

Welcome from Angela Wellings (PCC Interim Head of SEND
& Inclusion Peterborough) & Gemma Mead (PCC Area SENCO)



HOUSEKEEPING



OUTCOMES FOR THE DAY



AGENDA



PCC SENCO Network Event

Date: Wednesday 7th February 2024

Time: 08:30am-1pm

Location: Stanground Academy



Time	Description	Led by
8:30am - 9:00am	Arrival, registration, and refreshments	All
9:00am - 9:15am	Welcome / opening comments	Angela Wellings (Interim Head of SEND and Inclusion) & Gemma Mead (Area SENCO)
9:15am - 9:45am	Keynote – Working with difficult parents	Angela Buxton (Manager of SENDIASS)
9:45am - 10:15am	Keynote - Physical disabilities in the mainstream	Laura Elger (Ormiston Meadows Hub)
10:15am - 10:45am	Keynote – managing complex needs in the mainstream	Jude Macdonald (PKAT)
10:45am - 11:00am	Comfort break	
11:00am - 12:00am	Keynote – Thinking about supporting children who are experiencing anxiety/worry, including thoughts about emotionally based school avoidance	Liz Gray (Clinical & Team Lead, Peterborough Mental Health Support Team)
12:00 - 12:20pm	Keynote – behaviour as a communication	Steph Hibbitt (St Michaels Nurture Hub)
12:20pm - 12:50pm	Keynote – Q&A for the Behaviour and Inclusion Team (advice and strategies given on generalised cases that may benefit other settings with similar cases)	Jason Wing & team (Behaviour and Inclusion Team Leader)
12:50pm – 1pm	Plenary and close	Gemma Mead (Area SENCO)
1pm	Finish	



Working with difficult parents

- Recognise the unique bond between parents and their children – parents should know their child better than anyone else. Seek their advice.
- LISTEN –attentively hear and acknowledge any concerns or frustrations parents may have and create a safe space for them to vent and share. By doing so, you will empty any negativity or frustration, fostering open communication and understanding.
- Honesty is a crucial aspect of a positive relationship. While addressing challenges or discussing any concerns, provide transparent and truthful insights, ensuring that parents are well-informed and empowered to make decisions that align with their child's well-being
- Manage expectations effectively, set realistic and achievable goals.
- Importantly, ensure parents believe their child is your priority.



- Consistently deliver on promises.
- Teamwork is essential. It's important to acknowledge that effective collaboration involves a collective effort. Signposting to other services is a recognition that a supportive team plays a crucial role in comprehensive care and service.
- Understand that persistent and involved parents are caring parents. Encourage open communication and collaboration to ensure that your concerns and insights contribute positively to your shared goals.
- In instances where challenges arise, and despite your best efforts, resolution seems impossible, it's crucial to resort to established policies. The vexatious policy serves as a structured approach to address exceptional circumstances. Even in such situations, continue to find a solution, prioritising a positive and constructive resolution for all involved parties.





Physical Disability Hub

Laura Elger

Ormiston Meadows Academy

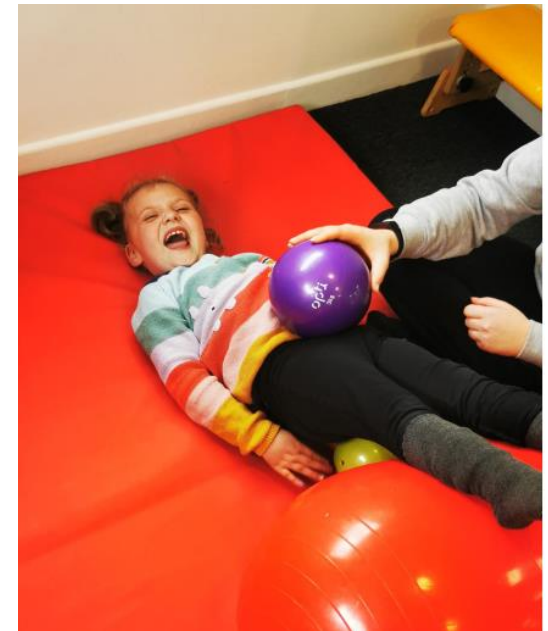
The role of the PD Hub

- **Inclusion Advice**
- **Training**
- **Support with documentation**
- **Accessibility**
- **ICT**
- **EHCP Needs Assessment reports, Annual Reviews**
- **Support for Transition**
- **Liaison with other professionals**
- **Hub Link Officer**

Caroline Fallon
caroline.fallon@peterborough.gov.uk

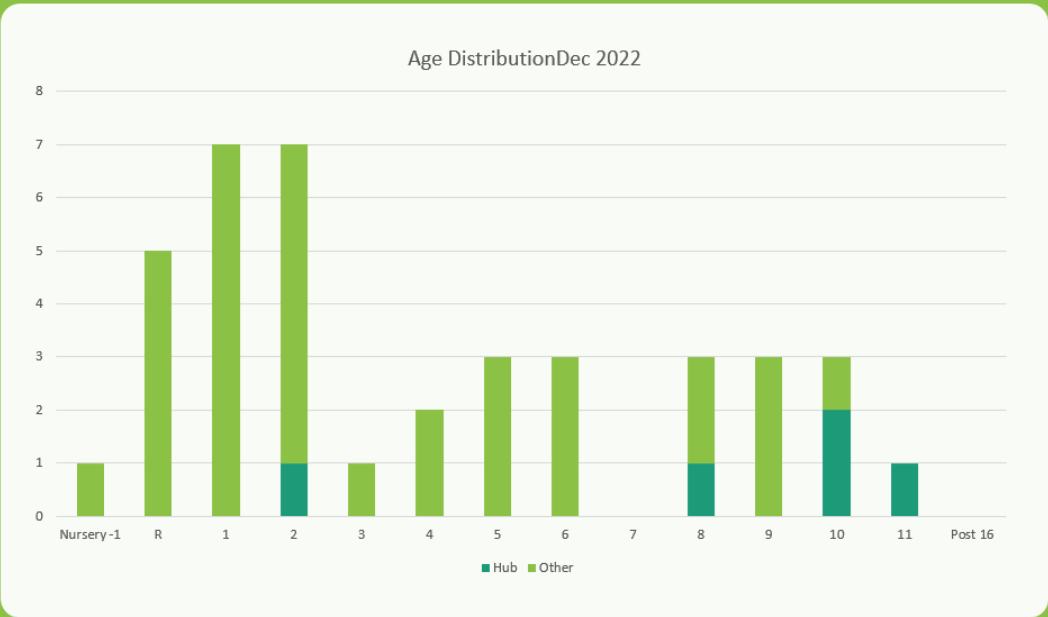
Tel: 07920 160489
(Tues, Wed, Thurs)

Laura Elger
Laura.elger@ormistonmeadows.co.uk
01733 530793

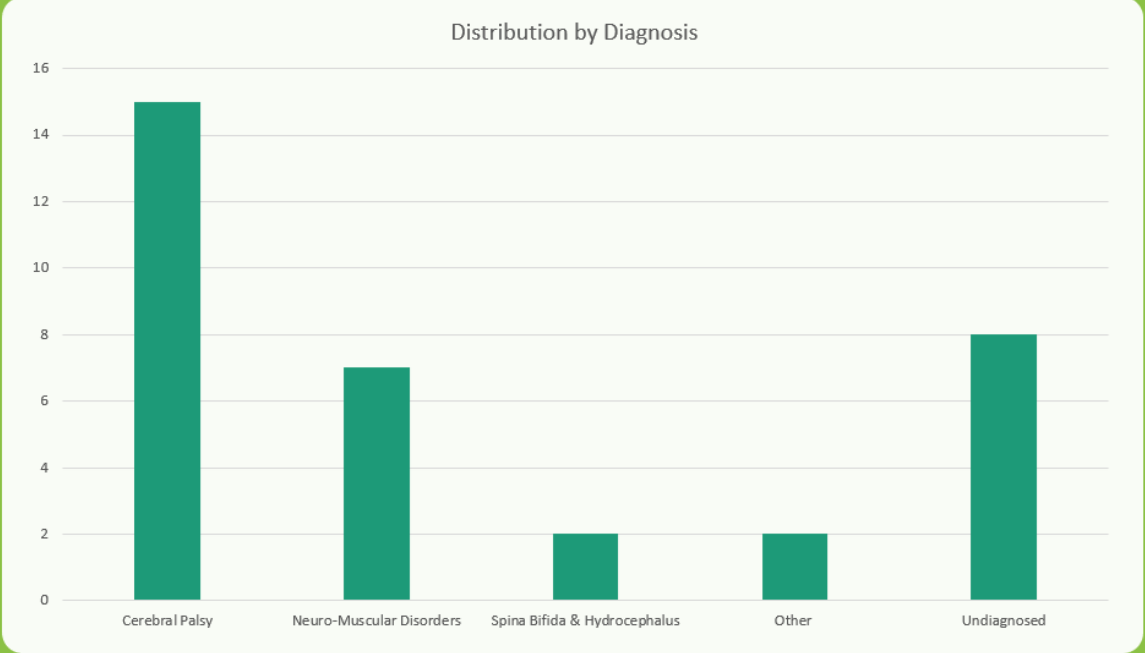


The role of the specialist teacher

Caseload



Caseload



The law



Definition of disability under Equality Act 2010:

A person is disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to do normal daily activities.

‘substantial’ = more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed

‘long-term’ = 12 months or more



Anyone providing goods, facilities or services to the public... who finds that there are barriers to disabled people in the way they do things must consider making adjustments.

If those adjustments are reasonable, they must be made:

- Change the way things are done
- Change a physical feature
- Provide extra aids or services

Achievement of educational outcomes for disabled children requires:

- **An inclusive attitude**
 - **Adaptation of curriculum**
 - **Provision of the right equipment at the right time**
 - **Including children, parents and staff in decision-making to reduce anxieties, increase confidence, and facilitate inclusion**
 - **Facilitating skills in the environment they are used**
 - **School staff to access ... training in order to be able to reinforce skills**
-

What other support is out there for professionals?

[pdnet – a network for those supporting learners with physical disability](#)



Developing Writing Skills for Pupils with Motor Co-ordination Difficulties

- School

• Guidance, Health & Safety e.g. risk, manual handling

Description

Information and advice for schools on developing writing skills for pupils with motor co-ordination difficulties.

[Read More](#)
This resource links to the Schools pdnet Standard 4.2

Download

PNI Good practice guidance for intimate care

- Post 16, School
- Conditions, Health & Safety e.g. risk, manual handling, Training

Description

Good practice guidance for intimate care of pupils with a physical and neurological impairment.

[Read More](#)
This resource links to the Schools pdnet Standards 1.2, 4.1, 4.2, 4.3, 4.4 and Post 16 pdnet Standards 1.2, 4.1, 4.2, 4.3, 4.4, 4.5

Download

Individual Environmental Access Audit

- Early Years, School
- Health & Safety e.g. risk, manual handling

Description

A risk assessment that suggests the reasonable adjustments schools should consider to enable a child access to the school and its curriculum.

[Read More](#)
This resource links to the Early Years pdnet Standards 1.5, 3.1, 3.7, 4.5

Download

Motor Skills Advice for Secondary Schools

- Post 16, School
- Guidance, Useful Links e.g. LA, charities, government

Description

Motor skills advice for secondary schools including tips for good posture, practical ideas for the secondary curriculum and accessibility of the curriculum through ICT.

[Read More](#)
This resource links to the Schools pdnet Standards 2.5, 3.1, 4.5 and Post 16 pdnet Standard 4.5

Download

Let's think reasonable adjustments.

Reasonable adjustments are defined as:

"Changes to the work environment that allow people with disability to work safely and productively."



There are 3 main requirements to:

- make changes to any provision or practice
- make alterations to physical features
- provide auxiliary aids and services

Scenario 1 – 5 mins , discuss and think about what you may do.

A Year 4 class are going on a trip to the local museum. In the class is a wheelchair user. The school mini-bus doesn't have wheelchair access.....what adjustments should you make?

Other scenarios:

- **A child wants to collect their award from the stage but there is no ramp.**
- **The child wants to play on climbing apparatus at break time**
- **The child wants to take part in a science practical but can not get their wheelchair under the bench.**

Some possible outcomes.

Scenario 1

- Leave the child behind?
- Lift the child on to the bus and take the wheelchair?
- Book the child a wheelchair friendly taxi to go in on their own?
- Book a wheelchair accessible bus?
- Ask the child to travel separately with parents?

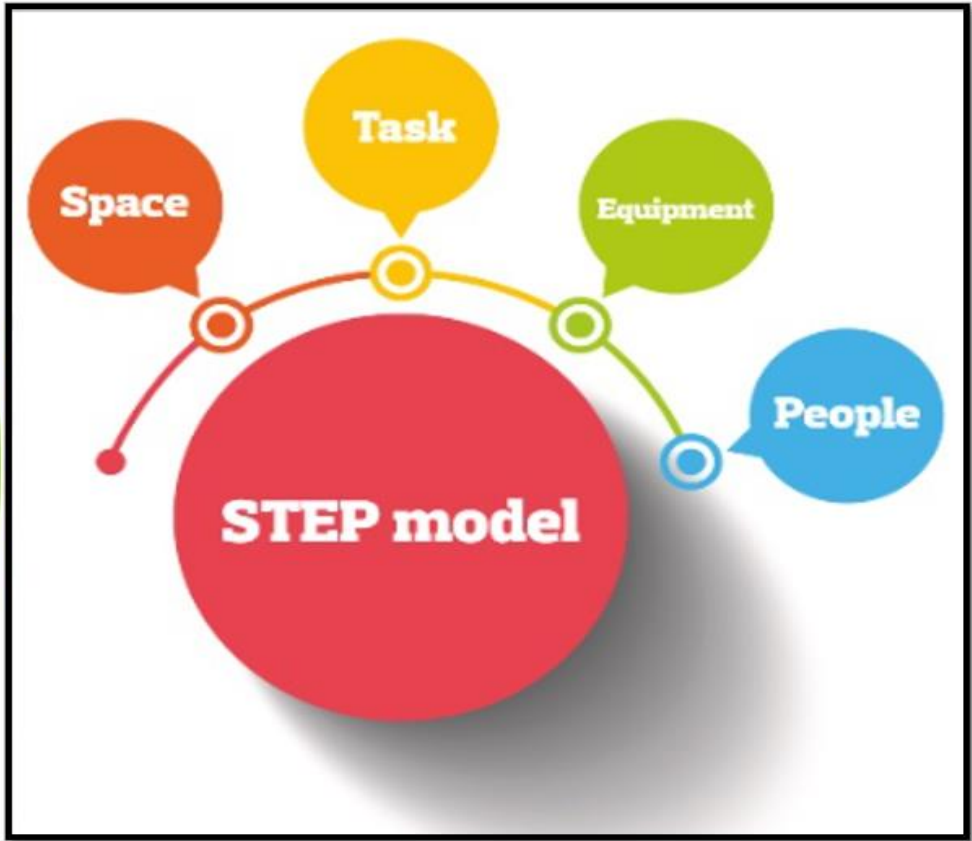
Other scenarios:

- A child wants to collect their award from the stage but there is no ramp – **Thoughts?**
- The child wants to play on climbing apparatus at break time - **Thoughts?**
- The child wants to take part in a science practical but can not get wheelchair under bench- **Thoughts?**

able to fully take part in learning and classroom activities.

Take a look at the adjustments listed below and select the ones you think are reasonable and unreasonable.

	Reasonable	Not reasonable
Changes to daily routines.....	<input type="radio"/>	<input type="radio"/>
Re-timetabling lessons so they are downstairs.....	<input type="radio"/>	<input type="radio"/>
Have a toilet in every classroom.....	<input type="radio"/>	<input type="radio"/>
Having a ramp to a stage area.....	<input type="radio"/>	<input type="radio"/>
Enlarging worksheets.....	<input type="radio"/>	<input type="radio"/>
Install an lift beside each set of stairs.....	<input type="radio"/>	<input type="radio"/>
Integrating a child using a walking frame into your PE lesson.....	<input type="radio"/>	<input type="radio"/>



Space <ul style="list-style-type: none">• Classroom• Other areas (indoors/ outdoors)• Desk/ Working Space• Page	Time <ul style="list-style-type: none">• For Staff – Planning, Implementing, Recording/ Reflecting• For Child – Thinking, Doing, Balance of Activities, Rest
Equipment <ul style="list-style-type: none">• Teaching Resources• Specialised Equipment• Stabilising resources• Storage	People <ul style="list-style-type: none">• Support vs Independence• Groupings• Additional adults• Training• Knowledge

Think about a PE lesson you have led or observed where there was a child with a physical disability. How could it have been adapted using the STEP model?

Self evaluation tool.

[Archived reports](#)

[Run report](#)

Vision, ambition and expectation

Identifying and assessing need

Meeting diverse need

Enabling individual outcomes

Standard 1: Vision, ambition and expectation

Not yet developed

Developing

Established

1.1

[Read more](#)

School leaders, along with governors and staff, demonstrate an ambitious vision for CYP with PD. They are aware of their legal duties to admit and support CYP with PD (which may include CYP with medical needs). Roles and responsibilities for SEND provision are clear



[Evidence](#)

[Actions](#)



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MAKING SEND EVERYONES' BUSINESS

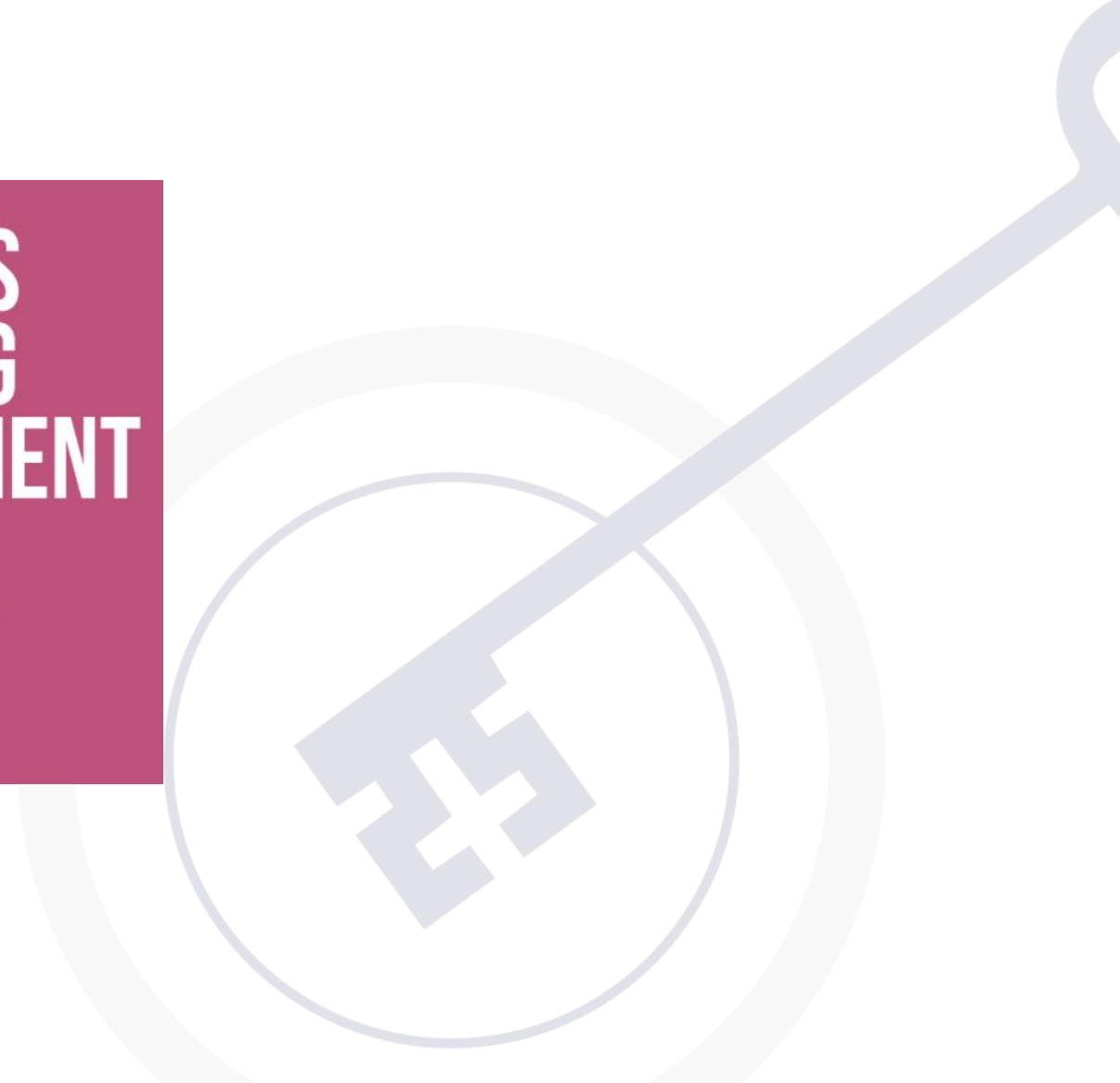
MANAGING MORE COMPLEX NEEDS IN MAINSTREAM: 10 TOP TIPS



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**THERE IS
NOTHING
PERMANENT
EXCEPT
CHANGE**

HERACLITUS

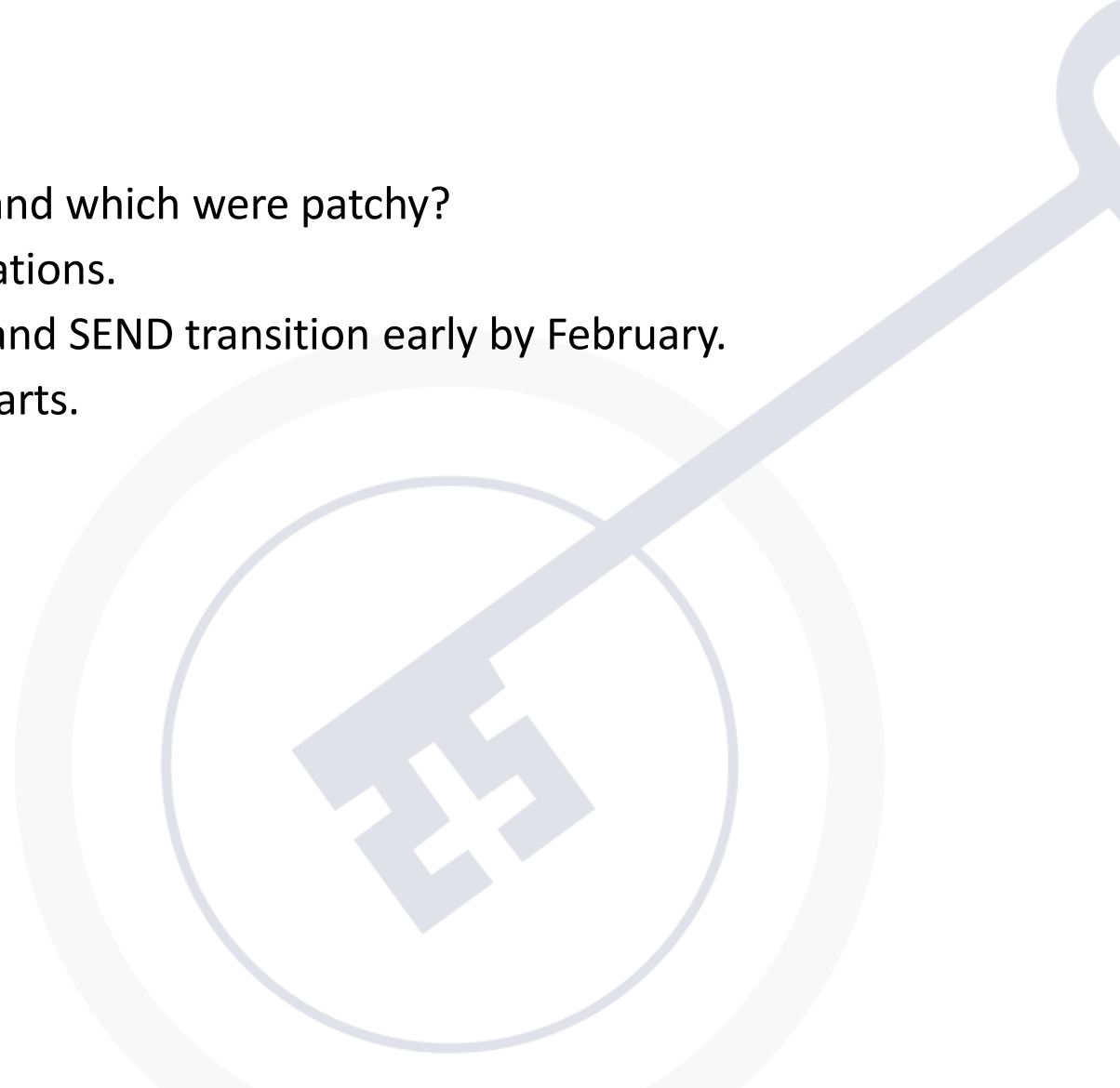


1. Know your pre-school settings



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- Which settings had high-quality SEND files, and which were patchy?
- Build relationships. Offer visits, calls, observations.
- Write with your expectations for SEND files and SEND transition early by February.
- Complete provision maps before the child starts.
- Check APDR is complete on transfer.

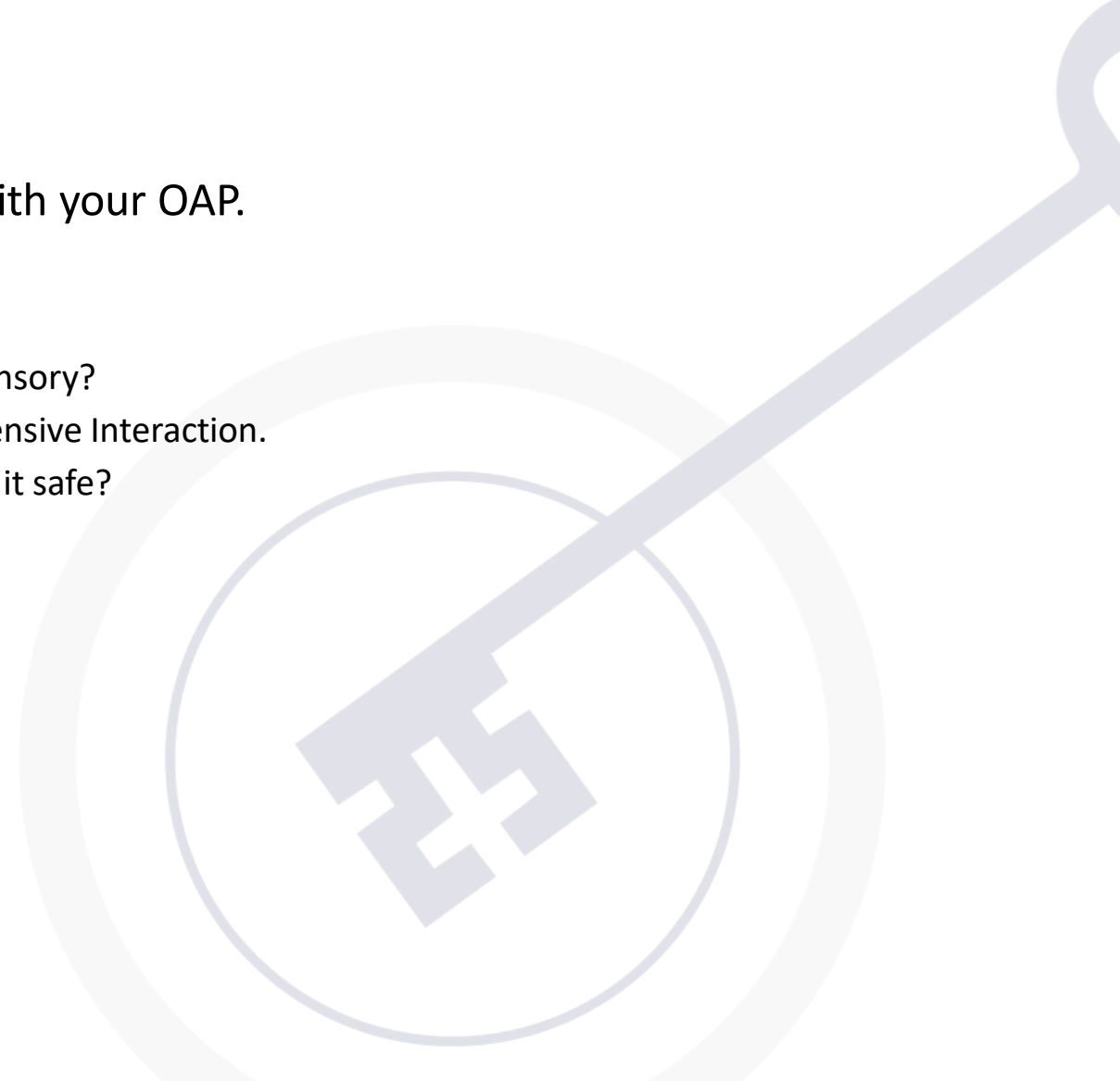


2. Review your OAP

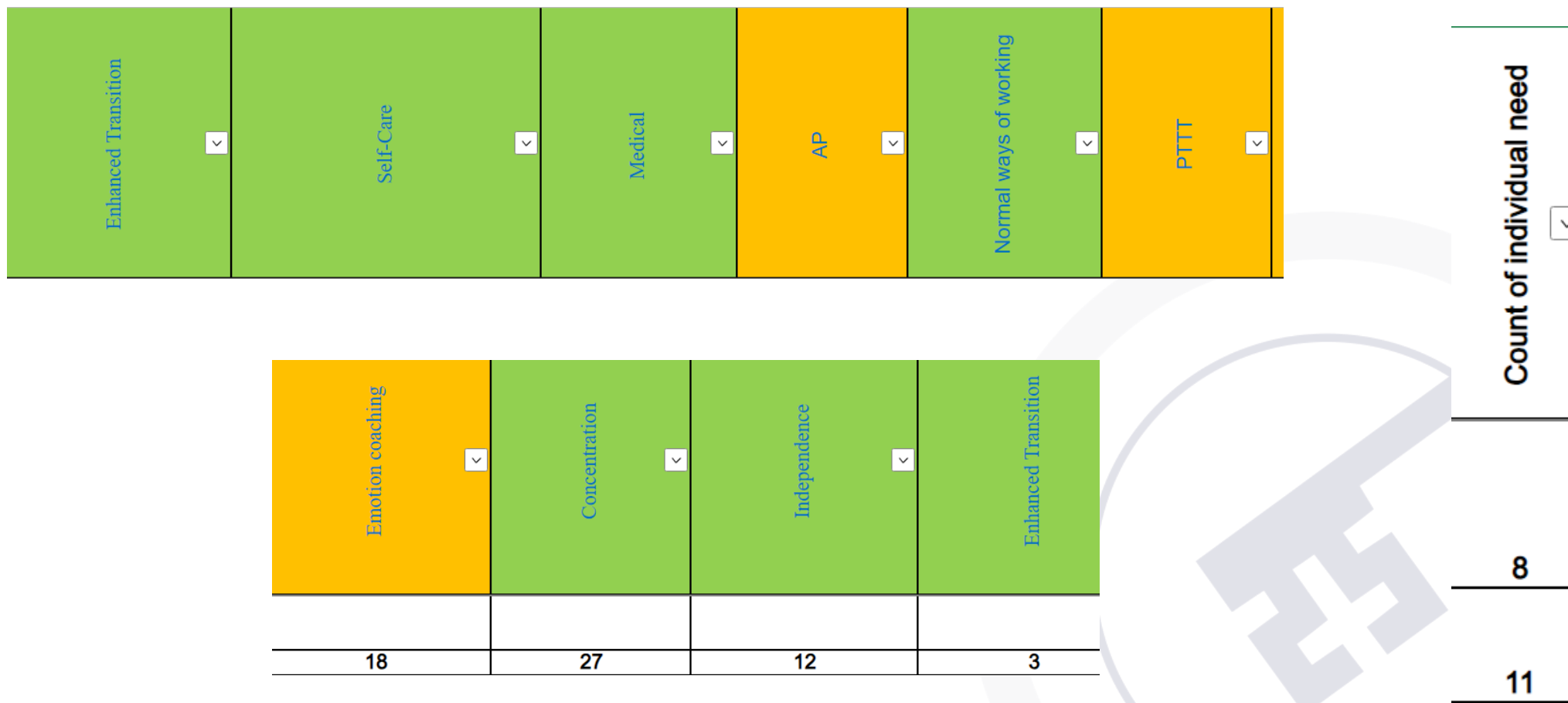


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- Pull a complex case EHCP. Cross reference with your OAP.
- EYFS observation review:
 - Is the room fit for purpose?
 - Can your calm space / library area be adapted for sensory?
 - Staff training audit – TacPac / Attention Autism / Intensive Interaction.
 - Does the continuous provision meet the need and is it safe?
 - PICA replacements for example.
 - Plan for Y1 and beyond.




3. Provision mapping – involve teachers



4. Use the map to devise the training




SEND Training




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SEND Training for Governors



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Producing Social Stories



JACK HUNT SCHOOL
Hard work Integrity Kindness


PD Hub
Intimate Care Training

PD Hub - Intimate Care Training



SEND: The Graduated Approach and OAP

OAP Graduated Response



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SLCN Training Session 1

Useful Resources

OAP By Main Areas of Need

- Use of appropriate praise - notice and refer to the behaviour you want to see.
- Clear classroom displays including a visual breakdown of how the lesson is likely to progress.
- Home level indicators shared and read.
- Clear goals, expectations and timetables are shared with the class and adjusted for individuals as needed.
- School staff should ensure that they provide children and young people with effective feedback regularly focusing both on the student's effort level as well as their performance.
- For objectives, targets, strategies and writing, copies available to children who need them.
- New / next is used with the whole class to prompt a better course of behaviour and achievement particularly with lower school.
- Groupings or classroom dynamics - school staff should consider how they group students with SEMH needs within the class. It can be helpful to pair students with peers that they respect and like. This may mean working with students with different learning needs. Student personalisation i.e. if they are interviewed or interviewed could also be considered when thinking about groupings, tasks or group work.
- Seating plans reflect the children's and young people's needs and allows. This should include considering where they sit in class with whom they sit and how close they sit to the teacher, teacher assistant, resources. It may be appropriate to have a specific assembly seating plan which could include differentiated expectations and seating arrangements.
- Check in 10.
- Students who are avoiding learning tasks (either by refusing to work, asking to leave the classroom, persistently ignoring instructions or copying others) may indicate he considered to have SEMH needs. It is important that adults supporting these students also consider their learning (literacy and numeracy skills) and their listening and metacognitive skills. Adaptations to these areas may be considered and implemented.

SEND-acronyms-complete

CGL	Cognition and Learning	Have one study area of need
SLP	Sensory and Physical	
SLCN	Speech, Language, Communication Needs	Umbrella term.
OAP	Ordinarily Available Provision - something a school offers for all pupils which will particularly benefit a pupil with additional needs.	
MILD	Moderate learning difficulties.	Min 4-5 years behind peers
ASC	Autism Spectrum Condition, 50% known as ASD - autism spectrum disorder - an exact official diagnosis.	
PD	Physical disability.	PH has the PD Hub for Peterborough.
APDR	Access, plan, do, review. Cycles of documented interventions which identify and meet need.	
SLD	Specific learning difficulties, for example dyslexia, dyscalculia, dyspraxia.	
CDP	Code of Practice for SEND published 2015 in response to the Equality Act 2010.	

Principles-for-teaching-students-with-SLCN

Use simple repetition of new words - then, own, then, you do it, then as individuals. Use clapping for syllables.	Remember 3pgg and 3ggg questions are harder for students to answer - model examples on the board.	Minimising the student when they are speaking to you even if you think you know what they are trying to say.
Model the correct language when a student speaks incorrectly - e.g. Ballot 1 go / I need to go to the toilet. Bag please / please can I go and get my bag - repeat back in the first person.	Always use a child's name when you are speaking directly to them and wait for eye contact before you speak.	Using non-literal language like 'I'm coming out and dog'.
Keep instructions short. Back them up with visual instructions and / or a list.	Use real life items whenever possible. If you are teaching money, use coins, for example.	Correcting grammar - instead simply model the sentence the way it should be said.
Give opportunities for students to speak to you. Plan 5 into your lessons.	Change the order of tasks and work through a lesson without giving and re-training expectations.	Let them give up trying to tell you something. Tell them you don't need how long it takes.
Encourage all resources have visual elements to them.	Push a student onto the next task - allow them to finish the current task.	

Blank-s-Level-Questioning

More difficult questions can be simplified and brought down a level, or using techniques and strategies can be used to help the child respond. By Year 5, typically developing children should understand questions at all four levels to appropriately access activities and meet curriculum expectations.

BLANK 1 Children are required to match their immediate perception to language and so respond to single commands which involve matching what they are seeing to what they are hearing. The child needs to focus on one item. Examples: • Point to the door. • Give me the book. • Pass me the pen. • Point to the number 4.	BLANK 2 Children are still required to match language to their immediate perceptions, but they must focus more selectively on material. They are introduced to concepts, both concrete and abstract, which require them to describe objects and determine how things are different. Blank 2 uses descriptive language to help children to understand simple stories or describe pictures. The child then focuses on part of the object. Examples: • Which one shall we dig with? • What do you water the garden with? • Find two pens. • What is happening here?
BLANK 3 At this level, children can use language to	BLANK 4 This level requires children to solve complex and

5. SENDCo Development – visit special schools / websites



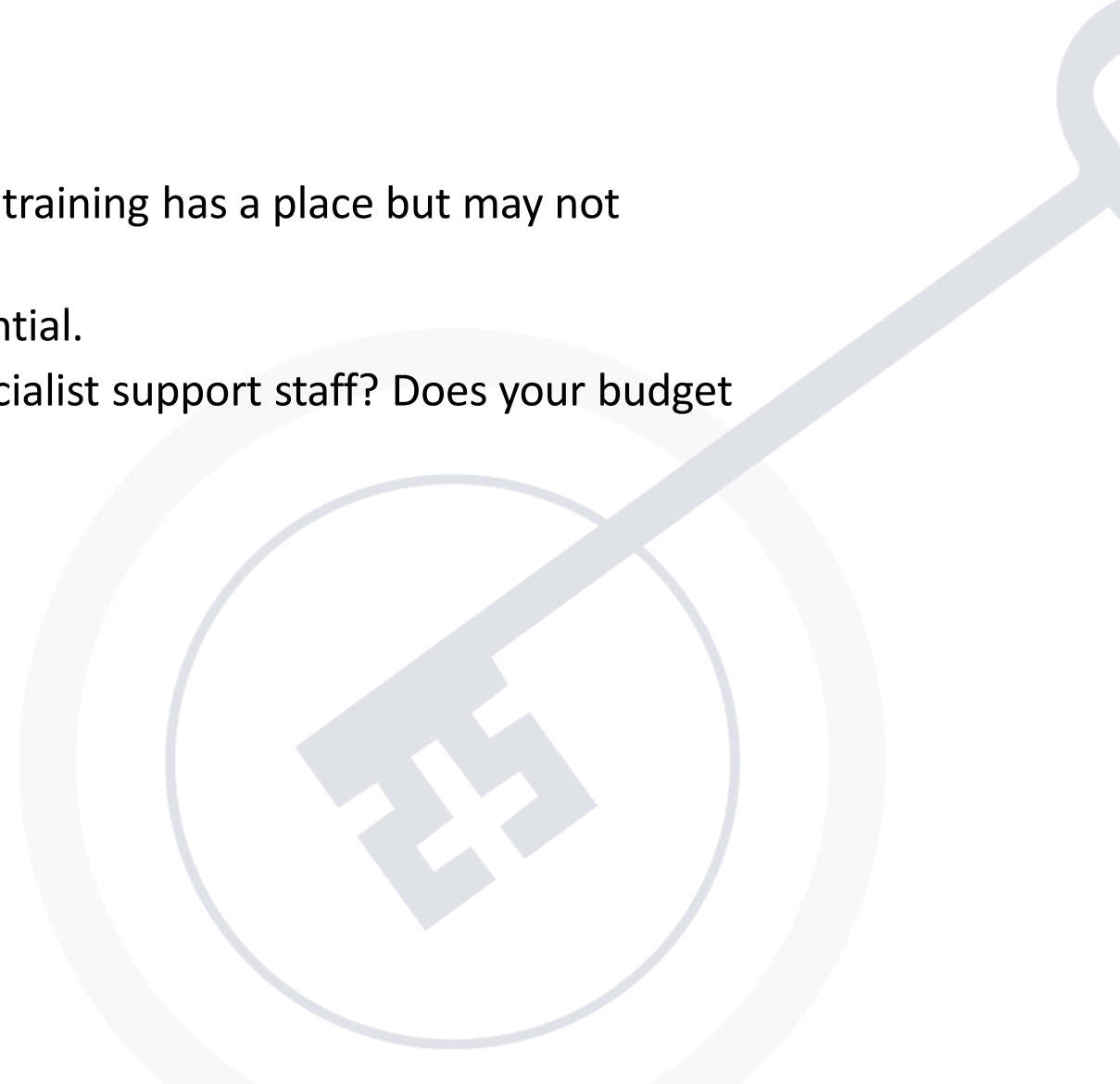
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- If you are unsure about what curriculum a child needs, draw on local area special school curriculum plans on websites.
- Reach out / visit other professionals or invite them in to see you and your children, particularly if placements have been agreed for later in the child's journey.
- Ask questions of professionals and share good practice.
- Potter room, Y1/Y2 at TPS, now using the UL Pre-School EYFS curriculum, for example.

6. Coaching



- With more complex needs, 1-hour focussed training has a place but may not respond to individual pupil need.
- SENDCo / specialist coaching in class is essential.
- Match to provision maps – do you need specialist support staff? Does your budget support this and if not currently, can it?
 - TacPac / AA
 - ELKLAN
 - ELSA
 - Sensory
 - Medical / physical
 - Pastoral (movement breaks, etc)

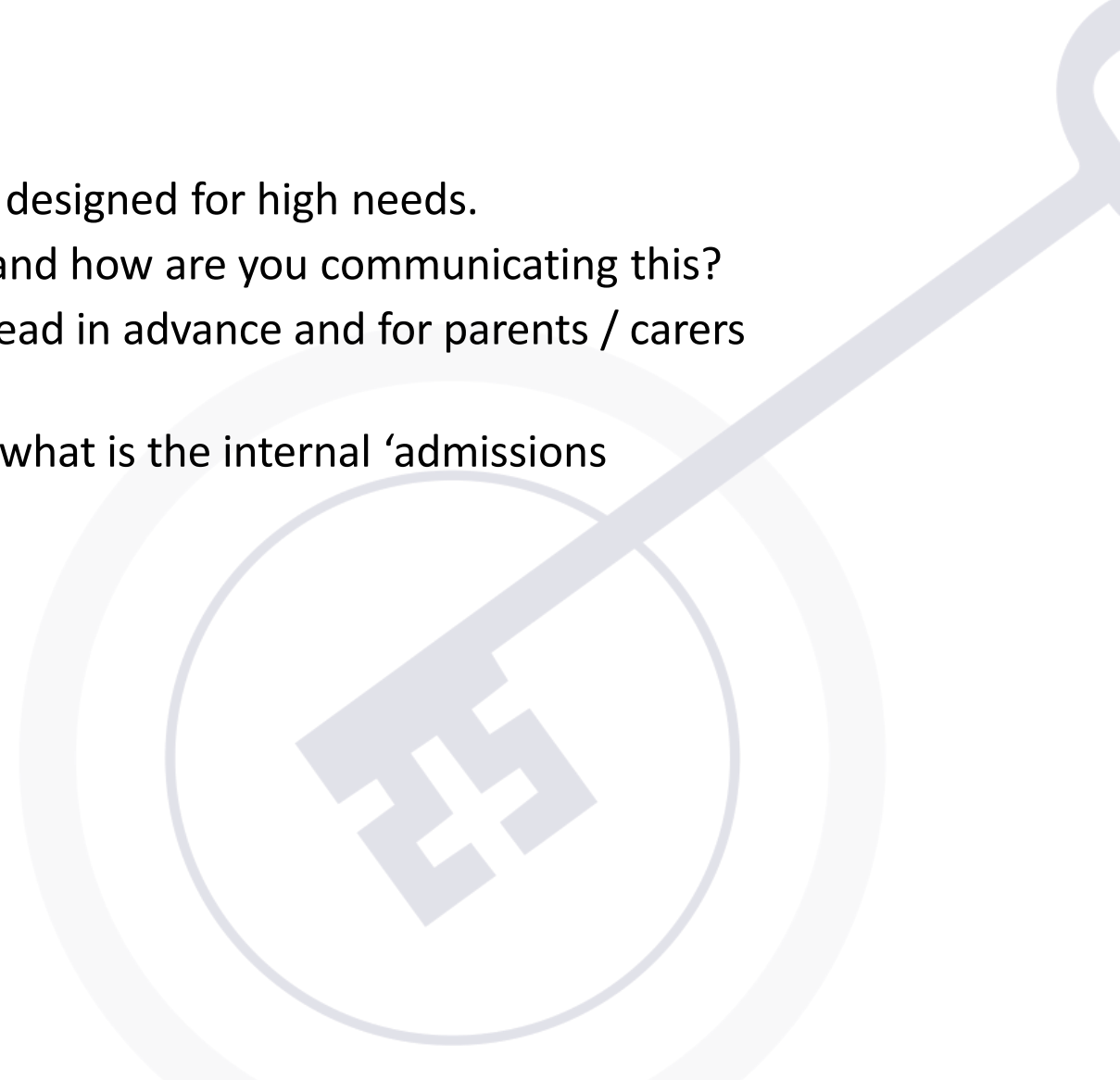


7. Ensure complimentary curriculum etc on website



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- Curriculum Policy addendum for any groups designed for high needs.
- Assessment Policy – how are you assessing and how are you communicating this?
- Website – where is your section for Ofsted read in advance and for parents / carers to use as reference?
- If you are running small group intervention, what is the internal ‘admissions guidance’ and how is this communicated?



8. Complex Case APDR



- For some pupils, they can end up with multiple plans for staff to follow. Merge everything into one place: interaction plan, provisions on plan, APDR, etc:

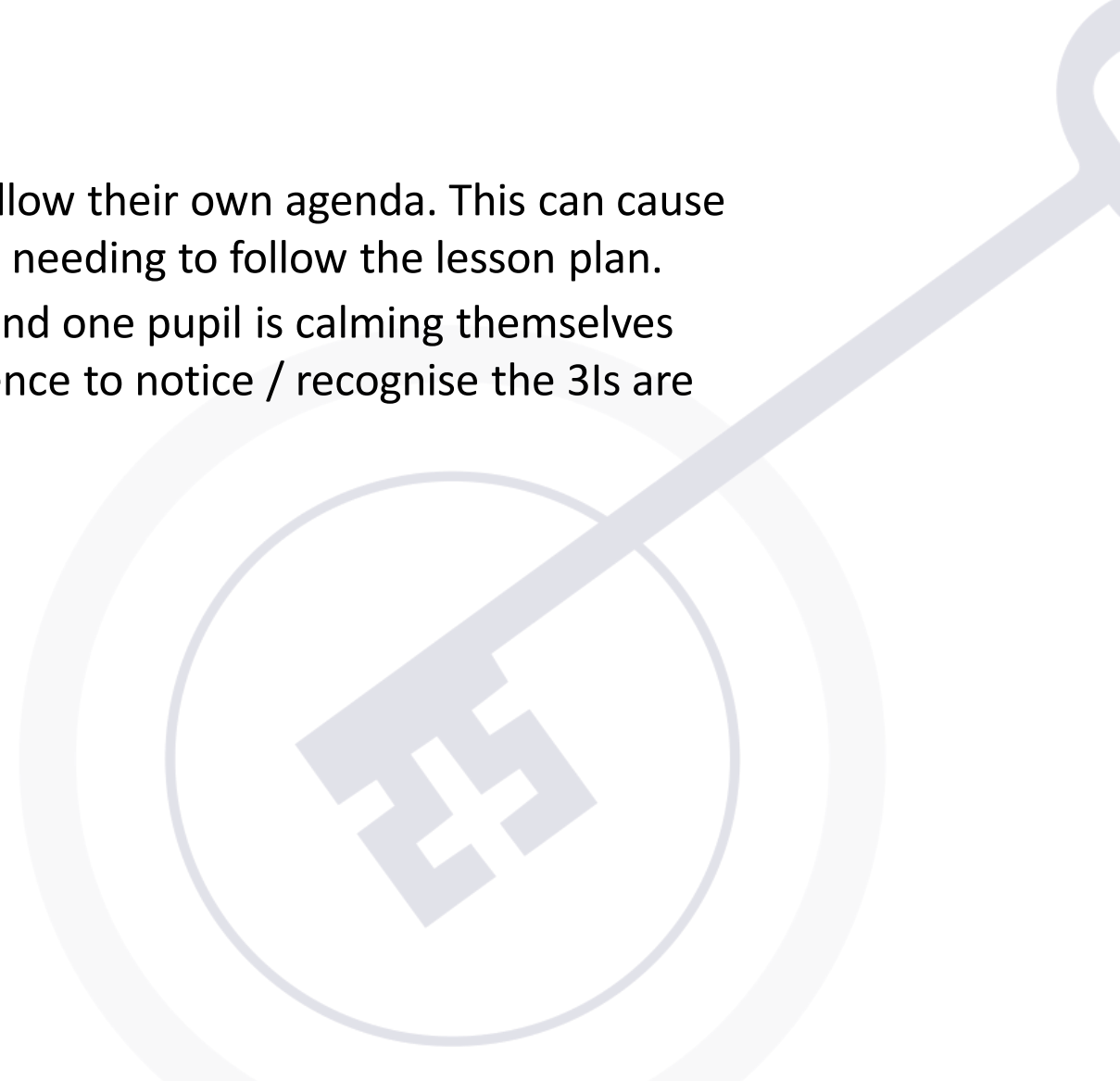
Area	%ile score	What to expect	Provision in plan	Timetable allocation	In place Y / N
Receptive Vocabulary	30	XX will be able to process small amounts of verbal communication. More than one verbal instruction is likely to be very difficult for her. She will need tick lists, visual instructions, etc.			
Oral Discourse Comprehension	3	This indicates extremely low ability to predict possible outcomes for texts, consider the views of others. Expect her to be dismissive, answer 'I don't know' to questions about how a text makes her feel, 'I can't' if asked to put her views in writing. She will need supported resources and altern:			
Overall Listening Comprehension	7	XX will not be able to will need to break ve written information:	Social Skills Intervention.	5 x 10 mins weekly, small group teaching	
		A structured approach to raise awareness of and support XX to name her feelings.		Throughout the day, all staff	
		Strategies to access a safe space at times of dysregulation.		Throughout the day, all staff	
		Access to zones.		Throughout the day, all staff	
		Social Use of Language Programme.		5 x 10 mins weekly, small group teaching	
		Staff are to scaffold and model next steps within tasks.		Throughout the day, all staff	
		A programme of rewards.		Throughout the day, all staff	
		Adult to ask 'what would help you to work this out?' and suggest an alternative, with explanation, if she has not chosen the most useful tool.		Throughout the day, all staff	

9. 3I everything!



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- Some more complex pupils will appear to follow their own agenda. This can cause worry with teachers who are used to all pupils needing to follow the lesson plan.
- If the intent of an activity is to calm pupils, and one pupil is calming themselves through play, support staff to have the confidence to notice / recognise the 3Is are being met.
- Most other pupils will follow the routine.

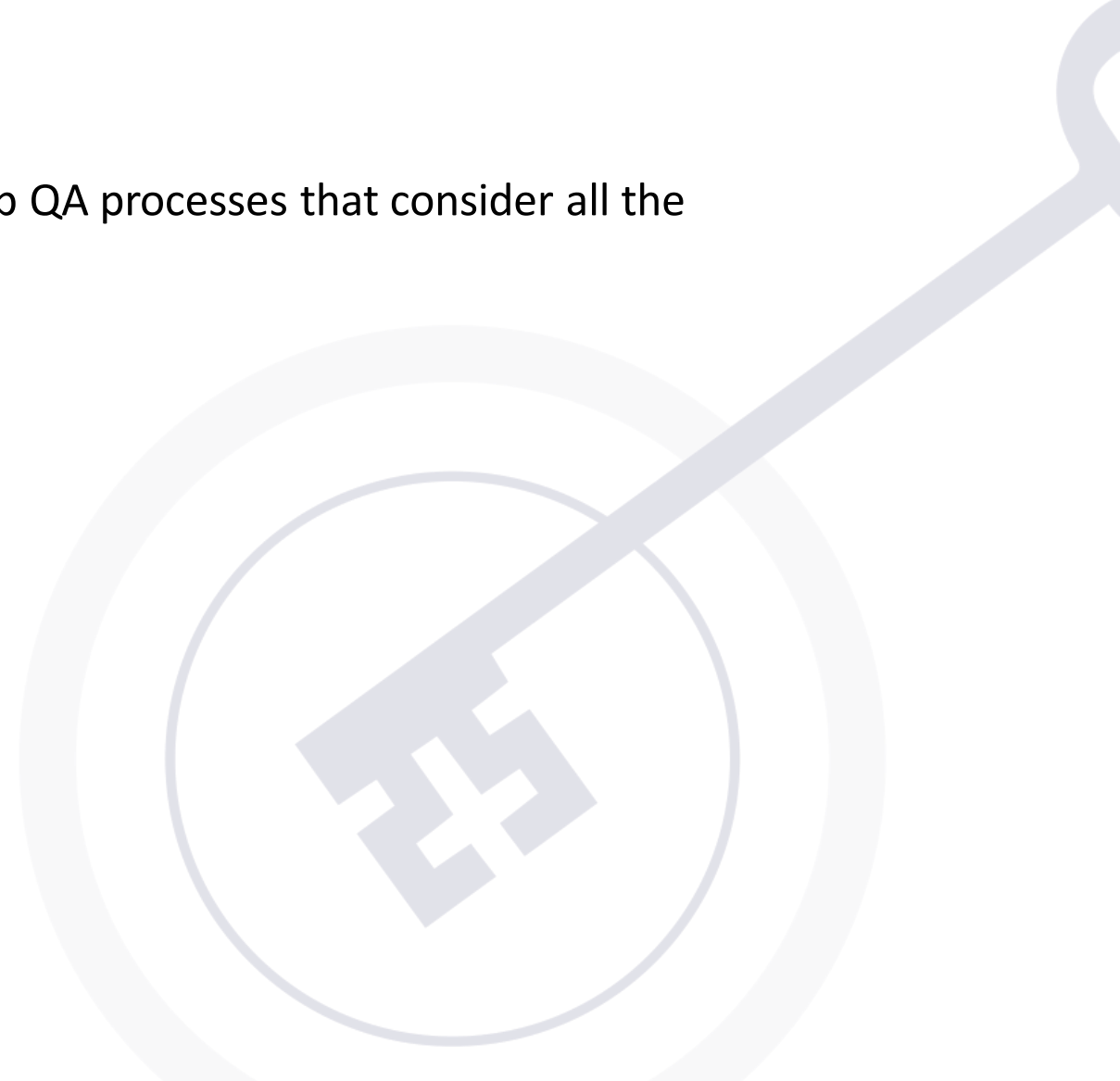


10. Involve leadership



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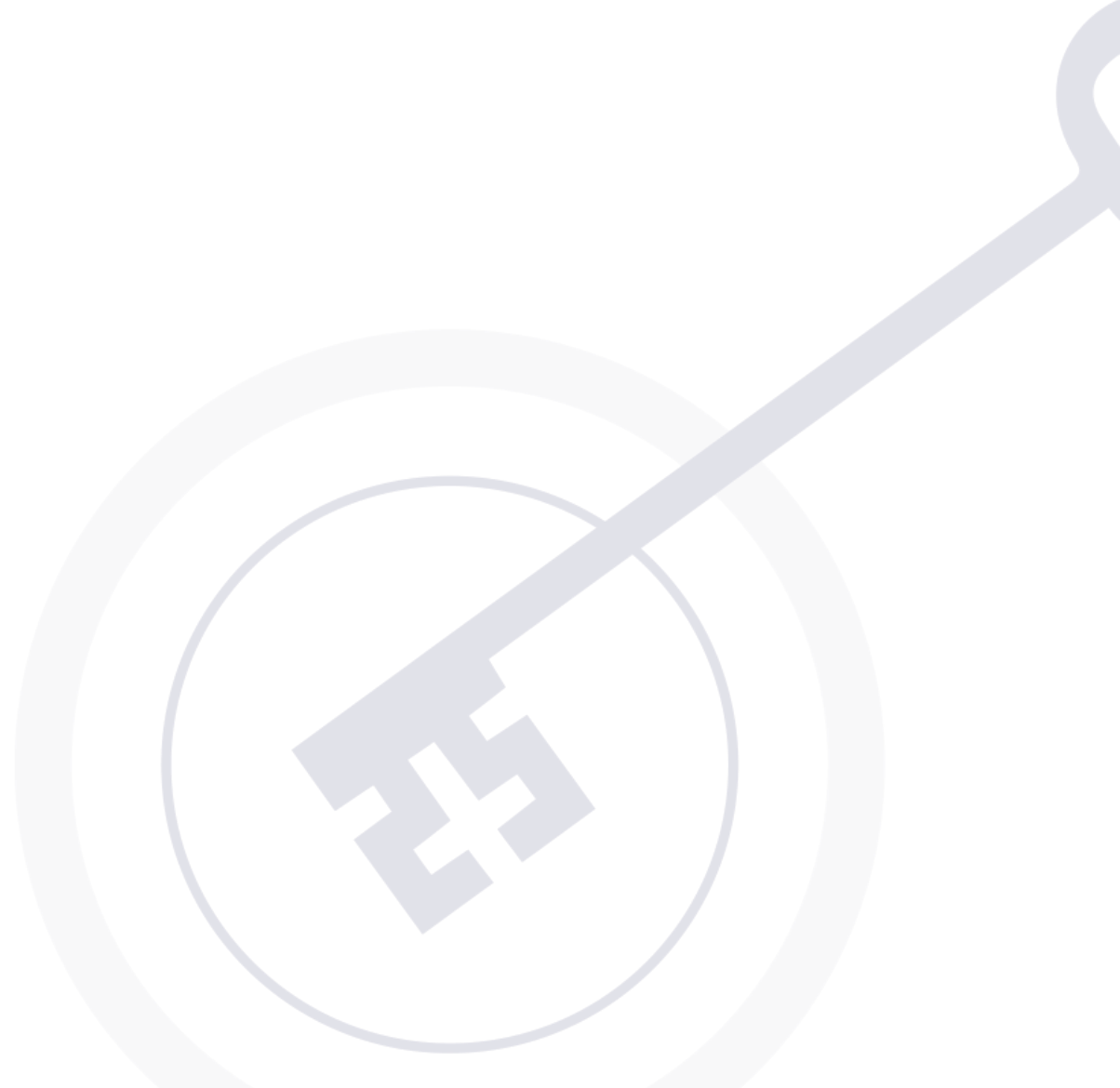
- Propose / support / coach leaders to develop QA processes that consider all the tips above:
 - APDR
 - 3Is
 - Curriculum
 - Assessment
 - Provision mapping – sections in green
 - OAP



QUESTIONS / COMMENTS



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Break:
(10:45-11am)





Thinking about supporting children
we understand to have emotionally
based school avoidance (EBSA)

Hello, my name is...



Liz Gray
(pronouns she/her)
Clinical/Team lead
Peterborough MHST



What we will cover

1. Worry/ Anxiety
2. Sense of Threat
3. Understanding Emotionally based school avoidance
4. How can we approach it and support the young person and family?

Group rules

Be kind to yourself - Some of the topics covered in the training can be difficult and may bring up emotions for you personally. Please take a break when needed.

Join in
Confidentiality - If you are talking about specific children, then please do not refer to them by name to ensure confidentiality.



Worry — Anxiety

Worry

- Tends to reside in our mind
- Is specific
- Often grounded in reality
- Temporary
- Doesn't tend to impair functioning

Anxiety

- Tends to affect both body and mind
- Anxiety is generalised
- Features catastrophic thinking
- Longstanding
- Impacts on daily life

Sense of Threat



<https://www.youtube.com/watch?v=SJhcn7Q0-LU>

<https://www.youtube.com/watch?v=rpolpKTWrp4>



Lets think about how we talk about young people and families

Changing our language can increase compassion, hope and connection

Why is EBSA happening for a student?



To avoid
uncomfortable
feelings

To reduce
separation
anxiety

To avoid
situations that
might be
stressful

To pursue
tangible
reinforcers
outside of school



Some statistics

Before the pandemic, in autumn and spring 2018/19 the persistent absence rate was 10.5%

Percentage of persistent absentees -between 2018/19 Autumn and spring term and 2022/23 Autumn and spring term

	2018/19 Autumn and spring term	2020/21 Autumn and spring term	2021/22 Autumn and spring term	2022/23 Autumn and spring term
Total	10.5%	10.4%	22.3%	21.2%
State-funded primary	8.4%	8.1%	18.2%	17.3%
State-funded secondary	12.7%	11.7%	26.7%	25.2%
Special	28.5%	49.4%	40.2%	39.1%

<https://explore-education-statistics.service.gov.uk/find-statistics/pupil-absence-in-schools-in-england>



Implications

Short term

Delays in learning.

Conflict and distress arising from the impact of refusal behaviour on family life.

Difficulties maintaining friendships, which can lead to further negative feelings.

Decrease in feelings of being able to cope; low mood may worsen and link with a sense of hopelessness.

Legal issues as a result of prosecution for non-attendance.

Long term

Future financial difficulties.

Reduced career choices / difficulty maintaining professional routines.

Future mental health issues.

Heightened risk of future social isolation and difficulties coping with life.

What may have contributed to the development of EBSA?

Predisposing Factors

- Social difficulties
- Family difficulties
- Learning difficulties
- Older siblings with EBSA
- School environment difficulties
- Parental school experiences

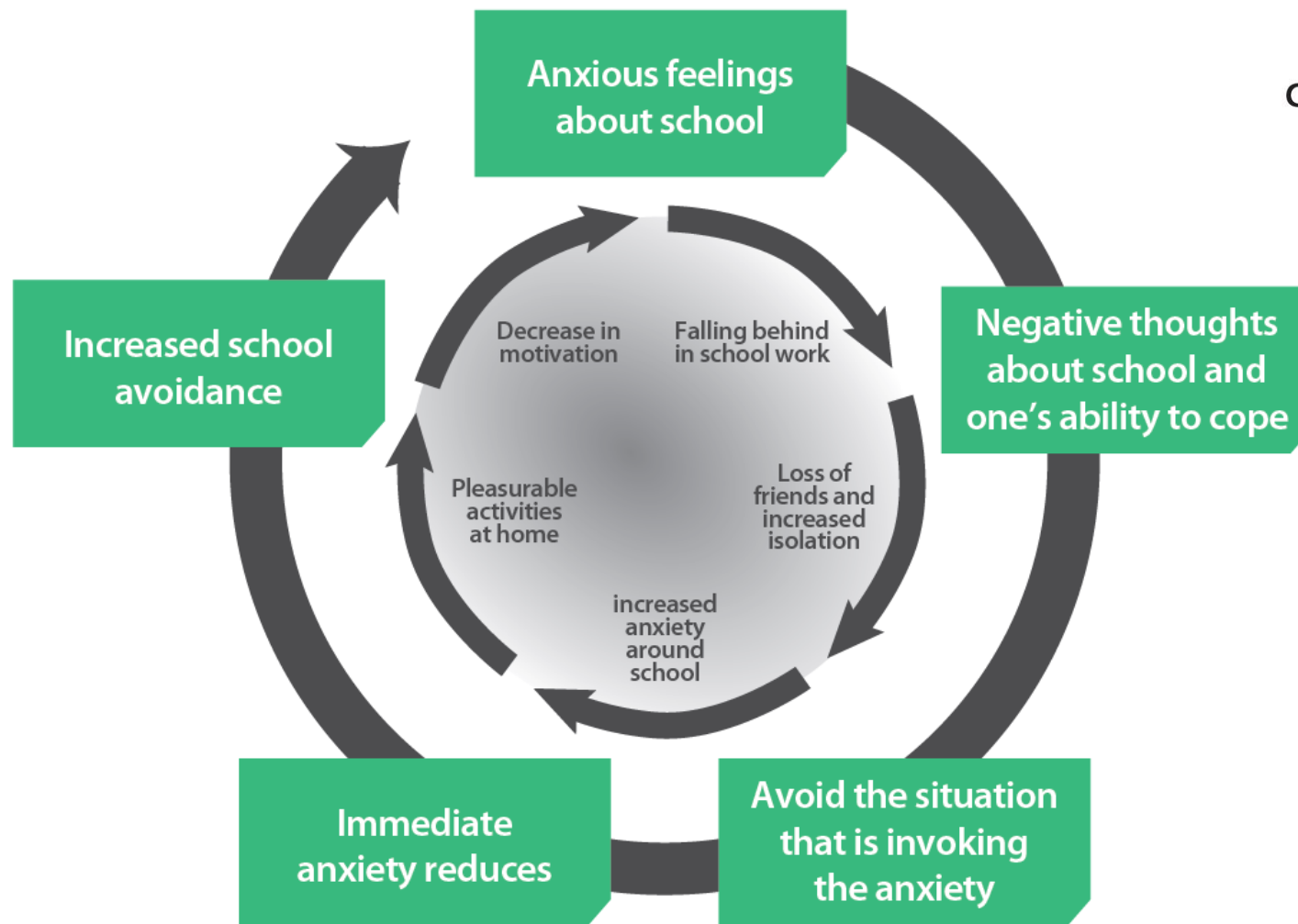
Triggering event(s)

- Bullying
- COVID-19

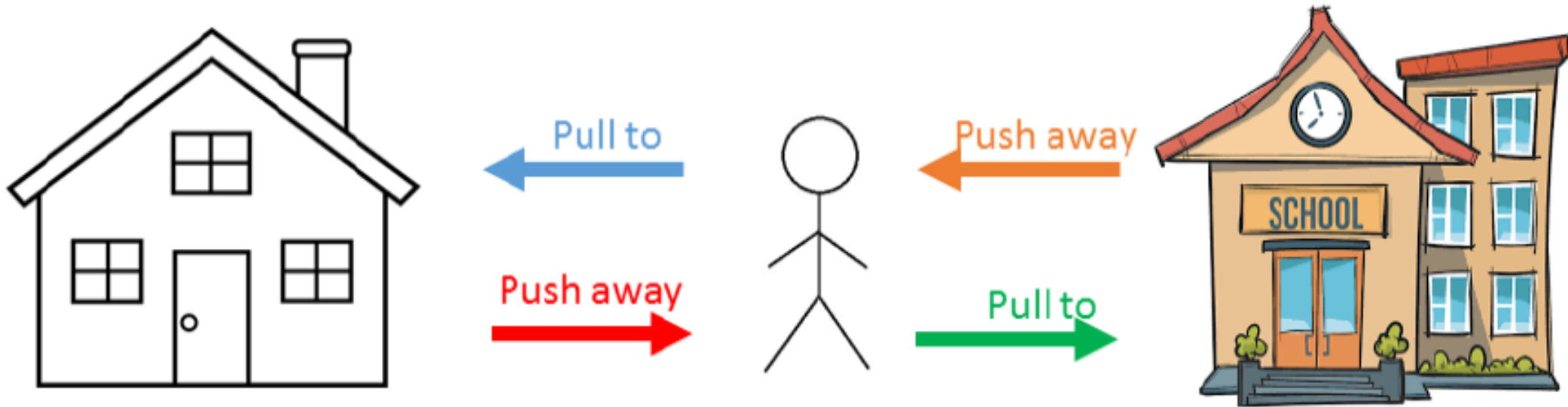
Maintaining Factors

- Disconnected/isolated from friendship groups
- Anxiety around lost schooling
- Home more comfortable/safe

Development of EBSA

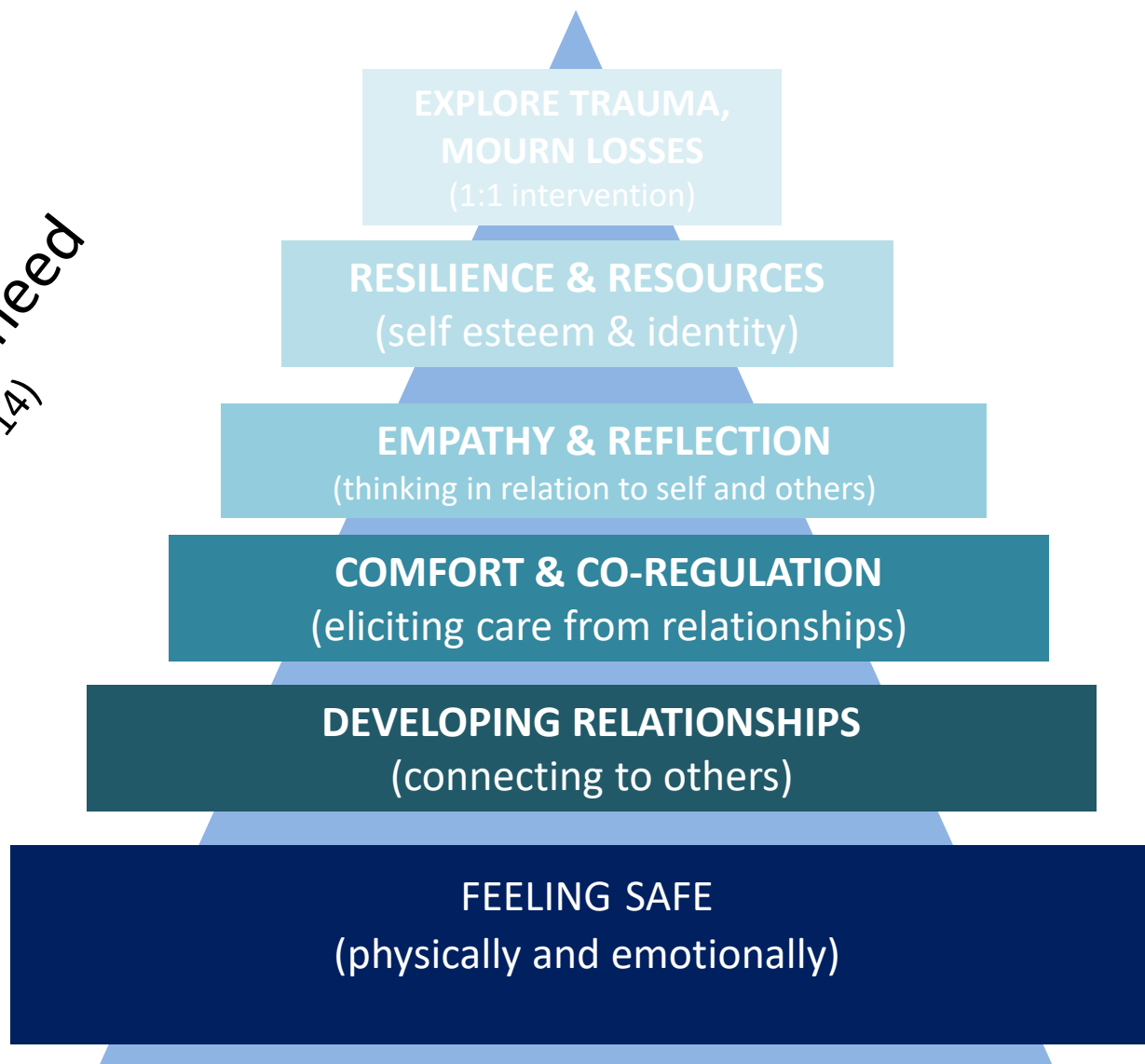


Push and Pull Factors...

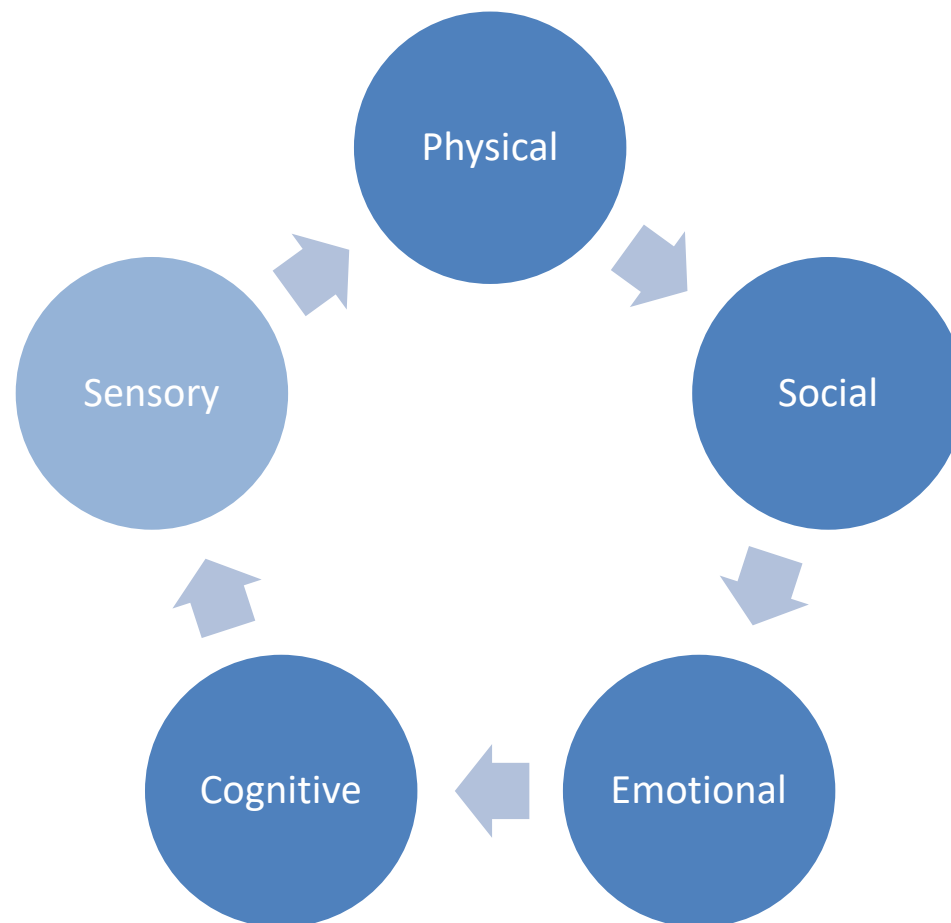




*Pyramid of need
K. Golding (2014)*

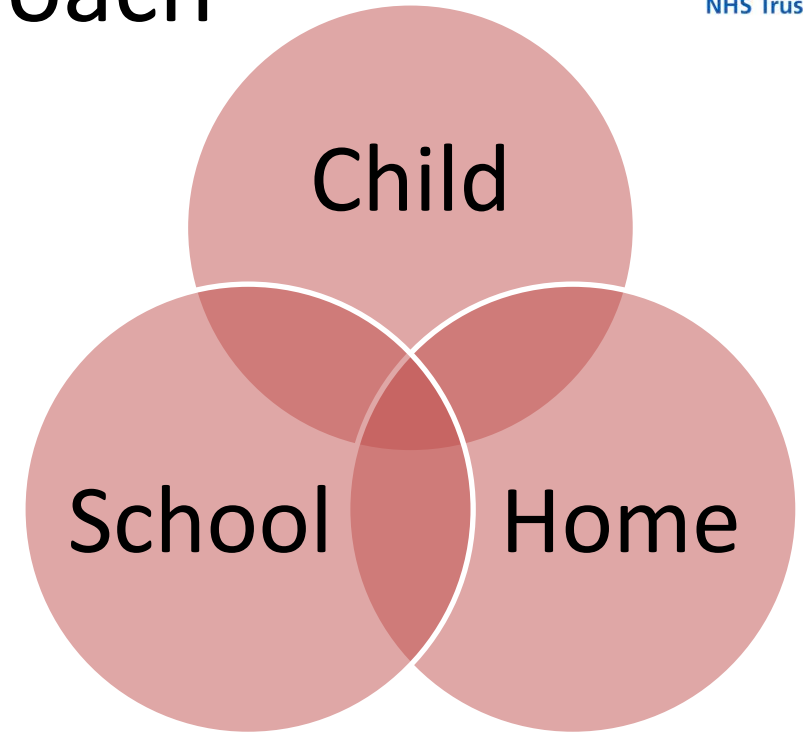


Ensuring safety



Collaborative Multi-system Approach

- Whole school approach to mental health and wellbeing
- Anna Freud – 5 steps to mental health and wellbeing framework
- Find ways to involve families in school life and communicate with them regularly. This will build parents' and carers' trust in the school.
- Ensure that parents and carers feel connected and involved with the school
- Nurture protective factors
- Relational approach – PACE Playfulness Acceptance Curiosity Empathy



Targeted



Assess

Look for early indicators and act quickly
Work with pupils to identify risk factors



Plan

Co-produce a return to school action plan with pupil, family and school all involved in the process.
Agree review date and share plan with all parties.
Focus on small steps
Work with child or young person on a return to school pupil support plan and share with all concerned.



Do

Maintain good communication with the family and pupil during the return to school
Consider developing specific family support groups based on EBSA so parents and carers can meet and support one another



Review

Monitor progress and adjust plan for next steps.



- Mental Health Support Team & Emotional Health Wellbeing Practitioner Team
- Both teams can offer consultation – help to understand and psychologically formulate with you the child's needs.
- MHST and the Child Wellbeing practitioner (CWP's) team can offer guided self help interventions around worry and anxiety.

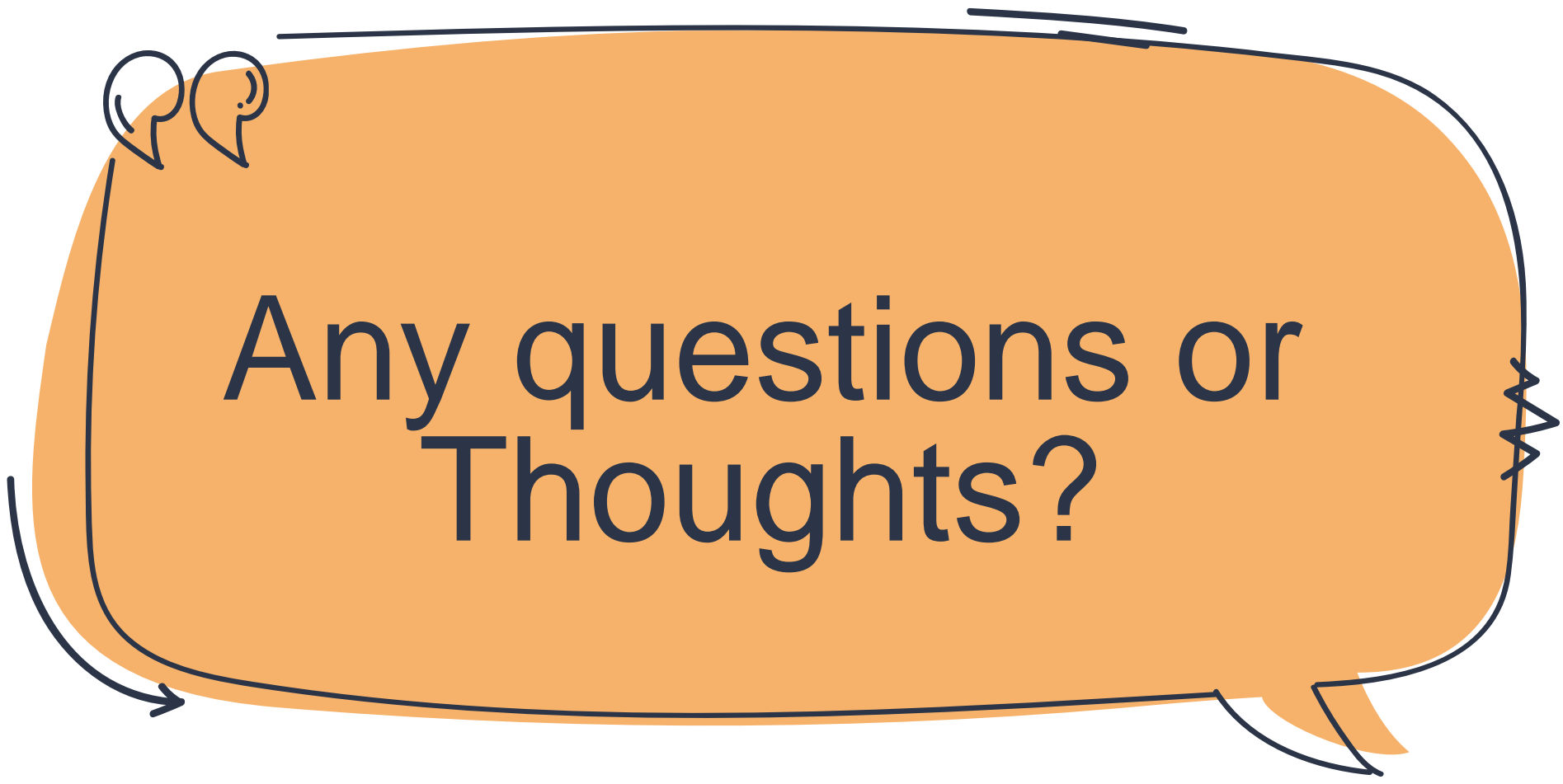


Resources

- <https://www.annafreud.org/resources/schools-and-colleges/addressing-emotionally-based-school-avoidance/>
- <https://www.supportservicesforeducation.co.uk/Page/19956>
- <https://www.edpsyched.co.uk/risk-and-resilience-schools>
- <https://beaconhouse.org.uk/resources/>
- https://dfegovukassets.blob.core.windows.net/assets/Attendance%20campaign/Attendance%20campaign%20communications%20toolkit%20for%20schools.pdf?utm_medium=email&utm_source=govdelivery



Resources



Any questions or
Thoughts?



Feedback

<https://bit.ly/EHWSFeedback>



Behaviour as Communication

St Michael's Church School



Behaviour as Communication

Objectives:

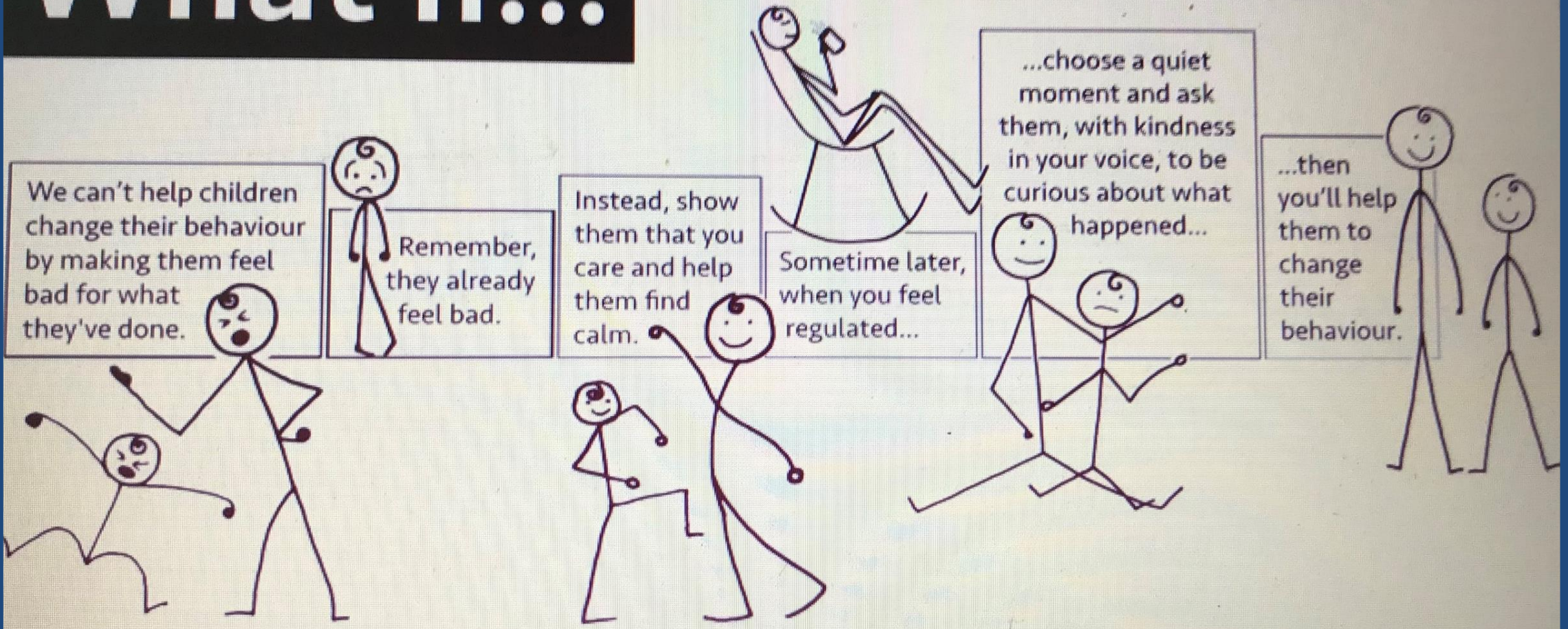
1. Why do children behave the way they do – linked to ACES, Trauma, Attachment
2. The importance of staff at school
3. School support and further support from professionals

Why am I rude?



ed with pupils from Swavesey Primary School and Swavesey Village
Why I am Rude, written by Sarah Dillon, National Association for
rents (<https://www.naap.org/>)

What if...



...we are curious about behaviour?

BEHAVIOUR AS COMMUNICATION

What can cause different behaviours?

➤ **ACES – Adverse Childhood Experience**

➤ **Attachments**

➤ **Trauma (Including Medical trauma)**

➤ **Needs not understood in school or home**

Attachment Theories

Bowlby - Primary attachment

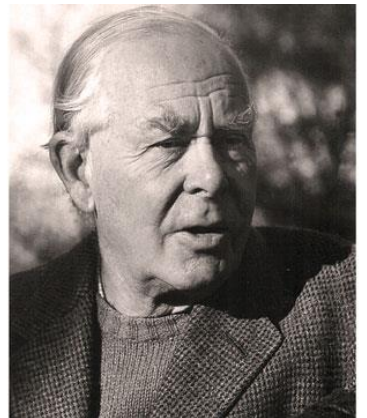


The attachment relationship that a child needs to form during the first two to three years of life is dependent on pro-social attachment experiences from one person providing direct responsive care (typically, a parent).

Although not typical, a child may share primary attachment with two people who both provide direct response and care, or who are both present when direct responsive care is given.

Bowlby (1969)

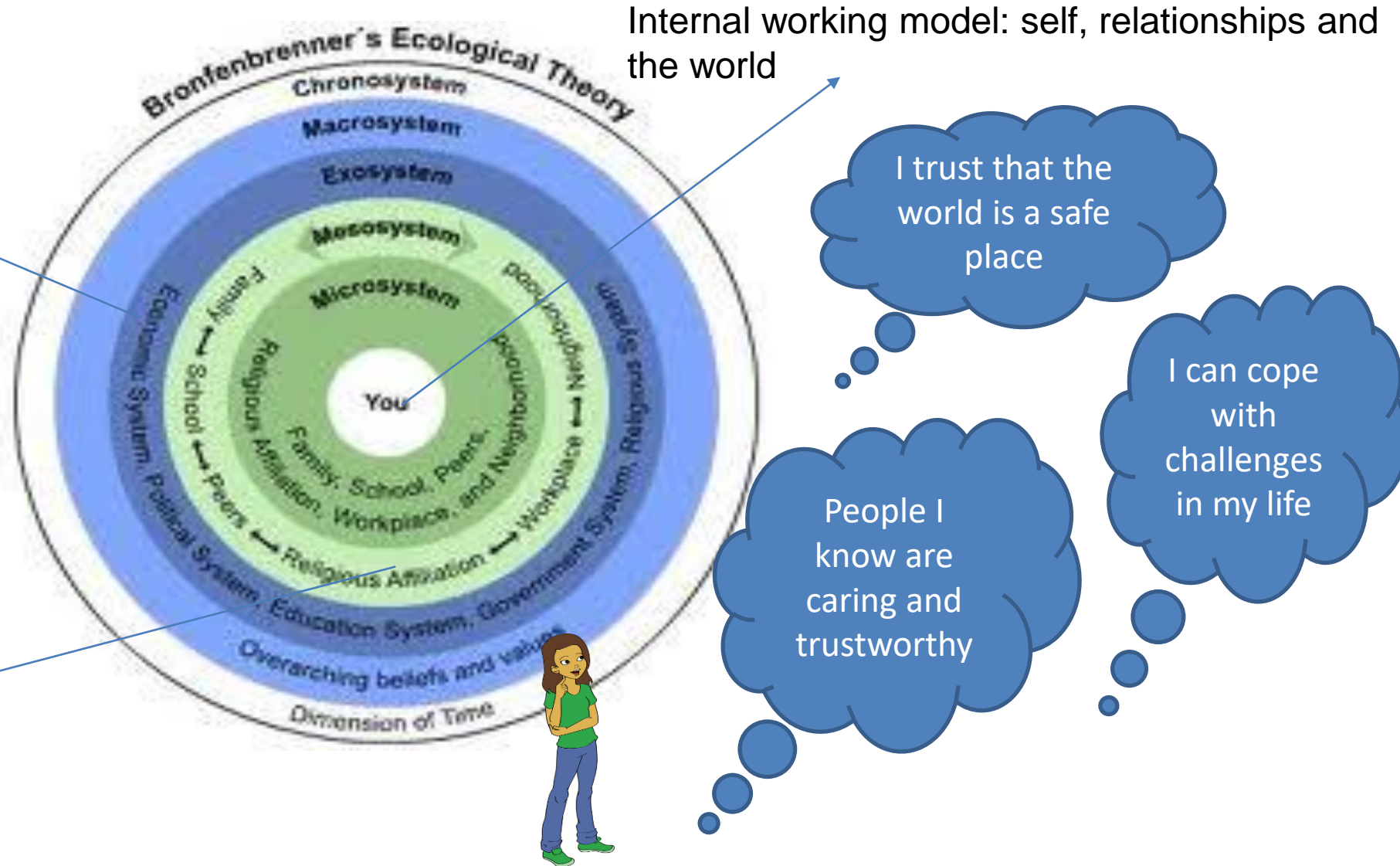
- Importance of **secure base** from which to explore the world. Attachment behaviours maintain proximity to the caregiver and promote feelings of safety and security (survival function).
- Importance of the relationship with an adult – through this, the child's fears and anxieties are regulated and reflected back to child so that the child can make sense of their experiences
- **Attunement** or mind-mindedness – begins the development of emotional self-regulation



Attachment: an ecosystemic construct

Consider systems around the child as risk or resilience factors – child's development influenced by family, social and cultural experiences

Over time – schema influenced by experiences – developmental pathway approach (Slater 2007)



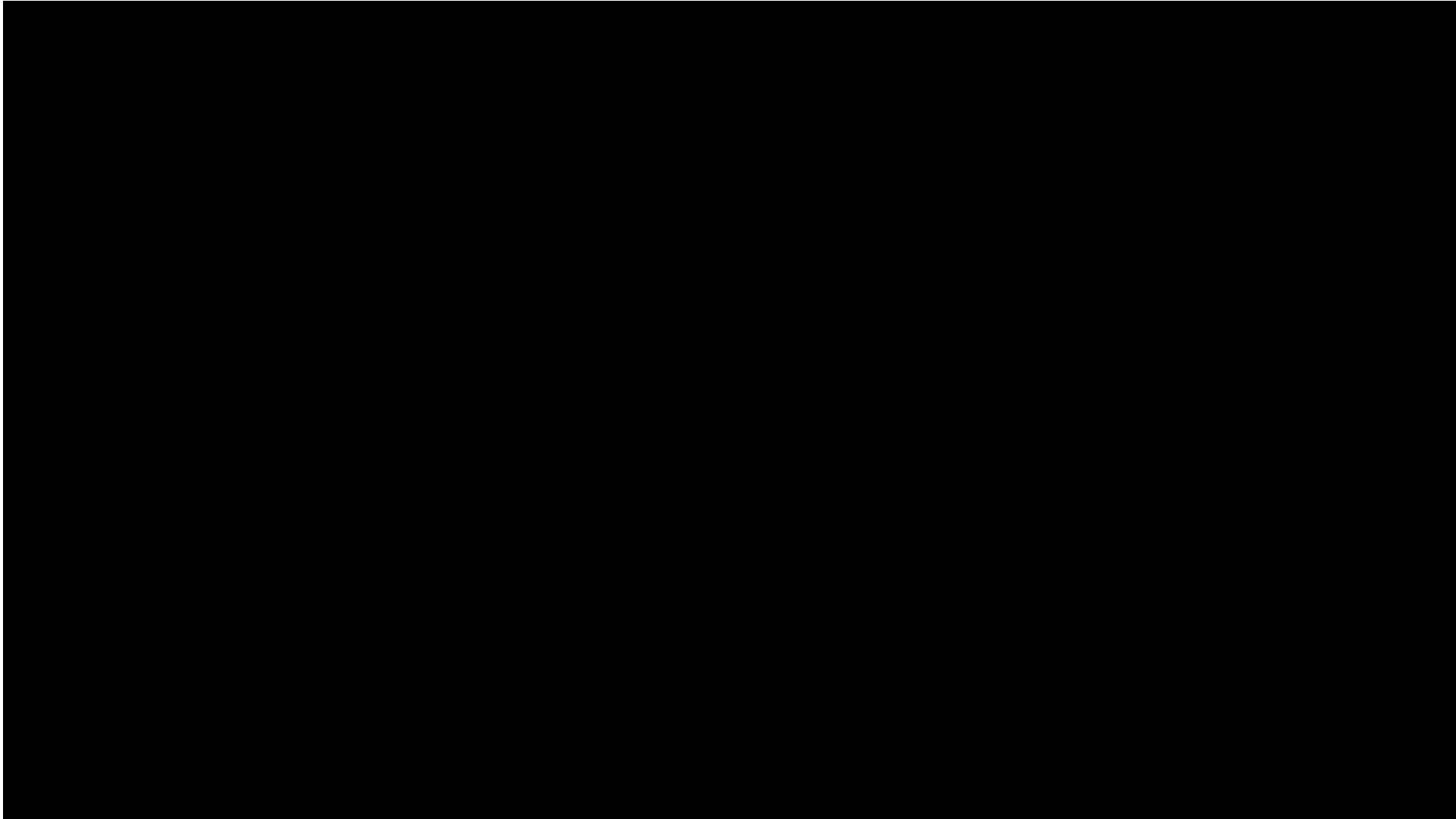
Four Attachment Types

Mary Ainsworth (1978): “Differences in the security of infant (carer) attachment may have significant long term implications for later life”.

- Secure Attachment
- Insecure Avoidant
- Insecure Ambivalent



Attachment in 3 minutes !





Attachment awareness

By developing an understanding of attachment theory, practitioners are able to apply this knowledge to their own practice for the benefit of all pupils; in particular those with attachment difficulties and other vulnerable learners.

This can help to improve attainment, behaviour and overall wellbeing for pupils. It does not seek to turn teachers into therapists, but rather to emphasise the importance of understanding the impact of attachment experiences.

ACES

(Adverse Childhood Experiences)





Adverse Childhood Experiences (ACEs)

UNDERSTANDING ACEs

What are ACEs?

ACEs (Adverse Childhood Experiences) are serious childhood traumas that can result in toxic stress.

Toxic stress...

Toxic stress can damage the developing brain and body of children and affect overall health.

Toxic stress may prevent a child from learning or playing in a healthy way with other children, and can cause long-term health problems.



https://youtu.be/XHgLYI9KZ-A?si=_r1DLCkCI7LDiuQ

Public Health Network Wales





ACEs can include:

- Abuse: emotional / physical / sexual
- Bullying: violence of or by another child, sibling, or adult
- Household: substance abuse / mental illness / domestic violence / parental abandonment / divorce, loss etc.
- Involvement in child welfare system
- Neglect: emotional / physical
- Racism, sexism, or any other form of discrimination
- Violence in the community
- Medical trauma

Exposure to childhood ACEs can increase the risk of:

- Intimate partner violence
- Alcohol and drug abuse
- Depression
- Suicide



Adverse Childhood Experiences

Compared with people with no ACEs, those with 4+ ACEs are:

2 times more likely to currently binge drink or have a poor diet

3 times more likely to be a current smoker

4 times more likely to have had sex while under 16 years old or to have smoked cannabis

4 times more likely to have had or caused unintended teenage pregnancy

8 times more likely to have been a victim of violence in the last year or ever been incarcerated

10 times more likely to have been a perpetrator of violence in the last year

Preventing ACEs in future generations could reduce levels of:



Early sex (before age 16) by 36%



Unintended teen pregnancy by 44%



Smoking (current) by 25%



Binge drinking (current) by 22%



Cannabis use (lifetime) by 45%



Heroin/crack use (lifetime) 54%



Incarceration (lifetime) 50%



Violence perpetration (past year) 61%



Violence victimisation (past year) 56%



Poor diet (current; <2 fruit & veg portions daily) 14%

Developmental Trauma



Trauma

“Trauma is perhaps the most avoided, ignored, belittled, denied, misunderstood and untreated cause of human suffering”

– Dr Peter Levine

What is trauma?

Death in the family

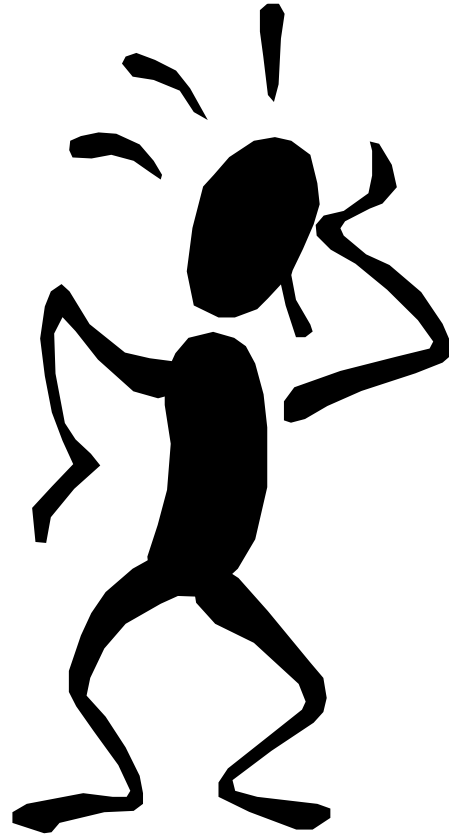
DV

Emotional abuse

Any kind of abuse

Hospital operation

Separation



Imprisonment

Drug misuse

Alcoholism

Victim of crime

Area of living

Early experiences of trauma

Children may have early experience of trauma when they are unable to process their experience and feelings because of their age, developmental stage, communication difficulties, or a lack of emotional literacy. Other children who may be able to communicate their feelings are not afforded the opportunity.

Unresolved trauma can result in young people communicating their trauma through behaviour.

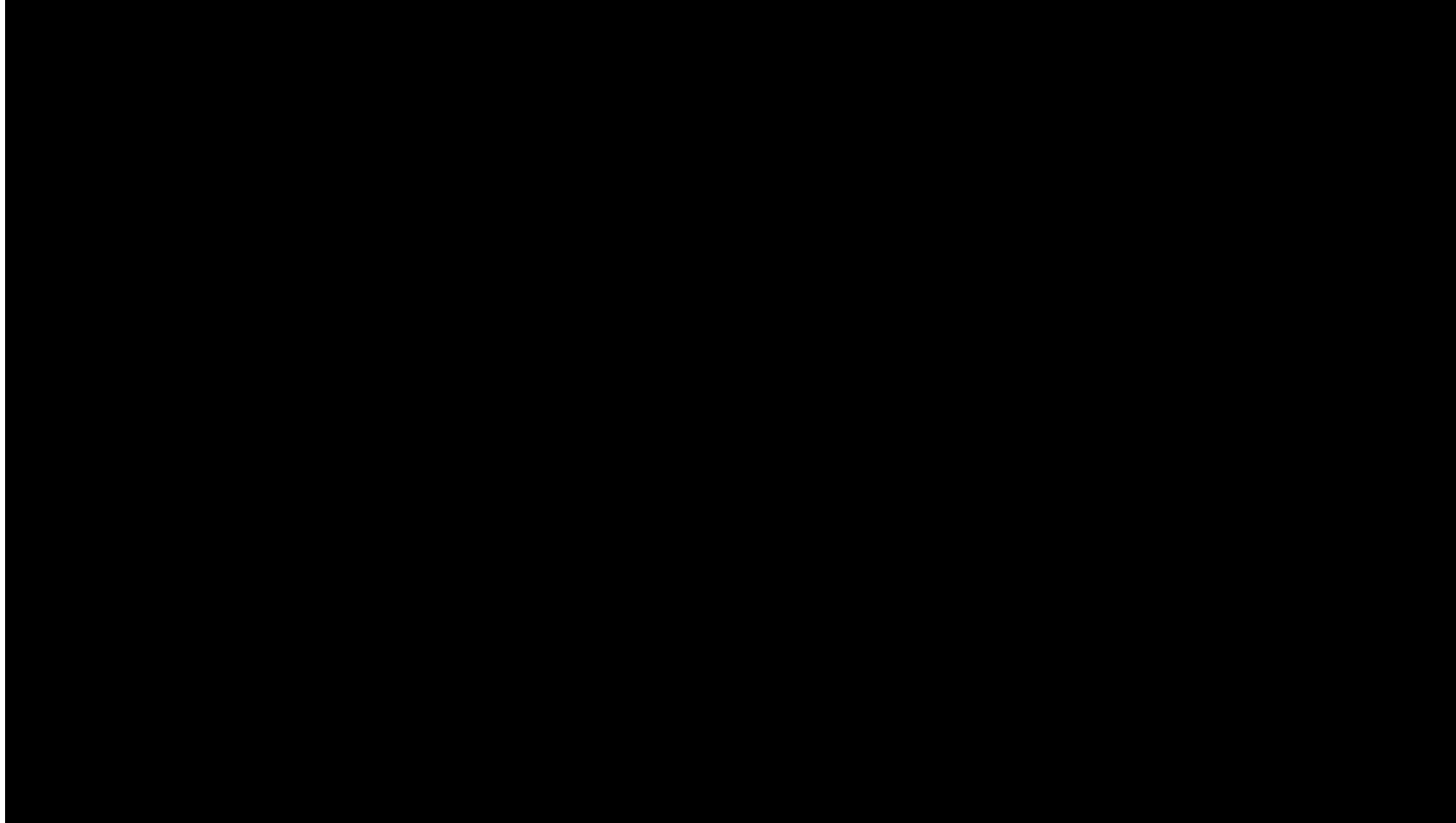
Early experiences of trauma can result in difficulties forming and maintaining relationships, forming a positive self image, managing stressful situations, information retention and problem solving.

**So...What can we do
to help our children?**

Child A:

- Clearing tables, didn't like people near him or looking at him
- Couldn't cope within a classroom
- Jumping on furniture, hurting children and staff
- 1:1 in a room, didn't like anything in the room with him, took out all furniture and painted display boards as he pulled everything off them.
- Didn't want to interact with anyone.
- Constantly running out of class
- Moved to Nurture provision – then to special school.

Importance of a Key Adult



'He was the first man who showed me any kind of love. He's still with me.
He'll always be with me.'

School support – CPD for Teachers and TA's

- STEPS – Therapeutic approach to behaviour management
- Emotion Coaching approach across the school
- Nurture provision
- Connected communities project – Virtual schools

Key actions

- **Personalise plan** for their day – break down of their learning within the hour.
- **Consistency** – all staff know the plan and stick to the plan – no deviation.
- Make them feel **happy, safe and secure** in school
- **Staff well-being** – supporting staff is key to working with complex children

Personalised support/where to get further help

1. Try to establish positive parental engagement
2. Family support worker (EHA)
3. Anxiety mapping/STEPS plan
4. Behaviour panel/ SEND behaviour panel
5. Area SENDCO observation/support
6. GOSH referral or FCAMHS



nurtureuk



An average primary school class will have:

19 children with no apparent needs

7 children with one type of difficulty
(either social emotional, or behavioural)

4 children with high levels of needs in both
domains (commonly one girl and three boys)

Make a difference!

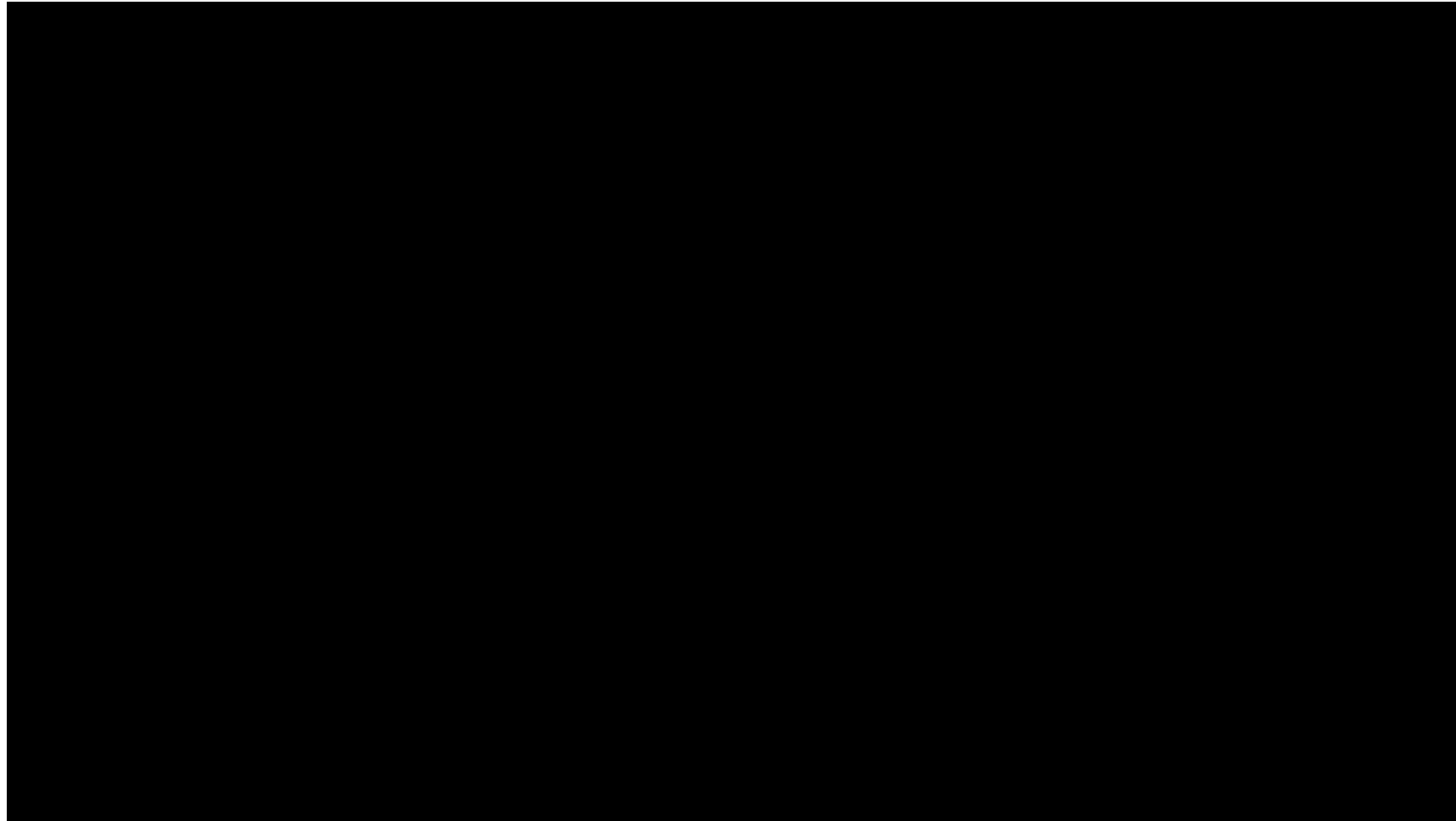
Educators can facilitate 'attachment-like' relationships with pupils (i.e., nurturing and responsive), and adopt attachment-based support strategies, particularly with challenging and vulnerable pupils, in order to enhance learning opportunities.

Secure attachment relationships correlate strongly with higher academic attainment, better self-regulation, well-being and social competence.



By creating an environment and culture which embodies a relational approach and is trauma-responsive, then children, young people will feel a sense of safety, adapt different coping strategies; will begin to learn.

Relational Practice Offer – Training



Virtual School



Q&A with the PCC Behaviour and Inclusion Team (advice and strategies given on generalised cases that may benefit other settings with similar

Feedback

- Please click on the below link or scan the QR code to give us feedback on this event..

<https://www.surveymonkey.com/r/7MHKB8G>

