Educational Psychology Work: Evidence of Impact on Exclusions

March 2023

Background:

Evidence suggests that the following factors promote children’s inclusion and reduce exclusions:

1. Robust understanding by stakeholders (particularly school staff) of children’s needs and strengths, particularly in the area of social, emotional and mental health (SEMH) and factors which might underly SEMH.
2. Early identification of SEMH needs as a Special Educational Need (SEN), appropriate person – centred target setting, intervention and evaluation against targets.
3. School staff feeling confident, empowered and competent that they can support children with SEMH needs.
4. Children feeling understood and involved in decisions affecting their lives.
5. Authentic involvement of families in ‘assess, plan, do, review’ cycles to support children with particular SEMH needs.
6. Successful transition between placements.

For these reasons, Educational Psychology which has an aim of promoting inclusion and reducing exclusions has focused on these 5 areas. This is through:

1. Core time being put into Newcastle’s SEND Advice and Support Allocation Panel [Newcastle SEND Advice and Support Allocation Panel (SEN ASAP) (newcastlesupportdirectory.org.uk)](https://www.newcastlesupportdirectory.org.uk/newcastle-send-advice-and-support-allocation-panel-send-asap) over the last two academic years (and via the Single Point of Contact panel before this). In the last two years, Educational Psychologists on the team have worked with 28 pupils (including their families and staff) in the academic year 2021 – 2022 and with 31 pupils (and their families and staff) this academic year so far. Last academic year, none of the pupils we worked with received a permanent exclusion, despite their significant SEMH needs. This academic year so far, one pupil has received a permanent exclusion before we became involved. This shows the impact of our work on supporting children, staff and families. See appendix 1 for a sample of our evaluation feedback.

The Senior Specialist Educational Psychologist for SEMH has also been involved directly in complex casework with a range of students with particularly complex SEMH needs over the last two academic years. These pupils were often referred via the Local Authority Inclusion Panel, the Education, Health and Care Plan (EHCP) panel or ASAP (as above). From being involved with twelve pupils, two of these pupils have since been permanently excluded, to the best of our knowledge. One of these pupils’ permanent exclusions is being appealed. The Senior Specialist Educational Psychologist has also been involved less directly in supporting other pupils with identified SEMH SEN, but no data has been captured for this involvement, due to many other factors impacting inclusion/exclusion.

1. The ASAP team of Educational Psychologists created and trialled an SEMH profile (see appendix 2), which staff in schools can use in a person – centred meeting to identify students’ SEMH needs, strengths and how to support them. This is something which is being used by ASAP Educational Psychologists and the schools they work with and is commented on in positive feedback we receive (see appendix 1). Educational Psychologists have also added valuable input into developing the Local Authority’s Descriptor of Needs [SEND Descriptors of Need | Newcastle Support Directory](https://www.newcastlesupportdirectory.org.uk/send-descriptors-need#:~:text=The%20Newcastle%20SEND%20Descriptors%20of%20Need%20were%20co%2D%20produced%20with,of%20the%20Descriptors%20of%20Need.) and mainstream guidance as means to ensure that staff and others understand what provision is likely to promote inclusion and reduce exclusions. The evidence of impact of these documents and associated training is ongoing and facilitated by a range of professions, not just Educational Psychologists.
2. The Senior Specialist Educational Psychologist, along with other professionals, is facilitating bespoke training and support for schools in Newcastle who have the highest rate of exclusions (and poorest attendance). Five Secondary Schools are accessing the offer here: [Understanding and Developing Social, Emotional and Mental Health Skills (SEMH) | Newcastle Support Directory](https://www.newcastlesupportdirectory.org.uk/understanding-and-developing-social-emotional-and-mental-health-skills-semh-0). This training offer was planned last academic year and has been rolled out since January, 2023. So far, evaluation feedback suggests that staff are increasing in their capacities to identify students who have SEN in SEMH within the context of a whole school relational approach. See appendix 3 for examples of feedback so far. This feedback also sits alongside Designated Mental Health Lead Training in Newcastle and training to support staff to understand SEMH through the pandemic. See appendix 3 for evaluation feedback. Staff in the SEMH Additionally Resourced Provisions (ARPs) have also received training around meeting the needs of students with significant SEN in SEMH. No pupils have been permanently excluded from an SEMH ARP since this training (and other initiatives) began. There is also a core offer of training and support with the aim of promoting children’s inclusion, outlined here: [Newcastle EPS Collaborative Document (newcastlesupportdirectory.org.uk)](https://www.newcastlesupportdirectory.org.uk/sites/default/files/documents/EPS%20Collaborative%20Document_0.pdf). Universal support to school staff is also offered to schools as part of the Local Authority’s Team around the School approach. Evaluation of impact is ongoing.
3. Children’s voices are integral to any work which aims to support them. They offer adults valuable insights into what is working and not working for them. Children were consulted directly in the creation of Newcastle’s training and support package. Educational Psychologists always work in person – centred ways with the child at the centre and this is reflected in the tools we use in the casework cited above and when we use the SEMH profile, for example. Our work tends to be co constructed with the child in terms of what they might find helpful to know about themselves, which will lead to their inclusion (and not exclusion).
4. Educational Psychologists usually work with parents/carers in each piece of casework we carry out. Understanding the family context is integral to our formulation and support we might offer, along with others’. Parents/carers’ views were sought in the creation of the type of training that would be offered to school staff. They were also represented and co -constructed the SEMH descriptor of needs approach.
5. Educational Psychologists are involved in numerous pieces of work which aim to promote inclusion during transitions, directly in casework and through sharing evidence based good practice: [School Transitions | Newcastle Support Directory](https://www.newcastlesupportdirectory.org.uk/school-transitions). The Day 6 transition paperwork has been used successfully between Day 6 and mainstream: [Sixth Day Provision | Newcastle Support Directory](https://www.newcastlesupportdirectory.org.uk/sixth-day-provision). Evaluation of impact is ongoing.

Appendix 1: ASAP Example Evaluations

**Example 1 from teacher feedback form:**

**How successful was the work in relation to the following aspects?**

(4 = Completely successful; 3 = Mostly successful; 2 = Partly successful; 1 = Not successful)

* **Enhancing understanding of what might be going on for the child / young person** 4
* The EP team have been brilliant. Providing support for school and the family.
* Training for the whole staff team has been really useful.
* It confirmed the work the staff were already doing and gave them strategies to use to support.
* The work has been really useful and supported the school in helping the family. The staff now feel confident in the work they are doing supporting the children.

**Example 2 from teacher feedback form:**

|  |
| --- |
| **Reason for referral** |
| Complex case. J’s behaviours were becoming increasingly concerning, negatively impacting his safety and the safety of others. Presentation was also having a negative impact on his ability to access learning and extra-curricular activities. At risk of exclusion.  School needed support to better understand need, to be able to more appropriately meet need and improve outcomes for the pupil. Pupil was becoming ‘notorious’ with other parents and his family were feeling isolated. |

**How successful was the work in relation to the following aspects?**

(4 = Completely successful; 3 = Mostly successful; 2 = Partly successful; 1 = Not successful)

* **Enhancing understanding of what might be going on for the child / young person** 4

|  |
| --- |
| **Comments** |
| ASAP EP support helped school and family to better understand J’s needs. Ongoing support worked well alongside other assessments taking place simultaneously.  Structured approach was highly beneficial (using the profile).    Outcomes have significantly improved for this pupil due to the support provided via ASAP EPS. Staff and family have been supported to explore and better understand needs and develop strategies for how these can be met.  Pupil has a better perception of self and this was particularly important following a negative experience as part of the autism assessment process.  Pupil is more regulated and able to better access the curriculum and is again able to access some extra-curricular activities.  Although an individual risk assessment and high level of staffing remain necessary, far few behaviours of concern are noted.  Pupil is beginning to interact better with peers and has recently been invited for a ‘play date’ out of school. |

**Case Studies:**

EP input has included: therapeutic work with the child/child and family, staff training, facilitating group consultation/problem solving meetings, staff supervision, case work, sharing of evidence based intervention, particularly targeted intervention which promotes children’s SEMH development.

Case Study 1:

EP involvement was sought to support family and Nursery’s understandings about the child’s needs, in particular triggers for some “tantrums”. The EP facilitated a solution focused consultation with key stakeholders and family members participating. This allowed the team around the child to share understandings and combine their knowledge of what was working well and what needed further support. A number of clear, specific and measurable outcomes were negotiated. The EP scribed the meeting and sent to all involved so everyone was clear about what they were working towards: a) to help the child to feel psychologically safe when her mum left her, b) to help the child to understand what is happening next by using a now and then board and giving her 1 – 1 support during transitions and c) implementing an evidence-based intervention to support her friendship with a chosen peer. The case was reviewed via a multiagency and family meeting and progress against targets had been met. The tantrums had decreased (evidenced through quantitative and qualitative data collected by setting staff). The case was closed.

Case Study 2:

EP involvement was sought due to a Primary child’s experiences of trauma in the family home. The child was distressed to the point where he was not able to attend school beyond an hour a day. The EP firstly participated in a multiagency meeting to better understand the child’s needs and strengths. It was felt that there was a gap in school staff’s understanding about Emotionally Based School Non - Attendance and how to support children who experience this. After facilitating some training with school staff, the EP facilitated some group consultation sessions with key staff supporting the child to plan what effective support might look like. Alongside this, the EP worked with the carer and child to hear about their perspectives about what might work. At the time of case closure, the child had increased their time at school to full mornings, with a view to extending this further.

Case Study 3:

EP involvement was sought due to a Primary child’s experiences of distress, which were communicated through some emotional outbursts, which could be unsafe. The child was said to be ‘at risk of permanent exclusion’. The EP met with those involved to better understand the child’s needs and strengths. It was evident that the child had some issues understanding language and communicating herself. The EP suggested that this difficulty affected her ability to emotionally regulate, which others had not thought of before. The EP completed some assessment of the child’s language and learning needs and strengths and suggested a referral to Speech and Language Therapy. The assessment enabled staff to implement some different strategies, particularly altering the reading age of texts which could be a catalyst for the child’s frustration and following outbursts. The EP also suggested targeted intervention which could be differentiated for the child and which had the aim of supporting her emotional regulation. At the time of closure, the child was still in school full time.

**Complex Casework Case Study:**

The year 7 student was referred to the specialist EP through the Local Inclusion panel. They were said to be at risk of permanent exclusion. The EP met with family, student and school staff to understand reasons for some underlying emotional needs. It materialised that the child had low self-esteem and confidence and was avoiding lessons due to a belief that they would not be able to cope. Some individual work was carried out with the student and some training with the staff around ‘anxiety’. This pupil has since successfully transitioned to High School from the Middle School.

Appendix 2: SEMH profile

**Guidance Document for Using the Pupil Profile**

The following meeting format and document should be referred to when a child/ young person is suspected to have significant SEMH needs which require better understanding and targeted support, through a collaborative approach.

**Format of the Meeting:**

* Those involved (the child/young person where appropriate, the family, school staff and other professionals) negotiate a time and place to meet to discuss how to better support the child/young person. An interpreter should be invited if the family will benefit from this. The facilitator (most likely a school staff member) knows about person – centred practice, as described here: (<https://biteable.com/watch/3375728/b531b9c6f7ee456244147b184806036d>). They also have a good understanding of person-centred practice.
* The meeting should last for approximately 60 - 90 minutes.
* The checklist should be closely followed, although the path through the document does not need to be linear. Ideas can be added to any section during discussion.
* It is suggested that key points are written on an A1 version of the pupil profile (Appendix 5). Alternatively, it can be shared via a screen and key points typed. Individuals’ literacy levels should be considered. Drawings could enhance meaning.
* All participants leave with a) a copy of agreed actions and b) a copy of the child’s targets. One way to share these is for a scribe to write them on a big piece of paper in the centre of the table and for everyone to take photographs (using the child’s initial and not name for confidentiality). If written targets are not deemed appropriate, they can be recorded and stored in this way.

**Checklist 1:**

1. The facilitator asks participants to introduce themselves in turn.
2. The facilitator draw participants’ attention to the page marked ‘confidential’. He/she fills in appropriate details, including individuals’ ideas about what they hope to get from the meeting.
3. The facilitator explains that the purpose of the meeting is to a) share important information about the child’s needs and strengths, b) plan what meaningful support will look like and c) set targets and actions for those involved.
4. The facilitator asks participants for their thoughts linked to the ‘relevant background’ section. The child’s academic progress and language skills can also be considered at this point.
5. The facilitator asks those who know the child already to consider strengths that he/she has. This is completed by asking the questions in the pink box. The child’s views are written in the purple circle in the centre of the document for each section, since these are crucial to consider.
6. The facilitator asks participants to consider the child’s needs, similarly. This information goes into the ‘what is not going so well’? box. Again, the child’s views are written into the centre.
7. The child’s relationships and regulation skills are particularly considered, and participants are asked for their thoughts about the child’s skills in these areas.
8. The facilitator then facilitates a discussion about what change they would like to see for the change and ideas are written in the ‘next steps’ section of the document. Considering the child’s needs and strengths, participants plan 3 short- and long-term targets for the child, including timescales and the support needed. See below for an example of a target which specifically relates to relationships:

|  |  |  |  |
| --- | --- | --- | --- |
| **Area to develop (Linked to the 5 Rs)** | **Short term target (to be achieved by)** | **Long term target (to be achieved by)** | **What help/support is needed to achieve this?** |
| *Relationships:*  *(The child’s relationship with the key worker in school)* | *(The child and the key worker have shared key information about the child’s likes and dislikes, strengths and needs within a 2-week timescale)* | *(The child can self-monitor how happy he/she is feeling on a 5-point scale at various points each day and share this with a key worker twice a week)* | *(Practical arrangements relating to key worker, creation of a 5-point scale and practising using it with a key worker there)* |

1. The facilitator thanks those present for their input.

**The Pupil Profile**

**CONFIDENTIAL**

**Initial Support Plan for child or young person experiencing Social, Emotional and / or Mental Health difficulties.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of child or young person** |  | **Date of Birth** |  |
| **School or setting** |  | **Today’s Date** |  |
| **Team around the child/young person** |  | | |

|  |
| --- |
| **What brings us here?** |

|  |
| --- |
| **What do individual members of the team including the child/young person hope to get from this process? How will the team know the present concerns have improved?**  **Child/Young person**  **Parent/Carer**  **Teacher**  **Other adult(s)** |

**Academic progress and communication skills**

* **Current attainment in Maths and English**
* **Rate of progress relative to peers**
* **Any language/communication issues of note?**
* **Approach to learning e.g., motivation, attention, engagement**

**Next Steps**

|  |
| --- |
| **Outcome 1 – linked to 5 Rs (skill working towards, length of time, level of independence etc.) Consider including a target related to the children and young people’s communication skills.** |
| **How to help child/young person achieve this…**   * Strategies * Who is responsible? * Timeframe * Intervention * What training do staff need? |
| **Outcome 2** |
| **How to help child/young person achieve this…** |
| **Outcome 3** |
| **How to help child/young person achieve this…** |

**How successfully does child/young person…**

* Initiate interactions with adults and peers
* Sustain interactions with adults and peers
* Manage group situations
* Play and/or communicate reciprocally

**How successfully does child/young person…**

* Recognise and identify their emotions and feelings
* Recognise and identify emotions in others
* Show appropriate emotional responses to arising situations
* Manage their emotions effectively (with support or independently)

**What is not going well? When are things more difficult? What triggers are there? How does this present?**

**Relevant background and context**

* **Family situation/story**
* **School placements/educational history**
* **Diagnoses and/or speech, language and communication need (SCLN)**
* **Historic and current external professional involvement**

**Child/Young person’s**

**thoughts, views, and feelings…**

**What is going well? When are they at their best?**

* **Particular lessons or hobbies**
* **Relationships with adults/children**
* **Character and attributes**
* **Environment**

**Adapting the Meeting at a Transition Point for a Child with SEMH Needs, Requiring Targeted Support:**

The following should be considered at a transition point.

1. Who will the child’s key worker be in the receiving school? The key worker would ideally be responsible for meeting with the child twice every week to discuss his/her thoughts, feelings and progress in relation to targets.
2. When is the child due to start the physical transition to the school and on what time scale? The transition should adhere to the following principles:

* The child should visit the school with a person they trust and meet the key worker before starting.
* The child visits the key areas of the school with a person he/she trusts before starting.
* The child should meet the form tutor/class teacher before starting.
* All staff teaching the child should be aware of their needs and strengths, as discussed in this meeting and summarised by the key person from the receiving school.
* The child needs to have a uniform for the day they start. Who will arrange this?
* Who will arrange the support discussed that the child needs? What practicalities need to be organised/information gained?
* How will information be communicated between home and school?

1. Consider how we can we support the child’s self-esteem/confidence during transition. Is there an extra-curricular activity he/she will enjoy, and we can set up?
2. What support could be offered/looked into in the family context during the transition period?
3. The facilitator facilitates a discussion about actions/next steps needed by each participant by the date of the next meeting. Ensure everyone has correct contact details, give thanks for everyone’s hard work and participation and close the meeting. Put in a date for the next Transition Review Meeting (to take place within the first 2 weeks of the child starting at the receiving school).

*Document 2:*

Format of the Meeting

* This document is to be used at the Transition Review Meeting, 2 weeks after the child has started physical transition to the receiving school.
* The meeting should be facilitated by a representative in the receiving school.

*Checklist 2:*

1. The facilitator asks participants to introduce themselves in turn.
2. The facilitator explains that the purpose of the meeting is to
3. share progress in relation to the child’s targets
4. discuss what is going well
5. discuss what has been more problematic and
6. set actions for those involved.
7. The facilitator asks the participants to review the short- and long-term targets set at the Transition Meeting. Was the short-term target met? How is the child doing in relation to the long-term target? What needs to happen from the child and the school in order that targets are met? Note – although rewording of the targets is fine, please avoid changing targets completely as they have been negotiated after careful understanding of the child. The targets are updated with new timescales.
8. The facilitator asks each participant to comment on what has gone well in terms of the transition. Refer to the following:

* The child’s relationship with the key worker. Are they meeting? What are they doing? Is this helpful? How?
* The child’s relationship with their form tutor/class teacher? Are they aware of the child’s needs and strengths?
* Are all staff teaching the child aware of his/her needs and strengths?
* Does the child have the right uniform?
* Is there a plan for home – school communication?
* Other things that have gone well?

1. The facilitator asks each participant to comment on what has been more problematic in terms of the transition. Refer to the ideas in point 4, as well as other areas. If a problem relates to something else, the facilitator facilitates a discussion and the group agree some actions, using the prompts:

* What have you tried?
* What challenges are you facing?
* What is it going to take to make things even a little bit better?
* What support might the school/child/family need?

1. General actions are agreed, thanks are shared, and a date is set for the next meeting (in 4 weeks’ time).

Appendix 3: Training Evaluations

Trauma informed practice training has been facilitated with a variety of schools in the last academic year, including those with the highest number of exclusions. This is just a sample of evaluation feedback.

In one Secondary School:

1.

After the training, I feel like

9 responses9Responses

| **ID** | **Name** | **Responses** |
| --- | --- | --- |
| 1 | anonymous | My knowledge of trauma informed practice has increased |
| 2 | anonymous | My knowledge of trauma informed practice has increased |
| 3 | anonymous | My knowledge of trauma informed practice has increased |
| 4 | anonymous | My knowledge of trauma informed practice has increased |
| 5 | anonymous | My knowledge of trauma informed practice has increased |
| 6 | anonymous | My knowledge of trauma informed practice has increased |
| 7 | anonymous | My knowledge of trauma informed practice has increased |
| 8 | anonymous | My knowledge of trauma informed practice has increased |
| 9 | anonymous | My knowledge of trauma informed practice has increased |

2.

One thing I might try to support young people who have experienced trauma is

8 responses8Responses

| **ID** | **Name** | **Responses** |
| --- | --- | --- |
| 1 | anonymous | Take time to slow down. When working with children |
| 2 | anonymous | Giving them a safe space and a listening ear |
| 3 | anonymous | Understand how to de-escalate the situation. |
| 4 | anonymous | Check in |
| 5 | anonymous | Listen and not always try to fix. |
| 6 | anonymous | Identify causes of why students feel unwell and show that we care by asking follow up questions. |
| 7 | anonymous | ‘Check in’ with all students - just a small interaction to show that I’m interested and that I care |
| 8 | anonymous | Relaunch eco club and target to vulnerable pupils. |

And in another Secondary School:

2.

One thing I might try to support young people who have experienced trauma is...

9 responses9Responses

| **ID** | **Name** | **Responses** |
| --- | --- | --- |
| 1 | anonymous | Strategies offered |
| 2 | anonymous | Listening and giving them time. Showing I want to try and understand. |
| 3 | anonymous | Think about the concept of ‘steady the ship’ and supporting the learner with that |
| 4 | anonymous | Give them a safe, secure and non judgmental space to either jjust be or to open up. |
| 5 | anonymous | Listen and I meditate with students. |
| 6 | anonymous | Sourcing external support for our Ukraine community to enhance our college offer |
| 7 | anonymous | Make time to listen more |

And in another mixed training setting (Primary and Secondary) where the focus was on inclusive practice for staff:

11.

Which aspects of the training day did you find most useful?

8 responses8Responses

| **ID** | **Name** | **Responses** |
| --- | --- | --- |
| 1 | anonymous | Discussion |
| 2 | anonymous | More clarity on supervision and how to make it meaningful for all |
| 3 | anonymous | Pupil voice |
| 4 | anonymous | Building on previous day |
| 5 | anonymous | Sharing if practice Sharing of support |
| 6 | anonymous | Suggestions around staff well-being |
| 7 | anonymous | Opportunities to talk and reflect with colleagues. |
| 8 | anonymous | Discussions , listening to what others do and time to talk. |

There are numerous examples of more specific evaluation from training which can be requested.

The report below highlights specific evaluation of a project which had the goal of promoting understanding of children’s SEMH needs and inclusion in the city.

Wellbeing for Education Reform Project:

A Collaboration between the NHS, Newcastle City Council and the Anna Freud Centre



Summary Report

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Context to the Project:

Helen Bilcliffe (Public Health School Nurse) and Rebecca Wright (Educational Psychologist) were asked to become involved with the Wellbeing for Education Reform project in the Autumn term, 2020. Involvement is part of a national initiative where mental health and education professionals are working together to support positive outcomes for children, families and staff through the pandemic and beyond.

75 participants from across 62 school or college settings attended the first training session. 45 participants attended the second, interactive session.

The flow chart (figure 1) on the next page outlines key steps involved in our work together to this point.

## Figure 1: Flowchart to outline process

Evaluation Questionnaire

Method of Evaluation

Evaluation questionnaires were sent to all participants who attended one, two or both sessions.

The questionnaire can be found via this link and is also included below: <https://forms.office.com/Pages/ResponsePage.aspx?id=wLSfsgQNn0q0YsEpSx4bR_ZQebwaj51MjNonLzGNpdRUQk44SlU2SUw1MzgyVzRGWE5BS05VTTlGQy4u>

Wellbeing for Education Reform Evaluation Questionnaire

Thank you for participating in either one or both of the Wellbeing for Education Reform sessions. In order to help us further support you, please can you respond to this 10 minute survey? All responses are anonymous. After we have completed our final interactive sessions with staff members, we will send out ideas for next steps based on your feedback. Many thanks for your time, work and responses.

1. Tell us a bit about your context. Are you from a Secondary/Primary or other context? Are you working in a specialist setting?
2. Did you attend one session or both sessions with Helen and Rebecca?
3. Name one thing you found helpful to learn/think about in the sessions.
4. Name one way in which you have shared what you learnt with others.
5. Name one thing you have implemented/intend to implement as a result of participating in the session(s) to promote your own self care. What difference has this made?
6. Name one thing you have implemented/intend to implement as a result of participating in the session(s) for your students. What difference has this made?
7. Name one thing you have implemented/intend to implement as a result of participating in the session(s) for your staff. What difference has this made?
8. Name one thing you have implemented or intend to implement as a result of participating in the session(s) to support your families. What difference has this made?
9. Name something(s) (a tip, a key message, an intervention, a strategy) which you think might be meaningful to share with other participants as we navigate through the pandemic together. We will share these anonymously with you, combined with ideas developed in the ‘chat’.
10. There is a small amount of Wellbeing for Education grant funding to continue to support this work in the future. What follow up support would be helpful from Helen, Rebecca or others? (for example, resources/strategies/development of networks/training/other support for pupils, staff or families?)

Participants

Participants were contacted via email, following the end of the second sessions. A link to the questionnaire was also sent to SENCos in Newcastle, via the SENCo network.

Nine participants completed the questionnaire. Responses to questions 1 and 2 indicated that 5 were from a Primary School setting, 1 was from an alternative provision/hospital setting and 3 were from Secondary Schools.

Four participants said that they attended both sessions, two explicitly said that they attended the second session and 3 said that they attended one session but did not specify which one.

Results

Firstly, participants’ responses for each question on the questionnaire are included below. Participants’ comments noted in the ‘chat’ and during verbal discussions in the second session are included, secondly.

Questionnaire Responses

Question 3

Name one thing you found helpful to learn/think about in the sessions

| **Participant** |  | **Responses** |
| --- | --- | --- |
| 1 |  | Thinking about my own self - care |
| 2 |  | All the competing stressors during the present time. some I had been unaware of. |
| 3 |  | To consider self care and how this will actually benefit the pupils |
| 4 |  | 5 R's |
| 5 |  | Current situation can trigger past trauma. |
| 6 |  | psychological first aid |
| 7 |  | Staff wellbeing and mental health |
| 8 |  | To discuss the issues in my own school and hear solutions / ideas from other schools. |
| 9 |  | having time to reflect on good practice already happening in school sharing good ideas with other colleagues |

Question 4

Name one way in which you have shared what you learnt with others.

| **Participant** | **Responses** |
| --- | --- |
| 1 | Communicated with a colleague who also attended to make things better mental health wise in our setting. |
| 2 | I have an SEN idea of the week and used the resources and information to share with the whole school staff |
| 3 | Alerted staff to PowerPoint |
| 4 | Shared resources with staff. Spoken to senior staff about importance of wellbeing. |
| 5 | Not shared yet due to school not functioning normally. Plan to present to staff in a training event when we can |
| 6 | Shared wellbeing ideas with SLT |
| 7  8 | I spoke to the deputy head that sent me on the course and asked for a meeting with himself and the other Well-Being Lead. This is yet to go ahead.  it has made me reconsider my approach to children and parents and understand the anxiety faced by people even when they do not show it |

Question 5

Name one thing you have implemented/intend to implement as a result of participating in the session(s) to promote your own self care. What difference has this made?

| **Participant** |  | **Responses** |
| --- | --- | --- |
| 1 |  | Realising that I am not responsible for everything and everyone. I am trying my best |
| 2 |  | Staff well being now a rightful focus. |
| 3 |  | To spend time doing something which makes me happy each week, just because I want to. |
| 4 |  | Taking time to listen |
| 5 |  | I have been even more open and honest than usual about how badly I am coping. I have reminded colleagues to please do things in a way that makes work easier for me to do. When they say 'If there's anything I can do to help, let me know' I have told them what they can do to help. Some people are doing more to communicate which helps. |
| 6 |  | Time for reflection and use opportunities to talk to colleagues to support one another |
| 7 |  | Taking time to talk about supporting others e.g supervision |
| 8 |  | Writing three daily gratitudes. |
| 9 |  | i will not be starting my emails with I apologise... I am sorry to... |

Question 6

Name one thing you have implemented/intend to implement as a result of participating in the session(s) for your students. What difference has this made?

| **Participant** |  | **Responses** |
| --- | --- | --- |
| 1 |  | Not asking children to talk about their feelings unless I have time to really follow up what they tell me. |
| 2 |  | Well done postcard home |
| 3 |  | Making everyone aware of wellbeing resources which the pupils can use at home or when they return to school. |
| 4 |  | 5 R's |
| 5 |  | Reinforce that all planning should be child centred. Reinforce that we should involve the pupils as much as possible in their future choices. |
| 6 |  | Mental health champions to support student mental health- time to share feelings |
| 7 |  | Discussing mental health/behaviour/pastoral needs |
| 8 |  | Offering personalised voice notes and videos on request. Parents have said, "You've made their day," "Their face lit up," "They seem in a better mood now." |
| 9 |  | focusing on the resilience of our children and how this looks in the bigger picture - I liked the diagram that accompanied this. As a school we will continue to build resilience in our children by offering well being Wednesday sessions |

Question 7

Name one thing you have implemented/intend to implement as a result of participating in the session(s) for your staff. What difference has this made?

| **Participant** |  | **Responses** |
| --- | --- | --- |
| 1 |  | buddy walking system |
| 2 |  | Considering breathing coach to lead us in a staff meeting. |
| 3 |  | We have asked staff to spend some time doing something which makes them happy. This has had positive feedback because it shows we are valuing their wellbeing at this time. |
| 4 |  | 5 R's |
| 5 |  | Sharing wellbeing resources by email. Being more observant of people's behaviours. |
| 6 |  | Supervision for staff. Mental health champions within school. Further staff to complete psychological first aid training |
| 7 |  | Wellbeing Wednesdays |
| 8 |  | I am hoping to discuss putting something in place such as a well-being Wednesday for parents/children and also have an open door policy for staff to discuss self-care/well-being. |
| 9 |  | I would like to introduce an attitude to gratitude wall |

Question 8

Name one thing you have implemented or intend to implement as a result of participating in the session(s) to support your families. What difference has this made?

| **Participant** |  | **Responses** |
| --- | --- | --- |
| 1 |  | Postcards home. Directing mental health advice through newsletters and flyers |
| 2 |  | To continue to ring and email parents regularly as school re-opens as we have built up strong relationships through increased communication through this pandemic and want this to continue. |
| 3 |  | 5 R's |
| 4 |  | Offering support to school aged grandchildren with their remote learning. Making a general fuss of them and offering things that they enjoyed when younger in order to re-establish  sense of security and belonging. E.g. old favourite toys have reappeared, looking at holiday photos from years past etc. Lack of social situations, trips and holidays has meant more disposable income so I have bought things for my family that will improve their lives e.g. new cooker for my daughter, books for my dad. |
| 5 |  | Parent coffee mornings will be implemented. Key worker regular meetings with parents/  carers |
| 6 |  | Continued pastoral care/home learning support/wellbeing activities |
| 7 |  | I would like to implement Non-screen family time afternoons, to reduce the stress of school workloads. |
| 8 |  | we will continue to support our families as we already do |

Question 9

Name something(s) (a tip, a key message, an intervention, a strategy) which you think might be meaningful to share with other participants as we navigate through the pandemic together. We will share these anonymously with you, combined with ideas developed in the ‘chat’.

| **Participants** |  | **Responses** |
| --- | --- | --- |
| 1 |  | You are trying your best. |
| 2 |  | - |
| 3 |  | To always make the kind choices and that self care isn't selfish. |
| 4 |  | Pick up the phone and give people a call. |
| 5 |  | I think, like the above strategies for family, go back over past successes and reminisce. When the future is very uncertain we can find joy in the past, the familiar. Don't plan too far ahead- small steps which can be celebrated if reached, small responsibilities dished out etc. 'All pupils (and staff, and parents) have 'Special Needs' in SEMH right now' |
| 6 |  | Always try to identify something positive in your life and focus on that rather than the negative. Take the time to say something nice to friends/families and colleagues- confidence boosters! |
| 7 |  | Well Being Wednesday sessions |

Question 10

There is a small amount of Wellbeing for Education grant funding to continue to support this work in the future. What follow up support would be helpful from Helen, Rebecca or others? (for example, resources/strategies/development of networks/training/other support for pupils, staff or families?)

| **Participant** |  | **Responses** |
| --- | --- | --- |
| 2 |  | - |
| 7 |  | First I need to speak to the Deputy Head and Well-being staff to form a  plan of action. |
| 5 |  | Just more of the same, being there to advise is great, thanks. |
| 1 |  | More problem solving and sharing of ideas |
| 4 |  | Networks share good practice |
| 8 |  | resources to support resilience in children |
| 3 |  | Sharing of resources and case studies where outcomes have been successful. |
| 6 |  | Workshops for students and staff |

Results from Chat and Discussion Comments: What Did Participants Value?

Some qualitative feedback posted in the chat and during discussions during the second Zoom sessions included:

“I’ve loved sharing ideas”

“Have really enjoyed hearing about what other people are doing. It might be useful to do this again after schools have been open a few weeks”

“Thank you for allowing me to attend today. It has been very useful”

“this training has given me confidence to share strategies and offer training”

“A good use of my time”

“thank you very much Rebecca and Helen. I have found this session really useful. It has given me time to reflect on my practice and enthusiasm to move forward”

“Staff can feel guilty for self – care. It’s good to have permission to think about our own wellbeing”.

“I’ve enjoyed linking up with people from different schools and seeing new faces”.

“For me, the most important thing to remember is to prioritise relationships”

“We have the recovery curriculum for maths and English; we need it for our relationships. I’m going to plan in times to rebuild children’s friendships”.

“Relationships and communication seem key”.

Discussion

The results above highlighted a number of key themes that seem important to note.

The themes in red below come from thematic analysis of questionnaire and discussion data, outlined in the results.

Question 3

When asked what participants found most helpful (question 3), a third of participants noted that they valued the explicit focus on self – care and staff wellbeing. A quarter of participants noted that they appreciated learning from peers in a supportive environment. Other responses indicated that learning about theory, such as that in the 5 Rs and Psychologically Informed First Aid had helped them to develop their thinking and/or practice.

|  |
| --- |
| Name one thing you found helpful to learn/think about in the sessions |
| Self care  Learning from and with others  Learning new theory |

Question 4

Particpants were asked how they shared what they had learnt with others in their school communities (question 4). Each participant had different ideas; however, key themes related to:

|  |
| --- |
| Name one way in which you have shared what you learnt with others. |
| Sharing the resources and Powerpoints used in both sessions.  Facilitating discussions with Senior management to plan next steps  Having a more explicit focus on supporting wellbeing in school. |

Question 5

A key objective of the sessions, was to support staff to consider their own wellbeing and self care. Responses from question 1 and question 5, as well as comments in the ‘chat’ indicated that this was something which had the greatest impact on participants. Key themes suggested were:

|  |
| --- |
| Name one thing you have implemented/intend to implement as a result of participating in the session(s) to promote your own self care. What difference has this made? |
| Taking a more active stance of self compassion  Having an explicit focus on staff wellbeing and self care in schools  Talk and listen more to others  Using positive psychology approaches, including gratitude journals  Prioritising physical exercise |

Question 6

In relation to question 6, participants had a range of ideas to implement to support students. These can be themed as follows:

|  |
| --- |
| Name one thing you have implemented/intend to implement as a result of participating in the session(s) for your students. What difference has this made? |
| Initiating personal contact with students via voice notes/postcards/phonecalls  Incorporating wellbeing focused interventions into teaching  Teaching children about the theory learnt in the sessions, including a focus on the 5 Rs |

Question 7

Participants had been similarly proactive when thinking about supporting staff (question 7). Ideas can be grouped according to the themes:

|  |
| --- |
| Name one thing you have implemented/intend to implement as a result of participating in the session(s) for your staff. What difference has this made? |
| Encouraging connections between staff  Giving staff time and space to do what feels good to them  Implementing evidence informed interventions to promote wellbeing such as those based on positive psychology, supervision, psychological informed first aid. |

Question 8

When thinking about how they had/intended to support parents and carers (question 8), ideas can be themed as follows:

|  |
| --- |
| Name one thing you have implemented or intend to implement as a result of participating in the session(s) to support your families. What difference has this made? |
| Increasing opportunities to get to know them, build relationships and look out for signs of distress  Signposting to services in the city  Reminding them to look after their wellbeing and directing to the 5 Rs |

Question 9

Question 9 asked participants to share approaches and tips with colleagues in other schools and colleges. Key ideas centred around:

|  |
| --- |
| Name something(s) (a tip, a key message, an intervention, a strategy) which you think might be meaningful to share with other participants as we navigate through the pandemic together. We will share these anonymously with you, combined with ideas developed in the ‘chat’. |
| Self compassion  Connecting with others who make you feel good |

Responses to question 10 are further outlined in the Implications section of this report.

Implications

Question 10 asked participants to describe what follow up support they would appreciate, following the sessions they participated in. Responses can be seen below and also include comments posted in the chat:

|  |
| --- |
| First I need to speak to the Deputy Head and Well-being staff to form a  plan of action. |
| Just more of the same, being there to advise is great, thanks. |
| More problem solving and sharing of ideas |
| Networks share good practice |
| resources to support resilience in children |
| Sharing of resources and case studies where outcomes have been successful. |
| Workshops for students and staff  More problem solving and sharing together with peers in different schools  It might be useful to do this again after schools have been open a few weeks  More of the same please- particularly meeting in small groups |

As well as using ideas from participants, highlighted in question 10; participants also had ideas which they wanted to share with others in the city. Ideas in the table below have been grouped according to the 5 Rs (relationships, recognition, reflection, regulation and resilience). These will be shared with participants who attended, alongside their responses to question 9 (asking for their tips and advice) and details of next steps to support them.

Table 1:

Ideas from Participants to Share with Others, based on the 5 Rs (relationships, recognition, reflection, regulation and resilience)

|  |
| --- |
| Ideas to promote relationships with staff, students and families: |
| * During lockdown I have been making phone calls to parents. I've had a few calls lately where parents have shared some of the struggles they're facing at the moment. I'm not sure they would have shared this with me 'in real life' when they're face to face at home time. * Newsletters, updates on social media * Keeping staff teams consistent has been beneficial, especially when new people have had to work with each other in a new role since January term started. * Sending videos from teaching staff to children * Being open about thinking of each other * The staff have managed to connect quite well through email or Zoom meetings and we have been making phone calls to parents and children while we're not in school. We've been teaching through some narrated powerpoints so children can hear our voices too * This is anecdotal, but my children's teachers have been very quick to feedback to my children about work they have sent in. Even the smallest, of "well done" type of messages has been invaluable. Sometimes they record these rather than send a written comment. * Staff use See saw to communicate with parents and children * My default setting of a greeting is always 'you alright?' I've stopped saying this as in these times, people are out of their comfort and aren't where they usually would be so they're answer is usually negative. I try to open with a question that focuses on a positive like how's your son getting on with his guitar skills? * Teachers do live morning welcome and story times at the end of the day with children at home. Teachers are still in touch with all pupils through live lessons. * Remembering things that are important to children/families and referring to them in subsequent conversations. * A #nobystanders campaign for the whole school. All students engage in this. * ''Walker Wake up' where all students meet in the morning to do a live registration. * greeting on the yard * SLT have given teachers Wednesday morning out of class to meet up with each other (bubbles ran by support staff). Then on afternoon it's reversed, all support staff meet * We encourage children to link up remotely to do their home working. * We’ve been trying to offer virtual catch ups with parents and children. |

|  |
| --- |
| Strategies and approaches staff use to recognise distress in others |
| * I have an LSA on screen with me during virtual lessons so she can look out for children’s facial expressions/things in the background etc that we might want to follow up. * Check ins via phone call/text * When we're in school I might notice that a child is quieter than usual * sometimes distress is shown through behaviours * If I have any concerns in the virtual context, I have been making phone calls and have referred to our family support team who then reach out. When in school, I would usually have a quick chat with the child at play time to check they're OK and let them know they can come to me if they want to share anything * we have added a mental health concern tab on our homepage where staff respond when we get alerts. * I think i must use these skills every day within meetings especially CP, CIN and EHP meetings as this is really about unpicking problems and finding out exactly what is going on. I think this can be difficult with SEN children. * try to catch up at break times asking people how they are etc * safe and well calls. Calls are important as they give parents time to talk about all aspects of life. * zoom social sessions * Asking Heads of Dpt / Line Managers to feedback concerns about individuals following meetings/calls * using previous knowledge of families valuable * List of parents and children with senior leaders having lists of families we need to keep in contact with weekly. * we have a pair mentor system where we can share any worries and then the other person can pass to senior members if appropriate. * arguing with friends / staff, mannerisms (fidgeting), asking to go to the toilet a lot, child arriving late for school, behaviour on yard * regular check ins from staff to children and staff to other staff * listening and understanding why a child presents as they do on a certain day is really key to supporting them. * I am spending a lot of time – well spent – tying to really listen to what parents are telling me. |

|  |
| --- |
| Ways staff encourage others’ and their own reflection |
| * we offer plenty of physical learning breaks in school, also an advised 'at home learning timetable' which focuses on exercise and reflection about how they feel at home. * I find it helpful when someone does not offer quick solutions but just sits near to me and helps me clarifying what I'm thinking... * sharing the positive tweets and messages from parents * i like to do a session with children looking at what they have who they have and what they enjoy! * turning the frown upside down, turning the negative to a positive. Always taking views of everyone! * We have set up a ‘home zone’ at the end of the school day for children to come and debrief at the end of the day. * Voice notes are a popular way of letting children know we are thinking of them. * Reminders to all about what we can and can’t control – keeping things in perspective. |

|  |
| --- |
| Ideas to promote regulation |
| * Encouraging others to do some of things that having a calming impact - this might be different for everyone. E.g., exercise, creative activities... * I'm going to offer a zoom fitness class for the staff - maybe a 30 minute HIIT session as a start anyway. Some who are offsite won't have seen anyone. * meditate each day * teachers are engaging with children virtually on a celebration level rather than an educational aim * lots of 1 to 1 small group work taking place around PCSE * We have an appreciation station with 3 staff on wall weekly with positive comments from other staff to help boost moral * we do a lot of active listening with children. * during thrive whole class sessions children have role played different situations (e.g altercation on the yard) and how they react to them. * we measure the soft skills by asking teachers to grade the children on their learning habits * Children can use transitional objects to support them between home and school. * Weekly sessions based on the Thrive approach. * Thrive strategies, adapted for individuals, are really helpful to promote thinking about thinking and feelings. * Mindfulness, jogs and regular yoga * That feeling of being part of a team in your bubble is really important. We’ve got our own group identity. * We are promoting 60 minutes of physical exercise eah day for staff and students. * Focus on repair when things have gone tricky – shining the light on underlying emotions and providing opportunities for children to think about/practise challenging situations. * We use storybooks to help us talk about our feelings, but in a safe, slightly distanced way. Less pressure than a direct conversation. |

|  |
| --- |
| Ways to boost resilience |
| * An alternative curriculum which has focused on well-being and allowed physical activities for children. We have 'triad's for staff where everyone is in a group of 3 to keep check on each other. An established well-being team too, trying to set up a range of different challenges or intensives. * I like the fitness idea. Perhaps a 'pub quiz' type of thing over zoom for staff. And I agree about permission for breaks, it's easy to sit at the computer all day * staff well being weeks * staff well being champion * Free snacks and staff tuck shop! * We have a weekly staff draw, spin the wheel and a member of staff wins a prize. This includes whole school, taking place on weekly zoom assembly. * whole school 'Well Being Wednesday' sessions where every class looks at same topic and although working separately they are united in same task * a half day for all staff * random acts of kindness between staff * really important for settings to agree their definitions and measures of resilience otherwise it becomes a punchline * Taking the time to thank and praise staff * We send postcards to children not attending. We’ve also sent postcards to parents. * Goodie basket in staffroom – worth its weight in gold! * Work on growth mindset. * Live lessons have mad ethe children at home engage more as they feel more connected. They want to know how others are and what they are doing. * Hysteria can sometimes set in. Don’t be hard on yourself. Deep breaths and a cup of tea. * We use mindfulness yeti. * It’s really reassuring that a lot of the resilience work was going on already. We need time and space to think about what we can build on rather than reinventing the wheel. |

Summary

Although the project still continues to move forward, there are some clear overarching themes to note. Participants who wrote in the chat, discussed ideas in sessions and completed the questionnaire seemed to most value the focus on self -care and on their own wellbeing. They also valued connecting with peers and sharing ideas together. The emphasis on promoting relationships and connections was focused on their hopes in their school communities. Finally, participants noted that they had learnt new ideas from relevant theory, particularly the 5 Rs and Psychologically Informed First Aid. Many hoped to share this theory with staff and others.