The Highland Council

Additional Support Needs Review

April 2013 – May 2014

Bernadette Cairns
Head of Additional Support Services
Highland Council
May 2014

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SUMMARY

A review of Additional Support Needs (ASN) in Highland has been undertaken over the past year. This review began with a period of consultation between April and August 2013, with a large number of children, parents, organisations and individual professionals being asked to contribute their views and experiences.

Given the timing of the review, it has been able to take cognisance of the wider structural changes within Highland Council as well as providing a framework in which to sit previously agreed systemic changes that were on-going.

This report provides the detail of the work of the review and recommendations regarding proposed changes in structures and strategic developments that are considered will improve outcomes for children and young people with additional support needs.

Requests for further information and comments should be addressed to Bernadette Cairns, Head of Additional Support Services, Highland Council. bernadette.cairns@highland.gcsx.gov.uk

1. BACKGROUND

1.1 Both mainstream and specialist support services in Highland have developed and evolved to respond to identified need as it has arisen locally, although these have not always been well planned or integrated into existing structures. Across each of the Areas in Highland there is therefore a spread of provision, which is in itself not a bad thing. However, the management and review of provision has also been variable and no central overview has been taken of provision and practice in relation to ASN in Highland since the Best Value Review of Support for Learning some years ago.

1.2 There are various policy and practice papers in place in Highland to support the needs of pupils with ASN and there is evidence that where these are integrated and implemented within an overall inclusive ethos, they work well. Indeed, many of these are regarded as best practice models across Scotland.

However, there remains a significant level of variation in practice across Highland schools that would indicate that there is more that can be done to more effectively meet the needs of all pupils.

1.3   Within Highland, the unique approach to Integrating Children's Services has created opportunities for better planning and integration of support for children and young people. The central thrust of the approach to service delivery, is about improving peoples' experiences of services, whether it is as a pupil or a parent.

1.4   The Additional Support Needs (ASN) Improvement Group takes a strategic lead in monitoring and evaluating service delivery and service improvements, across children's services in Highland, on the basis of the known outcomes for children and young people with additional support needs. It reports to the For Highland's Children Leadership Group. As part of the work of this group, a detailed review of the provisions and structures around the support for children and young people with ASN in Highland schools was initiated in April 2013, with the aim being: ***"to identify the range of needs and then identify principles and structures that make the most effective and efficient use of resources to meet these needs and in doing so, achieve the best outcome for children and young people"***.

1.5   The format of the review required a small working group to be established and for the review to be undertaken in several phases, with the members of the working group taking responsibility for the engagement of other stakeholders and for additional specific actions.

The Review Group consisted of:
- Calum MacSween, Head of Education (Chair) (Succeeded by Jim Stevens in September 2013)
- Ruth Binks, Quality Improvement Manager
- Bernadette Cairns, Head Of Additional Support Services
- Marlyn Campbell, Development Officer, Disability
- Jaci Douglas, Elected Member
- Richard Hendry, Additional Support Needs Officer (West)
- Mairi MacDonald, Pupil Support Assistant, Kirkhill PS
- Calum Munro, Highland Children's Forum
- Cllr Linda Munro, Children's Champion
- Linda Schubert, Quality Improvement Officer
- Emma Slade, Principal Teacher Support for Learning, Nairn Academy

1.6 During the period of consultation from April to August 2013, many individuals and groups were invited to contribute their views and experiences. Many chose to do so and the subsequent work that was undertaken was based on the views received from:

Head Teachers	Staff from 50 schools
Pre-school Teaching Services	Area Primary SfL teams
PT SfL Secondary	Educational Psychologists
H&SC Disability team	Integrated Services Officers
Elected Members	Area ASN Officers
Pupil Support Assistants from 3 primary schools	Central ASN Team and specialist services
Parents and children with visual impairment	Parents and pupils from an offsite SEBN provision
Foster parents	Parents from two ASGs
Pupils in an onsite ASN provision	Preschool staff in 4 ASGs
Pupils with ASN from 6 Secondary schools	The Pupil Council from a Primary School
Extended Education Culture and Sport Management Team	Parents/pupils with CSPs (incl LAC)
Health and Social Care Management Team	Focus groups - 70 pupils from a range of primary and secondary schools across Highland

1.7 The consultation process was undertaken using a solution focused self-evaluation format (appendix 7), which made the collation and analysis of information easier to collate and also provided a framework for constructive feedback and suggested improvements to service delivery. During this process feedback was provided on several areas of good practice that could be identified across Highland as working to ensure positive outcomes for children and young people with additional support needs and also those aspects of ASN support that should be retained in any new developments or structural changes. These included:

Structures and processes
- The views of parents/children and young people are now regularly sought, and there is evidence of an increasing number of consultation processes and greater levels of working with parents and young people.
- The establishment of processes at a School and an Area level, to review children and young people with the greatest need that supports detailed planning to ensure better outcomes across a whole school/Area.
- The Solution Focused Meeting process was recognised as an excellent model that integrates all the stakeholders' opinions and clearly finds next steps for all concerned.
- Integrated services have made it easier to work together to meet the needs of children, young people and their families.
- The roles of the Integrated Services Officers and Children's Services Workers have been critical to supporting pupils with home based issues

and making the links between schools and Health & Social Care staff.

- The new Child's Plan format has provided greater consistency and there is now a more holistic approach to planning for children.

Policy and Practice
- There is a range of policy, practice documents and guidance available to staff, that is now available within the context of the Highland ASN Manual – accessed via the SfL website, to provide a context to staff requiring information to support them.
- Although transitions are generally seen as an area requiring considerable improvement in practice, there were some examples of good practice in early identification and joint working between Health, Social Care and Education staff from preschool – school and also examples of social enterprise and skills development in preparation from school to post school – e.g. the learners programme at Drummond School, the DIGIT Programme in Easter Ross/Sutherland and the Social Enterprise Model in Ullapool.

1.8 **Levels of Resourcing**
- Many schools felt confident about meeting the need if current levels of resource were maintained or improved. However, they also noted the need for continued access to the wide range of training opportunities available to staff and made a plea for more local training and/or access to this via information technology.
- The needs of pupils with ASN are now central to the discussions around new schools and adaptations and there is an increasing level of access to our school buildings for pupils with a range of physical needs.

2. THEMED WORKSTREAMS

2.1 A content analysis was undertaken on the information received during the consultation phase. The views and comments were found to fall into 8 main themes, which were subsequently allocated to 6 subgroups within the Review Group that took responsibility for leading on the various aspects of the review, involving others as appropriate. These were:

a. Providing clear statistical information.
b. Meeting parental expectations and addressing need while there are competing priorities for the ASN budget.
c. Implications for and pressure on families and other Highland Council services and budgets when pupil needs are not/cannot be met in school.
d. Increasing inclusion – raising awareness; changing ethos; enhancing skills.
e. Provision and management of on-site and off-site provision, additional to mainstream schools.
f. Transitions.
g. The role of the ASN Officer (ASNO) in the local management of ASN and their links to the Central ASN Team.
h. Greater consistency in the implementation of policy and good practice,

including the Highland Practice Model.

3.   a.   PROVIDING CLEAR STATISTICAL INFORMATION

3.1   Level and Type of Need
The number and complexity of children and young people identified with ASN across Scotland has been reported to be increasing over the years and this pattern has been noted in Highland also. Some of this increase can be explained by different and better recording methods, rather than changes in incidence. However some groups of children and some types of need have been rising. A detailed literature review of national and local prevalence and incidence figures was undertaken as part of the ASN Review, with a comparison made to the reported levels of ASN across Highland (appendix 1).

The figures from the prevalence study have given an indication of the predicted need across Highland. Figures of actual need are gathered from schools on an annual basis and these are being tracked. If these prove to be in line with the predicted need, this will be able to provide a basis for planning future resource allocation over a longer period of time.

3.2   Changing Need
The change in complexity of need of pupils and also a change in the types of need that would have been familiar to see within mainstream schools in the past, makes it more important to consider different training strategies, interventions and a different pedagogy for staff.

> 'In the 21st Century, children with complex learning difficulties
> and disabilities are presenting new profiles of learning need,
> which we, as the teaching profession, have not yet resolved
> how to meet through our teaching styles or curricular frameworks.'
>   (Carpenter, B. 2010)

Recommendation 1: A Highland wide training strategy for ASN should be agreed and will shape the priority CPD offered across Highland as a rolling programme. This should commence in academic session 2014-15.

3.3   ASN Resource Allocation Model
The implementation of the ASN Allocation Model is being monitored. This will remain the basis upon which need is assessed and resources allocated, as previously agreed by Committee. From the consultation process it was clear that both parents and professionals alike wanted the decision making for the annual allocation process to be brought forward and so the initial collation of information on pupils with ASN was undertaken in February 2014, rather than April. This will enable decisions to be made about resource allocation for August 2014 at an earlier stage than has previously been the case.

3.4   The process of moderating the assessed level of need to ensure consistency across Highland has continued this session. During session 2013-14, training has been provided to school staff on the identification and assessment of need using the ASN Matrix (Appendix 5). Results from the moderation exercise

show a greater consistency than last session and would suggest significant progress in this area of work. Further training will be offered during session 2014-15 and the moderation exercise run again in December/January, as in previous years. The 2014 moderation shows almost 70% agreement across Highland, with some schools achieving 100% agreement with the moderators. The aim is to achieve 90% agreement between the level of need assessed by school staff and that of the specialist staff engaged in the moderation exercise.

Recommendation 2: There should continue to be a focus on training to support school staff to have a more consistent understanding of the use of the ASN Matrix in assessing the level of need. This should also continue to be monitored through an annual moderation exercise, sampling schools across Highland.

3.5   The initial discussions with Head Teachers and support staff have taken place across all 4 Areas, to discuss the predicted need and consequent ASN resource allocation for each Area for session 2014-15. This has again shown a rise in need identified at school level. However the identified need is in line with that predicted through the prevalence study noted above (3.1). Over recent years there have been budget feeds to the ASN budget to support the implementation of the ASN allocation model and this has been well received and has enabled the growing need that has been identified, to largely be met. The model is still not fully implemented however and there continues to be a requirement to work towards a point where staffing levels in each Area are equitable.

3.6   The Council has agreed an ASN allocation model that links funding to a range of criteria, to meet the assessed need in mainstream schools. This takes account of a number of variables, including population size, deprivation and the number of children with level 3 and level 4 plans. With a move to a unified Care and Learning Service, further work will be required to look at the budgets now available across the whole service and to make best use of these to provide a holistic framework of support for children and young people.

3.7   Pupil Database
        Although Phoenix e1 is the main pupil database, this is changing in the near future and schools will be using SEEMIS as an alternative, from August 2014. The level of accuracy in the information input by schools in relation to pupils with ASN has not been consistent enough for this database to be used independently as the sole source of information on ASN. Although training has been provided to school teaching and administrative staff, the level of accuracy still falls below that which would be considered 'good enough' for statistical and planning purposes. As a result, all information on ASN reported to committee or used for planning purposes within Highland, comes from direct reports from Head Teachers and support staff. This is time consuming and could be avoided if the pupil database was better maintained.

        Recommendation 3: As part of the move to using SEEMIS as the pupil database in Highland, information on pupils with ASN should be maintained accurately, to facilitate ease of central reporting and strategic planning.

4.   b.   MEETING PARENTAL EXPECTATIONS AND ADDRESSING NEED, WHILE THERE ARE COMPETING PRIORITIES FOR THE ASN BUDGET.

4.1   There is significant research evidence to show the consistent relationship between parental engagement and improved attendance, behaviour and achievement (Harris and Goodall 2007). It is therefore critical to not only engage with parents, but to find ways of maintaining an ongoing dialogue with them, while providing support and interventions to their children. Schools that are able to successfully engage parents in the planning and support for their children reinforce the feeling that they matter and develop a mutual trust, respect and commitment to working together to improve learning outcomes for their children. Conversely, the evidence shows that when parents are not able or allowed to be equal partners with schools, mistrust builds and the outcomes for children tend to be less positive.

> 'Where there is dissatisfaction (by parents) this often focuses
> on difficulties in establishing meaningful communication'
> (Kirkpatrick et al 2007, p43).

4.2   The consultation for the ASN Review showed that in Highland, parents are being involved much more effectively in their children's education. The information and knowledge they have and the national legislative framework has also encouraged parents to have greater expectations of services. This is seen as a positive effect of the openness and greater parental involvement at both national and local levels.

4.3   As part of the ASN Review, consultation took place with around 70 parents, in differing situations. While several areas of good practice were noted, not everyone consulted was positive about their experiences and there were many frustrated parents who talked of variation in practice and poor communication. Praise was high where support and transitions were managed well and where parents were involved. However, parents of children with lower level needs felt they were not being taken seriously when raising concerns about their children. 'Parents need to be listened to and their hopes and aspirations for their children should be taken forward by schools.' (Lamb 2009)

4.4   There were many examples given where early involvement, open communication and joint planning resulted in lower levels and more creative support packages that met need at an early stage. Conversely, examples were also given where intervention was not provided at an early stage, resulting in the level of need rising, where trust between parents and school had broken down, and the resultant package of support was both complex and costly, sometimes resulting in a residential placement.

4.5   There is therefore a need for further transparency and greater levels of communication with parents to co-construct support for their children/young people. Elected members, voluntary groups and advocacy services are effective in supporting these processes, but parental satisfaction is highest where they are involved with the named person from the very early stages in

agreeing the support required for their child.

Recommendation 4: Open communication and joint planning should be an essential component of all packages of support and care.

4.6   The ASN Improvement Group is committed to regular consultation and engagement with parents to continue the process of gathering parental views and engaging with them in the process of improving services for their children. However other improvement groups may not always engage directly or as regularly with children, young people and their parents.

Recommendation 5: All services should engage with children, young people and parents on a regular basis to work with them on service design and delivery. Where ideas and views are sought, feedback should be provided on the changes in practice and planning in response to the consultation undertaken.

5.   c.   IMPLICATIONS FOR AND PRESSURE ON FAMILIES AND OTHER HIGHLAND COUNCIL SERVICES AND BUDGETS WHEN PUPIL NEEDS ARE NOT/CAN NOT BE MET IN SCHOOL.

5.1   <u>Pupils not in full-time education</u>
        When pupils are not able to be educated in school on a full time basis, pressure is often significant for families. During the consultation phase some parents reported disruption to their work practices, when they are called to the school to remove their child on an ad hoc basis. Others reported that this situation resulted in them having to give up work altogether. In other families, pressure came from supporting a child who can be very challenging, without the respite provided by the routine of school attendance.

        In such circumstances there is often a need to create support packages that meet the pupil's needs in other ways, which can create pressures on other Council budgets eg. the residential placement budget, the respite care budget, the peripatetic pupil support service budget etc.

        The review found however that when support was integrated from the earliest stages and coordinated through a child's plan, parents and children/young people experience a more holistic service and are more likely to be able to maintain school attendance.

5.2   A six monthly audit of pupils who are not able to be supported in full time education has been undertaken since June 2012. This data is tracked and plotted graphically to check the progress being made at an Area level in relation to addressing part time school attendance. Initially this information was only gathered for pupils with disabilities. Since June 2013 however, this has included ALL pupils where the school is not able to support on a full time basis and more recently, from January 2014, this has included data on preschool children.

5.3   In June 2012, figures were collated from only two of the three Council Areas.

From this group of schools, 77 pupils with disabilities were reported to be accessing education on a part time basis. (Given that this did not include all schools it is likely to be an underestimate). In the December 2012 audit, data was able to be collated from all three Areas and this number was 67. By June 2013, 73 pupils with disabilities were reported to be in this group across Highland and in January 2014 this number had increased slightly to 84. However, given the pupil population in Highland, these slight variations are not significant, especially as the more recent figures include preschool children.
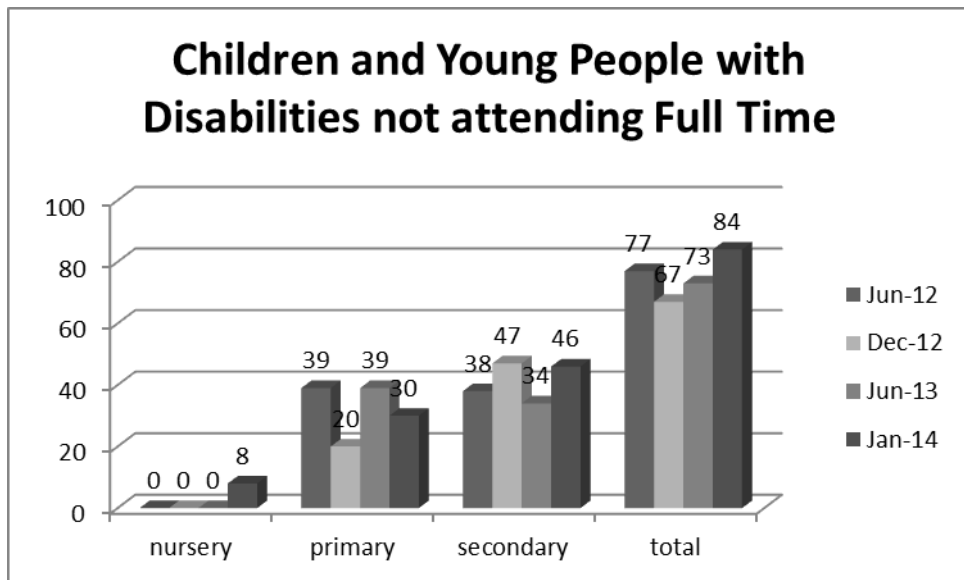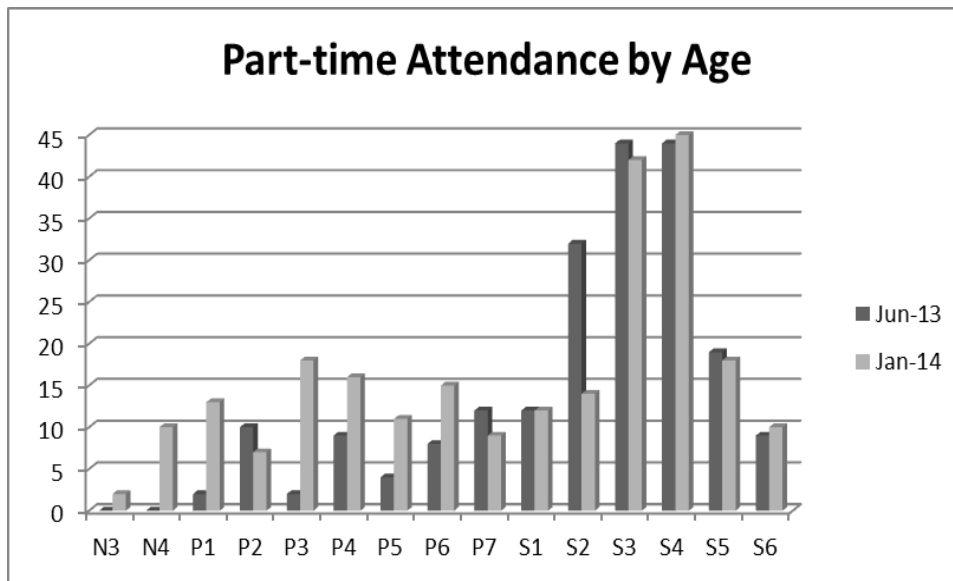

5.4　All children have a right to an education and there is a legal responsibility on the Council that this be appropriate to the assessed needs of the pupils. The review group has recommended that staff ensure that planning and support for children with disabilities is coordinated and integrated, with the full involvement of parents and the children/young people themselves. The review group also recognised that schools with an inclusive ethos and creative, skilled staff, are better able to provide curricular experiences that support school attendance.

Recommendation 6: A clear steer should be provided to schools in relation to children's rights, inclusion and equality, with a focus on staff development and targeted support that addresses need in a way that maintains school attendance.

5.5　Since June 2013, data has been collated on **ALL** pupils not in school full time. Data in June 2013 was not available for one large primary school, one large secondary school, a special school and a number of small primary schools, making the data incomplete. From the returns that were received, 217 pupils had some reduction in their timetable. In January 2014, this figure had risen to 252. This level of variation is not significant, given that the recent data includes preschool information and also data for all schools across Highland. The majority of pupils who did not have a disability are recorded as having social, emotional and behavioural needs (SEBN).

5.6   Breaking this information down by age, significant peaks can be noted in the secondary stages.

Part-time Attendance by Age

A bar chart titled "Part-time Attendance by Age" showing values for Jun-13 (dark) and Jan-14 (light) across age groups N3 to S6. The vertical axis runs from 0 to 45. Peaks appear in the secondary stages, particularly S3 and S4.

5.7   There has not been a rise in the formal exclusion rate for secondary aged pupils, however the review group has noted that where schools are not able to meet a pupil's needs in an educational placement on a full time basis, the Scottish Government guidance 'Included, Engaged and Involved part 2' (Scottish Government 2011), would consider this an exclusion on a part time basis. There is work to be done in Highland schools on developing a greater sense of belonging for pupils and in supporting school staff in building confidence to support pupils with social, emotional and behavioural needs.

Recommendation 7: Further work is recommended on the support for Social, Emotional and Behavioural Needs across all age groups, but particularly in secondary education. This should include increasing levels of emotional literacy in staff and pupils, developing a sense of belonging for pupils and promoting positive relationships in schools.

Recommendation 8: Support strategies and structures should be developed that increase the skill and confidence of school staff and provide opportunities for additional curricular experiences that support school attendance and engagement in education.

5.8   Levels of school attendance
        Some pupils have a very restricted level of education while some have only a slight reduction, perhaps arriving a few minutes after the school bell and leaving slightly before the end of the day because the young person is not able to cope with the noise or movement in corridors at these times. It is therefore important to differentiate between those pupils who have a slight reduction, often in response to the need to support them flexibly and those who have very little access to education. The number of pupils who have a reduction of 50% or more in their education accounts for 96 pupils, while 60 have a

reduction but attend school or an alternative provision as part of their elaborated curriculum for over 80% of the school week.

5.9   Given the experience of some pupils in Highland and the range of pupils who are not currently receiving their full entitlement to education, it remains important to continue with the audit of part time attendance on a six monthly basis. This allows the situation to be monitored and provides feedback to Area Managers, schools and support services, who are working together to support pupils with disabilities and SEBN. The review group has also created a guidance document to support Head Teachers and to provide information on their responsibilities in relation to part time attendance (Appendix 2). http://www.highland.gov.uk/NR/rdonlyres/DEDCB806-6036-4992-95FF-00943325D619/0/GuidanceonPupilsnotinFullTimeEducationJuly2013.pdf

        Recommendation 9: It is important to ensure that Head Teachers are clear about their roles and responsibilities and the council's legal and moral duties in relation to educational provision and reasonable adjustments. The guidance document (Appendix 2) should be used to provide the basic information required to support this process.

6.   **d.   INCREASING INCLUSION – RAISING AWARENESS; CHANGING ETHOS; ENHANCING SKILLS.**

6.1   Inclusive Practice
        The review group considered that greater awareness and skill in ASN and inclusive practices will lead to more children/young people having their needs met within their local schools and fewer demands for placements out of authority.

6.2   There is a range of provision to support children with additional needs in Highland and discussions are on-going to consider what additional provision may be required, including the growth of nurture groups in school, the addition of specialist support bases in all new build schools, additional residential provision and family support centres etc.

6.3   Some parents and staff have raised their concerns about the agenda on inclusion, feeling that children with no additional needs or lower levels of need are marginalised or adversely affected, when support is targeted at pupils with ASN. However, much research has shown that inclusion (when done properly), supports the social and emotional progress of children without disabilities and has been found to have a positive impact and facilitates the education of **all** children (Frederickson and Cline 2002, Cairns and McClatchy 2011).

6.4   A wider consultation has taken place with staff in 20 schools and a paper has been written by the review group on Increasing 'Inclusion and the Success Criteria' (Appendix 6). This can be used as a quality assurance or self-evaluation tool and will be adopted by the ASN Improvement Group as a guidance document. The Review Group acknowledges that the further development of inclusive approaches and specialisms within ASGs as

recommended would require additional CPD for staff, including equalities and diversity training for Head Teachers, with inclusive practice being seen as a central tenant to this.

Recommendation 10: Develop specialist knowledge and skills within the school based support teams in each ASG, with staff who can provide local consultation and advice as a first line of support to colleagues in other schools. These 'specialists' or staff with 'special interests' in areas such as ASD, Dyslexia, emotional literacy, moving and handling etc should form a network across Highland, supported by the strategic leads for these areas within the Central ASN Team.

Recommendation 11: Mandatory training should be provided for Head Teachers on a rolling programme, beginning in session 2014-15. The agreed training programme should support the development of a positive ethos and inclusive practice in schools. This training and the consequent practice will be monitored by the Quality Improvement Team. Initial priorities should include leadership, equalities and diversity training, the Highland Practice Model, training on children's rights, training in the development of emotional literacy and building positive relationships at all ages and supporting children with SEBN.

6.5   In addressing the need for further training and support in SEBN, there remains a focus on the development of greater levels of emotional literacy in all schools, with an understanding of the importance of promoting positive relationships and emotional coaching. In depth multiagency training in this area has recently been refreshed, with a range of action learning projects evidencing the changes in practice and skills development of the staff who complete this course.

6.6   <u>Pupil Support Assistants</u>
A consistent approach to training for pupil support assistants has been taken, with Pupil Support Assistants (PSAs) now having a handbook that details a core CPD requirement, with timescales given for required updates and refresh training in particular areas eg Child Protection, De-escalation etc. There is a requirement that all PSAs maintain a CPD log and engage in a Professional Review and Development annually, to support their skills development. The detail of roles, responsibilities and training requirements for PSAs can be found in the PSA handbook:
http://www.highland.gov.uk/NR/rdonlyres/234E2C4D-706E-4C6A-9C27-E5D5A5001E9E/0/PSAHandbookreviewedAug13finaldraft.pdf

7.   e.   PROVISION AND MANAGEMENT OF ON-SITE AND OFF-SITE PROVISION, ADDITIONAL TO MAINSTREAM SCHOOLS.

7.1   <u>Good Practice</u>
Within school settings there is recognition that troubled and troublesome children exhibit both low level and challenging behaviour which impacts both upon attainment and ethos within a school (Scottish Government 2001). Evidence from resilience research suggests that schools need to consider how

to provide an environment of security and support for children encountering challenging life circumstances (Doll and Lyon 1998), and a number of reports acknowledge the capacity of schools to enhance protective factors for mental health through providing a supportive environment. (PHI 2003; Meltzer et al 2000).

7.2   Behaviour is learned and therefore can be shaped by the social context. The task in Highland is to enable all schools to implement the whole-school approaches of the most successful schools. Priority should be given to prevention and early intervention and so a focus on ethos, positive relationships and developing emotional literacy would be seen as key aspects of the universal support for pupils with Social, Emotional and Behavioural Needs (SEBN).

Recommendation 12: Monitoring of the outcomes for children and young people with SEBN should be coordinated at a Council wide level by the Development Officer PPR and at a local level by the Area ASN Manager.

7.3   Pupil Support Assistants
The provision of additional support in school for those pupils with SEBN who require this, will initially be provided from a PSA or specialist teacher, with an understanding of emotional coaching and behaviour support. Pupil Support Assistants are often the key link between class teachers and pupils who may have an educational package that includes both classroom experiences and other elaborated activities.

> '….the role of teaching assistants is perceived as crucial to the effective inclusion of pupils with SEBN in mainstream classrooms.'   Groom and Rose (2005)

Although the number of support staff employed in Highland has risen significantly over the past 10 years, classroom teachers have received little training in managing classroom 'teams' and '…poor use of teaching assistants could lead to increased dependency on the part of the learner.' (DfES 2001)

Recommendation 13: There is a need for classroom teachers to have additional training on the deployment and management of support staff, as well as providing training for PSAs on the most effective ways of supporting children and young people with SEBN.

7.4   Nurture Groups
In 2009 a Scottish Government report identified a number of strategies adopted in schools to promote positive relationships and behaviour, which included nurture groups (The Scottish Government 2009). An Ofsted report (2011) which considered the impact of nurture groups in schools in England highlighted the effectiveness of nurture groups in supporting children with challenging behaviour and recommended that the Department of Education and local authorities should take into account the 'substantial value of nurture groups when considering early intervention and targeted support for pupils with social, emotional and behavioural needs'. Currently, a small number of

schools in Highland have adopted a nurture group approach. This has been supported by a paper completed during the ASN Review process and placed on the SfL website, to provide guidance to schools on how to establish nurture groups within their schools or ASGs if this would be appropriate to meet local need (Appendix 3). These developments are being supported by the Educational Psychology Service, with detailed training in emotional literacy offered to all staff working in nurture provision.
http://www.highland.gov.uk/NR/rdonlyres/3685589F-2E6C-4082-BFE0-C0AA761F6F5E/0/NurtureGroupsGuidance.pdf

7.5   SEBN Strategy
Prior to the commencement of the ASN Review, discussion had taken place with a range of managers and support staff to consider the provision required for pupils with social, emotional and behavioural needs across Highland and to build a draft strategy for promoting positive relationships (Appendix 4). The review group has been able to build on this work in considering the range of provision from universal to specialist, to appropriately meet need in a variety of provisions that are fit for purpose.

7.6   There are currently a range of provisions in all Areas, with Intensive Support and Vocational Centres in the North, South and West and varying levels of pupil support and tuition services in all Areas. However, these are currently not integrated within a single support system and practice varies across Highland. Further discussions are required to inform decisions about an appropriate structure and provisions to support pupils with social, emotional and behavioural needs. However the review group is keen to see equity of support and provision across all 4 Areas in Highland.

Recommendation 14: All areas should have an SEBN support base with an outreach service, managed by the Area ASN Manager, who will have a strong professional link to the Development Officer Promoting Positive Relationships. An offsite Intensive Support and Vocational Centre should be established for the Mid Area, where currently no such provision exists.

Recommendation 15: There should be a greater level of coordination of the range of SEBN supports and specialist services, linked to a structured training programme. All staff working with pupils with SEBN will therefore be part of a network, supported by the Development Officer PPR, to enhance the levels of skill and consistency of practice.

Recommendation 16: Staff working across the Care and Learning Service should provide coordinated support to pupils with SEBN at home, in school or in the community, in line with the Highland Practice Model.

8.   f. TRANSITIONS

8.1   School to post-school transitions
The consultation phase of the ASN Review showed that when transitions were managed well, parents built greater trust in services and better outcomes were achieved for pupils. In some cases these are managed well and it is important

to understand what is working and to embed this practice more widely. However, it is clear that transitions at all levels need to be improved, to support better outcomes for children and young people.

> 'The period of planning for young people with additional support needs....who are making the transition to young adult life can be one that is characterised with disappointments, distress and disillusionment due to the many pitfalls this process is traditionally characterised by.'
>
> (ARC Scotland 2013)

8.2 In Highland, there is a Transitions Group chaired at Chief Executive level, which reports separately to Committee. This continues to coordinate the work on Transitions across the Council and NHS Highland and includes a wide range of service managers and strategic leads. This group has recommended training in Transitions Planning at ASG level, targeted at multi-disciplinary groups from both children's and adults' services, to raise the profile of the importance of transitions and to re-engage practitioners in joint work across services in relation to this important area of work.

Work is continuing on ensuring better transitions at all stages and in particular the transition from school to post school destinations. An audit has been undertaken on what services and interventions are available to support pupils in transition and this work is being taken forward, led by the Transitions Coordinator.

8.3 LAC placement transitions
The budget identified to support Looked After Children in transition between school and/or home placements provides short term cover for pupils requiring immediate support. This is easily accessed directly by schools and has supported very vulnerable children and young people during home or school placement changes.

8.4 Pre-school to school transitions
The Early Years Collaborative has supported the implementation of the 4 year old Nursery Developmental Overviews as a way of profiling the needs of children as they transfer from nursery to school, supporting early intervention and the transition of information from nursery to P1. It is hoped that this will support better transitions from preschool to school, leading to more effective planning and support in the early stages.

Information from the 4 year old Overviews will be collated centrally in June 2014, to provide information on the number of children entering P1 who have achieved their developmental milestones. Individual overviews will be passed to the appropriate receiving school to support their planning for P1.

8.5 **Recommendation 17:** Practitioners should directly engage with parents/carers, children/young people and other partners to a child's plan to work together to ensure better management of and planning for transitions of all kinds and at all key stages.

Recommendation 18: Work on evaluating transitions should continue, including an annual analysis of the effectiveness in supporting LAC in transition, an annual audit of information transferred from preschool to school for all children with ASN and a proposal to track the destinations and outcomes for young people with complex needs and disabilities for 3 years after they leave school.

9. g. THE ROLE OF THE ADDITIONAL SUPPORT NEEDS OFFICER (ASNO) IN THE LOCAL MANAGEMENT OF ASN AND THEIR LINKS TO THE CENTRAL ASN TEAM.

9.1   The management structures for ASN in Highland have been established over a number of years to meet need as it has arisen. There have been particular priority areas of work that have been undertaken by various members of staff, who have then incorporated these duties within their general responsibilities. The ASN Review provided an opportunity to evaluate these roles and to consider current need across Highland, proposing changes where required, to ensure the most effective and efficient ASN management structure and professional leadership.

9.2   The role of the Area Additional Support Needs Officer (ASNO)
Across Highland there are currently 5 ASNOs and 1 Area Team Leader Support for Learning, who fulfils a similar role, but has a specific focus on primary schools. These jobs were created around 2006 with the intention of supporting the management of ASN at an area level and providing a strategic lead within Areas. They have been focused on support within schools, although the nature of the job requires links to be made with other specialist support services. All of the ASNOs are members of the ASN Improvement Group and contribute to the strategic development of ASN across Highland.

9.3   The job description of an ASNO identifies six Main Duties:
1. To maintain an overview of additional support needs and provision in the Area and to advise the Area ECS Manager about the appropriate deployment of resources.
2. To maintain a knowledge of relevant legislation, and of local and national policies and developments in relation to children and young people with additional support needs and to disseminate this knowledge within the Area.
3. To manage, in collaboration with head teachers where appropriate, area additional support needs staff.
4. To contribute to the work of the Additional Support Needs team, including the implementation of policy and practice in relation to additional support needs and the development of high standard, equitable services.
5. To ensure that appropriate provision is made for children and young people in the area who require significant additional educational support for their learning.
6. To collaborate with a range of professionals to ensure that appropriate and co-ordinated provision is made for children and young people in the

area who have significant additional support needs which require a multi-agency response.

Broad Roles
- Maintain an overview of ASN and relevant provision for a given Area and advise Area ECS Manager and ensure consistent, efficient and equitable delivery of multi-agency and ECS service ASN provision, in line with the Highland Model.
- Support ECS staff in meeting the requirements of relevant legislation and national guidance. Point HTs and ASN staff to relevant guidance and policies and identify the actions that they are required to take to implement educational provision in line with these. This can be particularly in relation to health and safety, moving and handling and violence and aggression. Promote the values and policies of the ECS.
- Contribute to ECS, ASN Team and multi-agency meetings

Specific Responsibilities/Duties lie in six principal areas
1. ASN Allocation
2. Management, support and professional development of ASN staff
3. Individual Children and the Child's Plan
4. Work with Parents/Carers
5. Home Education
6. Attend, contribute and sometimes facilitate/lead regular meetings and relevant working groups

9.4 Previously, Area Additional Support Needs Officers were managed within the Area ECS structure. There is however a requirement to consider the needs of children and young people in a holistic way, in line with the Highland Practice Model and wider Care and Learning Service. Work has therefore been undertaken within the ASN Review to scope the current work of the ASNOs and to consider their possible future role within a Care and Learning Service.

9.5 ASN Restructuring in Highland
A workshop took place in December 2013 to consider how wider support services within Education, Culture & Sport and Health & Social Care could be integrated to provide a more holistic support structure for all children and young people. This workshop included members of the ASN Review group and the ASN Improvement Group. A follow-up consultation was undertaken with Secondary School Support for Learning Principal Teachers in March 2014, with a further workshop arranged in March 2014 for all members of ASN services, including specialist services in health, social care and education.

9.6 Practitioners, team leads and managers at these workshops were asked to address several key issues within their discussions:

- How can ASN staff maintain high standards of professional competence, provide a consistent service across Highland and work to identified Areas and Associated School Groups?
- Some professional groups are too small to be spread across Area ASN Teams, but they still need to continue to work with them eg Dieticians,

Autism Outreach, Interrupted Learners, Moving and Handling Coordinator etc.

- There is a need for all Area staff to be working to the same legal and policy frameworks, providing high quality professional services across Highland.
- There is a need to maintain Council Wide specialist staff with strategic responsibilities for specific ASN areas, supporting CPD at Area and Highland wide levels.
- Support for children and young people with ASN must be consistent across all Areas in Highland, with equity of access to provision and specialist services to meet need (this may mean delivering a service in different ways to meet local need).
- Reduce 'silo working', with ASN services supporting children, families and family teams as appropriate within the Care and Learning Service.

9.7   ASN teams within Highland are made up from the following services and practitioners. Many of these are based within Areas (posts labelled A-I), and those that are centrally based (posts labelled J-N), generally have work allocated on the basis of associated school groups. It is anticipated that all ASN practitioners will be linked to Areas, so that Area Managers are clear who to contact when required. Posts labelled O-Y have a Highland wide remit and respond to need as required in all Areas:
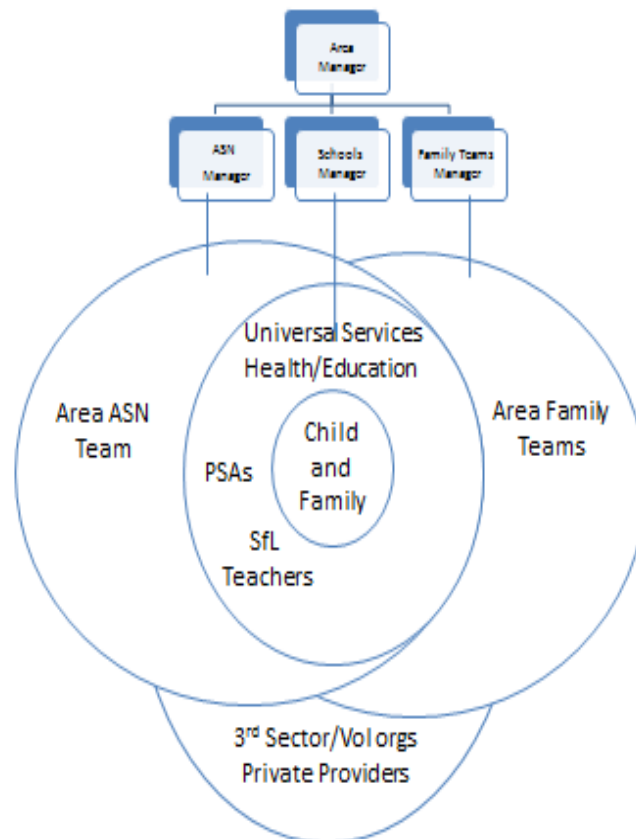
	FTE	Staff Group/Service
A	6	Area Additional Support Needs Officers
B	250.25	Support for Learning Teachers
C	794	Pupil Support Assistants
D	20+	Peripatetic support staff tuition/SEBN
E	35.73	Speech and Language Therapists
F	4	Peripatetic English as an Additional Language Teachers
G	7.8	Preschool ASN Teachers
H	16.4	Educational Psychologists (inc 1 for Early Years)
I	11.2	Primary Mental Health Workers
J	11.99	Occupational Therapists
K	7.13	Physiotherapists
L	3	Dieticians
M	15.4	Deaf Education Teachers and Signers
N	3.8	Vision Support Teachers and Instructor
O	1	Moving and Handling Coordinator
P	1	Transitions Coordinator
Q	1	Interrupted Learners
R	2	Assistive Technology Service
S	2	Autism Outreach Education Service
T	2	Promoting Positive Relationships Instructors
U	1	Moving and Handling Coordinator
V	1	Development Officer Disability
W	1	Development Officer ASN
X	1	Development Officer Promoting Positive Relationships
Y	1	Additional Support for Learning Coordinator

9.8   The collated responses and consensus of views from these workshops

provided two possible structures for ASN leadership and management across Highland, and further consideration within the Service Management Team, has led to proposals for a structure that involves ASN professional teams to have practice leads who are also managers. Direct line management to be through to Principal Officers and Development Officers, line managed by the Head of Additional Support Services. An Area ASN Manager to have a strong professional link with the Head of Additional Support Services to ensure understanding of strategic priorities, support for the roll out of training and agreed professional practices and to work with the members of the Area ASN Team and coordinate specialist services within a local plan.

9.9 This model would sit within the envisaged long term structure for the Care and Learning Area teams, with a Area Manager, who has within his/her team an ASN Manager, a Schools Manager and a manager for Children's Services. The ASN Manager in this structure **is not** the current ASNO post, but a post with management responsibility for strategic development of ASN services across the Care and Learning Service, ie for Health and Education specialist services and also linking closely with the Family Teams, LAC services, disability services the Youth Action Service, Young Carers etc. The ASN Manager would also be responsibly for managing an SEBN network within the Area, for managing the ASN budget devolved to the Area, for managing the Coordinated Support Plan process in the Area and for supporting the professional development of the support for learning teams based in schools.

9.10 The proposed ASN structure is presented diagramatically below and depicts the cross over between specialist ASN services, family teams and 3rd sector and private organisations that provide support to children and young people with ASN and their families. In this context the 3rd and private sector might include CALA partner centres, support packages provided through SDS, Barnardos Through Care and After Care, residential schools out-with the Local Authority etc.

9.11

Area Manager

ASN Manager | Schools Manager | Family Teams Manager

Area ASN Team

Universal Services Health/Education

PSAs

Child and Family

SfL Teachers

Area Family Teams

3rd Sector/Vol orgs Private Providers

9.12 **Recommendation 19:** The ASN Review Group has agreed the preferred model for the delivery of ASN services within the Care and Learning Service. This provides the structure that is most likely to deliver safe professional practice and greater consistency across Highland.

Recommendation 20: There needs to be an opportunity for all 4 Area ASN Managers to meet regularly with the central ASN team as the strategic leads for the various aspects of ASN, to ensure the understanding of priorities at an Area level.

9.13 The ASN Manager post will be open to anyone with a professional background in any area of ASN. This could be someone with a Health, Education or Social Care background. However, there is a significant level of management support needed to be provided to schools and support for learning teams that will require an understanding of curricular issues, differentiation and good classroom practice.

Recommendation 21: It is therefore recommended that some further work is undertaken to consider how budgets might be realigned to provide ASN Officer time in each Area in Highland, with the level of need in the south requiring more than the other three Areas.

9.14 Sensory Services
Within a similar timeframe of the ASN Review, a detailed review of the Highland Education Vision Support Service was also undertaken. Views of parents and children were considered as part of this and several recommendations were made in relation to the service itself. One of these

recommendations was that a single sensory service be created, including both Highland Deaf Education Service and Highland Education Vision Support Service. This recommendation will be acted upon as part of the restructuring of ASN services.

Recommendation 22: The creation of a single sensory service should be included as part of the restructuring of ASN services in Highland.

9.15   The Strategic ASN Team
There are currently 4 strategic leads within the ASN Team, these include: the Development Officer Promoting Positive Relationships, the Development Officer Disability, the Development Officer ASN and the ASL Coordinator. These four post holders all report directly to the Head of Additional Support Services. While the responsibilities they hold for strategic development across Highland remain, there needs to be a rationalisation of these roles and a change in responsibilities so that these are more coherent. Eg at present two different development officers have responsibilities for different aspects of SEBN support and it would make more sense for this to be coordinated by one.

Recommendation 23: The roles and responsibilities of the Strategic ASN team should be further considered to ensure these are more consistent with practice on the ground.

10.   h.   GREATER CONSISTENCY IN THE IMPLEMENTATION OF POLICY AND GOOD PRACTICE INCLUDING THE HIGHLAND PRACTICE MODEL.

10.1   There is a need to ensure greater consistency of good practice across Highland and to monitor the effectiveness of practice in relation to better outcomes for children and young people. The consultation on the ASN Review found inconsistent practice in a number of different areas of practice and also significant variation in knowledge, understanding and skill in relation to policy, good practice and legal responsibilities.

There is an ASN Manual, providing many examples of good practice, that sits on the Support for Learners Website. http://www.supportmanual.co.uk/wp-content/assets/manuals/ASN-Highland/index.html However, an analysis of 'hits' on this site would indicate that this manual is not used as widely as it could be. With the establishment of the Care and Learning Service, the manual will require to be updated to take account of changes in structures and responsibilities. This will provide an opportunity to re-launch the manual with staff across the service, within the Council's updated website.

10.2   Meeting the needs of pupils with ASN must be embedded into the Highland Practice Model and where good practice has been identified, this should be more widely shared. There is a wider review of the Highland Practice Model being undertaken at present and the Highland Practice Model Improvement Group has lead responsibility for coordinating training and developments and for monitoring continued improvement in practice across the Care and Learning Service. However, during the consultation phase of the ASN Review,

concerns were raised by a number of practitioners and by some parents regarding the development and use of child's plans, the process of agreeing lead professional and the process of engaging professionals to support children and young people. In large part, these issues were arising due to a lack of knowledge of the practice model or inconsistent adherence to the model itself.

Recommendation 24: Training should be offered on a rolling programme to education staff in each associated school group on the creation and use of the Child's Plan, in response to a request from Head Teachers through the consultation process.

Recommendation 25: The multi-agency training on the implementation of the Highland Practice Model should be updated and re-launched, with sessions offered in each Council Area. This should be mandatory training for all staff working in Children's Services.

Recommendation 26: An annual review of child's plans has taken place over the past 4 years and has demonstrated an annual increase in the number of plans for pupils with ASN. This process now should focus on the quality of plans, supported by the audit tool created by the HPM Improvement Group.

11.   IMPLEMENTING THE RECOMMENDATIONS FROM THE ASN REVIEW

11.1   Improvement planning informed by self-evaluation is the means to achieve effective service delivery. Self-evaluation should be informed by evaluative feedback from professionals, parents/carers, children/young people and from statistical data. Such information has been gathered by the ASN Review to identify the strengths upon which service improvement can be made and also has identified our capacity for improvement in Highland at an individual school level and across the Council as a whole.

11.2   The recommendations of the ASN Review will be incorporated into the work plan of the ASN Improvement Group. These will provide the basis for tracking service improvement, with outcomes for children and young people being monitored as a way of evaluating the effectiveness of these recommendations.

12.   SUMMARY OF RECOMMENDATIONS

Recommendation 1: A Highland wide training strategy for ASN should be agreed and will shape the priority CPD offered across Highland as a rolling programme. This should commence in academic session 2014-15.

Recommendation 2: There should continue to be a focus on training to support school staff to have a more consistent understanding of the use of the ASN Matrix in assessing the level of need. This should also continue to be monitored through an annual moderation exercise, sampling schools across Highland.

Recommendation 3: As part of the move to using SEEMIS as the pupil

database in Highland, information on pupils with ASN should be maintained accurately, to facilitate ease of central reporting and strategic planning.

Recommendation 4: Open communication and joint planning should be an essential component of all packages of support and care.

Recommendation 5: All services should engage with children, young people and parents on a regular basis to work with them on service design and delivery. Where ideas and views are sought, feedback should be provided on the changes in practice and planning in response to the consultation undertaken.

Recommendation 6: A clear steer should be provided to schools in relation to children's rights, inclusion and equality, with a focus on staff development and targeted support that addresses need in a way that maintains school attendance.

Recommendation 7: Further work is recommended on the support for Social, Emotional and Behavioural Needs across all age groups, but particularly in secondary education. This should include increasing levels of emotional literacy in staff and pupils, developing a sense of belonging for pupils and promoting positive relationships in schools.

Recommendation 8: Support strategies and structures should be developed that increase the skill and confidence of school staff and provide opportunities for additional curricular experiences that support school attendance and engagement in education.

Recommendation 9: It is important to ensure that Head Teachers are clear about their roles and responsibilities and the council's legal and moral duties in relation to educational provision and reasonable adjustments. The guidance document (Appendix 2) should be used to provide the basic information required to support this process.

Recommendation 10: Develop specialist knowledge and skills within the school based support teams in each ASG, with staff who can provide local consultation and advice as a first line of support to colleagues in other schools. These 'specialists' or staff with 'special interests' in areas such as ASD, Dyslexia, emotional literacy, moving and handling etc should form a network across Highland, supported by the strategic leads for these areas within the Central ASN Team.

Recommendation 11: Mandatory training should be provided for Head Teachers on a rolling programme, beginning in session 2014-15. The agreed training programme should support the development of a positive ethos and inclusive practice in schools. This training and the consequent practice will be monitored by the Quality Improvement Team. Initial priorities should include leadership, equalities and diversity training, the Highland Practice Model, training on children's rights, training in the development of emotional literacy and building positive relationships at all ages and supporting children with

SEBN.

Recommendation 12: Monitoring of the outcomes for children and young people with SEBN should be coordinated at a Council wide level by the Development Officer PPR and at a local level by the Area ASN Manager.

Recommendation 13: There is a need for classroom teachers to have additional training on the deployment and management of support staff, as well as providing training for PSAs on the most effective ways of supporting children and young people with SEBN.

Recommendation 14: All areas should have an SEBN support base with an outreach service, managed by the Area ASN Manager, who will have a strong professional link to the Development Officer Promoting Positive Relationships. An offsite Intensive Support and Vocational Centre should be established for the Mid Area, where currently no such provision exists.

Recommendation 15: There should be a greater level of coordination of the range of SEBN supports and specialist services, linked to a structured training programme. All staff working with pupils with SEBN will therefore be part of a network, supported by the Development Officer PPR, to enhance the levels of skill and consistency of practice.

Recommendation 16: Staff working across the Care and Learning Service should provide coordinated support to pupils with SEBN at home, in school or in the community, in line with the Highland Practice Model.

Recommendation 17: Practitioners should directly engage with parents/carers, children/young people and other partners to a child's plan to work together to ensure better management of and planning for transitions of all kinds and at all key stages.

Recommendation 18: Work on evaluating transitions should continue, including an annual analysis of the effectiveness in supporting LAC in transition, an annual audit of information transferred from preschool to school for all children with ASN and a proposal to track the destinations and outcomes for young people with complex needs and disabilities for 3 years after they leave school.

Recommendation 19: The ASN Review Group has agreed the preferred model for the delivery of ASN services within the Care and Learning Service. This provides the structure that is most likely to deliver safe professional practice and greater consistency across Highland.

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Date: 5/5/14

Bernadette Cairns,
Head of Additional Support Services

APPENDIX 1

PREVALENCE OF ADDITIONAL SUPPORT NEEDS IN HIGHLAND SCHOOLS

1. Introduction

1.1   Additional Support Needs (ASN) arise for a variety of complex reasons and while some additional needs can be predicted on the basis of national prevalence figures, other conditions and additional needs are less predictable.

1.2   The number and complexity of children and young people identified with ASN across Scotland has been reported to be increasing over the years and this pattern has been noted in Highland also. Some of this increase can be explained by different and better recording methods, rather than changes in prevalence figures, however some groups of children and some types of need have also been rising.

1.3   The current educational and legislative context in which we work, has required better assessment and planning for pupils, with a sharper focus on identifying and meeting additional support needs at all levels. This includes providing in-class curricular support, support for learning outside school, support for school trips and educational visits and also support for attendance at after-school clubs and activities.

1.4   In addition, parents and young people themselves are more aware of their rights and understandably have high expectations of local authorities in how they support their children and meet their identified needs.

1.5   Within this changing landscape it is very difficult to predict with accuracy the level of resource that may be required in the future to support pupils in Highland schools. However it is important to note trends and needs across time to provide a more robust platform for the allocation of support and future budget projections.

2. Current Situation

2.1   Over the past few years in Highland, significant efforts have been made to ensure more robust figures are recorded and collated in relation to each school, Associated School Group and Area, so that trends can be followed regarding the number and type of additional need experienced by the pupils in Highland Schools.

2.2   In September 2012 Highland Council Adult & Children's Services Committee agreed an ASN allocation model based on assessed need. While initially, the available budget appeared to meet the assessed need, during session 2012-13 the level of ASN identified by schools increased and the additional spending from the Area ASN budgets across Highland led to an overspend of more than £300,000. With need continuing to grow, the overspend for the current school session is predicted to be considerably higher.

2.3   Budgets available to meet the educational needs of pupils are largely held by Area ECS Managers, although some additional funding is available through school devolved budgets and core ASN funding. Year on year the demands on these budgets have increased and being able to predict the level of need is essential in being able to accurately plan budget allocations and future spend.

3.   National Research & Prevalence

3.1   Across the United Kingdom numbers of pupils with additional support needs are reported to be increasing. Between 1993 and 2001 the Birmingham Special Educational Needs budget increased by 1000%[1].

3.2   The increase in need nationally has been tracked from the changes in legislation and guidance from the early 1990s, with significant adjustments being made to staffing levels and budgets allocated within education. As a result, there is less than 20 years of comparative data to be able to track real growth or population changes. eg between 1992 and 1996 there was an unprecedented 56% increase in support staff in English schools[2], largely due to the local educational authorities responding to the requirements placed on them by central government at the time, rather than an increase in need of this magnitude.

3.3   Across England, the number of pupils with special educational needs reportedly increased from 19% of pupils in 2006 to 21% in 2010[3]. The increase was particularly noted in the preschool population and in 2010 an enquiry was launched by the Westminster Government as it emerged that the number of children aged between 2-4 years old, assessed as having special educational needs, had risen by 19% in two years.

3.4   While it has generally been accepted for some years that 20% of all pupils will be experiencing some level of additional need at any fixed point in time[4], in Scotland, government figures in 2006 reported that 5.4% of the primary one population had *significant* additional support needs as reported by their main carers. By 2012 this percentage had risen to 9%[5].

3.5   In 2010, the Department for Education noted a variation in the SEN indicator recording the percentage of pupils with SEN per 1000 in each English authority. This varied from 167.4 per 1000 to 219.8 per 1000. This variation was not found to be due

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[1]Sharp, S. (2001), *The Equality Dilemma: Allocating Resources for Special Educational Needs Policy Paper 1 (4th Series)*, Special Educational Needs Policy Options Steering Group

[2] Groom, B. and Rose, R. (2005), *Supporting the inclusion of pupils with social, emotional and behavioural difficulties in the primary school: the role of teaching assistants*, Journal of Research in Special Educational Needs, Vol 5, No 1, p.20-30

[3] Department for Children, Schools and Families official statistics (2010)

[4] Warnock, M., (1978), *Report to the Committee on Special Educational Needs*, Government Publication

[5] *Growing up in Scotland Early Experiences of Primary School*, (2012), Scottish Government Report

to better identification alone, but a real rise in need in different authorities.[6] This same study found the spending on each pupil with SEN in England to be between £1045 - £1818 per annum. In Highland, the current Area ASN budget allocation model would estimate a spend on each pupil recorded as having some level of ASN by schools (n= 8735 in March 2013), of £2,618. This however does not include the spending on special schools, the Central ASN spend or the spend on disability services, specialist service level agreements or school DSM (which largely supports PT SfL posts in Secondary schools and ad hoc support to elaborate the curriculum for pupils with Additional Support Needs.

3.6 The Growing Up in Scotland report on Early Experiences in Primary School (2012)[7] reported that 8% of children entering Primary 1, were reported by their main carer to have an additional support need. (This compares to a Scottish Government figure of 9% for primary school aged children[8]. The ratio of boys to girls within this cohort is 10:4. The number of children with ASN is almost twice as many in areas of significant deprivation. Of the total number of children with ASN, 46% are reported to have speech and language difficulties, 23% have emotional and behavioural needs and 17% have learning disabilities. 31% have more than one type of need.

3.7 In 2011, the Papworth Trust conducted research that found that 770,000 children under the age of 16 in the UK, were disabled. This equates to 1 in 20 children and young people (5%)[9]. A similar figure has been identified in Highland, although this does not take into account the numbers of young people 16-19, some of whom have significant disabilities.

3.8 One of the areas of growth noted across the UK has been in the numbers of children with Autism Spectrum Disorders. These numbers have increased significantly over the past 20 years and it is now considered that 1 in 100 children are on this spectrum.[10] It has been documented that the cumulative incidence of autism in children born from 1988 to 1995 began to increase and continued to rise from a low level by more than fivefold during these years. However, the results of a 20-year population-based UK study, provide compelling evidence that the major rise in incidence rates of autism in the decade of the 1990s, reached a plateau shortly after 2000 and has remained steady through 2010[11]. This incidence plateau was necessarily accompanied by steady prevalence rates for 8-year-old children.

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[6] Lewis, J., Mooney, A., Brady, L-M., Gill, C., Henshall, A., Willmott, N., Owen, C., Evans, K., Stathan, J., 2010, *SEN and Disability. Understanding Local Variation in Prevalence, Service, Provision and Support,* Research Report Department for Children, Schools and Families

[7] Growing Up in Scotland Early Experiences of Primary School Report, 2012, Scottish Government

[8] The identification of ASN peaks at around 9 years and so it would be expected that the figure in P1 will be slightly lower than it might be for older children.

[9] Report from the Papworth Trust 2011

[10] http://www.autism.org.uk/about-autism/myths-facts-and-statistics/myths-and-facts.aspx

[11] Taylor, B., Jick, H., and MacLaughlin, D., *Prevalence and incidence rates of autism in the UK: time trend from 2004–2010 in children aged 8 years,* BMJ Open 2013;**3**:e003219 doi:10.1136/bmjopen-2013-003219

3.9   In 2012, the British Medical Journal reported on longitudinal research conducted by Neil Marlow, relating to pre-term births and the consequential educational support required by surviving babies[12].

3.10   Neil Marlow's study found that in the UK, 1 in 12 (7.8%) babies are born before 37 weeks gestation, with the rate of prematurity rising by 1.5% per annum. This is a significant figure as the growth in prematurity has not evened out to date, if indeed it will do so. The proportion of babies that survive premature births has only increased slightly – from 18% in 1995 to 19% in 2006, but this is proportionate to a higher number and therefore amounts to an overall increase.

3.11   In the past, many pre-term babies wouldn't have survived or would have died within the first months of life. However the rise in proportion of longer term survival rates is significant. This research reported that in 1995, 40% of babies born between 22 & 25 weeks gestation, survived to their 3rd birthday. By 2006, this number had increased to 53%.   The increase in medical skill and more effective medical intervention meant that 11% of this group resulted in babies without the "usual" significant physical disabilities associated with premature birth (e.g. cerebral palsy). However in many, other immaturities and more subtle cognitive difficulties that impact on educational difficulties were still noted. The remaining 89% often have significant medical, physical, sensory and cognitive difficulties, with 14% presenting with cerebral palsy.

3.12   Babies born early are more likely to have serious health complications at 3 years of age and it is estimated that up to 70% of babies born at 23 weeks will require support at school due to the pre-term cognitive impacts of significant prematurity. 25% of children with very pre-term births will experience major cognitive deficits, with a higher proportion having attention difficulties and peer difficulties resulting from abnormal and immature brain development.

3.13   The link between premature birth and later educational difficulties has been further identified by this research and reported by Dieter Wolke at Warwick University who noted that 45% of children born before 26 weeks gestation will have severe cognitive difficulties, 25% born under 32 weeks will have significant cognitive/learning difficulties and even those born at 37-38 weeks have an increased risk of cognitive problems.

3.14   Medical interventions with respect to babies born up to 32 weeks gestation have shown great impacts on survival rates and life expectancy, but no sustained improvement or cognitive development, perhaps because some of the damage done to the brain in development and in utro is irreparable.

3.15   It is estimated that around 748,000 children and young people aged 5-16 in UK have Mental Health conditions and around 78,000 of these have Autism Spectrum Disorder[13] with a prevalence rate of autism spectrum disorder agreed to be 1 in 100 children and young people more generally.

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[12] Marlow, N., et al (2012), *Neurological and developmental outcome in extremely preterm children born in England in 1995 and 2006; the EPICure studies,* British Medical Journal Dec 2012

[13] Baron-Cohen, S. et al (2009), *Prevalence of autism-spectrum conditions: UK school based population study,* The British Journal of Psychiatry

3.16 Perhaps unsurprisingly, the economic impacts of having a child with a disability are high, with parental separation and divorce rates being higher in families with a child who has a significant disability. Such families often also have one parent providing the bulk of the care for the child and therefore not able to work. As a result around 60% of Children and Young People with both learning difficulties and mental health conditions also live in poverty[14]. It is therefore important to take account of levels of poverty, mental health support, the development of resilience etc in considering additional support for pupils.

3.17 Across Scotland, national figures report 16 children per 1000 are Looked After, with 9% nationally in residential care. In Highland, these figures would predict that we would have approximately 720 LAC, however we have approximately 507 (July 2013). Of the total number in Highland, in July 2013, a total of 45 children and young people were accommodated within residential schools and placements, with others accommodated in foster care and more receiving direct support within mainstream and special schools in Highland. This equates to the national figure of 9%.

3.18 It is estimated that 27% of LAC have no additional support needs that will have any significant additional costs. However 45% will display one high support need, with 26% displaying combinations of 2 additional needs requiring support and 2% of LAC displaying complex needs that will have significant cost implications in terms of their required support (both care and education).[15]

3.19 In Scotland 26% of families now have a lone parent at their head. This contrasts with 9.3% in 1991 and 10.5% in 2001. The rise in Scotland is higher than that in the rest of the UK and it is reported that more lone parent households in Scotland are as a result of divorce, than any other factor. It would be reasonable to assume that many family situations before divorce are acrimonious and so this rise is significant when reviewing a rise in ASN in schools as stress, trauma, parental acrimony and violence all have a detrimental impact on the social, emotional and psychological development of children[16]. It would therefore be expected that with a rise in social dysfunction within families, will come a rise in behavioural and emotional difficulties in schools.

3.20 In the UK an estimated 25,000 children have visual impairment, 12,000 of which also have other disabilities[17]. Children born significantly pre-term are more likely to have cortical visual impairment and given the increased rates of pre-term

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[14] Blackburn, C. M., Spencer, N. J, and Read, J. M., (2010), *Prevalence of childhood disability and the characteristics and circumstances of disabled children in the UK:secondary analysis of the Family Resources Survey*, BMC Paediatrics 10:21

[15] Holmes,L and Ward,H, (2006), *Cost Outcomes for Looked After Children*, cited in *Promoting Resilience in Child Welfare*, Flynn, R., Dudding, P. and Barber, J. G., (eds)

[16] Lee, M., (2010), *Trauma, Attachment, Brain Development and Some Implications for Therapy*, Connections

[17] Everson, E. and Robertson, J., (2011), *Prevalence of VI among people with Learning Disabilities in the UK,* Department of Health

birth survival, it is no surprise that a growing number of children with multiple needs also have visual impairment or blindness as a consequence[18].

3.21   Around 1 in 1000 children are assessed to be deaf at age 3, with more than half being deaf from birth. These figures have been fairly consistent over the years. The recent trend has been to maintain children and young people who are deaf, locally, rather than using specialist residential schools out of authority. The consequence of this is an increase in demand for signing support and specialist teaching teams to provide support to pupils with hearing impairment.

3.22   Children with alcohol-related neuro developmental disorders are considered to be rising,[19] due to the increase in alcohol consumption in women, including binge drinking. Foetal Alcohol Spectrum Disorders affects around 19% of live births in Europe, with 1 in 100 children severely affected. These children present with advanced expressive language, chronologically appropriate reading skills, but social skills and emotional maturity around half the child's chronological age, with very significant difficulties with maths and numerical concepts. This profile of difficulties provides significant challenges for the pupils themselves and for the staff providing support.

3.23   7.3% of UK children, are reported to be disabled according to the DDA definition experiencing substantial difficulties in specific areas of daily living[20]. Boys are represented in this figure more significantly than girls (8.8% vs. 5.8%) and have greater levels of difficulty in physical coordination, memory, concentration and learning and communication.

3.24   Those children who "take medication, without which their health problems would result in significant difficulties in daily living" equals to 1.9% of all children and 25% of children with a DDA defined disability[21]. These children require local authorities to consider processes and protocols for the administration of medicines, intimate care and physical support, for children and young people who may not have attended school on a full time basis 20 years ago and to consider a range of training opportunities for staff that were not required previously when these responsibilities were not part of the legal and educational framework.

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[18] Weedon, E., Ahlgren, L., Riddell, S., Sugden, J., (2012), *The Education of Children and Young People with an Additional Sensory Impairment in Scotland*, Scottish Sensory Centre, University of Edinburgh

[19] Carpenter, B., (2011), *Pedagogically bereft! Improving learning outcomes for children with foetal alcohol spectrum disorders,* British Journal of Special Education, Vol 38, No 1, p. 37-43

[20] Blackburn, C. M., Spencer, N. J, and Read, J. M., (2010), *Prevalence of childhood disability and the characteristics and circumstances of disabled children in the UK:secondary analysis of the Family Resources Survey*, BMC Paediatrics 10:21

[21] Blackburn, C. M., Spencer, N. J, and Read, J. M., (2010), *Prevalence of childhood disability and the characteristics and circumstances of disabled children in the UK:secondary analysis of the Family Resources Survey*, BMC Paediatrics 10:21

4.   Highland ASN Figures

4.1   In Highland, the 0-19 population is approximately 45,000, 33,769 of whom are on the roll of a mainstream school or nursery and approximately 150 on the roll of a special school (ie 3-19 population in local authority educational settings).

4.2   The Scottish Household Survey (2009) found that 5% of 0-15 year olds in Scotland had a disability and/or a long term illness. The same survey found that 6% of 0-15 year olds had a long term condition that is limiting in some way.

4.3   Health statistics in Highland from 2011 indicated the following:

- 4% of the school population had ADHD (4:1 Boys: Girls)
- 1% of the school population had ASD and 20% of these also have significant learning difficulties.
- 2% of young children had major depression. This figure rose to 8% in adolescence, where 2-4% would attempt suicide.

4.4   Health Statistics in Highland from 2013[22] indicate that:
- Between 114 – 127 children, 5-16, across Highland are deaf or have moderate to significant hearing impairment.
- Up to 102 children, 5-16, across Highland were reported to have a significant Visual Impairment with visual acuity of less than 6/18
- 154 children have diabetes.
- 222 have epilepsy.
- 1022 have Developmental Coordination Difficulties
- 38 children have very complex and exceptional health needs, 26 of whom are of school age, with 12 being under 5 years old. (This level is well above the prevalence rates across the UK)[23].

4.5   In addition, from national prevalence figures we know that:
- one in every 200 babies is born with a rare chromosome disorder
- 10% of school aged pupils have neurodevelopmental disorders such as dyslexia, dyspraxia, dyscalculia etc
- Between 0.3% and 1% of children have Tourettes Syndrome, exhibiting tics at some level[24]
- 2% of children and young people have moderate or severe learning difficulties
- 1% of children have significant needs that will require life long support.

4.6   There are 2,500 births a year. Highland Council predict the 0-19 population to rise by 10% over the next 20 years, although this will not be evenly spread and it is likely that the main growth will be in the South Area where the population is greatest.[25] Some of this increase will be due to inward migration, which will also bring with it a further pressure on educational support form an increasing number of children, young people and families for whom English is not their first language.

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[22] The Annual Report of the Director of Public Health (2013), NHS Highland
[23] The Annual Report of the Director of Public Health (2013), NHS Highland
[24] British Medical Journal, Clinical Review of Tourettes Syndrome, 2013; *BMJ2013; 347:f4964*
[25] Highland Council population statistics

4.7   Considering the current recorded prevalence rates, it would be expected that 200 births per annum will be pre-term (8%), with around 20% surviving to age 3 and beyond = 40.   11% of this number (4) would be predicted to have no obvious physical needs, although may have later educational needs. However the remaining 36 would be predicted to have significant on-going needs with this number increasing annually as the percentage survival rates for very pre-term babies increases.

4.8   These prevalence rates would suggest the following in Highland:

Numbers of ch/yp	Type and level of need	Age range
108+[26]	Significant needs from preterm babies - 36 new births annually **(increasing numbers)**	0-3
228	Rare Chromosomal Disorders (inc Downs syndrome etc)	0-19
102	Significant Visual Impairment and Blind	0-19
127	Significant Hearing Impairment and Deaf	0-19
450	Autism Spectrum Disorder	0-19
1800	Attention Deficit and Hyperactivity Disorder	0-19
4500	Neurodevelopmental disorders eg Dyslexia, Dyspraxia, Dyscalculia etc	0-19
225	Tourettes Syndrome and tic disorders	0-19
450	Foetal Alcohol Spectrum Disorder **(increasing numbers)**	0-19
154	Type 1 Diabetes **(increasing numbers)**	0-19
222	Epilepsy	0-19
310	Mental Health Difficulty (primary)	5-12
1240	Mental Health Difficulty (secondary)	12-18
25	Suicidal intent	12-18
760	Children on medication without which health problems would negatively impact on daily living **(increasing numbers)**	0-19
507	Looked After Children	0-18
45	Children and Young People Accommodated in Residential Placements	5-18
7200	Children from lone parent families **(increasing numbers)**	5-18
1000+	English is an additional language **(increasing numbers)**	5-18
900	Moderate or severe learning difficulties IQ<70	0-19
450	Significant physical and cognitive needs that will require life-long support	0-19
1544	Disabled/illness with limitations on daily living	0-15
1853	Long term Condition that limits daily living	0-15

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[26] Estimated total for 0-3 as the prevalence figures are based on survival rates to 3 years. However other children and young people are in the 3-19 population in smaller numbers.

5   Levels of Need in Highland

5.1   The table above can not be totalled to calculate an overall number as many disabilities and conditions co-exist with others and the rates of comorbidity are high. A large proportion of children and young people will experience difficulties across a range of needs and this is most evident with neurodevelopmental disorders and those with the most complex medical needs, who will often experience physical, sensory and cognitive difficulties. The complexity of need can be exemplified by the fact that 35.2% of children defined with disabilities experience 2-4 difficulties and 13.3% experience difficulty in 5+ areas of daily living[27].

5.2   The level of Additional Support Needs has been required to be assessed and recorded by schools in Highland over the past 3 years as part of the work on creating an equitable resource allocation model. All schools have reported figures to the relevant Area ECS manager and these have been collated centrally by the Principal Officer ASL and Early Education. These figures can not be considered as completely accurate as the process of assessment and collation has not yet had time to be fully embedded into a systematic process and the process of moderating the returns only began in session 2012-13. However, all figures have been discussed with head teachers and there is a moderate to high level of confidence in the returns for 2013.

5.3   Figures for Highland Schools indicate a rise in the numbers of children/young people with significant needs (Level 3 & 4 needs) over the past 3 years. The figures below record the identified need in mainstream schools, however there has also been a growth in the rolls of all three special schools for children with severe and complex learning difficulties, over the same period of time.

5.4   There has been an increase in the most severe ASN reported by schools (Level 4), from 322-399, between 2010-2013 and a rise in significant need reported by schools (level 3), from 843 – 1129. This would equate to a rise in severe (level 4) need of 77 within a school population of 30,789[28]. i.e. 0.25% and a rise in Level 3 need of 286 i.e. 0.9% rise over the 3 year period. Some of this rise will be a feature of more accurate recording, while some is a reflection of the real increase in need as reported across Scotland and the UK.

6   Future Predicted Need in Highland

6.1   The total number of pupils reported to have additional support needs and attending schools in Highland, is growing. This is in keeping with figures from across Scotland and the United Kingdom. Some of the reported rise is due to better recording of these figures and some is due to the legislative requirements and the movement towards a rights and needs based model, which means that needs must now be identified, assessed and met. The introduction of personalised support and integrated service models allow a greater range of supports to be utilised, but also

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[27] Blackburn, C. M., Spencer, N. J, and Read, J. M., (2010), *Prevalence of childhood disability and the characteristics and circumstances of disabled children in the UK:secondary analysis of the Family Resources Survey*, BMC Paediatrics 10:21

[28] Highland Council Website 2013

brings with it a level of complexity in planning and provision that has not been seen in Scotland previously and one that requires a robust management structure to ensure its effectiveness.

6.2   There are some prevalence figures that would indicate consistency in some populations over time. However many groups of pupils with particular needs are increasing. These include:

- Children who have experienced very preterm births and have significant medical, physical, sensory and cognitive needs. Although small in number, this group requires a significant level of support to meet their health, education and care needs.
- Children who have experienced less severe difficulties as a result of pre-term births but have neurodevelopmental difficulties and cognitive difficulties as a result.
- Children whose development was affected by alcohol use by their mother pre-birth and have the profile of learning and social difficulties associated with Foetal Alcohol Spectrum Disorders.
- Children who have been adversely affected in relation to their emotional, social and psychological development as a result of family stresses, acrimony and possibly violence prior to or following parental separation and/or divorce. These children may find it difficult to develop positive relationships in school and present with challenging or withdrawn behaviour.
- Children who take regular medication as a result of a medical condition, without which their daily functioning will be affected. Some of these children will also have severe and complex learning difficulties and some will be cognitively very able.
- Children where English is not their first language.

6.3   There are approximately 5% of children and young people who have disabilities that affect their daily lives (1544) and 6% with long term conditions that have an effect on their daily lives (1853). These groups are not mutually exclusive and the latter figure is likely to include a significant proportion of the 5% of pupils with disabilities.

7   **Modelling Need**

7.1   The detailed information contained in this paper provides the basis for a possible model of more accurately predicting future need and associated costs.

7.2   There is a level of predicted need included within the ASN allocation model, which is based around school rolls. The indicator used here is that at any point in time 20% of the school population will have some level of additional support need.

7.3   The disability prevalence statistics above can be used to predict the Level 3 and 4 needs. These would include the numbers expected across Highland and would therefore include those pupils attending mainstream, special and residential schools. For session 2013-14, this would indicate 6% of the school aged population ie. 1853 pupils. Up until May 2013, Mainstream schools had recorded 1710 pupils

with level 3 and 4 needs. Adding to this, there are approximately 150 level 4 pupils in special schools, which brings this figure to 1860, which is almost exactly what would be expected in Highland.

Bernadette Cairns, PO ASL and Early Education   October 2013

APPENDIX 2

THE HIGHLAND COUNCIL
PUPILS NOT IN FULL TIME EDUCATION
Guidance for Schools

SUMMARY

The following paper describes the guidelines that schools should use considering placing a pupil on a part time timetable. The paper outlines the statutory obligations on education authorities and refers to the Scottish Government guidance on the use of part time hours. Whilst recognising that part time timetables may be used to support a pupil's return to school in some cases, such arrangements should be time limited, accurately recorded, well documented and clearly justified.

BACKGROUND

A part time timetable is defined as an agreed part time programme which includes a session which does not involve attendance at any provision. A part time timetable therefore represents a form of exclusion for a young person.

While some part time timetables are appropriately used for children and young people with health, medical, or school phobic issues, many are used to restrict the young person's attendance at school on account of behaviour that is challenging to the system and difficult to manage.

Part time timetables differ significantly from a situation where a young person is truanting or absenting him/herself from school without permission. With a part time timetable the school is taking a decision to restrict the child or young person's time in school. This can compromise the education authority's legal duty to provide 'adequate and efficient' school education to all pupils within its area (Education (ASL) Act 2004 and 2009) and to enable every child to 'reach their maximum potential' (UNCRC 1989).

Reduced time in school is primarily suggested on the grounds that the pupil cannot cope with being in school for the full day. Many of the pupils on part time timetables have been previously excluded from school, and it is recognised that schools will have tried a variety of alternative strategies before considering a part time arrangement. It may also be the case that a part time table reduces the likelihood of further exclusions.

There are however related issues that can arise as a result of a young person being placed on a part time timetable. It can place an additional burden on the young person's family or carers to make special arrangements to

supervise the young person. This can often lead to increased stress on an already fragile family situation, or, where children are accommodated in foster placements, can jeopardise the viability of the foster placement. In extreme cases, children may be left to fend for themselves during school hours, and can become involved in risky and anti-social behaviour. Young people who are referred to the Children's Panel are more likely to be placed in residential school if they are receiving a very limited education, diverting valuable resources from the authority. Similarly, the authority is more likely to receive placing requests for specialist provision outwith the authority, for young people who are attending school on a part time basis.

GUIDELINES FOR SCHOOLS
In order to clarify practice in this area, schools should adopt the following guidelines on part time timetables. The guidelines do not apply to those pupils where alternative curriculum provision has been put in place. Provided that the school has a mechanism in place for ensuring that the pupil is attending the alternative curriculum provision and the pupil's total time allocation is full time, such arrangements would not be considered as part time education. Equally, these guidelines would not apply where there is a medical or health related reason, or a school phobic problem, that prevents a pupil attending full time education provision. For these pupils, part time attendance may be the only way a pupil can benefit from education. Such pupils must still be recorded on e1 as attending on a part time basis and will be included in any audits on part time school attendance. Their attendance should also be regularly monitored and reviewed with the relevant partners to the plan, through the child's planning process.

The following guidance does apply however to those situations where the school wishes to reduce the pupil's time in school because of their behaviour.

1.1 Pupils have a right to be provided with a school education and this right is enshrined in the Standards in Scotland's Schools Act, 2000. It should also be recognised that pupils are to be educated in accordance with the wishes of their parents, (Education (Scotland) Act 1980). Therefore no part time arrangement can be considered if it is against the wishes of the pupil's parents or carers. Schools cannot impose part time arrangements on pupils without parental agreement. When considering a part time timetable, it must be made clear to parents/carers that they have the right to refuse a part time timetable. Additionally, there is an obligation to consider and take account of the views of the child or young person.

1.2 Scottish Government guidance, (Included, Engaged and Involved, 2011), states that, *"As part of an initial support package on return to school it may be appropriate, particularly where a crisis situation has developed, for the learner to return to school on a part time basis for a short period of phased re-admission."* The guidance also states that, *"These arrangements should be considered as an interim step to expedite a prompt return to full time education and should have a clear timescale*

attached. The length of this arrangement should be kept to an absolute minimum." (Included, engaged and involved, 2011).

1.3   Schools have a duty of care for all pupils who are on their roll. They must ensure that when pupils are not expected to attend the school full time, there is a clear agreement with parents/carers about who is carrying out that duty of safeguarding the pupil at each session.

1.4   Part time timetables should be recorded within the context of a Child's Plan for the pupil. This should state the intended purpose of the part time arrangement, the expected time span of the part time arrangement, and the steps which will be taken to bring about full time attendance. The Child's Plan should also include details of the arrangements for the education of the pupil beyond school provision.

1.5   Part time timetables should focus on what is best for the young person, not on what the school believes it can accommodate. It must be clear that part time school attendance is better for the pupil than full time attendance. In line with Scottish Government guidance, it is recognised that in certain circumstances it may be in the best interests of the young person for them to attend school on a part time basis. This may be in order to help the young person gradually integrate back into the school setting. However the aim should be to achieve a return to full time education as soon as possible, and normally within 6 weeks of the start of any part time arrangement. It is not considered appropriate for pupils to be denied their entitlement to education by placing them on a part time timetable for an extended period of time.

1.6   Pupils should not be expected to 'earn the right' to increase their time in school. It has sometimes been suggested that unless a pupil shows an improvement in behaviour, their time in school will not be increased. This approach makes conditional what is a statutory entitlement to education.

1.7   All pupils who are on part time timetables should be known to and monitored by the school's Senior Management Team. Schools should also notify the Area Additional Support Needs Officer whenever a pupil is on a part time timetable, so that this information can be monitored by the Area ECS Manager and Area Health & Social Care Manager.

1.8   It is recognised that in the latter stages of secondary schooling a variety of options exist that can take place outwith the school campus, such as college courses, work experience, Duke of Edinburgh, Activity Agreements and similar schemes. Any part time arrangement at secondary school should seek to ensure that all these alternative options are fully explored so that the young person has a positive alternative to mainstream schooling rather than a straight reduction in their timetable.

1.9   In the primary school stages there are similar opportunities to elaborate the curriculum through outdoor learning, sports activities, creative arts

etc, that may support the child's learning. To be effective however, any elaboration to the curriculum must be linked to clear learning experiences and outcomes and planned, to meet the assessed needs of the individual child.

1.10 In line with the principles of GIRFEC, advice from other agencies should be sought so that a holistic view of the young person's situation is obtained. Support for the young person and their family from other agencies may be required to ensure a successful return to school. The Lead Professional should <u>always</u> be involved in discussions regarding part time attendance for all Looked After Children.

1.11 Schools should record information on the attendance of pupils on part time timetables through Phoenix e1 under the appropriate code. This will differentiate pupils on part time timetables from pupils who have unauthorised absences.

MONITORING OF PART TIME TIMETABLES
2.1 The Local Authority has a statutory responsibility to identify and track pupils missing from education or at risk of becoming missing from education. Pupils on part time timetables are often vulnerable to becoming missing from education. The effective monitoring of these pupils requires robust information sharing between all partner agencies in order to identify and track vulnerable pupils. Scottish Government advises that, *"Local authorities should be aware of and monitor carefully any part time provision including targets for full time provision."* (Included, engaged and involved, 2011).

2.2 Area ECS Management Teams and the Principal Officer Additional Support for Learning will review the pupils on part time timetables on a half yearly basis, with more regular monitoring at an Area level. This information will be shared with Elected Members on a regular basis through updated Committee Reports. It will also be shared with Senior Managers, including the Quality Improvement Manager, for discussion with Head Teachers. It is therefore essential that the information entered in the pupil database (currently Phoenix e1), is robust and accurate, so that it can become the source of this information rather than individual school returns.

CONCLUSION
The above guidance will ensure that the education authority, through its schools, fulfils its statutory duty to provide 'adequate and efficient education' to all its pupils, to enable them to reach their 'maximum potential' and is in accord with the principles of social justice and equality.

It is recognised that schools can be severely challenged by the behaviour of some young people and are encouraged to make full use of the supports and guidance available to them within the context of the staged approach to

intervention. Many of the guidance documents can be found on the ASN Manual on the Support for Learners Website. http://www.highland.gov.uk/learninghere/supportforlearners/generalguidance/meetingindividual/sebn.htm

However, there will remain some cases where all alternatives have been unsuccessful or where a pupil's behaviour has been so extreme that exclusion may be considered. The needs of the pupil have to be considered on an individual basis however as it would not be advised to exclude a pupil who is a Looked After Child as this cuts across the Council's responsibility as Corporate Parent and also creates a greater sense of rejection for the individual pupil. Any consideration of exclusion of a LAC should first be discussed with the Lead Professional so that other supports may be considered.

For pupils with disabilities, additional support needs or other Protected Characteristics, cognisance must also be taken of the nature and root cause of the behaviour. Where the pupil is engaging in behaviour that is challenging that is recognised to be as a direct result of his/her disability or additional support need, it would be considered 'less favourable' treatment to exclude him/her as a result of this. (Education (ASL) Act 2004 and 2009, Equalities Act (2010)). In such cases, the Head Teacher should discuss the situation with the Lead Professional and/or the ASN Officer, to consider alternative supports to meet the pupil's needs.

In other situations, exclusion may be considered as a last resort and remains the Head Teacher's right. The circumstances under which a Headteacher (operating under devolved responsibility from the education authority), may exclude a pupil are outlined in the authority's guidance on School Exclusions and this guidance must be followed at all times. http://www.highland.gov.uk/learninghere/supportforlearners/generalguidance/meetingindividual/sebn.htm

Bernadette Cairns
Principal Officer ASL and Early Education
July 2013

Thanks go to Perth & Kinross Council for allowing the use of their paper on part time attendance as a basis for this document.

APPENDIX 3

Nurture Groups in Highland
Guidance for Schools

Background
The Nurture Group Network[29] describes a nurture group as a group of 6 to 10 children based in a mainstream educational setting and staffed by two supportive adults. They offer a short term, focussed, intervention strategy, which addresses barriers to learning arising from social, emotional and or behavioural difficulties, in an inclusive, supportive manner. Children remain part of their own class group and usually return full time within a maximum of 4 terms. At present, there are now more than 1000 nurture groups in the United Kingdom[30].

Within Highland, there are a small number of primary schools that have established Nurture Groups as a way of proactively supporting the identified needs of pupils for whom other classroom supports and interventions have not been successful, or would not be considered appropriate. The interest in Nurture Groups is growing and this guidance provides the framework within which such groups should be established.

Research
During June 2012 a study was undertaken in three nurture groups in three Primary schools in the Inverness area. Results of this study showed that:
- Children who attended the nurture groups made significant social and emotional gains after attending a group.
- 17 out of the 19 children involved in the study stated that the nurture group makes them feel happy and they have friends at the nurture group and 16 out of the 19 children indicated they enjoy going to the nurture group.
- Nurture Group staff reported that children now have more confidence, are able to build attachment, and are achieving academic progress.
- It was reported that the nurture groups were beginning to spread to school life, changing the culture of the school.
- Nurture group staff reported that parents were negative to begin with, as they felt the child had done something wrong, however this has turned around and they are now positive and the nurture groups have allowed parents to see the positives in their children and to build relationships.

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[29] The Nurture Group Network. (2013). Retrieved from http://www.nurturegroups.org/pages/what-are-nurture-groups.html

[30] Colley, D. (2009). Nurture groups in secondary schools. *Emotional and Behavioural Difficulties, 14*(4), 291-300. doi:10.1080/13632750903303120

- Nurture group staff reported challenges the nurture groups face such as, schools having to find the space for a nurture room and the costs involved with training, activities and providing snacks.

The study recommended that nurture groups be considered as an effective provision in improving social, emotional and behavioural outcomes for children in Highland and to recognise the substantial value of nurture groups when considering policies and guidance on early intervention and support for pupils with social, emotional and behavioural needs and also children with additional support needs and Looked After Children.

Introduction

Within school settings there is recognition that troubled and troublesome children exhibit both low level and challenging behaviour which impacts both upon attainment and ethos within a school[31]. Evidence from resilience research suggests that schools need to consider how to provide an environment of security and support for children encountering challenging life circumstances[32], and a number of reports acknowledge the capacity of schools to enhance protective factors for mental health through providing a supportive environment.[33] [34]

In 2009 a Scottish Government report identified a number of strategies adopted in schools to promote positive relationships and behaviour, which included nurture groups.[35] An Ofsted report (2011) which considered the impact of nurture groups in schools in England highlighted the effectiveness of nurture groups in supporting children with challenging behaviour and recommended that the Department of Education and local authorities should take into account the 'substantial value of nurture groups when considering early intervention and targeted support for pupils with social, emotional and behavioural needs'.[36] Currently, a small number of schools within Inverness have adopted a nurture group approach.

What is a nurture group?

A nurture group is a small group provision (supporting a group of 6 to 10 children) based in a mainstream educational setting and staffed by two supportive adults. It offers a short term, focussed, intervention strategy, which addresses barriers to learning arising from social, emotional and or behavioural difficulties, in an inclusive, supportive manner. Children who

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[31] Scottish Executive (2001) *Better Behaviour – Better Learning: Report of the Discipline Task Group.* Edinburgh:HMSO

[32] Doll, B., & Lyon, M. A. (1998). Risk and resilience: Implications for the delivery of educational and mental health services in schools. *School Psychology Review, 27*(3), 348-363.

[33] Public Health Institute (2003) *Needs Assessment Report on Child and Adolescent Mental Health. Final Report – May.* Glasgow: NHS Scotland.

[34] Meltzer, H., Gatward, R., Goodman, R., & Ford, T. (2000). *Mental health of children and adolescents in Great Britain.* TSO: London.

[35] The Scottish Government. (2009). *Behaviour in Scottish Schools.* Retrieved from http://www.scotland.gov.uk/Publications/2009/11/20101438/0

[36] Ofsted. (2011). *Supporting children with challenging behaviour through a nurture group approach.* Retrieved from http://www.ofsted.gov.uk/resources/supporting-children-challenging-behaviour-through-nurture-group-approach

attend the nurture group remain part of their own class group and for the majority of children the aim is that they will return to their classroom full time within four terms.[1] Pupils generally will attend the nurture group for 4 or 5 half day sessions per week, but some may attend more or less sessions depending on their identified needs. The nurture group is not however an alternative educational provision but an enhancement to the provision made for all pupils. The six principles of nurture groups are as follows:[37]

1. Children's learning is understood developmentally
2. The classroom offers a safe base
3. The importance of nurture for the development of self-esteem
4. Language is a vital means of communication
5. All behaviour is communication
6. The importance of transition in children's lives

Many authorities are promoting the nurture group as a proactive, early intervention approach. There are also a number of secondary schools adopting a nurture group approach as a means of supporting vulnerable pupils particularly at the period of transition from primary to secondary school.[2]

Nurture Group Pupils
Pupils attending nurture groups have a variety of additional support needs e.g. social, emotional behavioural difficulties (SEBD), attachment difficulties, Looked After Children (LAC), young carers, and children coping with significant loss. Other reasons why children might attend the nurture groups include:
- missed out on early childhood experiences
- disrupted relationships
- may be at risk of exclusion.

Within each school access to the nurture room is considered through the staged referral process and contextual information gathering by staff. The Boxall Profile is used as a key assessment tool, in the two schools in Inverness which have adopted the classic nurture group model, however other tools can be used to assess the level of emotional literacy development of the young people being considered and to track their progress. It is essential that a valid assessment process is embedded as part of the establishment of the nurture group.

The Nurture Room
Nurture groups seek to provide a safe, comfortable and home-like environment in the nurture room where routines are established and staff model positive relationships in line with nurture group principles. Within a classic nurture room there are explicit and regular routines and clear expectations of behaviour e.g. turn taking, waiting, finishing a task. This

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[37] Lucas, S., Insley, K., & Buckland, G. (2006). *Nurture Group Principles and Curriculum Guidelines Helping Children to Achieve,* The Nurture Group Network.

occurs in an accepting and caring atmosphere, the children are supported by key adults with whom they have developed trusting and caring relationships. The nurture room differs from the traditional classroom as it is designed to have a nurturing atmosphere, with key areas including a sofa and cooking area. Cooking and snacks are fundamental aspects of the classic nurture group model as these produce opportunities for social learning.

Staff

There is a high adult to pupil ratio within the nurture room, and staff provide support for the children's social, emotional and cognitive development. Staff working in the nurture group require to have a good understanding of child development, the development of emotional literacy, attachment theory and an understanding of the development of resilience. They therefore require to invest a significant amount of time in initial staff development and on-going, regular CPD. Nurture group staff should be able to respond to the children in a developmentally appropriate way and provide a safe base. The staff effectively model appropriate behaviour such as co-operation, sharing and turn taking and this helps to developed key relationships between the adults and pupils.

Effectiveness of Nurture Groups

Thus far, research has shown that nurture groups have a positive effect on the development of children in many areas. Research consistently shows that children who attend nurture groups make significant social and emotional gains after attending the groups.[38] [39] [40] For example; research by Cooper and Whitebread (2007) found that pupils with SEBD in mainstream classrooms improved in behavioural terms, significantly more than pupils with and without SEBN, attending schools that did not have nurture group provision.[41]

Further research found that nurture groups had a significantly positive effect on the children with reference to their behaviour both in school and at home. In addition, the intervention appeared to contribute further to the whole school system and schools reported an improved ethos and an increased capacity to support children with social and emotional difficulties.[42]

Nurture groups also have an impact on the educational attainment of those children who attend. Reynolds, MacKay and Kearney (2009) conducted a large-scale study across 32 schools in the City of Glasgow. Results not only

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[38] O'Connor, T., & Colwell, J. (2002) The effectiveness and rationale of the nurture group approach to helping children with emotional and behavioural difficulties remain within mainstream education. *British Journal of Special Education, 29*(2), 96-100.

[39] Sanders, T. (2007). Helping Children Thrive at School: The Effectiveness of Nurture Groups. *Educational Psychology in Practice, 23*(1), 45-61.

[40] Seth-Smith, F., Levi, N., Pratt, R., Fonagy, P., & Jaffey, D. (2010). Do nurture groups improve the social, emotional and behavioural functioning of at risk children? *Educational & Child Psychology, 27*(1), 21-34.

[41] Cooper, P., & Whitebread, D. (2007). The effectiveness of nurture groups on student progress: evidence from a national research study. *Emotional and Behavioural Difficulties, 12*(3), 171-190.

[42] Binnie, L.M., & Allen, K. (2008). Whole school support for vulnerable children: the evaluation of a part-time nurture group. *Emotional and Behavioural Difficulties, 13*(3), 201-216.

showed a beneficial effect on children's social, emotional and behavioural development, but children also showed improved levels of academic attainment.[43] This research is supported by Seth-Smith et al. (2010) who found that ratings of nurture group children's academic levels improved significantly more than those of a comparison group.[11]

This is not a surprising finding as it is widely understood that children living with high levels of anxiety, children who lack impulse control and children who are constantly looking our for threat in their environment, find it very difficult to settle down to and focus their attention on academic and social learning. If the social and emotional issues can be addressed, there is a consequential positive impact on learning and development.

From the recent Highland study, nurture group staff identified the following key aspects required by schools for the success of a nurture group:

- Commitment of Senior Management Team and nurture group staff is vital to the implementation and success of the intervention.
- The skills and attitudes of the adults who staff the nurture room is key to its success; modelling, reciprocity, containment and developing key relationships are vital aspects of a nurture room and this is only achievable with the right staff.
- Access to appropriate staff training and CPD are key to ensure staff who have the skills and attitudes to support children in the nurture room also have access to knowledge and training to empower them to be more effective in their role.
- Listening to children, respecting them and their families whilst also working in partnership and alongside them (both the children and their families) is a key aspect of the success of a nurture room. The nurture room is not a 'sin bin' or 'behaviour room'.
- Promoting a developmentally (not chronologically) appropriate curriculum is key.

Conclusions
Evidence from the recent Highland study reflects the prior research that nurture groups are a short term, early intervention strategy which can meet the needs of at risk pupils and equip them with the skills to engage and succeed in the wider school environment successfully. The nurture group supports children, in a short period of time to take full advantage of the school curriculum. This approach ensures our vulnerable pupils have access to enhanced opportunities and not just equal opportunities. They also achieve the aim of Getting it Right for Every Child, and meets this aim by supporting the development of successful learners, confident individuals, effective contributors and responsible citizens.

Next Steps
While resources to support children with SEBN are limited, many children and young people in Highland are supported on an individual or small group basis, in some schools, making less efficient use of the available resource. Pooling

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[43] Reynolds, S., MacKay, T., & Kearney, M. (2009). Nurture groups: a large-scale, controlled study of effects on development and academic attainment. *British Journal of Special Education, 36*(4), 204-212.

some of this resource may enable some schools or Associated School Groups, to establish nurture groups for a clearly identified group of children and to provide them with a more appropriate educational experience.

Schools that would like to take forward the development of a nurture group should consider the following steps:

1. Identify an appropriate space/room in the school.
2. Identify staff (minimum of 2 members of staff), who have the requisite skills and approach to provide pupils with emotional coaching.
3. Discuss any additional set up cost, on-going costs for snacks, materials etc with SMT in the school and Area SMT, to identify what these may be and an appropriate budget. (Where a significant investment of an additional resource is required this must be discussed with Area SMT at an early stage).
4. If agreed with Area Senior Managers as an appropriate approach to meet the needs of pupils in the school, discuss staff training needs, pupil assessment and monitoring tools and on-going CPD with the Area ASN Officer and Liaison Educational Psychologist. (Consider the 6 day or 10 day Emotional Literacy Course provided by the Central ASN Team as ongoing CPD for staff).
5. Establish a mechanism to discuss pupils to be considered to access the nurture group, involving the Liaison Educational Psychologist and Area ASN Officer.
6. Provide baseline measures for each of the pupils identified using the agreed assessment tool and establish agreed goals and individual targets for the pupil, to be included in the Child's Plan.
7. Monitor the progress of pupils on a weekly, monthly and termly basis as appropriate, providing regular feedback to the pupils, parents and other partners to the plan as appropriate.
8. Establish a termly mechanism for monitoring the work of the nurture group, involving the liaison educational psychologist and Area ASNO, which may also serve as an admissions group for new pupils.
9. Track the progress of pupils in relation to emotional, behavioural, social and academic goals while attending the nurture group.
10. Carefully plan transitions from the nurture group to the classroom and track on-going progress to ensure long term benefits are maintained.

Bernadette Cairns
PO ASL and Early Education
July 2013

Thanks go to Isabel Shaver, Educational Psychologist, for the initial draft paper that was based around the Highland Research into Nurture Groups. More detail on this research can be obtained from isabel.shaver@highland.gov.uk

APPENDIX 4

Promoting Positive Relationships
Developing a Strategy for Developing a Skilled Workforce and Effective Educational Provision in Highland

1. Background and Context

This development strategy takes account of the situation in Highland as at March 2013 and supports the range of documents and policy papers within Highland Council that relate to Promoting Positive Relationships. It aims to provide clarity to the overall framework for promoting positive relationships and to set the challenging behaviour presented by a small number of children and young people within a wider context that needs to be considered as a single integrated framework.

This paper is written within the context of the Highland Practice Model and supports the principles of early intervention and coordinated planning to meet the needs of children and young people.

Behaviour must always be observed and understood within a context and when staff do this, it can generally appear much more meaningful and preventable than simply responding to crises. There therefore has to be a great emphasis on setting challenging behaviour within the context of creating a positive ethos and developing positive relationships among all pupils and staff. Positive Relationships will flourish in a context where there are high expectations, mutual respect, where everyone is valued and has his/her individual needs appropriately assessed and met.

The greatest emphasis therefore should be placed on developing structures and supports that create such a climate and address needs at an early stage. This requires a universal approach to promoting positive relationships and building resilience, within a nurturing and supportive climate.

Where more targeted intervention is required to address the individual needs of a pupil, proportionate assessment of need is vital and should be linked to specific targets included in a similarly proportionate single agency or multi-agency plan. For all challenging or unhelpful behaviours that are predictable and foreseeable, a behaviour protocol should be in place to address the child/young person's needs and prevent a continuation or escalation of these behaviours. This should include a discussion with the child/young person and a review of their strengths and competencies, including the range of self-regulation strategies that the child/young person may already have developed, or will need to develop.

Risk assessment should be incorporated into the day to day routine of meeting need and should be proportionate and used to assist the process of on-going planning for the child/young person and his/her peers. At all times opportunities should be taken to de-escalate situations and reduce anxiety levels for both the adults and the young people involved.

Where situations do escalate and the challenges in violence or aggression are such that it is felt that physical intervention may be required, all other levels of intervention and training should still be considered to prevent further incidents of challenging behaviour and to create wider positive relationships within the school. Opportunities should be given for staff involved in any serious incident where physical intervention has been required, to debrief with a member of the senior management team within the school. This is required as part of the overall system of physical intervention supported by Crisis and Aggression Limitation and Management (CALM), the provider of accreditation for physical intervention for schools in Highland Council.

2. Behaviour in Schools – Recent Research

Children will respond to their environments and will react in ways that are encouraged by the interactions they receive. Some will be highly anxious and see threat in the world around them and will react accordingly, while others will feel comfortable and successful in the school environment. We know that what has happened in the early stages of a child's life can establish a world view for them that is not altogether helpful, however on entering nursery or school, staff have an opportunity to support or change these perceptions and can respond in ways that will be more or less helpful to their pupils.

Behavioural issues in schools in Highland are often seen as increasing and this may be the case. However across Scotland, research shows that behaviour in schools is improving over time and across the UK very similar approaches have been shown to work to maintain discipline and to support the emotional and behavioural development of children and young people.

In Highland too, there is experience of pupils being excluded from one school and then supported positively with a seeming turn around in their attitude and behaviour in another. The inconsistent exclusion figures across Highland would indicate that rather than simply being a feature of individual children and young people, the development of positive behaviour relies heavily on the attitude and perception of key people within the school, most notably the Head Teacher.

While a 'fresh start' can sometimes be helpful to some children and young people, more generally, a change of placement or exclusion and re-entry to school, present further transition points for pupils that often don't cope well with change, with a further erosion of their sense of belonging and wellbeing. Having 'time out' can be helpful in providing respite for school staff at times, but generally causes more issue at home where parents may need to take time off work or provide alternative care for their child. If this time is used well, to plan a successful return to school, a pattern of behaviour can be broken,

but if the return is not managed well, further entrenched behaviours may result.

Behaviour in Scottish Schools
The longitudinal study of Behaviour in Scottish Schools, which has recently reported on the 3rd of a series of research data that is collected every two years from Scottish mainstream schools, shows that overall, both primary and secondary staff felt that most pupils were very well behaved 'all' or 'most' of the time. Levels of positive behaviour have consistently been very high over the survey series and they have remained so. The behaviours that frustrate teachers and disrupt lessons most remain those low level behaviours that largely can be addressed through good teaching methods. Overall, serious disruptive or violent behaviour was much less common and when it occurred it was more often directed at other pupils than at staff. The most common forms of 'serious disruptive behaviour' were physical aggression towards other pupils and general verbal abuse towards other pupils. The most common form of serious disruptive behaviour directed at staff members was 'general verbal abuse towards you/your staff'.

- Serious disruptive behaviour in the classroom has, on the whole, decreased since 2006.
- Overall also, low level disruptive behaviour in the classroom has decreased since 2006, although secondary teachers indicate an increase in the 'use of mobile phones' and 'talking out of turn'.
- Low level disruptive behaviour around the school decreased substantially between2006 and 2012 in both primary and secondary schools.
- Support staff however reported an increase in a number of low level disruptive behaviours in the classroom (an increase in 5 of the 11 reported behaviours by primary staff and 3 of the 11 reported behaviours by secondary staff

Approaches to promote positive behaviour were reported to have improved over time, with a continued move away from punitive approaches. The 'promotion of positive behaviour through whole school ethos and values', was seen by staff as the most helpful approach. Staff felt that there was more recognition of the potential underlying reasons for challenging behaviour and that pupils' needs should be looked at holistically and in the context of their home and family life.

Disengaged pupils in English Schools
A recent survey of secondary schools in England, (Ofsted 2012), looking at students who disengage or present with challenging behaviour, has had similar findings to studies undertaken previously in this area. It identified several common features across the secondary schools that were successful in helping disaffected students to begin to enjoy learning again.

- The staff shared a commitment to helping the students succeed, which they expressed clearly to students and their families. The school ethos

valued and respected the needs of individuals and the students felt part of the school.

- Robust monitoring of academic, personal and social progress, and close collaboration with primary schools and other services for children and young people ensured that students who were likely to become disaffected were identified early. They received appropriate support before and after they entered secondary school.
- Pupil Support Assistants provided vital support for individuals, helping them to maintain their interest and cope successfully with any crises. This allowed teachers to focus on teaching the whole class.
- Pastoral support was managed by assigned support staff. They acted as the first point of contact for all parents and carers and they directed them to the most appropriate member of staff if they could not deal with the issue themselves.
- Communication with students and their families was very effective. It ensured that they were fully involved in the process and had confidence in the decisions that were made. Students knew they were listened to and felt they could contribute to decisions about their future. Home–school liaison staff played a critical role.
- Specific support, such as temporary withdrawal from classes and training in life skills to help students change their attitudes and improve their learning, was very effective.
- A high-quality, flexible curriculum, involving a range of accredited training providers outside the school, was effective in engaging students more in their learning.

3. Levels of Intervention in Supporting the Development of Positive Relationships

This strategy paper briefly outlines 4 different levels within a process of building positive relationships. For each level are listed the current processes and structures available to support the development of positive relationships and to address the needs of schools, staff, pupils and parents, where challenging behaviour and emotional distress are issues. This paper should therefore be read in conjunction with other relevant policy documents relating to behaviour management and in particular the policy and practice guidance on Building Positive Relationships for School Improvement: http://www.highland.gov.uk/learninghere/supportforlearners/policiesprotocolsguidelines.htm

For each level within this process there is also a list of training available to address the identified need and this should be read in conjunction with the more detailed training strategy on Promoting Positive Relationships at the end of this paper (appendix 2). The basic training is detailed under 'Level 1', with

additional training offered incrementally to build on this initial awareness raising, to support each level of skill.

Level 1 – Creating a Skills Base for a Positive Ethos, Culture & Climate

Current processes and support structures
- Promoting Positive Relationships Policy & Guidance documents;
- Additional Policies and frameworks, SfL Framework, Equalities Duties, Included Involved and Engaged etc
- Legislative framework, ASL Act 2004 and 2009, Equalities Act 2010, proposed Children and Young People's Bill;
- Solution focused approaches to identifying and addressing need; Monitoring and support from the Scottish Government Rights, Support and Wellbeing Team (formally Positive Behaviour Team) – Education Scotland;
- Universal PSE curriculum, CfE framework, outdoor learning and activities in schools;
- Self Evaluation process in schools, the Children's Services Plan (FHC4) and performance management within ASN services;
- Implementation of strategies that support collegiality and build social skills eg. co-operative learning, classroom emotional check-ins, team building;
- Support and consultation from QI0 team, EP Team, Specialist Services and outside agencies;
- Leadership training for SMT in schools, Lead On, Next Generation Leadership, Coaching, Mentoring etc;

Basic Training offered to support Level 1
- Creating core principles of professional practice, a vision and whole school/service improvement planning;
- Awareness raising in relation to legislative framework, and local and national policy position;
- Effective Self Evaluation;
- Solution Focused approaches (basic awareness)
- Emotional Literacy (basic awareness)
- Interactional skills, team building, leadership & motivation;
- Cooperative learning academies and recall days
- Individual and 360 profiles in Emotional Literacy
- School/service readiness checks, training audits & EL profiles;
- Training in and awareness of PSE materials;
  - Creating Confident Kids
  - Resilient Kids
  - Social & Emotional Aspects of learning (SEAL)
  - Cool in School
  - The Motivated School
  - Lessons for living etc.
- Training for Newly Qualified Teachers in relation to ASN, Emotional Literacy, Inclusion and Promoting Positive Relationships;
- Environmental checklist – framework for intervention (using staged approach to addressing need).

Level 2 – Developing a Skills Base for Individual and Small Group Work

Current Process & Support Structures
- Guidance and SfL staff – Pupil Support Teachers and Pupil Support Assistants in Area/ASG/School Teams;
- Specialist service input and support from external services/agencies, eg Ed Psychs; Children's Services Workers; Early Years Workers; Primary Mental Health Workers (individual support and consultation);
- Planning and assessment structures and paperwork within policy frameworks and guidance documents eg Child's Plans, behaviour protocols etc;
- Sharing good practice between provision/services/individuals;
- Differentiated PSE programmes for identified groups;

Additional Training offered to support Level 2
- Emotional Coaching/Developing Emotional Literacy;
- Understanding the developing brain – the Baby Brain, the Teenage Brain and the Fragile Brain;
- Restorative Practices;
- Solution Focused approaches;
- How Motivation Works;
- Attachment and Resilience;
- Building Self Esteem;
- Children in Distress;
- Understanding the effects of trauma;
- Creating and Reviewing Risk Assessments & Behaviour Protocols;
- Debriefing & Coaching;
- Coaching & Mentoring;
- Leadership & Team Building;
- Communicating with Children;
- Cooperative Learning.

Level 3 – Developing a Skills Base for Targeted Individualised work

Current process & support structures
- Involvement of children/young people and parents/carers;
- Involvement of specialist services and extended agencies;
- Practice Guidance, Assessment and Planning Process (GIRFEC);
- Local/National Policy & Legislative Framework (inc. Health & Safety Policy Framework);
- Use of offsite activities to elaborate the curriculum and support the Child's Plan eg Glachbeg, Abriachan etc;

Additional Training offered to support Level 3
- De-escalation (whole school);
- Use of Planning, Risk Assessment, Behaviour Protocols, Violence and Aggression forms etc;
- Emotional Literacy Action Learning course;
- Understanding Behaviour and attachment behaviour;
- Internal regulation and developing scripts;

- Consultation/mentoring/coaching – incident debriefing.

Level 4 – Developing a Skills Base for Physical Intervention
Current process and support structures
- Local policies & guidance: (paperwork for recording incidents, planning for children/young people, risk assessments, Health & Safety, exclusion and physical intervention policy etc);
- Crisis and aggression limitation and management (CALM), providing training in Highland to a range of trainers and individual staff across Children's Services. (The Scottish Government requires local authorities to meet health and safety requirements to support staff in this area. CALM provides training and accreditation that has been agreed by unions and school staff as an accredited provider and has been adopted by Highland Council as the current provider);
- System for logging and recording practice and use of holds, with issues being considered from the data collection annually;
- Debrief offered by senior managers to staff involved in serious incidents requiring physical intervention.
- Inter-agency support and support from external agencies and service providers to create child's plan & support children/young people to achieve targets, on or off site;
- Offsite placement in primary or secondary provision through the Child's Planning process and/or Joint Admissions Groups eg Doorways, The Bridge, Al Cala, Airport House, BIEC, etc;
- Multi-agency Area Service Managers Groups and Residential Placement Group to consider children & young people for whom it is felt their needs can't be met in Highland.

Additional Training offered to support level 4
- CALM Physical Intervention 2 day course.
  - ➤ Day 1 – Theory (de-escalation revisited, incident debriefing, risk assessment, behaviour protocols, legislative framework etc.
  - ➤ Day 2 – Holds
- Annual verification for trainers (by CALM) and uses of CALM holds (by Highland PI Trainers)
- Small holds (1 day in house course)

Much of the training and support for promoting positive relationships is delivered by the central ASN team – by the Development Officer for Support for Learning, the Development Officer Positive Relationships, the Principal Officer ASL and Early Education, an Educational Psychologist or one of the two Instructors for Promoting Positive Relationships. Other support staff eg ASN Officers, Autism Outreach Education Support staff or staff from the offsite provisions also provide training in this area on a regular basis. These post holders are also able to additionally deliver training and regular consultation in risk assessment, behaviour protocols and debriefing, which is seen to be essential to the process of promoting positive relationships.

4. **Current Educational Provision and Support in Highland for Children and Young People requiring to develop greater levels of social and emotional competence**

4.1 Universal, Mainstream Provision

Most children in Highland are educated within Mainstream educational settings, at preschool, primary and secondary stages. This was the pattern in Highland well before the legislative framework providing the presumption of mainstream education for children as the first option to consider in every case. Within mainstream settings, staff have access to a range of training opportunities to enhance their understanding and skill in supporting pupils who engage in challenging behaviour. The range of policy and guidance documents available on the Support for Learners website provides a framework to support staff in meeting the needs of pupils in relation to challenging behaviour, understanding attachment and building resilience and emotional literacy.

Support for the formal Health and Wellbeing curriculum and also the informal curriculum of relationships and ethos, will be supported by interventions such as Roots of Empathy, outdoor education, team and class building opportunities etc. Some of these interventions and supports are well embedded into our schools and others may be welcomed as one off ad hoc programmes or class lessons, but all can build on the development of positive relationships across the school.

Pupil Support Assistants in schools provide general and targeted support for those pupils who require support and development of skills in specific areas. Where appropriate, Pupil Support Assistants are trained in physical intervention, to be able to de-escalate and contain situations where behaviour is challenging or dangerous.

Children's Services Workers are linked to all schools or associated school groups in Highland. They are deployed on a day to day basis by Head Teachers, though managed by Integrated Services Officers within Health and Social Care. CSWs are engaged in supporting pupils where there are social or emotional concerns and to support families in providing more nurturing and safe environments for their children and young people. CSWs provide the early intervention to children and families from Health and Social Care. They work with individuals and groups of children to help them develop more pro-social behaviour, to build their resilience and to support their attendance and achievement in school.

Pastoral Care Teachers / Pupil Support Teachers / Guidance Teachers / Behaviour Support Teachers / Support for Learning Teachers / ASN Teachers, all provide support to pupils who find it difficult to build and maintain positive relationships. They will maintain close links with parents and carers, provide direct support to individuals and small groups of pupils, create and deliver PSE programmes, link with other agencies and coordinate the support

to pupils from them and provide training and consultation for class/subject teachers.

4.2   Additional Pupil Support
In all Areas, tutorial support is provided by individual teachers for those pupils excluded from school due to their challenging behaviour, on either a full time or part time basis. This tends to be ad hoc provision focusing on supporting learning in key areas ie literacy and numeracy.

In The South Area (INBS), a small group of teachers make up the Pupil Support Service, which provides both tutorial support and direct intervention to support the academic development and the development of emotional literacy in pupils of all ages who have been excluded from school. This service also supports the reintegration back into mainstream schools or more appropriate provision for these pupils. This service is currently based in the Bridge in Inverness.

In the Mid Area, a small group of teachers based in the Bridgend Centre provide a similar service for those pupils in the Invergordon/Alness area in particular.

4.3   Nurture Groups
There are more than 1000 nurture groups in the UK, mostly targeting earlier school stages. A number of secondary schools are now adopting nurture groups as a means of enhancing school based provision (Dury and Kidd, 2010). Nurture groups may vary in nature depending on the setting in which they take place but they still have these similar principles in common (Lucas. Insley, and Buckland, 2006):
- Children's learning is understood developmentally
- The classroom offers a safe base
- The importance of nurture for the development of self-esteem
- The importance of transition in children's lives
- Language as a vital means of communication
- All behaviour is a communication

A recent study (Dury and Kidd, 2010) looked at three secondary nurture groups, showing that it is not too late to offer a nurturing environment to adolescents who have experienced early attachment and separation difficulties. All staff members of the schools involved in the study observed significant improvements in the behaviour of the young people. They felt that many of the young people had remained in school because of the intervention. Parents also reported that they saw the nurture group as a very positive support for their child. A comparison of the overall attendance percentages for the schools indicated that the nurture group members' attendance was similar to or slightly above the overall figure for the school.

In Highland, the Psychological Service are working with some schools to further explore the possibility of using the nurture group methodology to support pupils who experience real challenges in managing their behaviour

and emotions, especially for those pupils with insecure attachments, living in difficult social situations.

There are developments in three primary schools in inverness, (Dalneigh Primary School, Merkinch Primary School and Central Primary School), that provide nurture groups for children. In additional, groups are being established in Raigmore Primary School and Kinmylies Primary School. These provisions require space, additional resources (often just a pooling of the resource to individual pupils withi the school) and skilled staff. They also require a clear process for assessing and monitoring the pupils attending the nurture room and the use of the facility, to prevent it being used simply as an internal basis for exclusion from class. In all nurture provision therefore the relevant Educational Psychologist should be involved in supporting and advising on the provision, supporting and training the staff and in helping the proves of evaluation, tracking and monitoring the progress of the pupils.

4.4   Offsite Provision

Three vocational centres provide offsite support for older pupils in Highland, aged 14-16. These centres offer direct support to individuals and small groups of young people who are disaffected and at risk of exclusion from school. The centres provide an elaboration to the school curriculum and do not provide the educational input in place of school. The pupils remain on the role of their school and the responsibility for academic and 'educational' input remains with the school. However, placement in these centres is often augmented by tutorial support for those children who have been excluded from school or who are persistent non-attenders for other reasons.

The offsite vocational centres in Highland are: **The Bridge** in Inverness, **An Cala** in Fort William and **Airport House** in Wick. By and large, these provisions are self-sufficient and currently have good leadership. They have a mix or Health and Social Care Staff and teaching staff, providing a focus on vocational training and links with college and with Skills Development Scotland. Many of the students on roll have disengaged from their secondary school and although they should not be in place of school education, the reality is that often this is the only educational input the young people are receiving. In general however, this is accepted practice as the age of the young people involved means that there is little time left to increase attendance elsewhere, before they leave school at 16.

These facilities provide a range of educational packages and many formal opportunities for achievement by the young people who attend and given the previous experiences of their students, the achievements of the young people can be significant. All three provisions track the achievements of their students and have detailed records of success. They provide a valuable opportunity for the young people in the areas they are sited, to get ready for work or college and they make good local links with other services and providers.

There is currently no equivalent facility in the Mid Area.

There is only one primary based offsite provision for younger children in Highland. This is **Doorways** in Inverness. Doorways provides a nurturing environment, with a support programme based on the principles of developing emotional literacy. There is a strong emphasis on working with parents and carers and linking closely with schools and Health and Social Care Teams, to support pupils. Doorways is staffed by a teacher and two Pupil Support Assistants and provides support based on the identified needs within the child's plan, to a small number of pupils, on a part time basis, augmenting the educational support and learning provided by the child's school. There are plans to enhance this provision by also providing tutorial support on the same site, for primary aged pupils, who would currently travel to The Bridge for this input. It is considered that Doorways is more primary focused and would therefore provide a more appropriate teaching environment for the younger pupils.

4.5   Special Schools - Pupils with Severe and Complex Learning Difficulties
For a relatively small number of children, (around 150 across Highland), the three special schools for children with severe and complex additional support needs and learning difficulties, provide the most appropriate educational setting. These schools are Drummond School in Inverness, St Clements School in Dingwall and St Duthus School in Tain. Some of the children and young people in these schools exhibit significantly challenging behaviour and all support staff and most teaching staff within these schools are CALM trained. Many of the children requiring this type of physical intervention have an Autism Spectrum Disorder and find it difficult to manage their stress levels and understand their social situation and the unpredictable nature of their changing environments. Staff in these special schools are supported in developing behaviour protocols by support services such as the Autism Outreach Education Service, the Children's Disability Service and the Child and Adolescent Mental Health Service.

Children with similar types of need are supported in various special provisions within mainstream schools around Highland.

The needs of the pupils in such provisions are quite different to those in mainstream provisions, but the processes for assessing, planning and supporting them will be very similar. The use of such strategies as Picture Exchange Systems, Talking Mats, visual timetables and functional behaviour assessments are very important parts of the support process for these pupils.

4.6   Special Schools – Pupils with Social Emotional and Behavioural Needs
In Highland there is only one special school for pupils with SEBN, Black Isle Education Centre in Rossshire. BIEC opened following the closure of Raddery School, which had been a residential school that also provided some day education for local pupils. BIEC is a day provision for boys only, having places for a maximum of 12 pupils aged 9-16 from the Inner Moray Firth Area who have not been able to cope in Mainstream education due to severe social, emotional and behavioural needs. The Centre was originally established to provide a range of experiences for pupils, to support their wider social development and to help address the issues created for them due to difficult

family circumstances, insecure attachments and significant disaffection from mainstream educational experiences. The activities supported by the BIEC include many outdoor experiences, workshop tasks and cooperative, confidence building activities. The academic curricular experiences have been provided by ASDAN courses, John Muir Awards, Access courses etc, with an emphasis on practical applications rather than formal classroom based tasks or written tasks.

The grounds of BIEC include extensive mature woodland, playing fields, a number of useable sheds and cabins, a large gym building, a poly tunnel, greenhouse and workshops, set in a rural area away from main roads. The centre is also very well equipped with outdoor activities equipment, including mountain bikes, kayaks, workshop tools, outdoor clothing and boots.

The staff include a range of social care and support staff and teaching staff, to enable the provision of a mixed range of experiences for the pupils on role.

5. Views of Area Managers and ASN Staff

As part of the review process a large group of Area ECS Managers and ASN Staff were consulted about the range of needs in Highland that relates to the support of pupils with SEBN. Following a detailed discussion in June 2012 (appendix 1), a clear picture of ideal offsite provision for children and young people with SEBN was agreed. This included:

- Getting the views of the C/YP about what works for them – listen to them
- Providing a key" friend" to support and look out for the C/YP
- Focusing on preventative strategies and de-escalation with an understanding of attachment behaviour and emotional/neural development in both universal and alternative provision
- Having ring fenced funding that targets an accreditation scheme for schools using the Principles and Practices of the Positive Relationships Policy
- Ensuring C/YP are respected and have a sense of belonging to any group/school they are a member of
- Focusing on making good quality provision in mainstream schools/nurseries and within universal services
- Where alternative experiences are required, as far as possible these should be jointly delivered and integrated with universal education and health services – joint campus
- Pupils will remain on the role of their mainstream school, with additional support provided by specialist services in line with the child's plan
- Provide a dedicated highly trained multi-agency staff team across ages and stages in both universal and alternative provision

6. Strategic Overview

6.1 Current Situation

Provision for children and young people with social, emotional and behavioural needs in Highland has grown and developed largely out of local need. Across each of the Areas in Highland there is therefore a spread of provision, which in itself is not a bad thing. However, in recent years there had been no overview taken of provision across Highland, mapping out the provision or providing any clear template upon which future provision should be established. As a result, there is inconsistency across Highland, both in terms of the level of support provided to pupils and also the quality and effectiveness of this support. More urban areas and larger schools have been able to pool resources due to the greater demand for support, while more rural schools and Associated School Groups have found it difficult at times to meet need or to provide the peer supervision and consultation required to ensure best practice.

Without a clear framework, emphasis has been placed on intervention and direct support, being more reactive in nature. However, best practice and the messages from research in this area would indicate that prioritising the development of a skilled and confident workforce and the emphasis on preventative approaches and early intervention is much more effective in achieving better outcomes for children and young people.

6.2 Future Provision

The ASN Development Day in June 2012 enabled both the mapping of current provision and an opportunity to consider best practice in terms of promotion, prevention and direct support and also a template for effective provision in Highland, in relation to the known local need across all ages (see appendix 1).

There is a need therefore to agree a strategy that ideally will provide three levels of support:

- Universal – promoting positive relationships through an emphasis on positive values, a positive, inclusive ethos, mutual respect and a holistic understanding of children and young people (and the adults that care for them, teach them and support them).
- Enhanced – preventing the escalation of negative behaviours; providing early intervention approaches to support individuals and groups where need is identified. This may include additional support and provision within the school.
- Targeted – providing specialist and individualised support for individuals identified and assessed as requiring something more than that which would be available to their peers; planning and coordinating support to achieve better individual outcomes for those identified. This may include both off-site or on-site provision (ideally on-site)

Head Teachers and ASNOs should undertake a training audit of the needs of their staff and consider the professional development needs of those working at different levels within the school. The most important feature of schools that

are effective in supporting pupils with SEBN are that they are inclusive, welcoming and create a sense of belonging for parents, staff and pupils alike. All Mainstream schools should work on this premise and therefore many will have pupils with a range of needs on roll. Head Teachers should be aware of the range of policy and practice documents that can support them and provide guidance on assessment, planning and interventions that can be appropriate to use at each level. (All policy documents and practice guidance can be found on the SfL Website).

Large schools with significant levels of need should consider the option of pooling their resource to provide a nurture room to support pupils who require more enhanced or targeted interventions.

All ASGs will ideally have access to skilled staff who can provide outreach support and/or consultation to staff from pre-school to secondary. These staff may also be required to provide tuition or to support individual pupils with activities that can support an elaborated curriculum. It may be appropriate to pool resources across an ASG to provide the enhanced resource of a Nurture Room, to support pupils across the ASG on a planned basis, with very clearly defined criteria for access and criteria for success.

All Area Managers will ideally have access to enhanced provision that can provide additional support on a part time or short term basis, to pupils who may be finding a full time curriculum difficult to sustain. The input from this provision requires to be specified within the child's plan to provide clarity on expectations and measures of success. Systems should be in place to ensure that all Area Managers/ASNOs are aware of pupils where enhanced provision is used and it should be recorded on e1 as such.

Some of these interventions are currently offered by private providers and should continue to be used if they clearly meet the needs of the identified children and young people. However other support provision could and should be considered by Area Managers if it was felt that needs could be better met by concentrating the resource currently used to provide individual support in one area and creating a centre or support service for those children and young people with SEBN, if it is felt that this could prevent a further escalation of behaviours and/or prevent a placement breakdown.

Targeted supports are likely to look very different from other lower level supports and will require to be delivered by staff who understand the importance of attuned relationships and person centred approaches. They should have a clear management structure, with managers who have clear leadership qualities and skills.

- At primary stages, this provision should be nurturing and focused on developing attuned relationships. Tuition and access to the curriculum will be secondary to this, but a very important component to build in through practical activities initially, continuing with the aim of supporting

the children to develop a sense of belonging and to feel better valued in themselves and by others.

- At a secondary level, the focus will be on developing positive and attuned relationships also, but within a more practical and vocationally focused environment, as the pupils increase in age.

6.3 Staff Support

It is helpful for staff who work in specialist provision to have an identified peer group to provide support and peer supervision. This area of work is very emotionally draining and can be challenging and being able to meet others in similar situations is critical. It is therefore recommended that a network of staff and clear supportive structures be established through identified QIOs, ASNOs and the Coordinator PPR. Sharing good practice across Areas will ensure more consistency across Highland.

6.4 Strategic Management

In the past, SEBN has been left out of the mainstream curricular development and quality improvement and as a result, individual provision has developed in line with the views of the coordinator or manager (or not). It is important that a clear self-evaluation and improvement structure is built into these processes and therefore an identified QIO, who has a clear understanding of this area of work, is important to identify, to support staff appropriately.

Once agreement is made about the strategic direction for SEBN in Highland, the required actions can be incorporated into the ASN Improvement Plan. Currently, line management responsibilities for all of the specialist provisions lie with local Area managers, either ECS or H+SC Managers. It would be helpful to have clarity about the line management and responsibilities for all provisions. This would include the input of QIOs and the reporting and quality assurance mechanisms for each Area provision/service.

Professional support is formally provided by the Development Officer for Positive Relationships within the ASN Team for the 3 main offsite vocational units only, although to date, this post holder has made a link with other facilities also. It would be recommended that these links be more formally recognised, with the Development Officer having a more focused role in training, advising and supporting the work in other facilities and specialist services and supporting the ASNOs, along with Educational Psychologists in advising those schools with nurture rooms also.

It would be advised that a reporting mechanism be established to SMT, incorporating information on school exclusions, part time attendance, pupils accessing specialist facilities, pupils in receipt of tuition, pupils with enhanced curricular activities etc. This would inform Area Managers and other members of SMT as to the nature and extent of the need for future provision and also the evaluation and success of the current provision in each Area. This information would also inform the training strategy for Area Support for Learning Teams and for the central ASN Team.

Bernadette Cairns, PO ASL and Early Education, March 2013

Summary of ASN Development Day, 1 June 2012

(attended by members of the Area ECS management teams; coordinators of the offsite and specialist SEBN provisions; members of the ASN Area and central teams; head teacher special school; District Manager)

A   Provision and Support Currently in Highland

Examples of Provision for Preventative approaches – Universal Services					
Birth	**Early Years**	**Nursery**	**Infants P1-3**	**Upper P4-7**	**Secondary**
Parenting classes Health Visitor Social Work Baby Massage CSW GIRFEC Staff Training	Private Nurseries Partner Centres Roots of Empathy Training in Attachment Health Visitor Early Years Workers Social Work CSW GIRFEC Early Talk Staff Training	Private and LA Nurseries Partner Centres Resilient Kids CfE health and Wellbeing Health Visitor Social Work CSW GIRFEC Early Talk Staff Training	Schools Support bases Doorways Resilient Kids Roots of Empathy CfE health and Wellbeing School Meals School Ethos School Nurse Social Work CSW GIRFEC Staff Training	Schools Support bases Doorways BIEC Resilient Kids Emotional Literacy CfE health and Wellbeing Enterprise Sport School Nurse Social Work CSW GIRFEC Staff Training	Schools Support bases The Bridge An Cala Airport House BIEC Elaborated curriculum CfE health and Wellbeing Emotional Literacy Enterprise Sport School Nurse Social Work CSW GIRFEC Staff Training

Examples of Early Intervention Strategies		
Services	**Systems**	**Practices**
Pupil Support Assistant SfLT CSW Educational Psychology CAMHS Nurture Groups Pupil Support Teacher ASN Team	CfE Pupil Support systems Curricular Planning Chrysalis GIRFEC Emotionally Literate Schools CALM de-escalation Training Activity Agreements Behaviour Protocols Timetable Personalisation CPD programme and PDP processes	Child's Plans Differentiation Staged Approach Inter-disciplinary working Child at the Centre Involving Parents Solution Focused discussions Restorative Conversations Forest School/ Abriachan Glachbeg John Muir Award Home school Diaries SWOT Team Therapy;Art/Music/Horse/Cycle Sharing Resources and info. Risk Assessment

Examples of High Level or Crisis Intervention		
Services	**Systems**	**Practices**
BIEC The Bridge An Cala Airport House Doorways Additionally Resourced Schools Pupil Support Service Autism Outreach Service Action for Children Primary Mental Health Workers CAMHS Social Work	all above plus: Liaison Group Meetings Solution Focused Meetings Planning Alternative Curriculum Residential Placement Group Application for LAC Ed Support	all above plus: Children's Reporter - Panel Supervision Order Residential Care Medical Review Joint Admissions Group discussions High Level Support from PSAs/CSWs/EYWs etc Specialist Staff Training Child's Plans/protocols Risk Assessments

What is working well? (although not necessarily consistently)		
Principles/Attitudes	**Systems**	**Practices**
It's not necessarily their fault They can't always help it Change is possible, but is incremental and takes time Good Teamwork Flexibility Positive Ethos Positive SMT Interdisciplinary Learning Mutual Respect Child Centred Learning Suitable Environment Focus on Purpose	Having the right staff with the right skills Solution Focused Approaches Early Intervention Good Communication More Choices More Chances Childs Plans Joint Admissions Systems Restorative Practices PPR CPD Programme at three levels PSA and SfLT CPD programme	Alternative Packages Resilient Kids School Home links Nurture Groups Good attendance Teaching Life Skills Pupil Support Base Emotional Literacy Staff training and development followed up Behaviour plans based on good evidence Interdisciplinary working

B   Through discussion, the following vision of ideal provision was suggested:

Ideal Universal Provision		
Principles/Attitudes	**Systems**	**Practices**
To be responsive to individual needs	CfE as it was meant to be. Track pupils progress, attendance, achievement	Elaborated/Individualised curriculum Accurately record on Phoenix
To have a solution focused, holistic, child centred approach	Emotionally Literate Schools	EL Courses (10 day, 6 day and flexible short courses at 3 levels)
To have high quality staff training	Good CPD Provision, planned to meet needs	On-going training, meeting needs of centres from Early Years upwards
To have high quality	Lead On/Next Generation	All SMT and prospective

Leadership	Leadership/Headship	HTs participating in Lead On/ training. Distributive leadership
	Staff training, School development plan, nurture groups	
All pupils to have access to a nurturing environment		Building resilience, positive ethos, regular CPD, Listening
Parents and children to have easy access to CSW support	Good interagency processes based on the needs of c/YP	Open and regular links with parents – parents room
Good communication and easy access to other agencies and services	Hold all LG meetings in school/ base agencies in schools	GIRFEC – Highland Practice Model
Total Inclusion	Understand and meet the needs of all C/YP. Address negative attitudes towards 'difference'.	As per inclusion policy/ Equalities Act/individual school
Community Inclusion	Integrated campus with facilities for Health and Social Care	As per individual school – take opportunities with new schools and School Estates Review

Ideal Support Provision		
Principles/Attitudes	**Systems**	**Practices**
Work with children/young people and their parents/cares to understand what is going on	Focus on child development, neural pathways and emotional literacy as a framework for understanding behaviour and relationships	Share knowledge of these aspects through PSE, individual discussions, group work and training, to inform everyone. Reinforce across the curriculum
Support transitions	Create a package for P6/7 S1 Using curriculum and EL principles – Resilient Kids	Some training and then school implementation – use Res Kids
Engage pupils in school life and learning	Schools to increase the sense of belonging, engagement and enjoyment of learning through individualised approaches	Identify children who are disengaging from school and provide support earlier. Highlight the importance of sense of belonging
Have a preventative approach to ASN	Pupil Support Service to refocus and prioritise	To be developed by PSS, Secondary Schools and ASN Teams
Good communication between parents/carers and services	Links with parents/carers	Multidisciplinary Teams to focus on quality of parent

To have support and advice for school staff	assessed and reviewed as part of on-going Childs Plan work	services link
		Small team available (also SWOT team in West as model)
Leadership and Commitment to change	Actual/Virtual teams to Promote Positive Relationships	
		Good practice could be highlighted and rewarded as per Health Promoting Schools Model
	Consistency of approach to policies and staff training	

Ideal Alternative Provision	Systems	Practices
Principles/Attitudes		
The Provision is worthwhile, purposeful and valued	Ensure good admissions procedures and track progress in school and in wider management	Accurate use of Phoenix. Evaluation built in. Evidence of progress gathered.
Child Centred	Individualisation of the curriculum/learning experiences.	Clear goals informing experiences Child's Plan. Goaling with child/YP - AiFL.
Caring and nurturing environment	Focus on social and emotional development with academic skills secondary to this	Active listening to pupils views
		Use of nurture groups, EL, restorative practices, etc Best practice shaped by evidence based research
Well trained staff	Good recruitment. CPD systems linked with PDPs.	
1:1 time for every CYP	Ensure a named person/lead professional (and) 'key' person for child/YP	Chose the 'best' staff, then provide regular training for all in key areas
Well-resourced environment	Good quality physical environment with highly stimulating and engaging activities	Every pupil has a key adult of their choice to mentor/ support
Flexible timings for start and finish	Provide flexibility in the curriculum	Use of physical environment to support personal development out with the classroom
Strong emphasis on transition	Prepare for admission. Follow transitions guidelines	Use of 'soft start' and endings to help process emotions and successes
Daily contact with parent/carer	Ensure parents are fully involved in their child's education	Ensure Partners to the Plan are fully involved to support admission, a possible return and transition post school.
Stay on local school role and maintain links	Responsibility remains	

	with local school. Maintain sense of belonging to local community	Links by Social Care staff. Home-school calls, diary etc
Easy access to support services	Management support group, admissions group, steering group have representatives from various services	Share the planning and support with mainstream staff. Provide outreach to enhance skills of other staff
		Child's plan used as route to request assistance from other services. Other services provide support

C   Effective SEBN Provision

Main Priorities for creating effective provision for children and young people with SEBN

- **Get the views of the C/YP about what works for them – listen to them**
- **Provide a key" friend" to support and look out for the C/YP**
- **Focus on preventative strategies and de-escalation with an understanding of attachment behaviour and emotional/neural development in both universal and alternative provision**
- **Have ring fenced funding that targets an accreditation scheme for schools using the Principles and Practices of the Positive Relationships Policy**
- **Ensure C/YP are respected and have a sense of belonging to any group/school they are a member of**
- **Focus on making good quality provision in mainstream schools/nurseries and within universal services**
- **Where alternative experiences are required, as far as possible these should be jointly delivered and integrated with universal education and health services – joint campus**
- **Pupils will remain on the role of their mainstream school, with additional support provided by specialist services in line with the child's plan**
- **Provide a dedicated highly trained multi-agency staff team across ages and stages in both universal and alternative provision**

D   Next Steps

- The discussions from this development day will inform a strategic, joint services plan for SEBN, that all senior managers can sign up to
- This Strategic plan will be drafted by members of the ASN Team, for further consultation
- Ensure the strategy has a sound evidential base from research and the Highland context.

Appendix 2
Promoting Positive Relationships/Emotional Literacy

COURSE TITLE		LEVEL 1 AWARENESS	LEVEL 2 SKILLS DEVELOPMENT	LEVEL 3 ADVANCED PRACTITIONER
Emotional Literacy	Content	Awareness raising and basic introduction to basic principles and framework. Brain lectures giving overview of neuroscience and basic brain development.	Further skills development, including an understanding of emotional coaching, self esteem and emotional hijacks etc.	Action learning course with action learning project
	Duration	½ day - 1 day awareness raising 2hrs x3 brain lectures	Various formats: ½ day - 1 day+	10 days+
	To Whom	All staff as part of their induction Probationary Teachers Managers All support staff	All support staff	Invited multi-agency group
	By Whom	EL Advanced Practitioners, Ed Psychs Brain Lectures – Liz Morris	EL Advanced Practitioners	Development Officer/ASN SM
	On Request/In ICS or ECS Calendar	On Request In ICS Calendar and In ECS Calendar	In ICS Calendar In ECS Calendar	On Request In ICS Calendar
Restorative Practices	Content	N/A	Awareness Raising and understanding of restorative approaches including restorative conversations, peer mediation and other practices.	Advanced Practitioner Course – leading to enhanced skills for Restorative Conferences, Family Group Conferencing etc
	Duration	N/A	1 day – pre-requisite that participants have attended 1 day EL awareness.	2 days - 4 days
	To Whom	N/A	Support Staff and management/service coordinators	Individual Specialist Staff
	By Whom	N/A	ASN Team, Ed Psychs, RP Trainers	Specialist Services, Outside Providers
	On request/in ICS or ECS calendar	N/A	On Request	On Request
	Content	N/A	Awareness of the principles and skills	Training for Trainers course

Circle Time				practice in running circle time activities
	Duration	N/A	1 day	4 days
	To Whom	N/A	Class Teachers and support staff	Individual specialist staff
	By Whom	N/A	ATLSfL/ASNO	Accredited Training Providers
	On request/in ICS or ECS calendar	N/A	On Request	On Request
Resilient Kids and Resilient Kids to School	Content	N/A	Training on the use of the pack and explanation of strategies outlined	Training for Trainers Course
	Duration	N/A	1 day	1 day
	To Whom	N/A	Class Teachers and Support Staff	Ed Psychs and Pre School HVTs,
	By Whom	N/A	Ed Psychs and Pre School HVTs	Ed Psychs
	On Request/In ICS or ECS Calendar	N/A	In ECS Calendar	On Request
Attachment and Resilience	Content	Basic awareness raising of early brain development and attachment theory. Resilience matrix and basic strategies for building resilience.	Further training on attachment theory and how this relates to behaviour. Building resilience through emotional coaching. Using the resilience matrix and linking this with the motivation matrix	Specialist knowledge of attachment theory and how it can be used in connection with supervision, coaching, staff support etc.
	Duration	1 day	1 day	1 day
	To Whom	All staff (especially early years workers) and parents	Support staff working with children including LAC and LAAC. Foster and adoptive parents.	Managers/service coordinators/leaders
	By Whom	Ed Psychs, PMHWs, EL Advanced Practitioners, SWs	Ed Psychs, PMHWs, EL Advanced Practitioners, SWs	Ed Psychs, PMHWs, EL Advanced Practitioners, SWs
	On Request/in ICS or ECS Calendar	On Request In ICS Calendar and In ECS Calendar	On Request In ICS Calendar and In ECS Calendar	On Request In ECS Calendar
Children in Distress	Content	N/A	Awareness raising of mental health, stress/distress in children / young people including suicide intent, active listening, warning signs and useful	Specialist accredited training for specialist staff in counselling and direct clinical support for children in distress

			strategies.	
	Duration	N/A	2 days	2 days+
	To Whom	N/A	All staff working with children and young people	CAMHS, Ed Psychs, Guidance staff
	By Whom	N/A	PMHWs, Ed Psychs	External providers
	On request/in ICS or ECS calendar	N/A	On Request In ICS Calendar	On Request
Debriefing	Content	N/A	Awareness Raising and understanding of debriefing process within policy. Skills practice and development for active listening and debriefing staff after varying levels of incident.	N/A
	Duration	N/A	1 day – pre-requisite that participants have attended level 1EL awareness training.	N/A
	To Whom	N/A	Support Staff and management/service coordinators	N/A
	By Whom	N/A	ASN Team, Ed Psychs	N/A
	On request/in ICS or ECS calendar	N/A	On Request In ECS Calendar	N/A
De-escalation	Content	N/A	Awareness of the principles of emotional literacy and preventing escalation in challenging situations. Understanding of anger cycles, challenging behaviour and levels of conflict	Direct training in relation to behaviour protocols, contracts and planning for individual children and young people who are likely to present challenging behaviour.
	Duration	N/A	½ day - 1 day with prerequisite that participants have undertaken level 1 EL training.	1 day plus ongoing consultation
	To Whom	N/A	All staff	Specific staff
	By Whom	N/A	ASN Team	Specialist services, external providers (eg Chrysalis)
	On Request/In ICS or ECS Calendar	N/A	On Request In ICS Calendar and In ECS Calendar	On Request
Physical Intervention	Content	N/A	N/A	Review and revision of the principles of EL, restorative approaches and de-escalation. Introduction to safe holds and skills practice
	Duration	N/A	N/A	2 days
		N/A	N/A	Individual Staff working with children and young

	To Whom			people presenting predictable challenging behaviour.
	By Whom	N/A	N/A	Trainers in physical intervention, external providers eg CALM
	On request/in ICS or ECS calendar	N/A	N/A	On Request
How Motivation Works	Content	Introduction to the basic models of how motivation works. Awareness of the 2 dimensions, 4 drivers and 7 stances	Further explanation of how motivation works in the classroom. Considering the 7 stances in relation to the 4 drivers and the various gears, particularly focusing on the stance enhancers.	Looking at Motivation across the school. Working with children and young people to use motivational theory for self evaluation and to build self knowledge and control
	Duration	½ day – 1 day	1 day	1 day + consultation
	To Whom	All staff	Class Teachers and support staff	Individual staff/school groups, pupils, parents
	By Whom	Ed Psychs, ASN Team	Ed Psychs	Ed Psychs
	On Request/In ICS or ECS Calendar	In ECS Calendar	On Request	On Request
Solution Oriented Approaches	Content	Introduction to the principles and basic strategies used in SOA. 10 Principles, Active Listening, Core Message, Miracle Question, Competency Building, Exceptions, Scaling	Building on the basic strategies build further skills through skills practice and greater competency in using SO questions. Using SOA in SO Meetings	Working towards becoming a SO school, service, organisation. SO development planning, SO coaching, SO evaluation and review.
	Duration	1 day	1 day	1 day + consultation
	To Whom	All staff	All Staff	All Staff
	By Whom	Ed Psychs	Ed Psychs	Ed Psychs
	On Request/In ICS or ECS Calendar	In ICS Calendar In ECS Calendar	In ICS Calendar In ECS Calendar	On Request

NAME:　　　　　　　　　　DOB:　　　SCHOOL:

Review Date	Review Date	Review Date	Generally 3 boxes ticked in any level will be required to demonstrate a pupil's
Class/Year Group	**Class/Year Group**	**Class/Year Group**	need overall lie within that level. However professional judgement should be used where a pupil has one or two overwhelming needs in a specific area.
ASN Level	**ASN Level**	**ASN Level**	

Needs relating to:	Level 1 – Standard Support FORM 1 may be used for a pupil at this level	Level 2 – Significant Support ASN File opened at this level and PROPORTIONATE child's plan created	Level 3 – Substantial Support Child's Plan MUST be in place for a pupil at this level	Level 4 – Specialised Support Child's Plan MUST be in place for a pupil at this level
The physical environment	The ordinary education setting is appropriate, with reasonable adjustments being made to meet need eg: • Work station • Alternative seating • Sloping writing board • Etc.	Access to a room *sometimes* required for the delivery of structured programmes etc, which cannot be delivered within the mainstream classroom eg • a deaf pupil requiring a low noise environment • area for a pupil to engage in outside agency programme	A base/dedicated area within a mainstream setting may be required for a *substantial part* of the pupil's time in school eg • ASD friendly environment • Nurture room • Time out space	A highly specialised environment is required *all of the time* eg: • Low stimulus environment • Highly protected and individualised space to meet complex needs • etc
The curriculum and how it is delivered	Mainstream curriculum with differentiation eg • alternative outcomes • additional time • responding to preferred learning styles	*Significant* differentiation is needed in one or more areas of the curriculum, requiring a child's plan/programme with SMART targets, which are reviewed termly eg • for learning and/or behaviour • independence/social/life skills • physical/sensory issues	*Very substantial* and individualised planning is needed in a wide area of the mainstream curriculum requiring regular review and consultation with parents, and agencies/services external to the school	The pupil follows an *alternative/elaborated* curriculum from that provided in mainstream, supported by a detailed child's plan. This may include daily living skills, a sensory curriculum etc.
The level of adult support required	A flexible and creative use of support normally available, in order to respond to needs	Significant needs which require to be addressed through access to individual and/or small group support for *part of the time*, monitored and reviewed through the child's plan.	Access to a *substantial* level of support *most of the time* to implement agreed protocols/actions, as agreed and recorded in the child's plan.	Pupil requires access to teacher and/or pupil support assistant *all of the time*. This support is monitored, reviewed and evaluated through the child planning process.
The level of specialised resources and technology required	Ordinarily available resources. For some pupils this will include mobility aids, wheelchairs and assistive technology support	Resources, required by the pupil individually, on a *time limited* basis eg • switches • hearing aids for glue ear	Highly specialised resources or technology not normally available and deployed/designed for the pupil's specific use *when required* eg • communication aids • radio aids	Access to highly specialised resources, facilities or technology not normally available and deployed/designed for the pupil's specific use *all of the time* eg • augmentative aids • assistive technology
The level of support agencies / services involved	Needs identified and monitored by Class / Subject Teacher. For some pupils this may include support from therapists. ASN file *may be* opened at this Level	Agreed and monitored child's plan and/or programmes delivered by school staff which may be supported by outside agencies eg OT / S&LT eg • consultation and resources from therapists ASN file opened at this Level	Direct, planned and monitored *long term support* on a regular basis by specialist agencies/services (including Health and Social Care) . Child's plan used to coordinate and monitor support and outcomes for the child/young person.	Direct, planned and monitored support on an *intensive* basis, supported by a detailed child's plan.
Communication	Ordinary oral/aural and written communication eg • visually supported environment • using less complex language	Communication and language needs met by specific approaches eg • symbols • visual/verbal cues	Enhanced support to aid communication and social inclusion additional communication methods eg • sign/gesture, including Makaton • augmentative systems	Highly specialised methods required *all of the time* eg • sign language • Braille

Increasing Inclusion Success Criteria and Action Plan

Type of Provision in HC	Current Provision	What makes it successful	Resources Needed	Funding implications
Mainstream Primary	Either ASN fully included in mainstream classes with or without support or an additional base facility on site for a specific school **Issues:** Smaller, remote schools have variable/inadequate provision at present. Possibility of pooling resources in geographical areas with high need (e.g. FW). The potential and implications of Nurture Group provision. Access to individualised curricular Es & Os.	A strategic plan Head of Establishment Physical Environment Fit for Purpose ? Enough staff who are suitably trained Well-resourced and funded Multi-faceted team approach Strong relationships Good use of existing resources **Issues:** An effective and efficient model of SfL/ASN staff support. Possibility of redirecting focus of resources to address higher-level tariff whilst not ignoring lower-tariff needs.	Building Staff Resources Transport Training/CPD **Issues:** Need to identify 'core' ASN experiential CPD for all CTs and PSAs that captures the key, generic points of appropriate pedagogy, methodology, knowledge and skills – rather than relying only on a proliferation of 'specialist', diagnosis-related CPD.	To roll this out across all schools and ASGs could be a considerable cost. Need to pool resources, skill up staff in ASGs and provide outreach from within the ASG **Issues:** Tension between possible limited funding and legal duties/obligations.
Mainstream Secondary	Either ASN fully included in mainstream classes with or without support or an additional base facility on site for a specific school Or e.g. Hub at Millburn where pupils can access mainstream for varying amounts of time, or none **Issues:** Pressure of SEB-related needs on resources. Need to address underlying factors in presenting behaviour, including staff methodology and skills.	A strategic plan Head of Establishment Physical Environment Fit for Purpose ? Enough staff who are suitably trained Well-resourced and funded Multi-faceted team approach Strong relationships Planned links to other resources Good use of existing resources **Issues:** Model not based on 'separate' SEBN support but rather on integrated pupil support with specialist knowledge /skills in team.	Building Staff Resources Transport Training./CPD	To roll this out across all schools and ASGs could be a considerable cost. Need to pool resources, skill up staff in ASGs and provide outreach from within the ASG
Special School 3-18	3 schools all at full capacity 2 schools needing upgrade buildings **Issues:** Inequality of provision for children living far from specialist provision but for who residential is not appropriate. It is the nature of specialist ASN provision that it will always "fill up"!	As above Diverse range of skills within staff Fit for purpose building	Building Staff Resources — economy Transport — of scale Training	Capital costs for new builds, extending existing provision to provide specialist resources within existing schools etc.

Offsite Provision	A range of Primary/Secondary Working with a range of children and young people **Issues:** Access to off-site, part-time support not consistent across HC. Is this the best model anyway, or should resources be redirected into (some?) mainstream schools?	As above Clear remit and strategies Nurturing environment Early intervention strategies	Building Staff Resources ⎤economy Transport ⎦of scale Training	Capital costs to adapt spaces and/or create new provision for SEBN. Redeploy specialist staff in other ways. **Issues:** Need to consider the roles of peripatetic SEBN staff and where they could be best deployed.
Out of Authority	Those that cannot be looked after, educated or accommodated in HC A small number but a very high cost	Residential [24/7] provision Highly specific and intense responses		Would be very expensive to match this provision in house. **Issues:** Do the numbers stack up to make this viable?
Best Practice Mode;	**A wide spectrum of provision to meet the wide spectrum of need**	**A multi-faceted, highly skilled team who work in a school/base/establishment where the lead believed in inclusion and support**	**1 team per ASG or specialist provision in 1 place. With an adequate budget**	**Need to consider the budget requirements and grow expertise in local teams so that any expenditure is within a strategic plan.**

Action Plan for HC

1. Audit what we have, where we have it and cost it out [partially done].
2. See what is missing [already done].
3. Directive [Steer] from the highest level that this is the agreed approach [High level consultative group].
4. Put it on a strategic plan of action for next cycle of school improvement.
5. Look at most cost effective approach [ASG team, ASD school]
6. Roll out best practice model that is proactive rather than reactive.
7. Build capacity in schools properly with hands on support and expertise and agreed, universal CPD (see above).
8. Makes sure there is an agreed exit/return strategy for pupil to be taught in local community schools.
9. Do not send all the pupils with the most need to the same provision so we overload it.
10. Enough
    - Staff
    - Funding
    - Targeted Training
    - Capacity

The ASN population throughout HC has a wide spectrum of need and the provision provided by the authority should be equally wide in its response.

The following were identified as the main priorities to increasing inclusion in mainstream schools and to reducing barriers to learning.
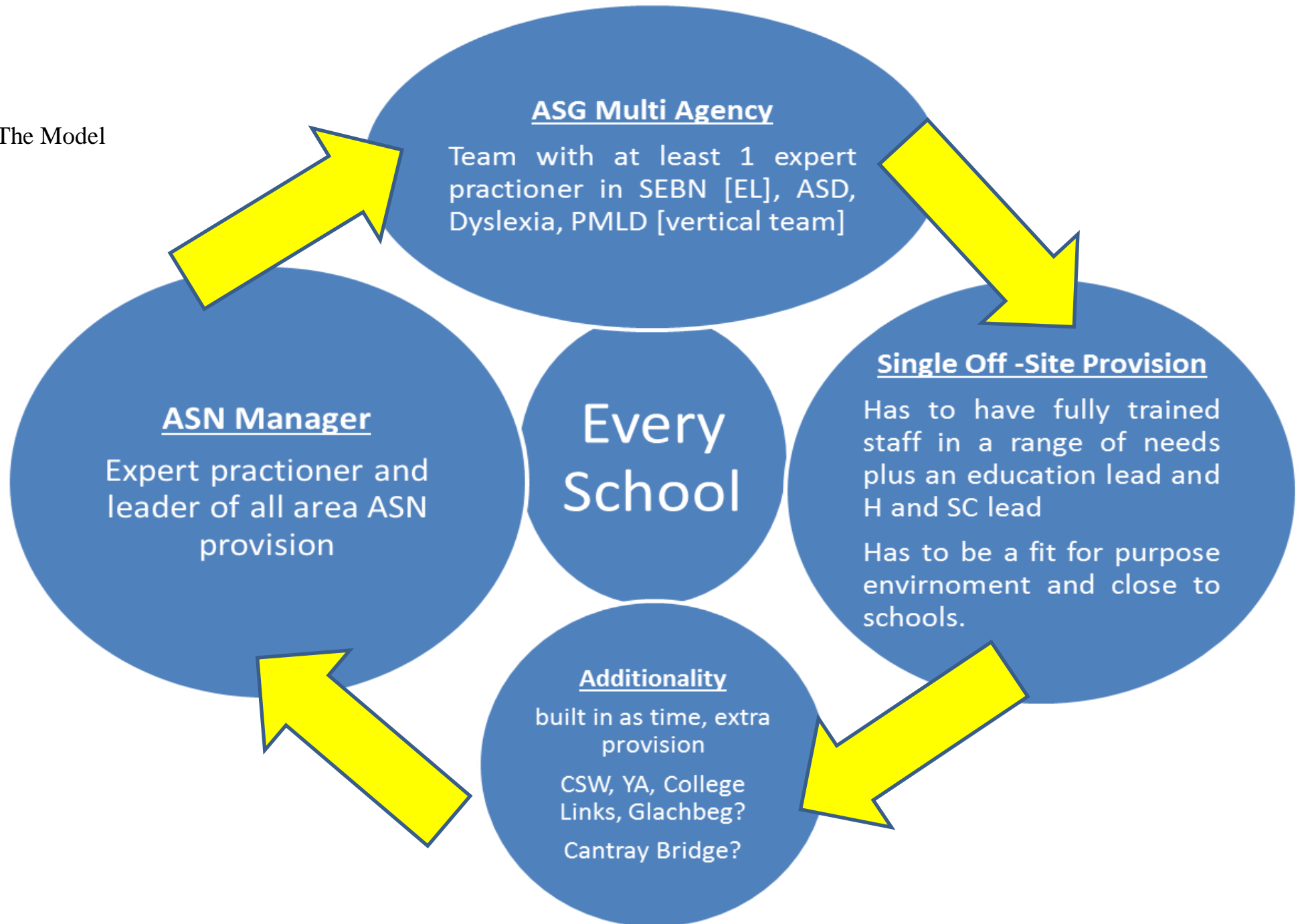
To Increase Inclusion

1. HT committed to inclusion for all
2. School Ethos
3. Build capacity for day to day class teaching
4. Focus on level 1 and 2 on Matrix
5. Safe Havens for pupils with ASN
6. SFL links with Guidance Dept
5. Communication with Parent
6. Alternative Curriculum
7. Better Transition Planning
8. Flexibility of Provision
9. Implement all aspects of CfE
10. New GTCS standard for Full registration for teachers
11. Probationers all given more in depth ASN training
12. Centralise specific [ASD/SEBN resources in all 4 areas]
13. Build capacity from multi Agency teams to respond to ASG needs
14. Single off site resource /provision in each of the 4 areas [ASN ,ASD, SEBN]
15. Review PSA CPD and resources [how to get feedback form PSA –Consultation]
16. Build multi agency model in schools as a pilot [CSW, YA, SFL, Guidance +???]
17. Do we need to have vertical ASN teams?

To Reduce Barriers

1. Highly expert and experienced staff
2. GIRFEC is implemented
3. Every school has access to support
4. Improve quality of CPs
5. Increase funding
6. Increase resources
7. Secondary subject teachers to develop/deliver Nat 1-Nat 3

Year 1 2014-2015	Year 2 2015-2016	Year 3 2016 -2017
Priority 1 ASN review findings translate into **Authority Steer** =A **strategic 3 year Plan** for all schools to ensure all schools /provision/bases staff implement via priority of Meeting Learners' Needs [5.3] on School Improvement Plans. **Responsibility**	**Priority 1**	**Priority 1**
Priority 2 **A** CPD programme built in to all 5 in –set days for all school staff to include • **Legislation/Multi Agency Working** • **Meeting Learners' Needs [HMIe]** • **Developing an Autism friendly School** • **Emotional Literacy** • **How to complete a CP/cusp/bsp?** **Responsibility**	**Priority 2**	**Priority 2**
Priority 3 Draw up area plans with AEM in all to develop a multi-agency team and to identify facilities for one single off –site provision **Responsibility**	**Priority 3**	**Priority 3**
Priority 4 Begin to identify members of ASG Multi Agency team, train as one team to support schools with more than consultation, support must be put in form of action plan and wherever possible pupils remain in the mainstream school. Including high level **Responsibility**	**Priority 4**	**Priority 4**

The Model

ASG Multi Agency

Team with at least 1 expert practioner in SEBN [EL], ASD, Dyslexia, PMLD [vertical team]

ASN Manager

Expert practioner and leader of all area ASN provision

Every School

Single Off -Site Provision

Has to have fully trained staff in a range of needs plus an education lead and H and SC lead

Has to be a fit for purpose envirnoment and close to schools.

Additionality

built in as time, extra provision

CSW, YA, College Links, Glachbeg?

Cantray Bridge?

Appendix 7

ASN Review – (name of group)
Self-evaluation
What are we doing well in addressing ASN in Highland?
How do we know that this is working?

What do we need to do improve to ensure better outcomes for children and young people with ASN in Highland?

Improvement Priorities

From the list above - what are the top three priorities for improvement?

1.

2.

3.

What will be the outcome for children and families if we address these priorities?