Excellence* **in Action**

The project was based at a local park area, near to the school which meant no cost to the pupils or the school. Outdoor clothing was available from the Outdoor Education store for pupils who did not have appropriate clothing. Sessions focused on active learning activities including map work, litter picking, tree clearance and making bird boxes. In addition learning focused on the trees, plants and wildlife in the area to develop knowledge. An art project using litter and natural resources became a group activity and the finished work is still displayed in the school garden. The pupils used IT to record their work and progress which resulted in a 'Sharing Day' that was attended by school staff and parents. All pupils contributed in some way to the presentation of their work and displayed their folio work, videos and photographs. From school the invited group went to the park area where the pupil guides showed everyone around and had prepared a quiz on the area. They were proud to display their new knowledge and skills.

Click here to show successful outcomes

Successful Outcomes included:

■ *pupils and staff were working towards the same award - the teachers received the John Muir Trust Award too;*

■ *the pupils were also able to use the work to obtain a Dynamic Youth Award (Bronze Level) through Youth Scotland. In this award the challenges were individually set so everyone was working towards their own targets;*

■ *although not all parents attended the presentation day it was heartening to meet parents who find formal meetings more difficult;*

■ *parent and pupils' evaluations of the experience were very positive;*

■ *pupils knew more about their local area and the environment;*

■ *all pupils were more confident in communicating with each other and with adults;*

■ *support and subject staff were keen to be involved in the programme and their enthusiasm spread to others.*
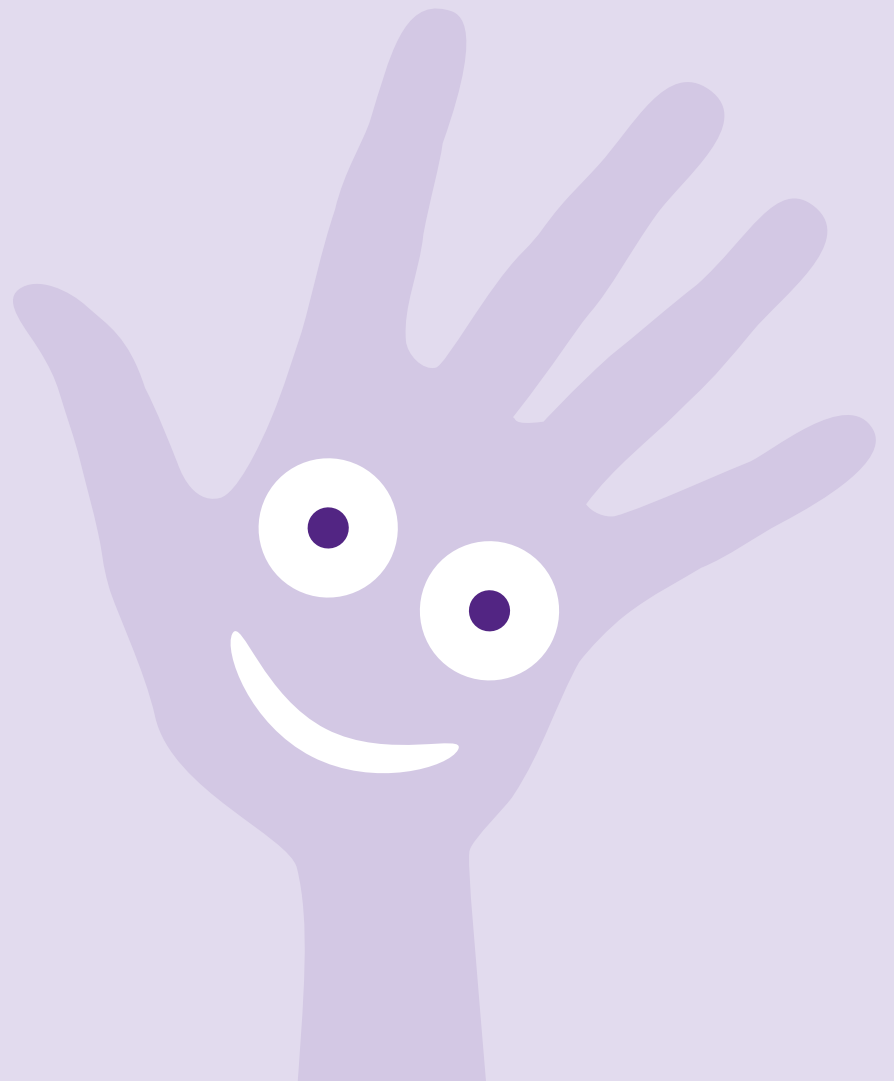
11. Creative Approaches to Support Poor Body Image of S1/S2 Girls

Background

6 female pupils (S1/S2) were identified through the extended Pupil Support team (Community Link, Guidance, Behaviour Support, Learning Support and Outdoor Education), as presenting with poor body image, resulting in truancy and refusal to undertake Physical Education. Key Support staff withdrew the pupils from mainstream classes for two periods (approx 2 hours) per week. The group met for 8 weeks (originally timetabled for 6 weeks, but extended to support topics raised by the girls themselves).

Solution Focused Approach

It was agreed prior to the commencement of the course that it was important the group represented a broad range of body types and personalities in order to minimise any pre-conceived body ideals and avoid fuelling participants' own body image neurosis or low self-esteem. Consideration was given to pupils' backgrounds and life experience and reflected through the materials used.

Strategies

Key success factors were agreed as:

- *a positive ethos in which pupils were supported to make good choices and actively take responsibility for changing their mindset;*

- *opportunity of 'living with' a disability, which promoted a re-evaluation of their hang-ups about their own body image;*

- *discussion and agreement about a group activity which would involve a significant personal challenge;*

- *gradual re-integration into Physical Education with continuing support from the Support department;*

- *introduction to and links fostered with a range of additional local specialist support services in order that the pupils could access support for issues such as self harm and alcohol abuse;*

- *introduction of Self-Esteem Cards which allowed pupils to quickly focus on positive support strategies in times of crisis;*

- *co-delivery by staff from diverse professional backgrounds and similar professional values and shared aims for the young girls.*

(continued)

Range of Strategies to Promote Positive Behaviour and Improve Learning
All work promoted positive behaviour with the aim of improved self image and confidence.
This in turn led to better attendance and improved learning.

Individualised Planning
Flexibility was built into the course to ensure individual topics raised within the group could be explored both within group session time and individually. Key workers/lead person/s adopted an open door policy to accommodate additional support needs and linked with School Support staff as appropriate. This was a highly personalised approach to address similar but unique needs.

A Flexible Curriculum in Line with *Curriculum for Excellence*
Flexibility within the school timetable, external support links, a mix of topic based and spontaneous learning opportunities, co-delivery by the Community Link worker and Outdoor Education Instructor helped target a range of topics and increase informal and spontaneous learning opportunities. The school also fulfilled its statutory requirement of ensuring the girls had 2 hours of Physical Education and were ultimately re-integrated into mainstream physical education classes.

Partnership Working
Close links were formed with the School Nurses and several external support agencies. Local information portals, eg websites such as Cool to Talk and Young Scot were promoted.

Click here to show successful outcomes

Successful Outcomes included:

- *increased attendance at Physical Education;*

- *pupils' self-awareness and self-esteem improved;*

- *successful personal challenge completed through aerial assault course;*

- *pupils introduced to a wide range of additional (specialist) support agencies both in school and within their community.*
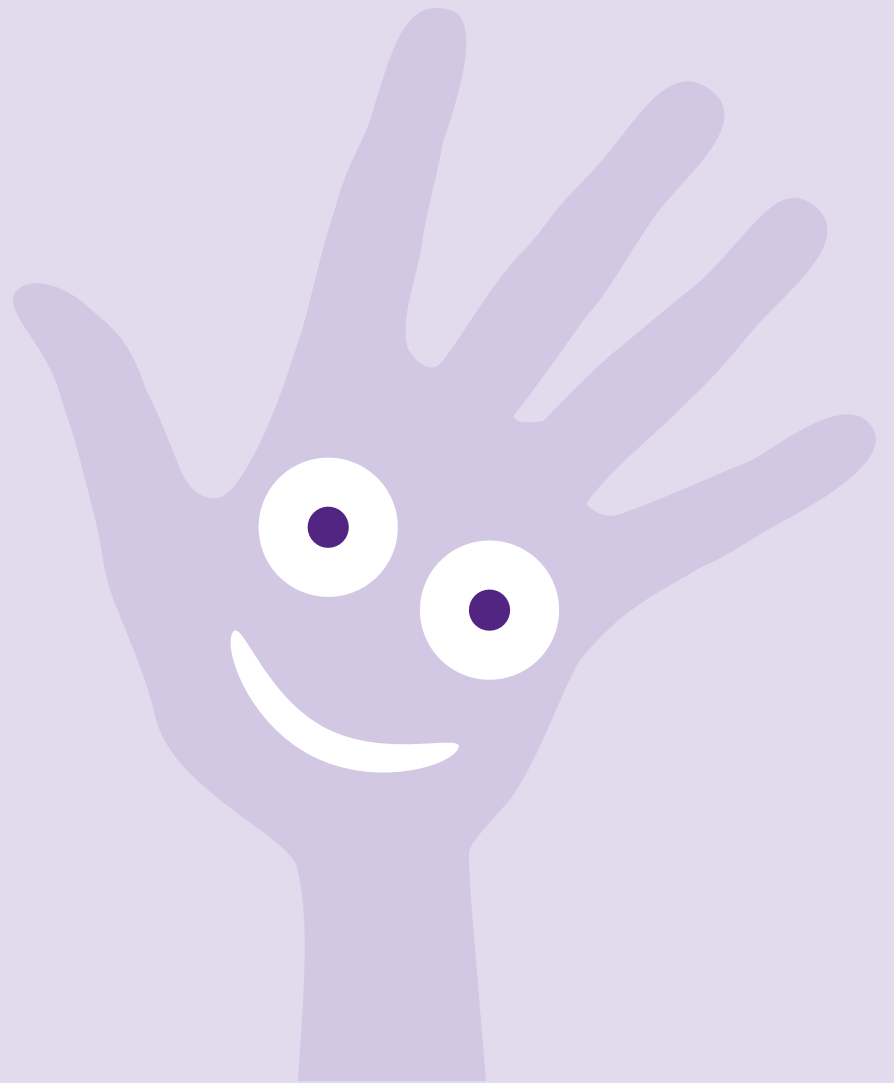
12. A Primary Child with Significant Challenges, from a Travelling Family

Background
A (Looked After) P2 pupil had experienced part-time education in another school because of significant challenging behaviour. She had been identified pre-school in a Child-and-Family Centre as having significant needs. Her family struggled with many issues including illiteracy and substance misuse.

Solution Focused Approach
During 3 years, the School Support team along with others took account of this child's unique personal, social, emotional and cultural needs so that they could begin to meet her learning needs. This included providing a range of imaginative activities which the child had never experienced before. The Headteacher and her team developed a strong relationship with the child's carer which included providing the carer with access to literacy.

Strategies
Key success factors were as follows:

- *the school immediately adopted a 'fresh start' approach for the child;*

- *it used its Nurture Group as the 'safe place' to turn around her behaviour and allow her, and a close relative who cared for her, to start to trust adults;*

- *all staff demonstrated acceptance of the child and her carer;*

- *flexible learning arrangements were made, which included partial integration into mainstream classes, initially for environmental studies;*

- *the school gradually increased integration using the Additional Support Needs base for maths and to improve confidence;*

- *placement in afternoons in a very supportive P4 class for thematic work.*

(continued)

Range of Strategies to Promote Positive Behaviour and Improve Learning
The school had in place a calm and positive environment which supported many children with a wide range of needs. The school used their 'safe space' at the outset as the child's initial behaviour was highly challenging, posing risk to herself and others. The ethos in the Nurture Group promoted her confidence and allowed her opportunities to talk about how she felt. The support provided by the Nurture Group for the child's carer helped counteract the family's isolation in the community and develop the carer's own confidence and sense of self worth.

Individualised Planning and a Flexible Curriculum in Line with *Curriculum for Excellence*
Learning for the child was carefully planned between the Nurture Group and the Class teacher and others using the Individualised Educational Programme. The degree of need of the child and the level of intervention required was recognised by the preparing of a Co-ordinated Support Plan, as part of the Child's Plan process. Alternative learning opportunities such as Riding for the Disabled (paid for by the school), Outdoor Education and Art Space increased the child's self-esteem and broadened her experience.
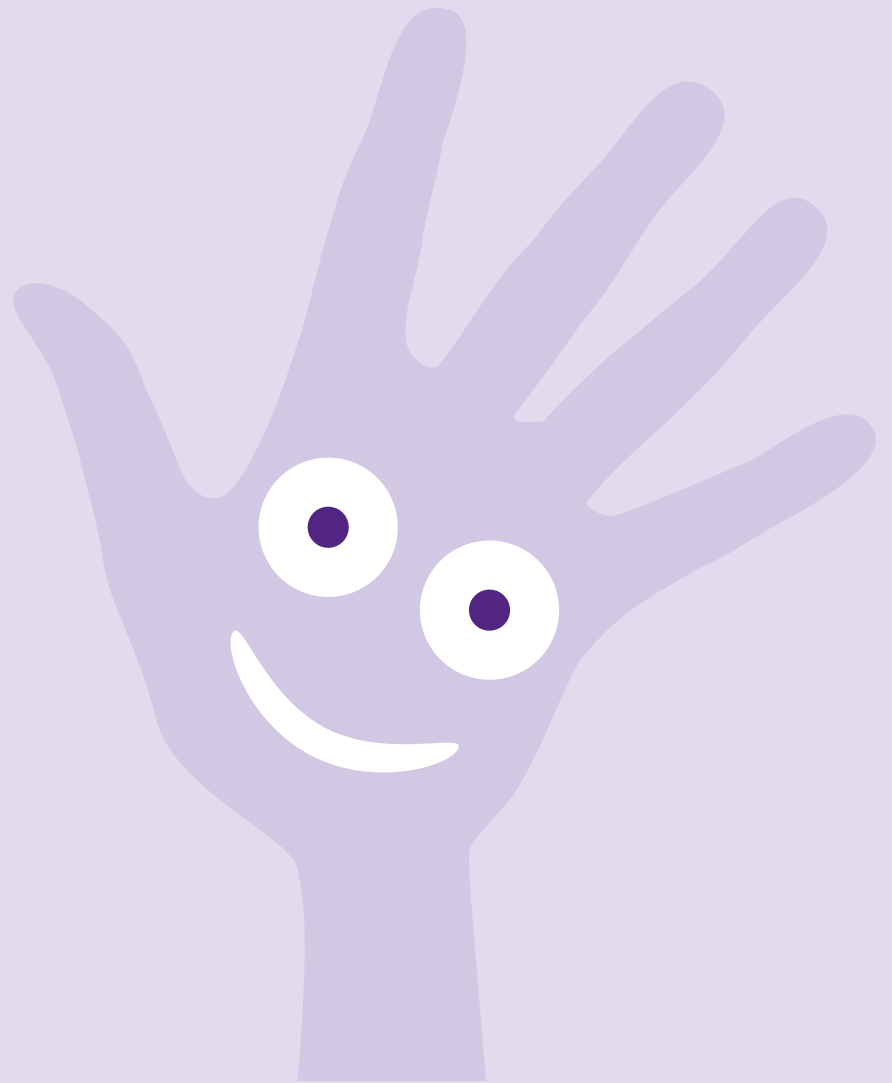
Partnership Working
Many in-school practitioners worked closely together to plan and meet this child's needs. A strong co-ordinated team included many partners and the child's carer as a crucial member of the team. Partners included the Social Worker who knew the family's regularly changing circumstances, monitored the child's living situation and financed travel to activities. A Housing Department representative provided more appropriate accommodation for the family. Education Services staff sourced additional support from Outdoor Education and Art Space. The Community Link worker provided links between home and the Nurture Group and ensured the carer felt sufficiently confident to attend literacy classes.

Click here to show successful outcomes

Successful Outcomes included:

- *full acceptance by a range of practitioners for a very vulnerable child and family;*

- *excellent partnership between the school and a carer whose own experience had made her feel threatened by school staff;*

- *active, meaningful partnership within and beyond the school;*

- *by P5, the child coped with the mainstream class and had started to achieve;*

- *predicted attainment of Level B in maths in P5 for this child;*

- *realistic future educational targets which will include by the end of P6, Level C in maths and Level B in reading and writing;*

- *an increase from part-time to full-time education for a very vulnerable child with additional support needs.*

13. Significant Challenging Behaviour in a Medium-Sized Primary School

Background

One school (school roll 199) located in an area of deprivation had struggled with low attendance (70%), high levels of exclusions and low attainment. Key staff who included Support staff, monitored how well the needs of all children were met through regular class observation, discussion with Teachers, Support staff and the Educational Psychologist.

Solution Focused Approach

The Headteacher and staff agreed that the learning and behaviour needs of one particular pupil and 5 others could be better met in a small group environment at least for parts of the day. These pupils had displayed regular verbal and physical aggression. An essential part of the plan for this new arrangement was the need to fully involve parents as well as a discussion between the Headteacher and each child to explain the purpose of the small group, and planned outcomes. This pilot scheme was almost wholly met from the existing school support budget through each Class teacher agreeing a reduction in in-class support time.

Strategies

Key success factors were as follows:

- *the (new small) class was led by an accomplished, innovative teacher supported by a skilled Support assistant, whose aim was re-integration to mainstream class for each child as soon as practicable;*

- *strong relationship building within and beyond the group;*

- *a positive ethos in which pupils were supported to make positive choices and take responsibility for their actions so that they started to have hope for the future;*

- *a flexible and active curriculum in line with Curriculum for Excellence which motivated disengaged pupils;*

- *flexible access to the small group which allowed a wider group of pupils a range of additional support such as for anger management;*

- *nurturing approaches including having structures such as 'breakfast and snack time';*

- *a parent contract which ensured parent's weekly involvement in activities;*

- *collaborative partnership working within and beyond the school;*

- *protected consultation time between the group teacher and Class teachers.*

(continued)

(continued)

Range of Strategies to Promote Positive Behaviour and Improve Learning (across the whole school)

- *Positive role modelling by all adults to promote a calm environment.*

- *'Simple' but essential logistic arrangements for 'lining up', corridor rules, cloakroom rules, length of breaks, location of classrooms in order to minimise disruption.*

- *Ensuring 'quiet voices'- adults and children - in corridors and classrooms.*

- *Positive rewards and evidence of achievement (stickers, certificates, tree of achievement, 'high five club, 'gold achiever' cup, golden time; for P7, the school Prom).*

- *Term 'treats' such as (nil expense) visits to the park.*

- *Playground 'slips', some of which were colour coded; individual behaviour book with targets; weekly home-school behaviour sheets for all children, to be returned and signed by parents.*

- *Circle time; additional approaches to promote self esteem and confidence such as links with Outreach, the Army Cadet Force Association Youth and Community Project and Peacemakers , an initiative in which P5 pupils are trained in conflict resolution helped to resolve minor playground differences.*

Individualised Planning

The emotional and learning needs of each child were carefully identified. Each pupil along with their parent/s was involved in agreeing learning and behaviour targets within the Individualised Educational Programme. Targets were referred to regularly both in the small group and in mainstream settings. Successes in achieving targets were celebrated.

A Flexible Curriculum in Line with *Curriculum for Excellence*

A prime aim of the group was improvement in learning and attainment. A main focus in learning therefore was on literacy and numeracy. However, the 'magic' for the pupils was that the approach to learning these core skills was undertaken using active learning such as in cooking sessions in class and outdoors as cadets with the Black Watch army cadets. Pupils worked as part of a team in trying out recipes, making and selling recipe books and using recipes at home. Curricular areas and learning opportunities came to life with names such as 'Calm Controllers', 'Tree Trackers', 'Peacemakers', 'Breakfast Browsers' and 'Space Invaders'. College lecturers and students and secondary school pupils supported learning through hairdressing and beautician sessions. PowerPoint presentations by the children - on one occasion at a local hotel - raised confidence and self-esteem.

Partnership Working

The school recognised the need to access the different skills of a range of partners, including parents. Partners included:

- *the Educational Psychologist who provided whole-school input on the need to promote resilience;*

- *the school's Community Link worker who played a vital role in working with parents, including presenting a parent workshop 'Handling challenging behaviour' to ensure consistent approaches across home and school. His advice and support helped parents who abused drugs or alcohol and support for 'dads and boys' promoted the important role of good male modelling;*

- *Social Workers and the School Health Nurse and the Youth Justice team considerable support to parents and their children;*

- *the school shared all successes and concerns with all members of their Support team during their Integrated team meetings;*

- *this included rigorous transition planning for P7 pupils which also involved parents.*

Click here to show successful outcomes

Successful Outcomes included:

- improved, calm learning environment for all pupils and practitioners;

- increased range of in-class strategies by teachers to engage challenging pupils;

- increased confidence of staff to manage challenges of both learning and behaviour;

- clear understanding of inclusion;

- excellent partnership between the school and parents, particularly those with their own challenges;

- active, meaningful partnership within and beyond the school;

- an increase of 7% in overall attainment;

- an increase in attendance from 70% to 90%;

- significant individual success stories of the group of 6, including successful transition to Secondary schools for 2 boys;

- and, the realisation that planning for each child with significant needs can lead to improved responses for a group of children and potentially all pupils.
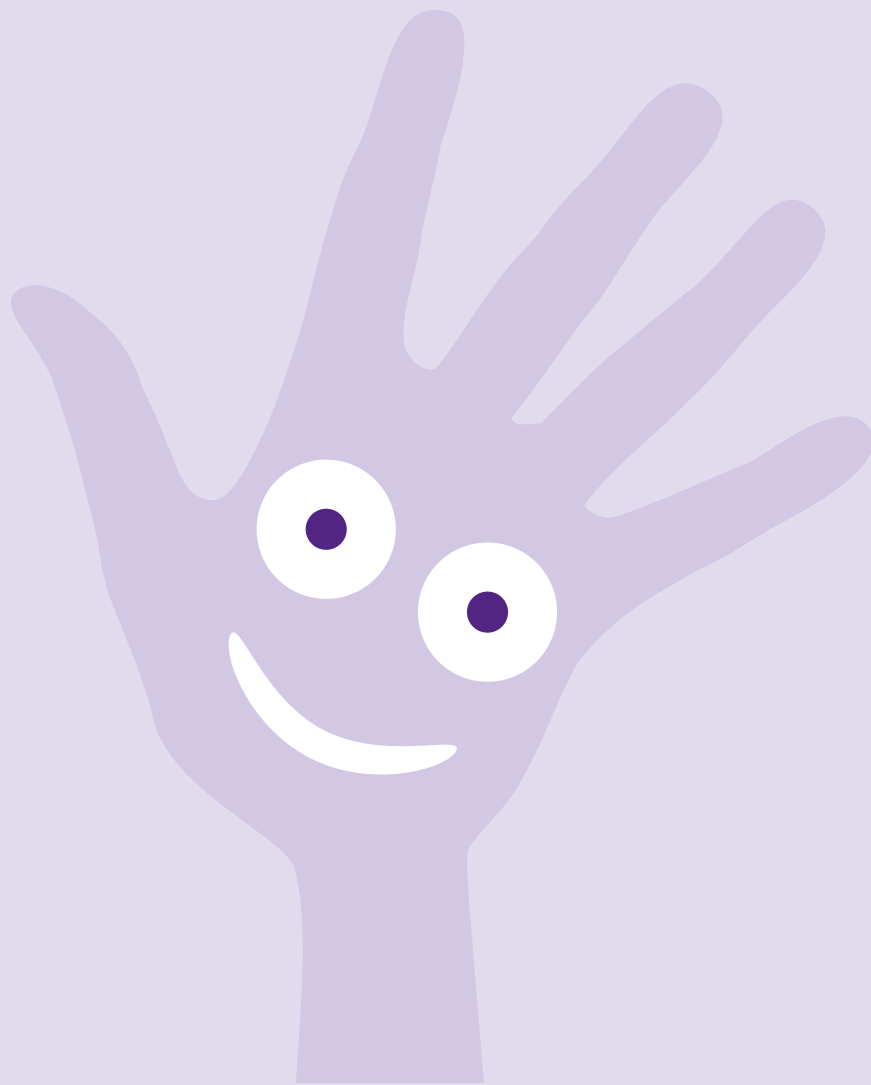
14. A Pre-School Child with (Undiagnosed) Autistic Spectrum Disorder

Background

A nursery child in his pre-school year was attending a Local Authority nursery on only 2 mornings per week. His reduced attendance was due to his unpredictable behaviour and several incidences of aggressive behaviour towards other children and members of staff. He found it particularly difficult to cope with changes of routine and large group activities such as the weekly gym class.

Solution Focused Approach

The nursery team worked closely with the child's parents and a Pre-School Home Visiting teacher (PHVT). They wished to understand this child's additional support needs so that he might receive his full entitlement to education. The team included the Speech & Language Therapist, the Educational Psychologist and health professionals. Assessment by the team led to a diagnosis of Autistic Spectrum Disorder.

Strategies

Key success factors included the following:

- *a reduction in the visual 'clutter' within the nursery environment;*
- *a visual timetable to help the child cope with changes with his routine;*
- *sequence strips to support him in areas such as snack, tooth-brushing, gym, party time;*
- *a daily work station using the TEACCH approach in order to focus on the following skills:*
  - *fine motor;*
  - *turn taking and sharing;*
  - *play skills;*
  - *social rules;*
  - *controlled interaction with his peers in a game situation.*
- *social stories to teach some social skills such as how to behave on his trip to 'Macdonald's';*
- *gradual and positive introduction to the gym, supported by the Home Visiting teacher which enabled withdrawal when it became too much and a positive return when possible.*

Range of Strategies to Promote Positive Behaviour and Improve Learning

The nursery was committed to ensuring maximum attendance for this vulnerable child. Staff demonstrated real flexibility of approach and provided much encouragement fro the child's parents.

Individualised Planning and a Flexible Curriculum in Line with *Curriculum for Excellence*

The nursery was open to planning highly individualised approaches which were agreed by parents and other partners at Child's Plan meetings. Their approach resulted in the child accessing significantly more of the nursery curriculum albeit in the way which suited the complex needs of this child. One significant and successful strategy was the reduction in the complexity of speech used with the child.

Partnership Working

The Pre-School Home Visiting teacher developed strategies with the child's parents at home, his child-minder and the nursery to ensure consistency and support the child with his behaviour. This work acted as a strong meaningful link between nursery and home when problems arose.

Click here to show successful outcomes

Successful Outcomes included:

- *the child received a diagnosis of Autistic Spectrum Disorder in the September of his pre-school year;*

- *he managed to attend the Nursery 5 mornings per week for the full session;*

- *although he did still present with challenging behaviour at times, it became a lot less frequent due to the support of the visual timetable;*

- *he became more integrated with his peers and they involved him in their imaginative play;*

- *the child started to learn successfully within a mainstream environment due to the work station strategy;*

- *staff became more confident about the strategies to use with a child who presents with Autistic Spectrum Disorder;*

- *the child successfully transitioned to an autism specific setting for his P1 year where it is now reported that there have been no incidents of challenging behaviour.*
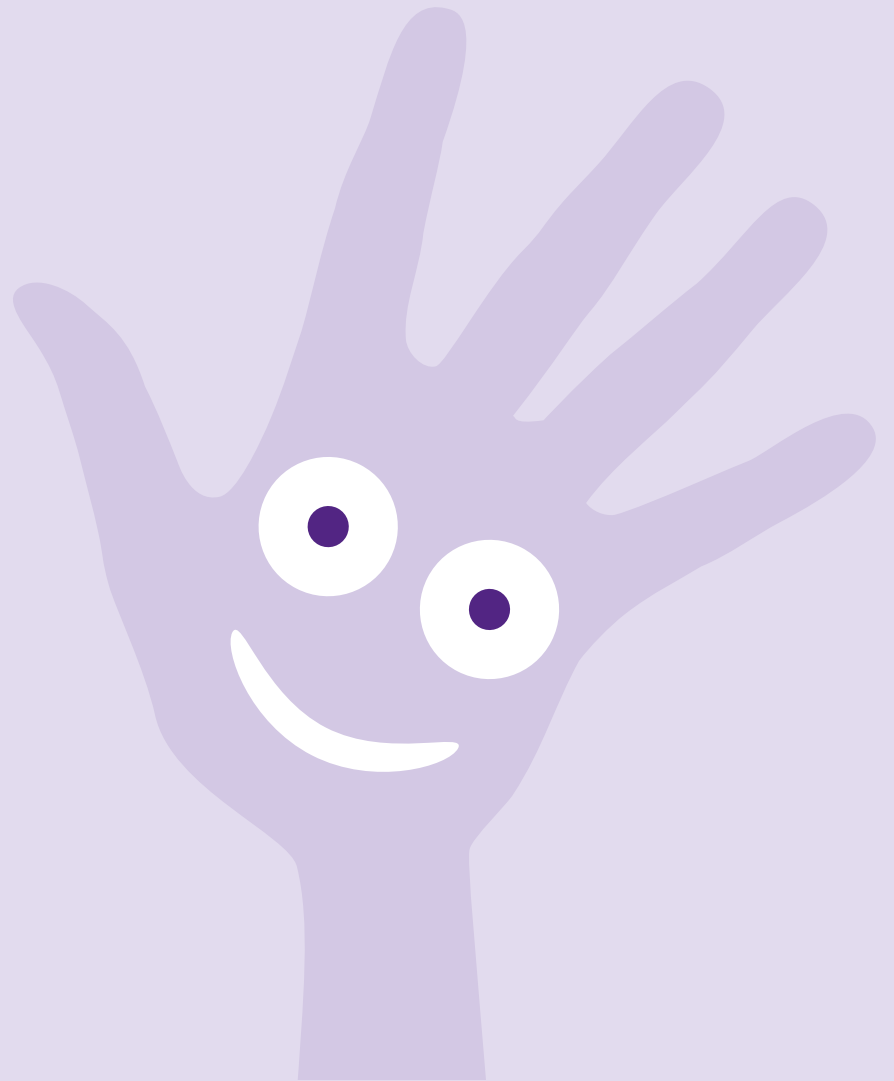
15. A Disengaged S1 Boy with Many Family Issues

Background

A P7 boy with significant needs transferred to Secondary school in August 2008. There was a history in Primary school of confrontational behaviour, frequently 'leaving' school without permission, 2 close family bereavements and an earlier incident of attempted sexual abuse by an older boy. Inconsistent parenting resulted in attachment issues and unpredictable home/school partnership. At the start of S1, the pupil presented as a friendly, articulate boy who had an excellent memory, a keen sense of right and wrong and who could be sensitive and caring. However, he also showed significant 'attention' difficulties, fidgeting, involuntary noises, poor response to staff instruction and abusive comments to staff, entering and leaving school at will and a general insecurity and vulnerability. The pupil also reacted to his constant state of anxiety by leaving classrooms, without warning and would, on a whim, attend classes which were not on his timetable and then refuse to leave.

Solution Focused Approach

At the start of S1 the boy had a part-timetable negotiated with him and a parent which included interests and activities with the aim of settling him into school and building esteem.

In addition the following **Strategies** were introduced in S1:

- *individual support from Support assistant in classes;*

- *pupil-generated (single) target sheet;*

- *1-1 sessions offered with key worker;*

- *Dynamic Youth Award activities offered   ;*

- *computerised tracking sheet to record positive behaviours in classes, for discussion in 1-1;*

- *assessment by/1-1 sessions offered with Educational Psychologist;*

- *support from 'Action for Children'   put in place for family and pupil;*

- *activities offered with school Outdoor Education team;*

- *regular Professionals' meetings, reviews and Looked After Child meetings arranged with pupil, parent and agencies;*

- *arrangement for direct referral by subject staff to key worker in school;*

- *opportunities for learning activities with 'Out of the Box' programme (x 2 programmes) in 2009.*

In S2:

- *referral by school to Senior Integrated Team (concerns re continuing non-attendance, anxiety and behaviour issues);*

- *pupil frequently stated his high level of anxiety about being in any large school building and crowds of people;*

- *involvement with Reintegration team from January 2010 for 1-1 and small group activities such as cooking, cinema, squash and (certificated) skiing.*

(continued)

Range of Strategies to Promote Positive Behaviour and Improve Learning

All staff involved were committed to building relationships of trust in a non-threatening environment. The school recognised the boy's need to take part in activities in a small group setting.

Individualised Planning

In S1 a highly individualised approach was in place in school and detailed in the Child's Plan. Regular contact, later, meant that the school was kept informed of progress at 'Out of the Box', of timetable arrangements at the Re-integration team, and updated on progress with Action for Children. Plans always took account of the boy's emotional state and areas of interest.

A Flexible Curriculum in Line with *Curriculum for Excellence*

The S1 curriculum in school included esteem-building activities. At the Re-integration team, no 'formal' academic work was attempted for 3 months, the focus being on achieving successes and general confidence building. This proved very successful and a voluntary move to include academic subjects, followed.

Partnership Working

'Out of the Box' programmes provided the springboard for this pupil who started to recognise his own abilities and potential.

Clear planning from the start of the Reintegration team's involvement meant that the pupil had the opportunity to be involved in activities which developed him as a person. Professionals' contact and meetings ensured good use of available provision.
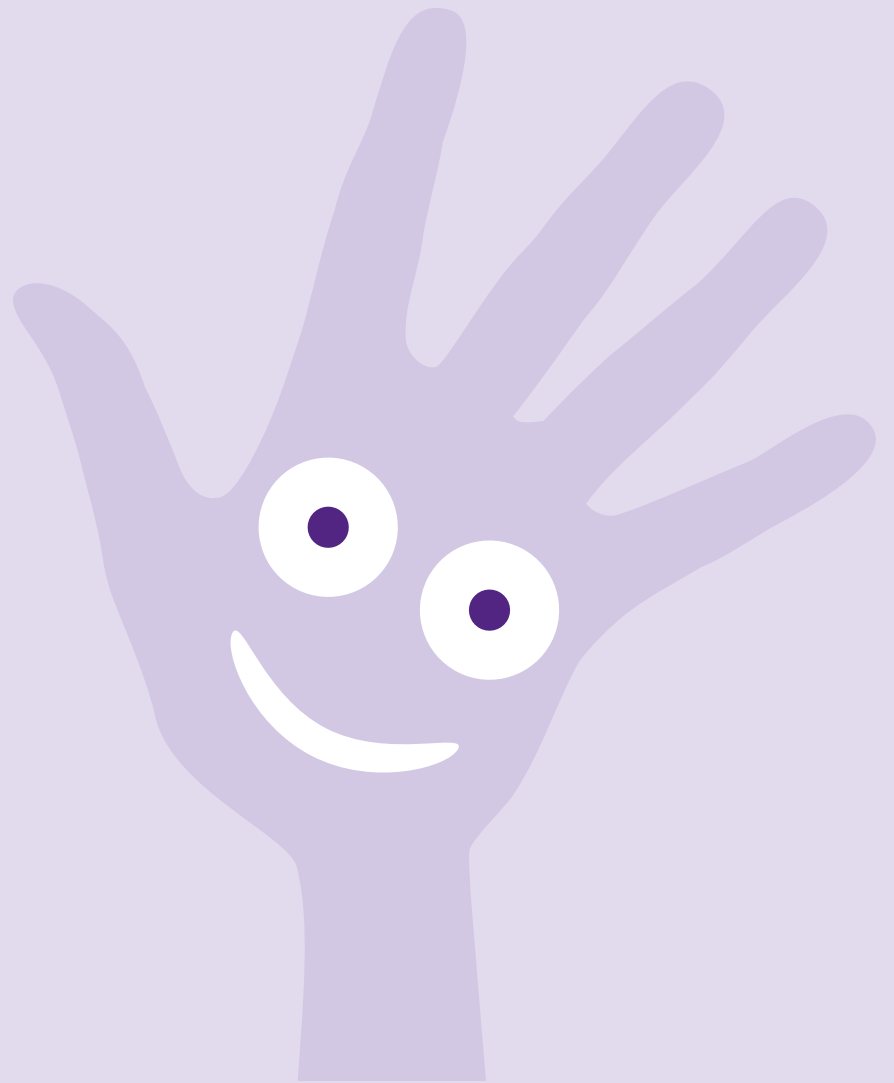
Progress for the pupil was only possible due to a good relationship between the pupil and 'Out of the Box' worker and then with the Re-integration team worker. The small-group settings helped with social development and provided a basis from which the pupil could start moving forward.

Part 1

Part 2
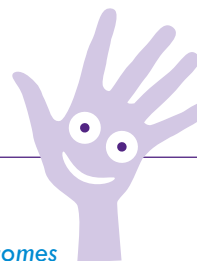
Successful Outcomes included:

- *lessening of anxiety;*

- *increasing level of confidence and self-esteem;*

- *progress being made in personal and social development;*

- *willingness to access education to realise his potential;*

- *setting of realistic goals, ie a career in Outdoor Education;*

- *a generally more competent and happier person!;*

- *a trusting relationship with adults.*

16. A Looked After S2 Boy with Challenging Behaviour Arising From Family Issues

Background

This pupil arrived from a care situation in another Authority, where he had attended the local school until the end of S1. He had made progress and been well settled there and it was considered that he was ready to return home. He was keen to make a fresh start and make a success of attending a new school in S2. He had a history of difficult behaviour within the home in relation to his step-father and there had been sexual abuse in the past by a member of the extended family (from age 2 until Primary school). There were also peer group issues, unpredictable reactions across situations, perceived importance of physical strength, aggression, low level of self-esteem, lack of confidence and a tendency to tell lies and hold grudges. He regularly planned retaliation. He remained on a compulsory supervision order at the time of his admission. There was partnership involvement with the Reintegration team, from the time of his admission into S2, in order to focus and capitalise on positive aspects both in and out of school.

Solution Focused Approaches

Solution Focused Approaches were used to identify strengths and encourage the pupil to focus on both past and present successes, especially in the area of relationships.

Strategies

- *A consistent and flexible support structure in place from admission to school.*

- *Clear message that school and agencies involved were working together.*

- *Clear, high expectations of conduct in school with few rules, but those consistently applied.*

- *Negotiated part-time timetable to include extra Music and Art.*

- *Recording of own music CD in Music Department.*

- *Daily single target sheet generated by young person, in discussion with key worker/ lead person.*

- *Daily review discussion between key worker/lead person, Re-integration team worker and pupil to acknowledge successes.*

- *Reward stickers, certificates etc in subject classes (much valued by young person).*

- *In-class support from Re-integration worker in classes identified by young person.*

- *Information to subject staff - updated on need to know basis.*

- *Regular contact between agencies and with parent to exchange information.*

- *Consistent and flexible responses reflected the high expectations of effort and behaviour required for successful integration. This strategy achieved a significant level of success with this young person.*

Key success factors were as follows:

- *coping with work and people in mainstream classes;*

- *improving his relationships with family which would support a successful return home;*

- *work on 'thinking before acting' in difficult situations.*

(continued)

Range of Strategies to Promote Positive Behaviour and Improve Learning
In-class support helped maintain the boy in mainstream classes. Use of 'star' awards, negotiated target sheet etc proved very motivating. Generally, a consistent, structured approach.

Individualised Planning
Careful planning, prior to arrival, which took account of significant needs. Also, daily planning (young person and workers) in order to provide a flexible response to changing situations.

A Flexible Curriculum in Line with *Curriculum for Excellence*
The high level of planning and structure, throughout the year helped to support the development of all aspects of the young person during his time in this school ie the 'rounded' person who shows responsibility, develops confidence and improves his relationships with others.

Partnership Working
The close partnership between school and the Reintegration team provided a support network which helped the boy to focus on his own aims and objectives. The commitment to working together, daily discussion and a clear agreement as to the strategies which would be likely to lead to success, made for a very positive involvement between the workers and a lot of success for the young person.

Click here to show successful outcomes

Successful Outcomes included:

- *greater confidence in his own abilities;*
- *good peer relationships;*
- *improved self-control;*
- *improved attitude to authority;*
- *very good subject reports to take to new school in S3;*
- *a more capable and much happier person!*

17. A Secondary Young Person with Challenging Behaviour and Child Protection Issues

Background

This secondary non-native young person arrived in secondary with indications of physical abuse in his previous country when younger, because of cultural differences. His father was diagnosed with terminal cancer, but this information only became known to the school when emotional and behavioural problems were investigated. Child Protection concerns became evident through the boy's behaviour which caused upset to fellow pupils. The boy also began to talk about committing suicide.

Solution Focused Approach

The school Child Protection Officer and Year Head worked closely with the child's parents, Guidance teacher, District Nurse, and Marie Curie/McMillan nurses. Social Work Child Protection duty staff were also involved in initial consultation.

Strategies included:

- *contact and consultation with primary school staff;*
- *1-1 counselling and support;*
- *school and health staff making home visits;*
- *daily support and monitoring of young person's behaviour and demeanour;*
- *involvement of School Chaplain and Minister;*
- *consultation with Community Link staff;*
- *regular involvement/consultation with the Mental Health team.*

Partnership Working

School and health staff worked together very closely. The school used its staff development budget to train its Chaplaincy team in the 'Seasons for Growth' programme enabling them to work jointly with school staff in supporting children through bereavement and loss. The young person's progress and welfare was discussed regularly at the Integrated team and further work is being undertaken with the Mental Health team, the boy and Support staff.

Click here to show successful outcomes

Successful Outcomes included:

- *the young person and family was supported through the trauma of bereavement;*

- *he attends school full-time;*

- *he knows where to seek support in school and self-refers appropriately;*

- *although behaviour issues continue, relationships with staff and peers are good;*

- *partnership work continues to help promote the young person's resilience and positive mental health.*
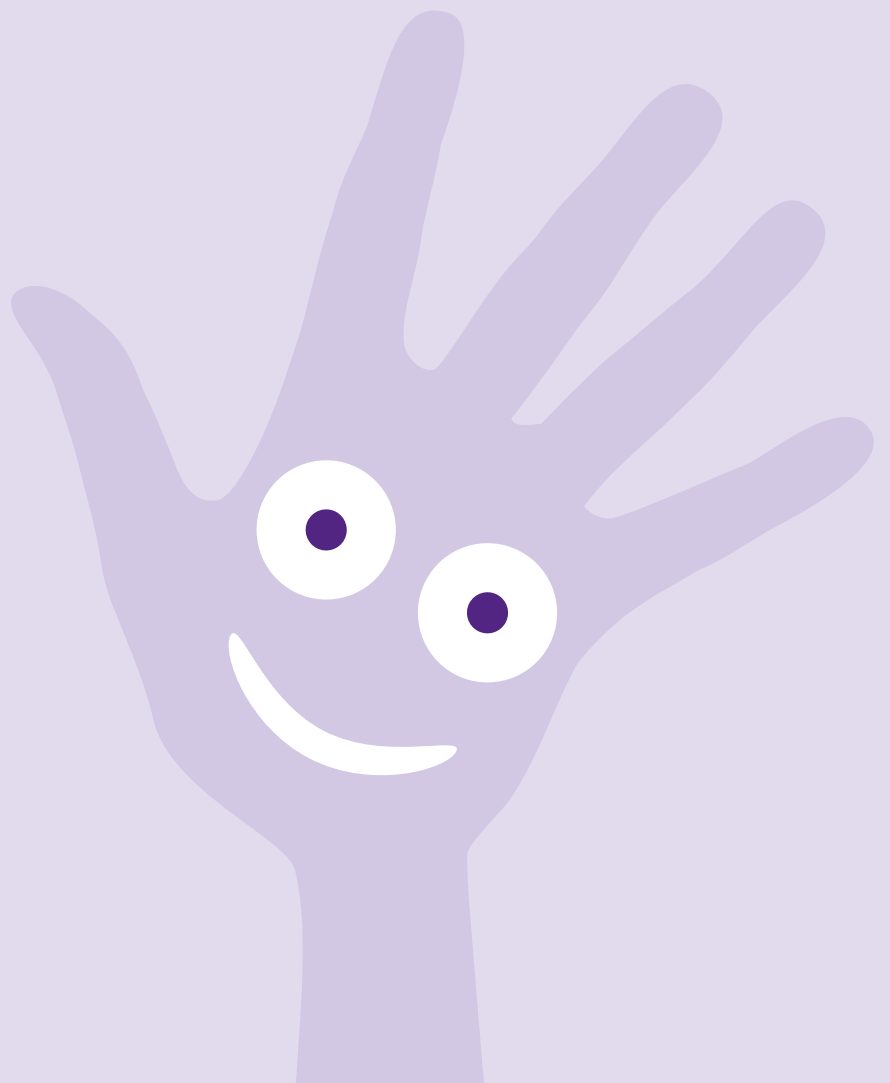
18. An S4 Girl Who Found School Attendance Very Difficult

Background

This girl was unable to attend secondary school regularly and had been receiving 1-1 support at home from a 'Level 3' teacher once a week to enable her to complete English and Maths at Standard Grade. Although support was offered weekly, she was only able to take part irregularly. She sat both exams but had no opportunity to socialise or to make plans for the future.

Solution Focused Approach

She was referred to Youth Unlimited via the Authority's Senior Integrated team and was approached for initial 1-1 support by a Development worker during summer 2009. This gentle approach proved suitable and she was able to move quite quickly out of her home and into Perth, graduating to meeting another young person in similar circumstances. Using the Rickter assessment   , an initial short-term plan with realistic targets was put in place over the holidays with the prospect of additional longer term and further academic targets for the new school year. Discussion and agreement within the Youth Unlimited team, including the teacher, and subsequently with the school through emails, led to an Child's Plan meeting and enabled these targets to be put in place.

Strategies

Key success factors were as follows:

- *mix of challenge and support within a positive ethos;*

- *strong relationship building with key staff and one other young person;*

- *high expectations of success by all staff;*

- *a flexible curriculum, including small group work, alongside regular 1-1 support as required;*

- *partnership working with Youth Unlimited, original 1-1 teacher, parent and school;*

- *gradual build up of timetable.*

(continued)

Range of Strategies to Promote Positive Behaviour and Improve Learning
included a quiet learning environment; new pupils introduced gradually along with original partner, regular feedback to parent and school and much reinforcement of success. When the girl's anxiety increased, 1-1 sessions were provided.

Individualised Planning

- *Regular Child's Plan meetings at school, attended by Youth Unlimited, issues and strategies thoroughly discussed with young person, prior to meeting.*
- *Detailed Individualised Educational Programme drawn up by school with all partners and included in the Child's Plan.*
- *Successes celebrated.*
- *Transition planning undertaken in detail.*

A Flexible Curriculum in Line with *Curriculum for Excellence*

- *Gradual increase in involvement with Youth Unlimited, leading to a 4 day per week timetable.*
- *Focus on both attainment, achievement and transition.*
- *Completed Friends resilience programme in a small group.*
- *Weekly ASDAN Level UP   group and other creative groups.*
- *Bi-weekly small groups for academic subjects with additional 1-1 when required.*
- *Weekly large group coming together to eat lunch/snack.*

Partnership Working
Agencies and the young person undertook regular email liaison with the school. There was also regular liaison with her parent, including email, phone calls, meetings and an open day event. Perth College worked closely with the school and Youth Unlimited in order to plan options for post-school.

Click here to show successful outcomes

Successful Outcomes included:

- *the young person visibly grew in confidence and became able to express her own opinions in a group;*

- *she now contributes well to group activities and is able to work independently;*

- *the young person increased her time in school and now regularly manages her timetable;*

- *with support, she manages anxieties connected with academic work;*

- *she has sat NABs for all subjects;*

- *she has gained the ASDAN Level UP award;*

- *she has been accepted to Perth College for a full-time Higher course and also applied to Carnegie College for a similar course;*

- *she is beginning to enjoy her successes.*
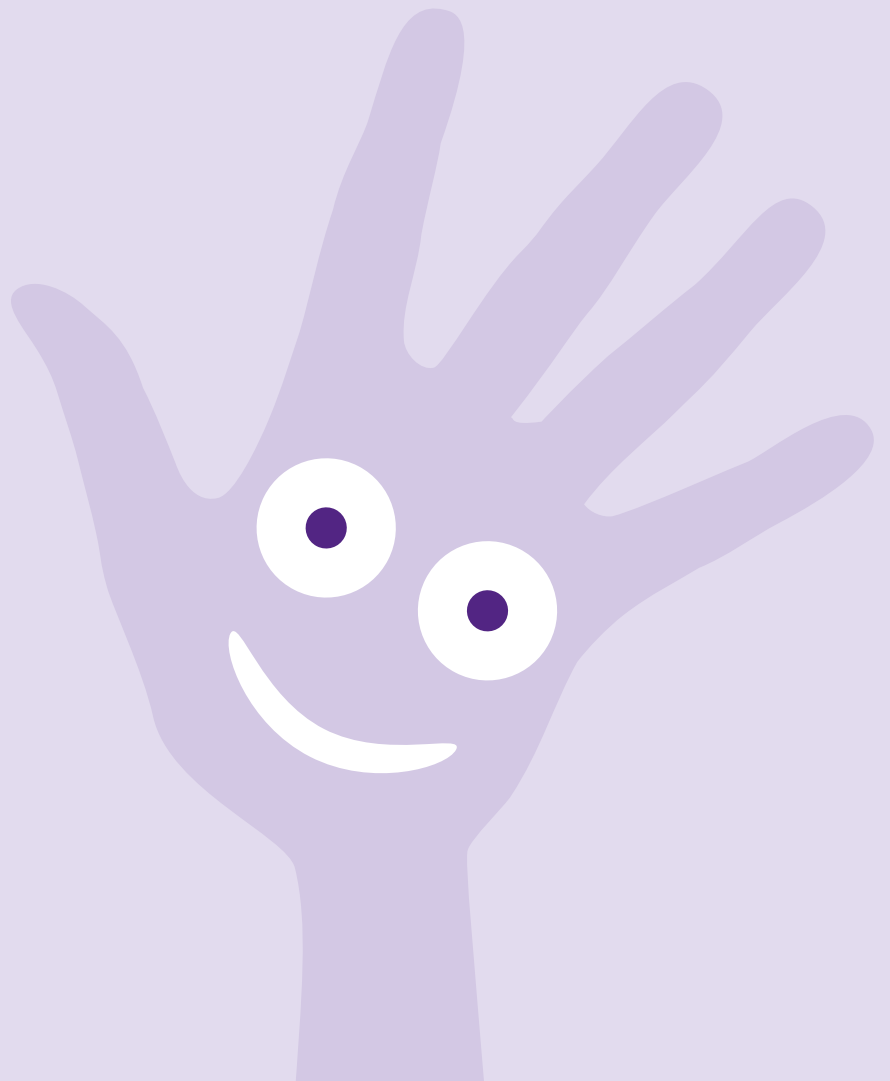
19. A Primary Child With Undiagnosed Asperger's Syndrome

Background

This child had previously been identified as having difficulties with behaviour but no formal Additional Support Needs assessment or review had taken place. Very soon after starting P3, the child displayed quickly escalating disruptive behaviour. After 6 weeks of containing the situation as well as possible, he was excluded following an incident where staff and pupils were physically and verbally assaulted and a classroom wrecked. The child climbed to the top of a very high fence threatening self-harm.

The school is in an idyllic setting with 120 pupils and a 20/20 nursery. Free School Meals are less than 3% and there are many placing requests including a high percentage of pupils with identified additional support needs. Because of this, the school has an appropriately sized Support team of highly motivated and skilled professionals. The school had already begun an initiative to change punitive disciplinary methods to a more restorative focus.

Solution Focused Approach

The whole staff team met and discussed the way forward. It was agreed, due to the stress caused to other pupils, staff and the child himself that the boy would remain out of class for a period of time. To facilitate this, the school redeployed (with a few extra hours from Central resources) an existing Support assistant to work with the child on a 1-1 basis in a small room close to the classroom. The aim was for the child to be helped to build strategies and confidence in his own ability before he could be supported back in class. The Class teacher planned and taught set work within this environment. A whole school restructure of positive disciplinary procedures followed.

Strategies

Key success factors were as follows:

- *part-time timetable;*

- *a functional analysis that gave a good idea of triggers and patterns within the child's behaviour;*

- *a group of staff (including Class teacher and Headteacher) were trained in CALM strategies ;*

- *risk assessments and protocols were completed to enable a consistent approach ;*

- *referral to the Educational Psychologist, Mental Health services and the Speech & Language Therapist for assessment;*

- *Support for Learning assessments were undertaken to establish a baseline for learning/ any barriers to learning;*

- *safe environment was established with an element of control for playtimes provided (away from main playground with chosen friends to join him);*

- *calm, welcoming, safe (trigger-free) environment created with child to work in (his own safe space);*

- *communication was encouraged between everyone. A diary was updated daily on the school server for all to access and important information was shared with parents on a daily basis;*

- *responsive and flexible learning environment was established dependent on child's mood and ability to learn that day.*

(continued)

Range of Strategies to Promote Positive Behaviour and Improve Learning
The school tackled one issue at a time and at a pace with which the child could cope. The individual targeted reward system was developed and agreed with the child and parents who used the same approach at home. Time back in class was agreed with specific tasks/rules/targets discussed in depth with the Support assistant beforehand. Re-integration was very gradual, starting with going to fetch something from the class, gradually working up to full time back in class. The environment was symbolised with prompts and a visual timetable to enable non verbal communication if required (as this was found to be a trigger). There was a 'classroom conference' with the rest of the class to discuss the boy's impact and how they could support what the school was doing. As a result, there were shared and agreed protocols for other pupils in case an incident occurred in classroom/playground which complimented the CALM protocol for staff.

Individualised Planning and a Flexible Curriculum in Line with *Curriculum for Excellence*
Person Centred Planning (PCP) was used at meetings with the child present, discussing important points with him, identifying needs, strengths, worries and fears. Minutes were taken up on large flip chart in child friendly language/pictures. This allowed the child to be empowered by the agreed action plan. The PCP was also used for his own future plan once he was ready to integrate back into class. The curriculum was developed in line with and around the child's own interests (personalisation and choice, relevance for child). The boy worked with different stages of pupils to develop social emotional skills as well as with his own peer group when possible. Outdoor exploration became part of his everyday routine. The child was taught to evaluate his own learning effectively and positively (previously it had been very negative). Active learning was employed with supported literacy skills.

Partnership Working

- *The child's doctor co-operated with the school and the recommendation of Headteacher to refer quickly to Mental Health services.*

- *Various discussions took place with Service Manager(s) and the Local Management Group was informed and supported decisions which were made.*

- *Additional (behaviour) support time was allocated to support the child and build capacity within the school team.*

- *The Community Link worker worked with parents to provide an effective controlled environment at home.*

- *Mental Health staff worked with the child outwith school although unfortunately limited feedback and criticism of school strategies at times and lack of communication often caused difficulties with parents. (The child is now diagnosed with Aspergers' Syndrome)*

Click here to show successful outcomes

Successful Outcomes included:

- *initially the class and pupils were relieved of pressure and fear created by outbursts;*

- *whole staff have adopted a 'no blame culture', learned from difficult situations. They have enhanced confidence when dealing with these situations and have consistent, planned and agreed approaches to individuals across the school community;*

- *strategies used with this child were quickly adopted for other pupils and had a positive impact across the school. Pupils and staff worked in partnership to improve learning and teaching, and the environment, for all;*

- *the peer group developed a deeper understanding of their part in escalating situations and the impact of this;*

- *there was parental support for use of strategies alongside Restorative approaches, which can and do work hand in hand .*

- *a reduction in number of 'blowouts'. CALM risk assessment, protocols and de-escalation strategies were used effectively with pupils across the school;*

- *the child developed an enhanced confidence and a 'can do' approach' to life, not just his learning;*

- *the child is now back full-time in the mainstream classroom and full-time education.*
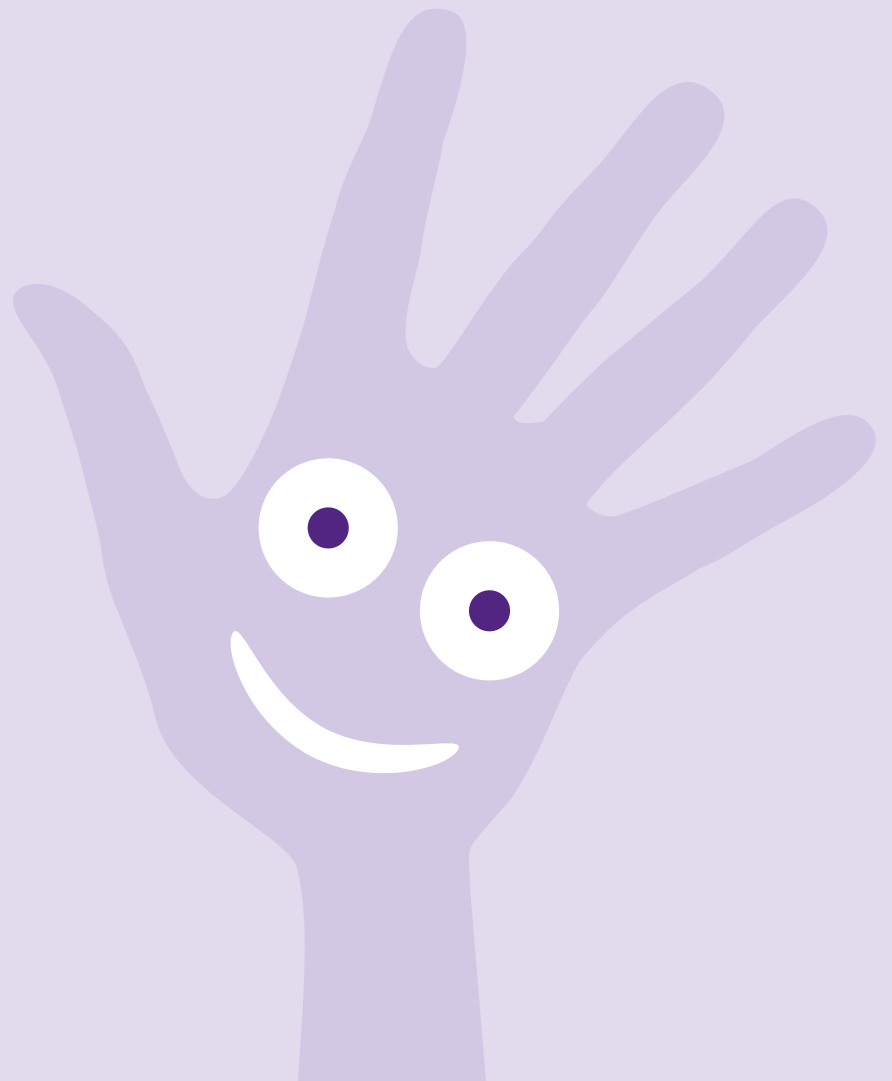
20. Realising the Academic Potential of Primary Aged Child with Autistic Spectrum Disorder

Background

This young boy aged 5 years, who had been diagnosed with Autism, was placed in the school's Pupil Support class by the Additional Support Needs Transition Panel. The Pupil Support class had 5 children with significant additional support needs supported by a Pupil Support teacher and a Support for Learning assistant and offered a calm, focused learning environment with a high level of supervision and support. The child was able to concentrate on things he liked. He knew his colours, could memorise whole stories, count to 20 and enjoyed singing. He was very good at ignoring adults! He fixated on superheroes and was inflexible in his ideas which limited social interaction with his peers. He would not pick up a pencil, had difficulties with noise, change of routine and finishing tasks (particularly leaving the computer). When frustrated he would bite and hit.

Solution Focused Approach

Staff recognised he was a very quick learner who would benefit from the pace and challenge of mainstream work in order to raise his potential. He was very clever at model making. The school worked closely with the Speech & Language Therapist to develop his social skills, and modify his autistic behaviours so that he would manage mainstream - coping with changes, coping with noise etc.

Strategies

Key success factors were as follows:

- *the contributions of the Speech & Language Therapist to planning, providing programmes and resources;*

- *the strong focus on communication and social skills in the Pupil Support class;*

- *the deployment of a Support assistant shared between the two Pupil Support classes to facilitate increased supported integration - flexibility was the key;*

- *the skill of the Pupil Support teacher in supporting mainstream teachers and increasing their skills and confidence;*

- *the planning skills of the Pupil Support teacher - carefully planned integration across two classes for 5 different children is not easy!*

- *the inclusive ethos of the school where difference is accepted;*

- *the willingness of all staff to take risks and try new ways of working.*

(continued)

Range of Strategies to Promote Positive Behaviour and Improve Learning

- *Visual supports   to help him manage his day and cope with changes.*

- *Use of Social Stories   to support interaction difficulties.*

- *Consistent approaches used by all staff to manage difficult behaviour - eg Smiley Face Chart to ensure good choices are made, Safespace for Time Out.*

- *Gradual build up of time with mainstream class, beginning with Physical Education, then Music, Art and Drama.*

- *Experience of active learning activities in mainstream.*

- *Mainstream children coming to Pupil Support class for Golden Time activities.*

- *Additional Support Needs teacher at times supporting the child in mainstream class.*

- *Building up of more time in mainstream - to include maths and handwriting.*

- *Support from Support assistants gradually reduced.*

Individualised Planning and a Flexible Curriculum in Line with *Curriculum for Excellence*

- *Co-ordinated Support Plan focused on social and communication skills within the Child's Plan, with significant input from Speech & Language Therapist.*

- *Short term learning targets were very pupil centred and child and parent were involved in the process.*

- *Co-ordinated Support Plan and learning targets from the Child's Plan were shared with the mainstream teacher so she could support attainment of social/communication skills targets.*

- *Joint planning between Additional Support Needs teacher and Class teacher to facilitate further opportunities for integration.*

- *Active learning opportunities highlighted early on as good opportunities for integration and success noted.*

- *Tight weekly planning timetable to reduce the possibility of unexpected changes.*

Partnership Working

The In-school Support team was very strong and supportive of integration. The school has seen the benefits when children's behaviours are modified when they work alongside their peers. The significant and consistent support from the Speech & Language Therapist included direct support to the child, input to planning and target-setting, provision of programmes and resources as well as support to parents. She also provided significant input to the development of staff skills. Although it was difficult to maintain regular contact with parents they were invited to termly Individualised Educational Programme meetings as well as regular phone contact and were kept in touch through the home/school book.

Click here to show successful outcomes

Successful Outcomes included:

- *the child is now at Primary 3 stage and integrating into mainstream class for more than 50% of the week. He joins his class for all Expressive Arts, maths, written language work including spelling, writing, Circle Time, and whole school assembly;*

- *he does not need adult support for many of these activities as his autistic behaviours are much reduced;*

- *he has achieved Level A in Reading, Writing and Maths;*

- *mainstream teachers' confidence in having an autistic child in class has increased, often suggesting that no support will be needed;*

- *staff collegiality has increased through joint planning and timetabling; younger staff learning from the experience of the Additional Support Needs teacher;*

- *the Additional Support Needs teacher's understanding and knowledge of the mainstream curriculum has increased;*

- *teaching and Support staff skills have increased in supporting social and communication difficulties through the support of the Speech & Language Therapy service;*

- *the school's inclusive ethos was further developed throughout the school;*

- *children gained more understanding of 'difference';*

- *staff understanding of the benefits of integration to all children increased;*

- *there were higher expectations of pupils' attainment;*

- *parents' confidence in the school grew;*

- *the school and parents supported each other through sharing successful strategies.*

21. Supporting an Able Primary Child with Complex Needs, Including Challenging Behaviour

Background

This P6 child in a large primary school with a mixed catchment area and minimal deprivation was diagnosed with Asperger's Syndrome , Dyslexia , Dyspraxia , ADHD , Obsessive Compulsive Disorder (OCD) and possibly Tourette Syndrome .

The child had displayed escalating violence towards peers and adults and increasing disruption in class resulting in exclusion from school during Primary 5. The school's excellent relationships with parents became precarious as everyone struggled to manage the child's behaviour and ensure his emotional wellbeing. When extremely anxious, upset or angry the child ran away from school and the Police were involved. By term 4, the child was on part-time education and was being accompanied by his parent when in school.

Solution Focused Approach

As the parents' anxiety and frustration levels rose, they sought advice from a local Councillor and raised their child's profile within Education & Children's Services. Numerous meetings were held in school where there were representatives from Educational Psychology, Education & Children's Services, Speech & Language Therapy and a representative from an external agency. It was suggested that the child should be placed in a smaller school if the present school could not meet the child's needs. The school believed that this was unlikely to impact positively on the child's social and emotional wellbeing. It might also affect his siblings and family circumstances.

The Support teacher felt that the school could meet the child's needs if everyone involved with the child was prepared to re-evaluate current practice and adjust teaching styles, the curriculum and the child's specific means of accessing the curriculum.

Strategies

Key success factors were as follows:

- *understanding the child. That is: knowing his likes/dislikes, knowing areas of strengths/ difficulties, knowing what raised/lowered anxiety;*

- *increased one-to-one support during Primary 6 (it was possible to reduce this support in P7);*

- *honest and open, regular communication between home and school;*

- *additional support for staff working daily with the child (from the child's relative);*

- *willingness of Support staff to frequently review and adjust practice but maintain consistency;*

- *flexible support and curriculum;*

- *clear communication to all school staff;*

- *additional training in Asperger's Syndrome for all school staff;*

- *structured class settings with consistent, clear boundaries;*

- *opportunities for the child to access a 'safe place'.*

(continued)

(continued)

Range of Strategies to Promote Positive Behaviour and Improve Learning

- *Access to 'Time Out' before the start and end of the school day.*

- *Access to a quiet, safe space (to calm down, to run to).*

- *The first fifteen minutes of each day was spent in the Support base where the daily plan was discussed.*

- *During the next hour, the child attended a set maths class (one of the child's areas of strength).*

- *The second half of the morning was spent in the Support base doing a language task (an area of difficulty and frustration).*

- *Most of the afternoon was spent in class with 1-1 support.*

- *Certain areas of the curriculum were omitted - eg RME, French, Assembly.*

- *A personal work station was created in the Support Base.*

- *Personal visual timetable with removable symbols for use at home and at school.*

- *Social stories   for specific 'tricky' situations.*

- *A personal passport was created.*

- *'Feelings traffic lights' - 'How are you today?'*

- *Child's own interests/obsessions were incorporated into class work and rewards.*

- *Child was allowed to doodle on paper when listening.*

- *Being one step ahead. Preparing child for any changes to routine/timetable.*

- *Use of special writing and drawing pens (child disliked sound of pencil on paper).*

- *Use of a personal aromatherapy diffuser (specific smells would help to calm child, eg curry).*

- *Creation of a special 'choosing box' containing personal interest toys as a reward (or as a calming activity).*

Individualised Planning and a Flexible Curriculum in Line with *Curriculum for Excellence*
Learning, Social/Emotional targets were planned jointly with teaching staff, parents and child. Targets were regularly evaluated and renewed as success was achieved and new goals were required.

Partnership Working
The most significant partnership in achieving success was that of the child's family, the Support staff and the Primary 6 Class teacher. The child's parents correctly believed that their child could attain and achieve within the school environment if the appropriate structures, plans and support were in place. They never doubted their child's capabilities and they did their very best to ensure that their child had every opportunity to maximise potential.
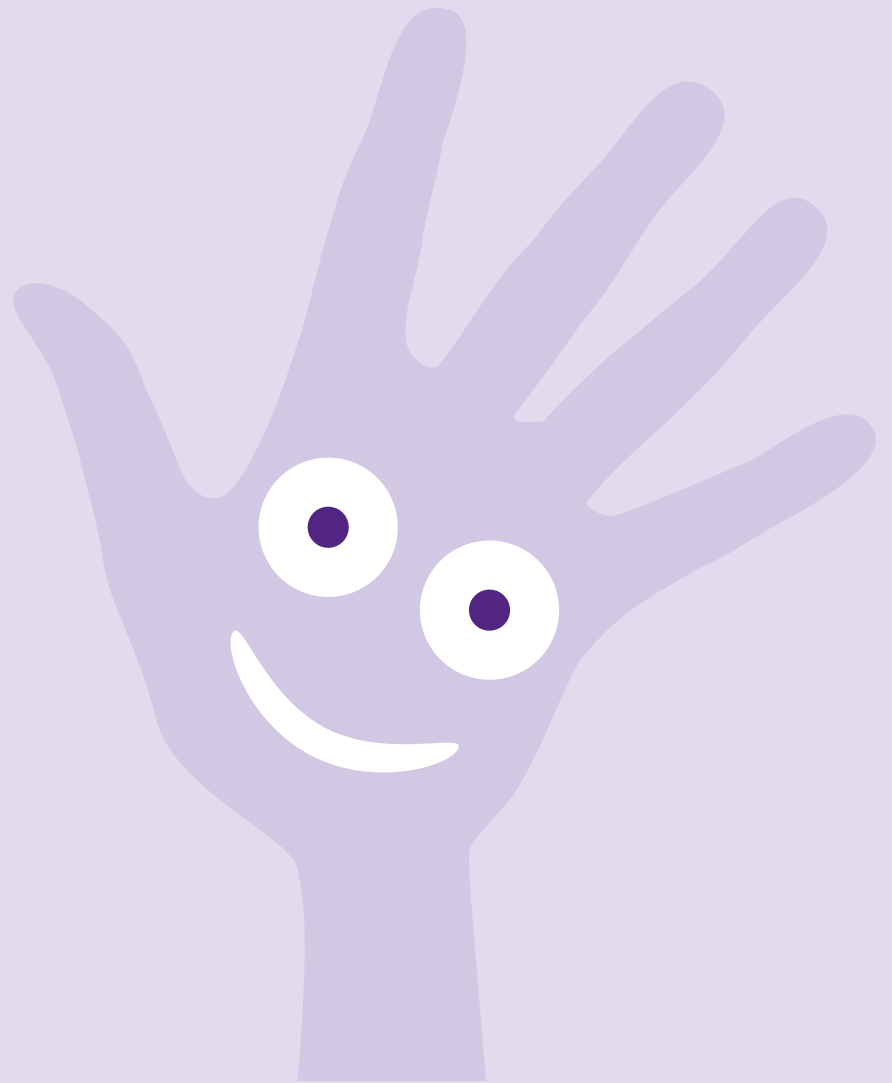Discussion and liaison with the Speech & Language Therapist and the Educational Psychologist also contributed to a successful outcome. The child was very much part of the partnership and where appropriate, contributed to the planning of the curriculum and the management of time in school.
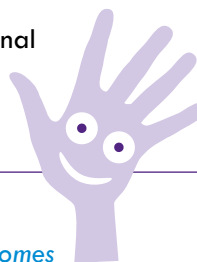
Click here to show successful outcomes

Successful Outcomes included:

- *the child attended school full-time without parental support;*
- *reduced anxiety and negative behavioural outbursts;*
- *minimal desire/need to run away;*
- *increased attainment and successful learning;*
- *improved confidence, self-esteem and trust;*
- *improved relationships with peers;*
- *more relaxed family life - mother able to work part-time;*
- *greater staff awareness of needs/behaviour associated with Asperger's Syndrome.*

22. The Role of the Community Link Worker in Sustained Transition of a Child with Complex Challenges

Background

This boy came to his primary school on a part-time timetable in P4 from another primary school where he attended only one hour a day. He was able to quickly build up his time to the point where he was in school full-time. The Headteacher became his key/lead person and worked very hard to support the boy throughout his time in primary during which time he had physically confronted other pupils and had been excluded on a number of occasions. P7 was a critical time when a transition group was set up in the school for this boy and some others. The boy lives with his Aunt who cares for him well. He had previously stayed with his Mum, Dad, Gran, who were travelling people, as well as having a couple of temporary foster carers. (One period of care came after he was involved in an assault of another young person, allegedly whilst under the influence of alcohol).

Solution Focused Approach

An enhanced transition programme was put in place for the boy to make the move to secondary as smooth as possible. Part of this process involved the Community Link worker being able to build up a trusting relationship and act as a support when he arrived at secondary school. It took some time for the Link worker to get to know the boy who is mistrusting of adults. His love of football was something he was able to tap into. The worker linked him into a local football team whilst still at primary school. However, he went along to a number of training sessions but did not keep this up, partly due to lack of confidence.

Strategies

The boy joined a life skills group which linked with outside agencies such as Young Peoples' Health team, Youth Services, Sacro, Perth & Kinross Leisure and a Day Centre to do some voluntary work with the elderly.

- *The Community Link worker met with the boy once a week to set targets, both long and short-term. These focused on attendance and behaviour primarily. He responded positively.*

- *The boy's Aunt recently attended a 'Handling Teenage Behaviour' group run by Community Link workers (while she was able to put some of the strategies in place she found it difficult maintain control at home).*

- *The Link worker took football training at the boy's secondary school since he knew a number of S1 pupils had a passion for football which he was keen to continue into secondary.*

- *The Link worker ensured the boy's Aunt knew when training sessions were taking place and she encouraged his attendance.*

Range of Strategies to Promote Positive Behaviour and Improve Learning

Since the boy's attitude and behaviour in class had at times been a cause for concern he moved class in S2 which had a positive impact. There were several strong positive role models in the class and this helped. Along with Senior Management, the Community Link worker worked hard to repair relationships following some confrontation with staff members. He also ensured all concerned were clear about the significant challenges this boy had to face. The boy recently formed some very positive relationships with some members of staff.
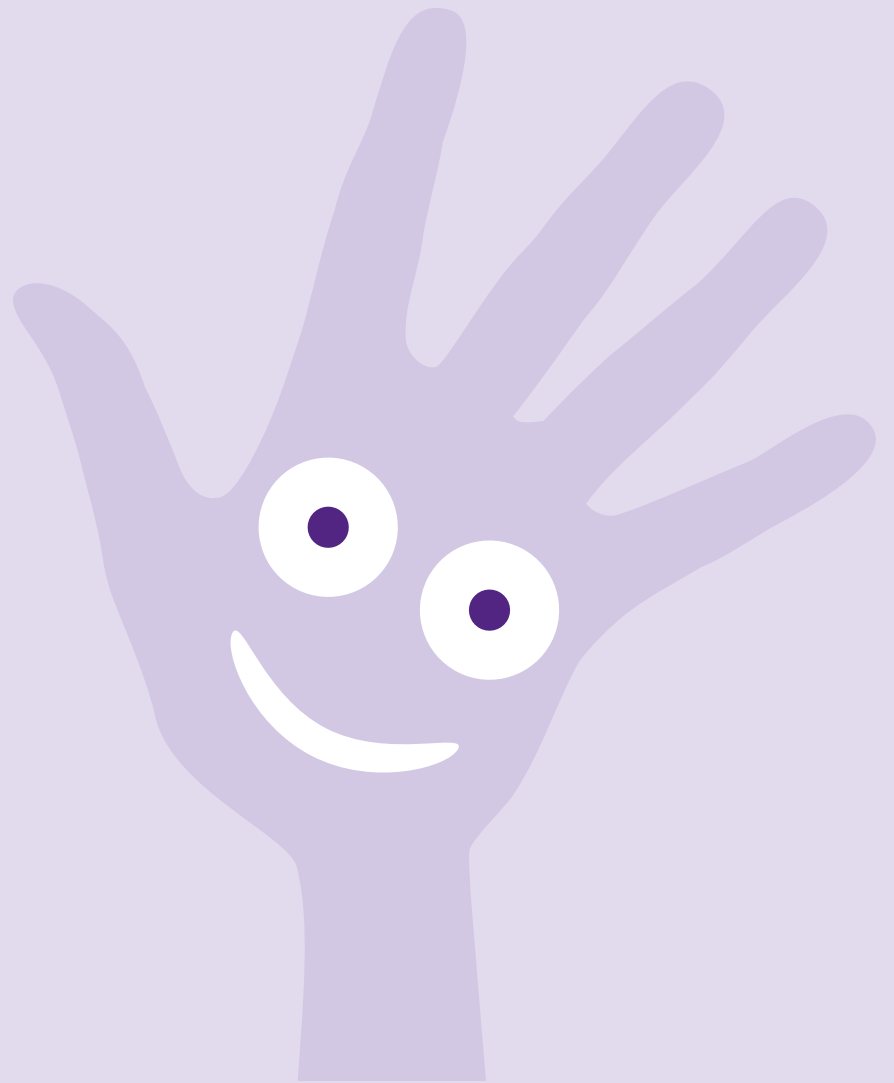
Partnerships

The Senior Management Team and the Community Link worker have worked closely together to support this young person and each other with relevant strategies. The Community Link worker, school, home support from outside agencies including Social Work, managed to make great progress with this boy and the hope is he will continue to achieve his potential in School and beyond.

Click here to show successful outcomes

Successful Outcomes included:

- *attendance continues to be around 75%. While there is room for improvement in this area it is still a major achievement;*

- *the two exclusions during S2 were not as a result of violent behaviour;*

- *the boy made a positive start to life in Secondary school. He enjoyed the football training and was picked to represent the school team. His attitude whilst on the football pitch was excellent and he even captained the school team. At the end of first year he received an award from the Physical Education Department for his excellent work;*

- *he is now at the stage of making course choices for S3, including taking Physical Education at Standard Grade. His weakness in English has curtailed overall attainment. However, he has finally agreed to work with his Community Link worker on English. The Support for Learning Department will also support this work;*

- *the young person is a member of the 'Mini-Bus Crew' group. The aim of the group is to improve timekeeping, provide breakfast at the start of the day, build on an interest in motor mechanics and link in to RUTS who work on motorcycle engines with disaffected young people .*

23. Realising Potential in a Secondary Young Person from a Travelling Family

Background

This male pupil, aged 15 years who had not attended school since P7 is of settled Scottish gypsy traveller background   , living within a local community who rarely encourage their children to attend secondary provision. An initial meeting was held at home towards the end of S1 with a view to the boy attending 1-1 provision. Support was offered and taken up weekly, which led to the boy joining a group at Double Dykes which is the provision for a group of gypsy travellers, with the same 1-1 teacher. He felt comfortable with this group as he knew some of them. After a year, he was also offered 1-1 support from school in the same base but with another teacher. As he was now approaching 4th year, additional opportunities to socialise and to make plans for the future were discussed. However, he remained unable to pursue these because of his emotional state and anxieties, involving independent travel, meeting new young people, attending new venues and not being ready to consider post-school planning.

Solution Focused Approach

The boy continued to work regularly at *Double Dykes*, achieving Access 3 Maths, Spanish and English fairly quickly and then aimed to work towards S Grade English and Intermediate 1 Maths. The confidence gained through these successes enabled conversations about possible options but all of these were rejected since he did not have the emotional readiness to have conversations about options at that time.

Strategies

Key success factors were as follows:

- *mix of challenge and support within a positive ethos;*

- *strong relationship building within the group;*

- *high expectations of success;*

- *a willingness to discuss and work quickly on opportunities whenever he raised them.*

(continued)

(continued)

Range of Strategies to Promote Positive Behaviour and Improve Learning

- *Quiet learning environment.*
- *Regular feedback to parent and school, reinforcing success.*
- *1-1 at times of increased anxiety.*

Individualised Planning

- *Child's Plan meetings outwith school.*
- *Issues and strategies thoroughly discussed with the young person prior to meetings.*
- *Successes celebrated.*

A Flexible Curriculum in Line with *Curriculum for Excellence*

- *Initial visit arranged to appropriate college department when interest shown in attending college; met with staff and applied for and accepted on a full-time course;*
- *Focus on attainment, achievement and transition;*
- *When interest shown in the possibility of an extended work placement, options explored, preferred placement visited and applied for;*
- *With a view to extending his timetable, Youth Unlimited visited, met a few new pupils and agreed timetable (he is now attending and enjoying new challenges);*
- *Involvement in weekly cooking group, coming together within a larger group to eat.*

Partnership Working
included regular email liaison with school, liaison with parent, including phone calls and meetings, liaison with Perth College in order to plan options for post-school and liaison with work experience provider.

Click here to show successful outcomes

Successful Outcomes included:

- *a visible growth in confidence and ability to express his own opinions in groups;*

- *successes enjoyed and he is meeting and making friends with new people;*

- *good contribution to group activities and an ability to work independently;*

- *growing ability to manage his timetable and with support, manage his anxieties;*

- *acceptance to Perth College for a full-time hospitality course.*
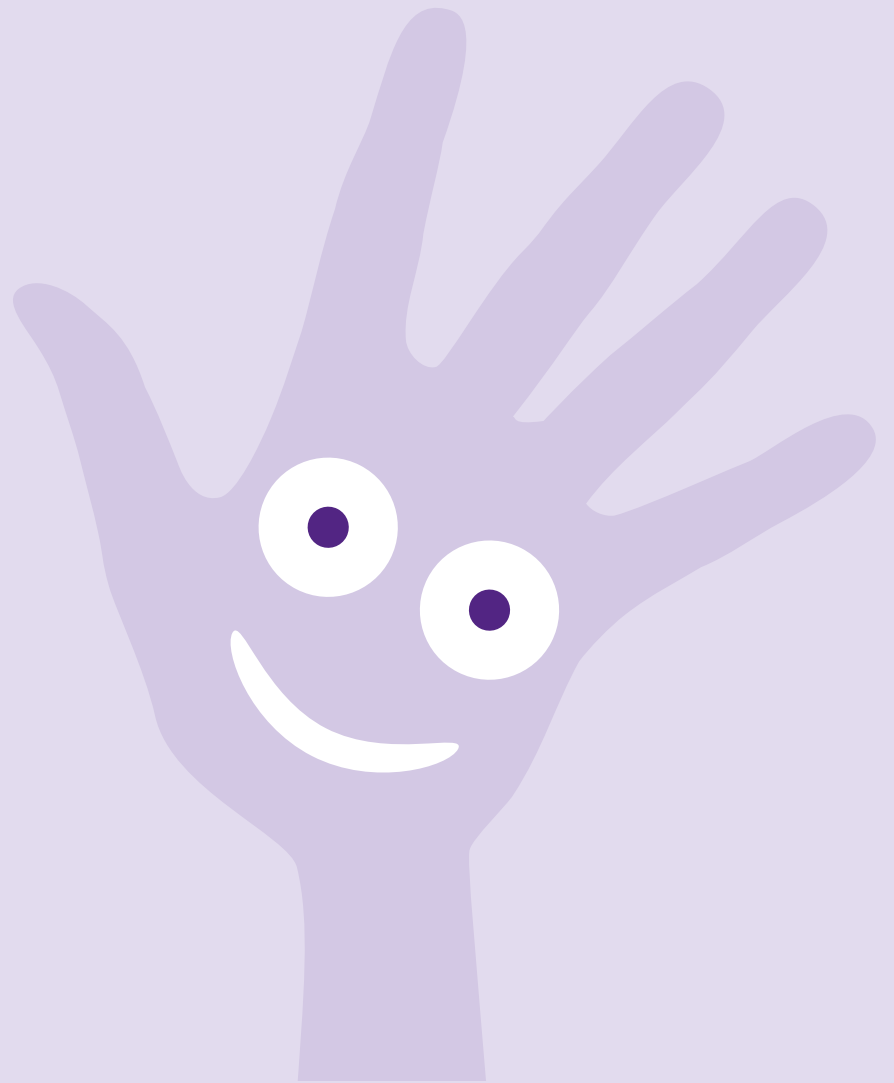
24. A Primary Child with Significant Challenging Behaviour Supported in a Specialist Provision

Background

This Looked After (later adopted) child had experienced many traumas early in life and had numerous confirmed and suspected diagnoses including attachment disorder, ADHD and foetal alcohol syndrome   . Understandably, this vulnerable boy began to struggle in school. A wide variety of strategies and resources were planned and implemented. He was ultimately excluded as a result of his extremely challenging behaviour.

Solution Focused Approach

In order to meet this boy's additional support needs, it was agreed that he should attend each day the Specialist provision for primary children with challenging behaviour. He was supported by two members of staff.

Strategies

Key success factors included:

- *providing a calm and nurturing approach in a positive supportive environment;*

- *providing a safe base for growth, development and learning;*

- *building a positive relationship between the pupil and his teacher through close contact, talking, sharing and humour, where trust was a key feature;*

- *building and maintaining a supportive and positive relationship with his adoptive mum;*

- *working in close partnership with other agencies, sharing information daily when required;*

- *outdoor education (indoor rock climbing, building shelters, cooking over a camp stove etc).*

(continued)

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Range of Strategies to Promote Positive Behaviour and Improve Learning

- *Classroom environment offered a safe base.*

- *A visual timetable provided routine and structure .*

- *Individualised educational programme.*

- *Social stories .*

- *Therapeutic play opportunities.*

- *His two supporting adults modelled appropriate behaviour.*

- *Active learning approaches to literacy and numeracy motivated the boy and used his strengths.*

- *Consistent approach was used to support the pupil work through his range of emotions.*

- *Gradual introduction to sharing space with other pupils.*

- *Gradual introduction to more challenging tasks and expectations.*

- *Daily short bursts of physical activity.*

- *His needs were recognised, in particular his need to be active (taught various gymnastics moves) and the need for therapeutic approaches such as building in opportunities to release tension and anxiety through the use of music, wrapping up in blankets, etc.*

- *A range of outdoor education activities, eg wall climbing to safely facilitate his need to experience the exhilaration of danger and risk.*

Individualised Planning and a Flexible Curriculum in Line with *Curriculum for Excellence*
This pupil had a Co-ordinated Support Plan and an Individualised Educational Programme which took into account his wider needs. Active learning approaches were paramount to the success of his engagement in the curriculum. This included hands-on indoor and outdoor games, writing for real purposes (for example an letter of invitation to mum for the Christmas concert) reading to/with the stick insects or puppets, etc. Alternative approaches and opportunities were sought at all times to engage this child, for example, through outdoor education.

Partnership Working
The (mainstream school) Headteacher maintained close links with the Specialist provision. This included visiting the pupil in his new school, attending his birthday party there, regular phone contact and meetings between the Specialist provision and his primary school. Frequent multi-agency meetings between education, social work and other support agencies helped ensure the best care and education for this young person. As home life became increasingly difficult for this young person and his mother, regular overnight respite was organised. Staff from the care team and the Specialist educational provision worked very closely sharing strategies and mirroring approaches in both settings.
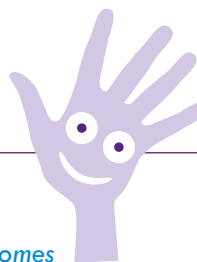
Click here to show successful outcomes

Successful Outcomes included:

- *a significant decrease in incidents in the community/involvement with the police;*

- *a significant decrease in aggressive and challenging behaviour;*

- *a positive attitude and eager willingness to attend school on a daily basis;*

- *almost complete engagement with his daily timetable and an increasing ability to stay on task;*

- *increase in personal strategies/self-management of anger and anxiety (initially very vocal and threw things frequently. He began to express his thoughts/feelings verbally and self-reflected at times;*

- *decrease in anxiety. This was evidenced by the fact that initially this vulnerable pupil would hide daily and wrap up in blankets. He moved on from this situation to rarely needing his blanket (often forgetting it) and no longer hiding;*

- *a positive and successful relationship with the Class teacher;*

- *a successful transition to a Residential school. Although this young person progressed very positively within the Specialist educational provision, full intensive support was needed to support him beyond school hours and to allow for an intense attachment programme of therapy to be completed with the family.*

25. A Primary Pupil with Significant Challenging Behaviour Supported in a Shared Placement

Background
As a result of increasingly frequent incidents of challenging behaviour within his school setting, and with the imminent transition to secondary school it was agreed that this P7 boy needed further additional support.

Solution Focused Approach
A partnership approach was agreed as the best way forward to help support this pupil in reducing the challenging behaviour and increasing his positive engagement in school. This included time with a Pupil Support teacher either one-to-one or in a small group setting and 4 sessions a week at a Specialist educational provision aimed at supporting primary pupils with social, emotional and behavioural needs. Regular meetings were agreed so that all staff involved in supporting this pupil could share aims, strategies and successes.

Strategies
Key success factors included:

- *providing a calm and nurturing approach in a positive supportive environment;*

- *providing a safe base for growth, development and learning;*

- *building a positive relationship between the pupil and his teacher through close contact, talking, sharing, laughing, etc where trust was a key aspect;*

- *building and maintaining a supportive and positive relationship with his mum;*

- *working in close partnership with the school and other agencies such as PACT/Action for Children   sharing information daily when required.*

(continued)

(continued)

Range of Strategies to Promote Positive Behaviour and Improve Learning

- *A visual timetable providing routine and structure .*

- *Individualised educational programme within the Child's Plan.*

- *Weekly baking sessions.*

- *Therapeutic play opportunities.*

- *Two supporting adults modelled appropriate behaviour.*

- *Active learning approaches to literacy and numeracy.*

- *Providing opportunities for success to help raise self-esteem.*

- *Football and outdoor games and activities.*

- *Opportunities to make new friends and build a close friendship with another pupil.*

- *Consistent approach to help the pupil work through his range of emotions.*

- *Daily short bursts of physical activity.*

- *Recognising his needs, in particular the need to be in control and allowing opportunities for him to feel he had choice while at the same time learning to share space and allow others choice.*

- *Receiving rewards for a chance to be the 'star of the day'.*

- *Inviting mum to be involved and see what he had been doing/learning (for example Christmas concert/coffee morning).*

- *Home link diary which shared good news and indicated next steps using 3 stars and a wish approach.*

- *Building in opportunities for him to share success from one learning environment with another. For example, his experience of his mainstream class outing was discussed and shared during circle time in the Specialist provision. His significant piece of work with PACT/Action for Children - making a DVD - which he was very proud of, was shared with both his primary school and the Specialist provision. Other pupils in the provision watched the DVD, which was a great success.*

Individualised Planning and a Flexible Curriculum in Line with *Curriculum for Excellence*
This pupil had an Individualised Educational Programme within the Child's Plan which took account of his wider needs. In order to recognise the importance of health and wellbeing for this individual, circle time and weekly baking sessions proved invaluable in developing his self-awareness and self-worth. Many opportunities were planned with a specific focus to help him build relationships with peers and adults and to develop his skills in listening, speaking and turn taking. Imaginative active learning opportunities were also integral to meeting his educational, social and developmental needs.

Partnership Working
The mainstream Headteacher and Specialist provision maintained close links which included fortnightly meetings and regular contact by phone to share success, strategies or advise the other of any situations which might impact on his day. PACT/Action for Children also attended meetings to share their work and strategies with this pupil.

Successful Outcomes included:

- *a significant decrease in challenging behaviour in his Primary school;*

- *a marked increase and interest in attending school, in particular, a positive attitude and eager willingness to attend the Specialist provision;*

- *engagement in his daily timetable and more focused/on task;*

- *increased confidence and self-esteem which in turn helped this pupil to develop a close meaningful relationship with a peer;*

- *a significant improvement in being able to deal with his anger through a variety of strategies (for example, walking away, ignoring others, etc rather than being aggressive);*

- *a positive and successful relationship with the Class teacher and other adults.*
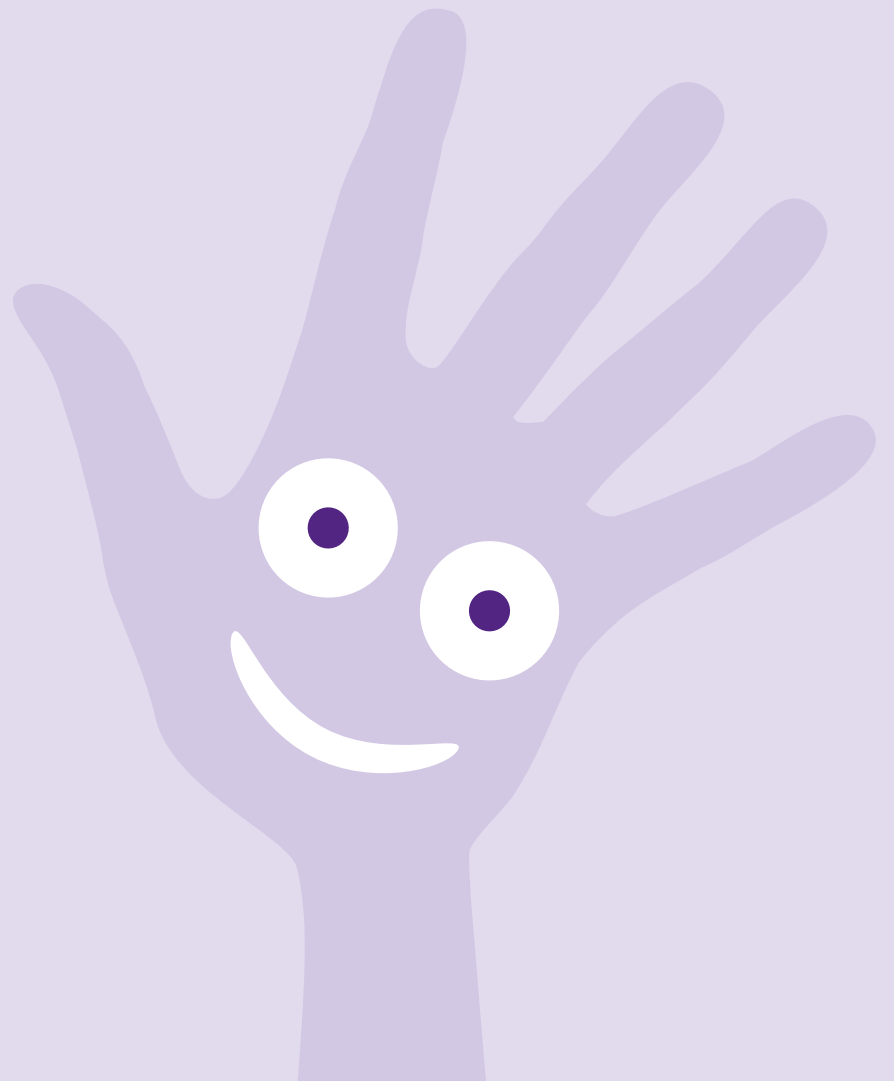
26. Alternative to Residential Placement

Background

A 13 year old Looked After Young Person was referred to the Re-integration team (an alternative care/education facility in Perth) as he was experiencing a range of difficulties at home, within school and the wider community. He was looked after at home and subject to a supervision requirement as he was considered to be beyond parental control. He was separated from his mother at the age of 6 when she moved to Scotland from abroad, leaving him in the care of his grandparents. He was returned to her care in Scotland at the age of 10 to live with her, his step-father and 3 young siblings. The transition to Secondary school proved to be very challenging for him, despite support from a range of agencies. His attendance at mainstream school declined markedly and he was increasingly unhappy at home, having been placed in short-term foster care. He was considered to be at serious risk of being accommodated within Specialist provision if a suitable community based alternative could not be made available.

Solution Focused Approach

The Re-integration approach involves a Link worker undertaking a solution focused integrated assessment of the young person and family's strengths, resources and preferred future. Building on the identified strengths is the key to developing a positive relationship with those concerned. Strengths included the commitment from his mother and the mainstream school to support and work with him in finding a way forward.

Strategies

- *Effective partnership working with Social Worker and school staff to negotiate an appropriate timetable.*

- *In-school support from Re-integration Link worker to maximise attendance and participation in specific classes.*

- *Activities designed to introduce the young person to a range of healthy hobbies and interests, including sport and group work.*

- *Regular contact and support from Re-integration Link worker to parents and young person in helping them strengthen their relationship and explore issues.*

- *Family activities designed to further develop positive relationships.*

- *Robust assessment of young person's literacy needs and capacities, both in English and in his first language, through the Tayside Language Centre.*

- *Time-out overnight one evening per week with Re-integration worker.*

(continued)

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Range of Strategies to Promote Positive Behaviour and Improve Learning

- *Positive and frequent reinforcement of the young person's strengths and achievements.*

- *1-1 time with Link worker to identify and explore issues.*

- *Regular support to parents in adopting consistent solution focused strategies for improving and sustaining relationships within the home and family.*

Individualised Planning and a Flexible Curriculum in Line with *Curriculum for Excellence*

- *A Child's Plan which reflected the broader needs and aspirations of the young person, including attention to his ESOL needs and nurturing of his identified sporting ability.*

- *An individualised holistic timetable including time and activities devoted to his education, literacy, social and emotional development, 'time-out' and sport, fostering interest in squash.*

- *Funding secured from local charity to further develop his capacity to participate in national squash competitions and events.*

- *Re-integration support to attend national squash competitions, whilst working in partnership with squash networks to explore mentoring opportunities.*

Partnership Working

This included strong partnership working between young person, parents, school, Social Work and Re-integration to ensure consistency in assessing and responding to ongoing educational, social and emotional needs and aspirations. There was also joint working with Specialist providers in developing specific needs and aspirations beyond the scope of the Re-integration team - Tayside Language Centre, English for Speakers of Other Languages needs and Scottish Squash Networks - coaching and mentoring support, including accessing funding to support participation in national squash developments.

Click here to show successful outcomes

Successful Outcomes included:

- *home situation improved and became calmer with improved family relationships;*

- *family were more able to explore and resolve personal/relationship issues;*

- *young person attended mainstream school (part-time) independently;*

- *marked improvement in young person's confidence and self-esteem;*

- *improved literacy skills and confidence to participate in English studies;*

- *young person now ranked high in Scottish Squash league and recognised as gifted in a range of sports, particularly squash;*

- *young person talking more positively about his future aspirations.*
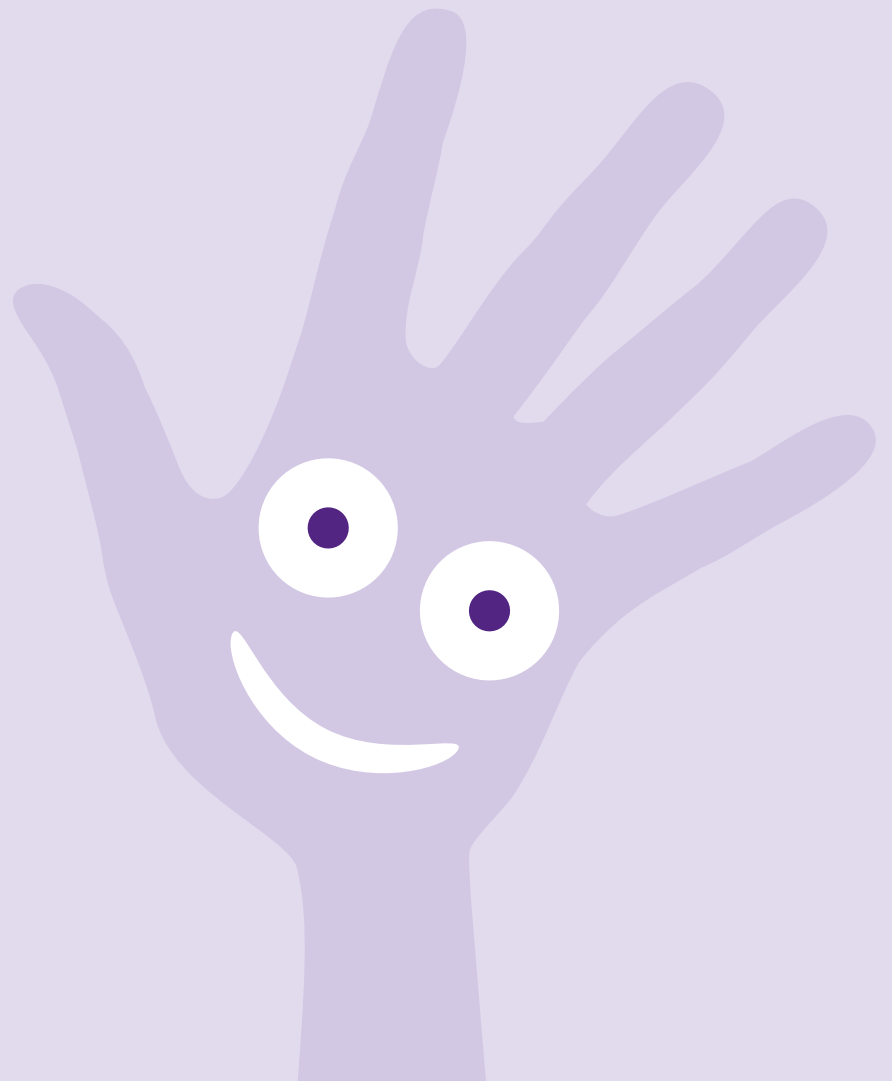
27. Reintegration from a Residential Placement

Background

This 13 year old Looked After Young Person was accommodated within Specialist residential provision outwith Perth and Kinross as there was no suitable local placement and her main carer (grandmother) was diagnosed with terminal cancer. She was struggling with many issues and was placing herself and others at risk, was self-harming, abusing drugs and alcohol, offending and disengaged from education. She was known to the Re-integration team which is an alternative care and education facility in Perth through their ongoing work with an older sibling. She was offered a place with the Re-integration team, engaged well and was making positive progress until her grandmother became seriously ill and was unable to look after her. On the death of the grandmother, her older sibling moved to live with another family member and the young person concerned was accommodated.

Solution Focused Approach

As the young person had formed a positive relationship with a Re-integration Link worker, regular contact was maintained to support her, and her new workers, until a suitable local home base could be secured. Re-integration staff worked closely with the young person, Social Worker, Residential Care staff and family members to progress her phased return to Perth and her reintegration back into her own community. She had, prior to her grandmother's illness, returned to mainstream school with support from her Link worker and was making good progress. The solution focused assessment framework used by Re-integration staff helped to identify her strengths, resources and interests as well as highlighting potential areas for development.

Strategies

Key success factors were as follows:

- *acknowledging the relationship between the young person and the Link worker supported the challenging transitions from Perth to out of authority care and to her new home with her new carer (maternal aunt);*

- *strong partnership working between all significant agencies ensured a package of support which continued to respond to the evolving needs of the young person and her new carer;*

- *her new carer was offered ongoing support to assist her and other family members to understand and best meet the young person's needs;*

- *she was reintroduced to the school's nurturing Pupil Learning Centre with direct support from her Link worker;*

- *she resumed her place at Re-integration with a programme designed to meet her social, emotional, health and educational needs and aspirations, building on 'what had worked' prior to her placement in care.*

(continued)

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Range of Strategies to Promote Positive Behaviour and Improve Learning

- *Positive and frequent reinforcement of her strengths and resources.*

- *1-1 time with her Link worker to identify and explore issues.*

- *Support for her new carer to help her adopt strategies for managing challenging behaviour.*

- *Educational activities designed to build on her skills and interests, including attendance at Art Space - a community based art project.*

Individualised planning and a flexible curriculum in line with *Curriculum for Excellence*

- *A Child's Plan which reflected the broader needs and aspirations of the young person.*

- *A Re-integration programme which included 1-1 time: 'therapeutic' support.*

- *Experiences designed to further develop her motivation for learning, through discussions, pampering and relaxation sessions, life story sessions, small group activities, health assessment with LAC nurse.*

Partnership Working

This included strong partnership between school, Social Work, health, Re-integration and Art Space. The Reintegration Link worker provided strong links and a high level of communication between all relevant parties, ensuring consistency of approach across settings. Funding was secured from Education Manager/s to enable participation in community-based project Art Space.

Click here to show successful outcomes

Successful Outcomes included:

- *reintegration to Perth to live with maternal aunt, her family and the young person's older sibling;*

- *attendance at mainstream school (part-time) and working towards Access 3 English, maths and art;*

- *school staff demonstrating flexibility in responding to her ongoing needs;*

- *carer more open to responding to her emotional needs;*

- *young person participating well in small group activities;*

- *noticeable improvement in her overall health, wellbeing and physical appearance;*

- *increasing openness to take responsibility for her actions towards others and to make more positive choices in terms of her health and wellbeing;*

- *young person talking more positively about her future aspirations.*
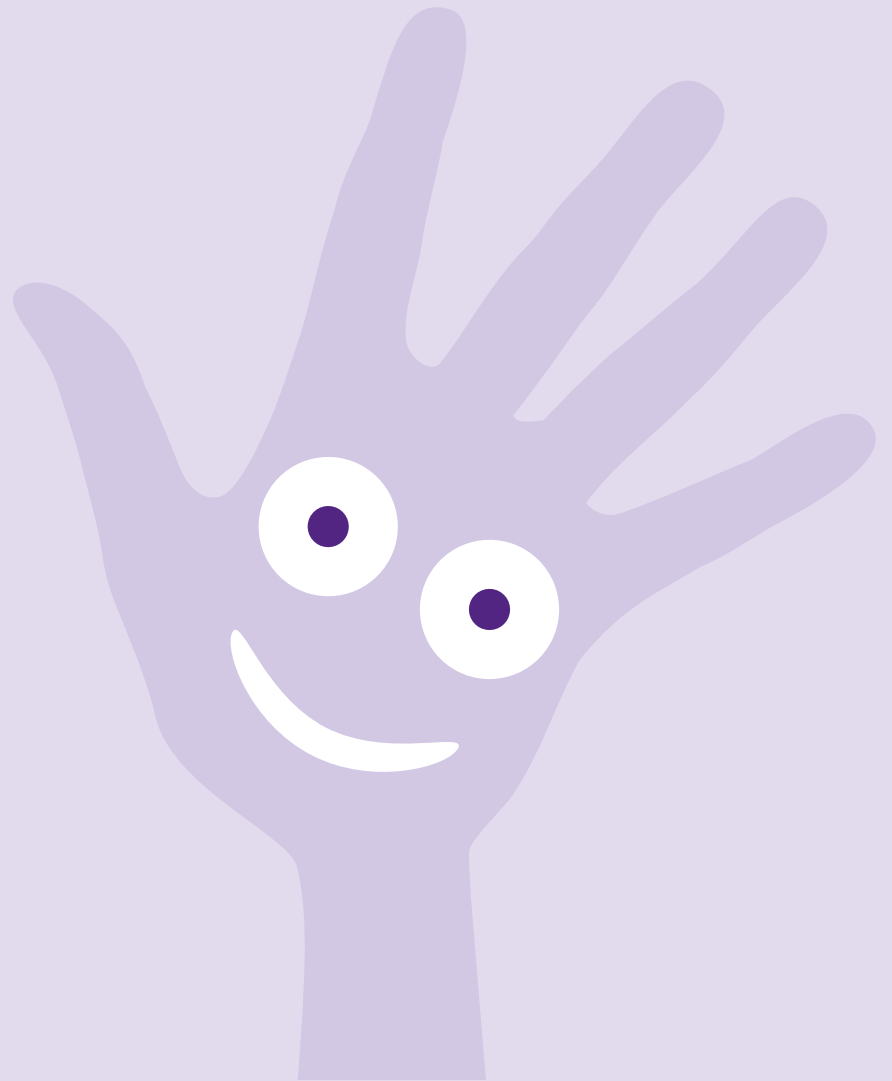
28. Successful Support for Three Looked After Young People

Background
A Secondary 1 pupil who had been placed with foster parents in Perth and Kinross was excluded from school three times in his first six weeks at Secondary school. His placement with foster parents broke down, partly as a result of difficulties in school. After time in a residential unit out of the Authority and time in a local school there, (with more exclusions), he was placed with Perth and Kinross carers in another Authority.

Solution Focused Approach
Planning meetings which included the Looked After Children Co-ordinator were held with his new school as part of the Child's Plan review process. It was decided that a part-time Support teacher from the school (additional hours agreed) would work closely with him and his foster parents and provide both with strategies and support to catch up on learning and develop social skills and rules.

Strategies
It was agreed that the teacher's hours would reduce as he became more settled.

Background
A Secondary 3 young person, looked after for much of her time in school, had experienced many exclusions and frequently truanted during primary and secondary school. Despite partnership interventions and planning, she continued to put herself at risk in the community and also offended. It was decided that, as life at home became more chaotic and unsafe, the young person should be placed in an Intensive Support unit outwith the Authority. After issues of curtailed time in education had been addressed by Perth and Kinross, the young person made some progress. An aunt living near Perth who had full-time employment, was willing to look after the young person provided she was in full-time education.

Solution Focused Approach
Planning meetings between the Re-integration team, an alternative care and education facility in Perth, and the girl's mainstream local school developed a flexible partnership and an individualised curriculum.

Strategies
Close and frequent monitoring by the team's Link worker who worked closely with school staff ensured the progress of the young person and shared aims amongst partners and the young person.

Background
A Primary 5 pupil, living with short term foster parents, was progressing well in a Nurture Group in Perth and Kinross   . However, the short-term living situation had to be addressed.

Solution Focused Approach
A long term living placement was identified outwith the Authority. The Co-ordinator for Looked After Children and the child's Social Worker worked with the new Authority to agree an appropriate educational placement since a Nurture Group was not available.

Strategies
The child attended a small group provision for children with learning difficulties. He also attended on one afternoon per week, the small primary school near where he lived, supported by a Support assistant from the learning base. This mainstream integration placement increased to attendance every afternoon.
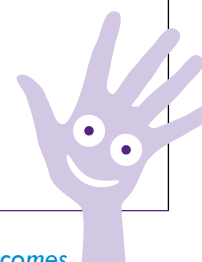
Click here to show successful outcomes

Successful Outcomes included:

- *this approach worked well. The out of Authority school now manages to meet his needs from within its own resources;*

- *support needs were effectively matched to provision in a cost effective way;*

- *this approach has allowed this pupil to become a successful member of his school community.*

Successful Outcomes included:

- *the young person's educational and personal, social and emotional needs were met within her community;*

- *time in residential care was reduced;*

- *the young person was able to return to the care of family members.*

Successful Outcomes included:

- *the child is happy, settled and progressing;*

- *the positive start to a new living situation and attendance in a shared placement with clear educational progress has had a huge impact on the boy's emotional and educational growth;*

- *this young person did not require to be placed in a residential special school, but instead is part of a family in the local community.*
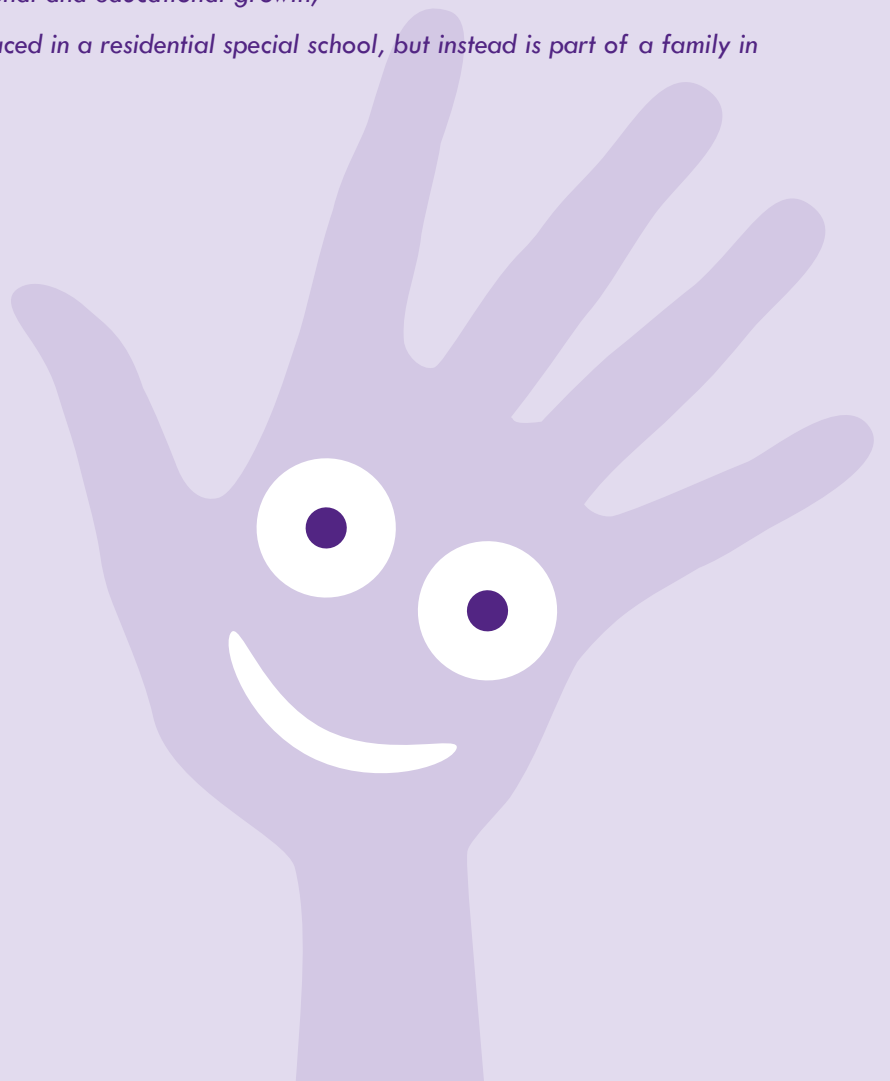
29. Supporting the Living Situation of a Child with Significant Disability

Background

This 9 year old girl with a diagnosis of Down's Syndrome , developmental delay and generalised learning difficulties stayed at home with her mother and a much older sister. The child's mother has a long history of alcohol use resulting in the child's oldest half sisters being accommodated then adopted. There were on going concerns regarding neglect and emotional abuse of this child and she was placed on the Child Protection register.

Due to the child's additional support needs she attended a Nurture Group in a mainstream school with a high level of additional support. However, the child was frequently late for or missed school and did not enjoy good social opportunities at home.

Solution Focused Approaches

A respite package was introduced including community based and overnight respite to give the child an opportunity to access different social opportunities and increase her life experiences. The child's overnight carer quickly became a significant person in her life. The planned monthly respite became emergency unplanned respite for the child when her mother could not care for her due to her poor health caused by increasing alcohol use. The decision was taken that it was no longer in the child's best interest to remain at home due to the severity of the ongoing concerns.

The child was placed with her respite carer on a Child Protection Order, and continues to stay there as subject of a Supervision Order. In the first 2 months of staying with the carer, the young girl made significant progress in all areas of her development. This included adopting a good sleep pattern which allowed her to attend school everyday, no longer tired or agitated. She became toilet trained and her verbal communication increased. The child has been considered and approved for permanence and the respite carer who has cared for her for over 14 months has highlighted she wishes to care for her permanently.

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(continued)

Range of Strategies

From the time the child's name was first placed on the Child Protection Register there were many different resources and approaches introduced to keep her at home. These included:

- *core group meetings when all involved met every 6 weeks;*

- *an evolving Child's Plan which required the same people to meet weekly so that tasks and goals were achieved in a shorter period of time;*

- *various Social Work staff were involved to provide respite, after-school clubs and groups for the child to attend, to give her different social opportunities and peer interaction, and to give her mother a break;*

- *a Sure Start worker was involved to encourage positive play at home, although the child's mother was reluctant to participate;*

- *various assessments undertaken to highlight risk and plan they way forward for the future;*

- *intensive Community Assessment was undertaken in conjunction with PACT/Action for Children and this supported the decision to accommodate the child away from home .*

From the time that the child was accommodated:

- *there have been regular Child's Plan reviews to monitor the suitability of placement and Children's Hearings (mainly requested by mother) to review the Supervision Order.*
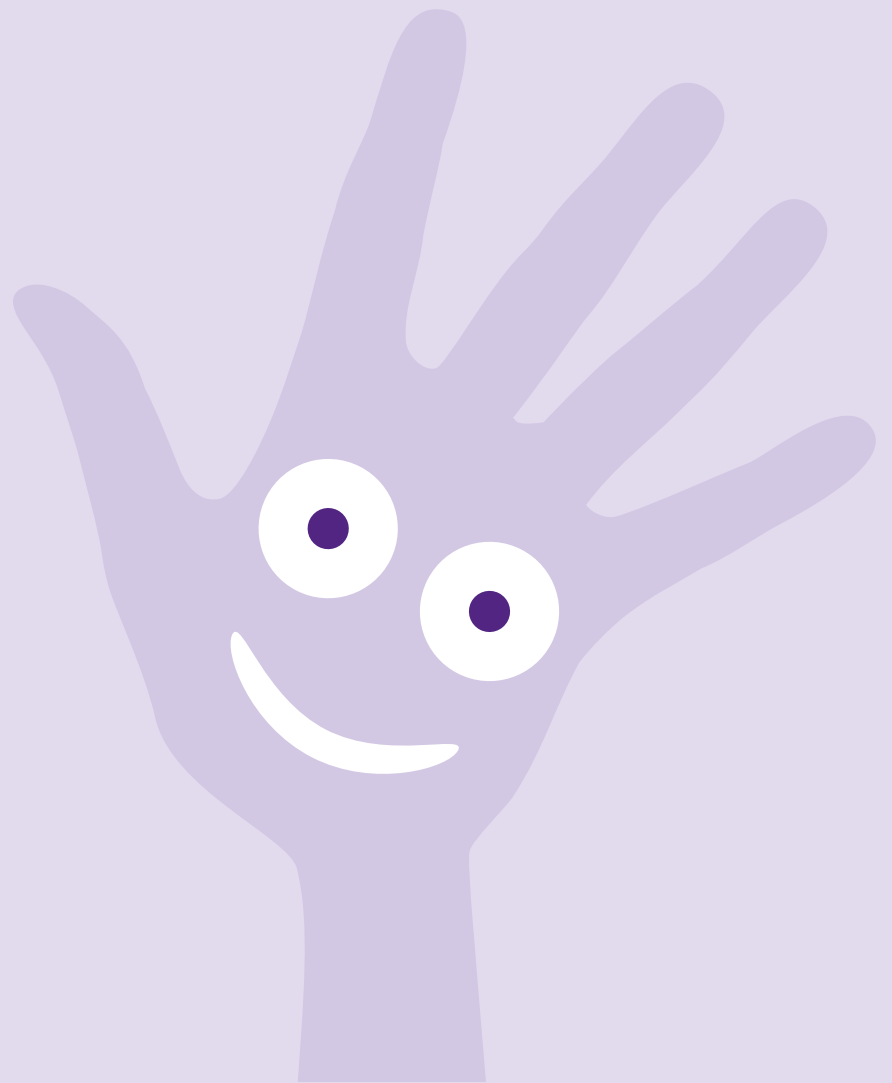
Partnership Working

During the process of determining what was in the child's best interest, there was a multi-agency approach with health, education and the Voluntary Sector who supported other agencies in keeping the child at home with her mother. They were also influential in the decision to accommodate the child. In order to more fully meet the child's educational needs, including providing additional Speech & Language Therapy, she was transferred to a Specialist Educational provision.

Click here to show successful outcomes

Successful Outcomes included:

- *after trying many interventions to support the child at home, her accommodated situation allowed more consistent routine;*

- *the child's challenging behaviour at school reduced;*

- *she became toilet trained;*

- *her verbal communication increased;*

- *she had more opportunities for social opportunities including the carer's grandchildren visiting frequently, enabling positive peer interaction;*

- *she attended community groups such as Brownies, Drama group and is now very well included in all aspects of her life.*

Click here to return to title menu

30. Maintaining Close Partnership with a Concerned Parent Whose Child Has Autistic Spectrum Disorder

Background

This young boy arrived at a Specialist provision in pre-school, already diagnosed as having Autistic Spectrum Disorder. He had very limited one word utterances, regularly 'flapped', banged his head and was anxious and agitated. Prior to his admission into pre-school, the child's mother had shown odd behaviours such as watching activities from the school surroundings. Very quickly it was obvious to school managers that the child's mother found it impossible to trust others with her child. At first, mum sat in the parents' room ensuring her child was supported effectively, until the school and she agreed some professional boundaries and rules. This support story describes the careful relationship the school maintained with the mum in order that they could support the child in the best and most appropriate way possible. The school's empathetic approach, recognising the mother's own issues were significantly helped by their realisation from the start that the mother was passionate about ensuring the school did their best for the child.

Solution Focused Approaches

The Headteacher and Specialist Depute modelled to other staff, acceptance of this mother in recognition of her needs. Throughout nursery and primary, the school met weekly with mum, communicating how well the boy was progressing and describing activities and strategies.

Key Strategies throughout her time in the Specialist provision, included:

- *helping mum to use small steps to improve the child's eating habits;*

- *advising mum on how to support her child with homework;*

- *using the child's strengths such as his ability to draw cartoons and play the piano (on occasions to accompany group activities);*

- *forming a boys' group with mainstream peers to develop specific interests;*

- *encouraging mum to allow the boy to travel independently (albeit mum followed the bus in her car);*

- *persuading mum that at P7 the boy was capable of accompanying his mainstream peers to an outdoor centre residential (despite the fact he had not previously stayed away from home overnight);*

- *very careful preparation for the residential trip including a timetable for personal care, taking into account the child's choice of peers in his dormitory and a clear message to mum that she would not accompany the group   .*

At P7, mum continues to make high level demands on the school and has little time for many Support staff such as taxi drivers and some school staff, some of whom have felt quite intimidated at times. She has little regard for other parents whom she sees as not working sufficiently hard for their children. Nevertheless, the child's mother has ensured her son has had every opportunity to extend his learning, including kayaking, piano lessons, Boys Brigade, tennis and football.

(continued)

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Range of Strategies to Promote Positive Behaviour and Improve Learning (Across the Whole School)

School Managers took a specific stance in positively supporting this concerned but well-meaning parent so that the boy could reach his potential. This was very challenging at times, particularly when some matters such as alleged Child Protection issues were raised against the school by the parent. Although the mother has regularly praised the school for the work they have done and makes contributions such as for snack times, she continues to challenge school staff and many others within the Authority.

Individualised Planning and a Flexible Curriculum in Line with *Curriculum for Excellence*

The nature of the provision is that all staff in partnership with their Educational Psychologist and Therapists and others, plan together on a highly individualised basis. The curriculum pathways follow the interests and strengths of each child, albeit the learning outcomes sit within *Curriculum for Excellence*. The focus of the provision is to work with each child's autism, provide them with strategies such as symbols   and a visual and latterly written timetable within a tight consistent structure, shared with parents. Slowly but surely, the boy's presenting autism diminished and his ability to learn increased. His mother played a key role in reinforcing reading, spelling and number work (whilst school ensured she took a reasonable approach and, for example, did not display all words around the family car).

At P7 the child has achieved Level C in English Language and Level C in maths, a considerable achievement. At the request of mum, he will sit Level D maths before transition to secondary school. Probably more significant is his vast improvement in social skills, albeit he requires constant reassurance that he is doing the right thing. He now has the ability to find his way independently around the school, including taking messages to the office. He can also support his younger peers. Whilst he uses the main playground he prefers the company of one specific classmate.

Partnership Working

The key to supporting this child was the school's determination to maintain a positive, firm and consistent relationship with the child's mother. This support story demonstrates the clear need for schools to put aside some judgements in the interests of the child. The way in which they maintained their objectivity and preserve the important relationship, was to work professionally with a keen eye on what was best for the child.

Other partnerships involved the Speech & Language Therapist, the Music Therapist and the Educational Psychologist.

In relation to imminent transition, the Community Link worker has played a key role. For almost 18 months, the worker has productively met and made a positive relationship with the child and his mother. He has accompanied the child on 6 occasions to his Secondary placement, where it has been agreed with mum that the boy will have stability within a small group setting in the first instance.

Click here to show successful outcomes

Successful Outcomes included:

- *a P7 child has been helped to live with autism and has a good quality of life through independent skills and reasonable self-esteem;*

- *excellent attainment by a child who at the nursery stage had only one word utterances and many significant autistic features;*

- *planned transition to a mainstream Secondary school with appropriate facilities and support;*

- *a parent whose continuous demands have been met by the school in a highly professional manner, despite many challenges.*
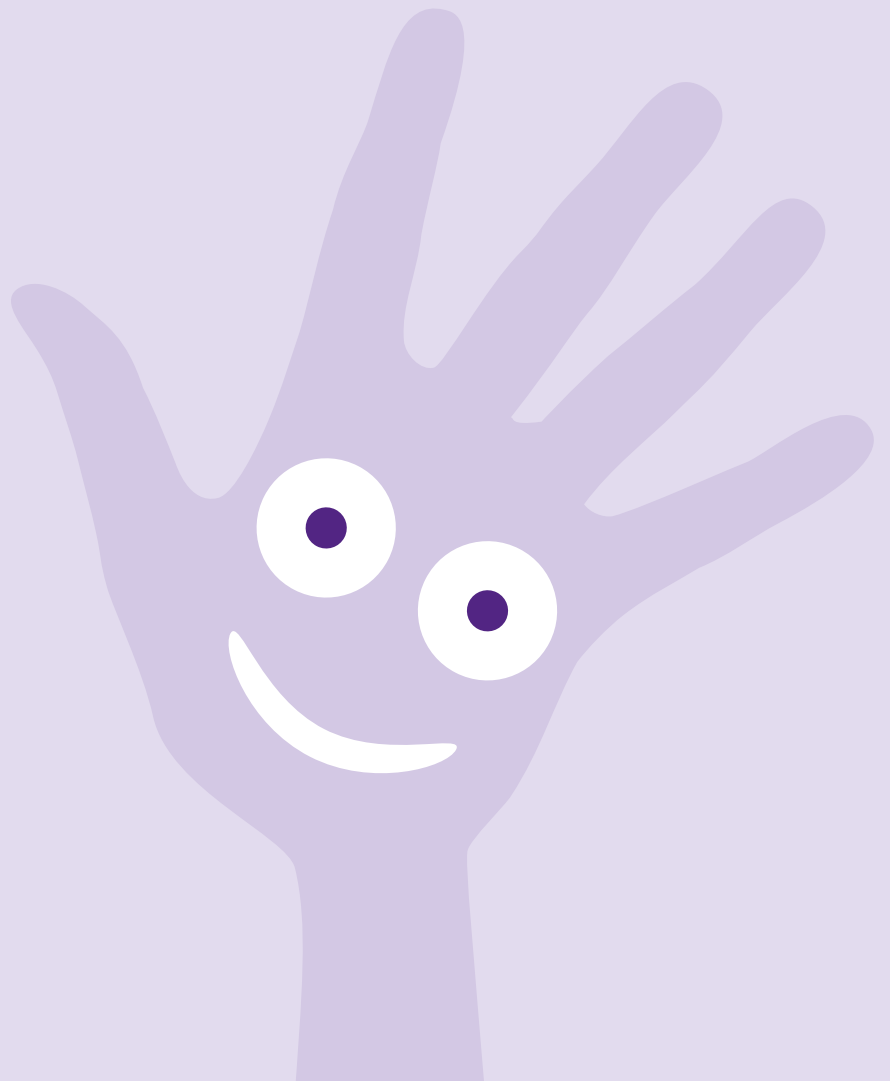
31. Observation of and Strategies for a Child with Autistic Spectrum Disorder

The following is an example of an Autism Outreach Consultation Record for a P1 child. It shows what has been observed and describes the suggested strategies.

Observations

- *X was sitting on the periphery of the group during 'together time'.*

- *The teacher was introducing a new phonics sound (ay) and encouraging the children to learn the associated song.*

- *X was lying on the carpet playing with the hair of another child sitting in front of him.*

- *He was participating in the lesson and singing along with the other children.*

- *When it came to having turns to write on the whiteboard, X started asking for a turn and becoming agitated when asked to wait his turn and not shout out.*

- *At the end of the lesson the children were orally given a follow up activity to complete - a worksheet based on the new sound they had learned.*

- *X had difficulty making the transition to the activity and was obviously still agitated. At first he did not comply with the teacher's instructions.*

- *After some negotiation with the teacher, X eventually went off to complete his follow - up activity.*

- *When his work was finished, X referred to the choosing board and went off to access the role play area appropriately.*

Strategies and Resources Offered

- *Sensory issues of the child may have been the cause of him feeling more comfortable sitting on the edge of the group - it is easier for him to sit at the back so he can reduce the possibility of others invading his space.*

- *X has low muscle tone and finds it difficult to sit cross legged for long periods. It may be beneficial for him to sit on a chair and build in active or 'brain breaks' periodically.*

- *Playing with another child's hair is satisfying his need to fiddle with something but must be irritating for the other child - provide X with a fiddle toy - a Koosh ball or something similar.*

- *Turn taking can often be an area of difficulty for children with Autistic Spectrum Disorder. This can be alleviated by making it clear who is going to have a turn next. This can be done by making a list on the board and saying 'first A, then B'.*

- *Visual prompts can be used at the beginning of each lesson reinforcing the desired behaviour eg 'good sitting', 'good looking', 'good listening'. It is important to model and discuss what the desired behaviours are.*

- *At the end of each lesson it is important to tell the children that the lesson has ended and what is expected next. With children with Autistic Spectrum Disorder this should be done visually by referring the child to look at his visual timetable, remove the symbol and refer to the next activity. Make sure X knows where to access the materials needed to complete the task. This will help the child be able to make the desired transition. It is good practice to use a choosing board consistently and effectively. This helps X be able to make choices which can be difficult for children with Autistic Spectrum Disorder.*

- *Use a 'Fiddle toy'; Use a 'First' and 'then' board; Encourage and use the phrases 'Good sitting, Good looking, Good listening'.*