

Arun Court School: Policy Number 10C

(Assessment & Tracking Suite- Policy Suite 10)

Arun Court School – Monitoring & Assessment of Student Well-being & school approaches to well-being Policy – last updated April 2021

Ratified by EMAT sub-committee meeting on:.....

Signature (+ date) Chair of EMAT Curriculum & Achievement Committee

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Signature (+ date) Proprietor:Mrs Beverley-Sarah White

Signature (+ date) Principal of School Vicki Williams

Date of next review: April 2023 (Reviewed at least BI- Annually by COMMITTEE)

Please read all policy documents in the main policy file, in particular you should read the whole of suite 10 in conjunction with this policy. You should also read the standards for employees (policy 13G) and the staff code of conduct (Policy 13D). It is also helpful to read Policy suite 11 which deals with the practical methods associated with the curriculum and learning throughout the school.

Context

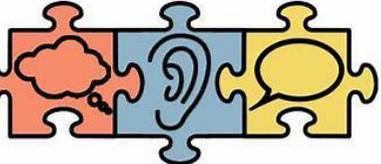
Arun Court School as an Independent Specialist Setting (NMI – Non-maintained Independent) that operates with an ‘Ideal’s approach’ that is a non-profit driven approach, wants to use public funds effectively. Where possible it wants to bolster the mental health of students, and ensure rapid academic progress, so that they can transition to a cheaper setting that also has larger resource and opportunity. The purpose of this policy is to ensure that the effectiveness of well-being approaches is monitored and assessed continually. In turn, this should ensure improvements in pupil engagement and achievement.

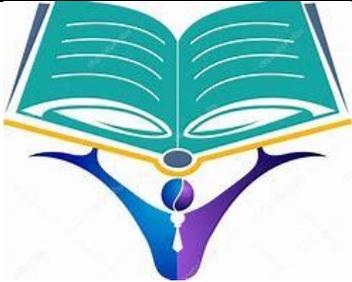
WELL BEING APPROACHES IN USE AT ARUN COURT SCHOOL

 <p>Cognitive Behaviour Therapy</p>	 <p>MENTORING</p>	 <p>HOLISTIC COACHING</p>	 <p>SOLUTION-FOCUSED COACHING</p>
<p>A trained practitioner uses clear targeted resources to structure a person’s thoughts in a way that makes them more confident and able to self-regulate their emotions.</p> <p>This is a technique used by therapists, but less qualified practitioners can also train in this specific element, including mindfulness CBT which is delivered by coaches.</p>	<p>A person with knowledge and experience, guides another through a situation, giving examples from their own experience.</p> <p>Mentoring training can be at any level from CPD certification to masters degree.</p>	<p>A trained practitioner mutually supports the ‘Coachee’ to identify and address areas of need and ways of working on them. The focus is on the user’s experience, not that of the coach. Discussion is wide and supportive, creating a safe space to explore emotion.</p> <p>Training can be at any level from CPD certification to masters degree.</p>	<p>The ‘Coachee’ presents an issue which requires addressing within a set timeframe. The Coach, a trained practitioner, highlights approaches and practices from which the user can choose support. Together they focus on the solution and steps to get there.</p> <p>Training – as before.</p>
<p>Relationship: Work is directive – the PRACTITIONER is on a higher level than the SERVICE USER.</p>	<p>Relationship: Directive. The MENTOR is positionally higher than the ‘MENTEE’</p>	<p>Relationship: Facilitated. The COACH is on a level with the SERVICE USER. The Client maintains a high level of control.</p>	<p>Relationship: Facilitated. The COACH is on a level with the SERVICE USER. The client maintains a high level of control.</p>

<p>Play Therapy / Therapeutic Play</p> 	 <p>Psychology</p>	 <p>Psychotherapy / counselling</p>	 <p>MINDFULNESS</p>
<p>Play therapy or therapeutic play uses toys and play scenarios to help young people explore their emotions or different contexts that they find anxiety inducing. Although officially recommended up to age 16, it can be used with those who have a developmental delay or for adults whose inhibitions hold them back. Qualifications can vary from achieving a certificate in therapeutic play to a fully qualified therapist with a masters degree.</p>	<p>Clinical psychologists are Doctors with a Phd and have a whole host of specific skills that they employ in their work, Assessing personality and standardized psychological test scores in order to be more effective in treating patients. We no longer have a resident CP on site each week but can bring in known practitioners when needed.</p> <p>Many of our staff have a degree in psychology which informs their practice.</p>	<p>Psychotherapy and psychotherapeutic counselling are talking therapies. They are used to treat emotional problems and mental health issues. As well as talking, the therapy could use a range of methods including art, music, drama and movement.</p>	<p>A mindfulness coach is a Certified Life Coach and a Mindfulness-Based Stress Reduction (MBSR) trainer. They may also be a qualified teacher of meditation, or be trained in specific areas such as arts-based mindfulness. Mindfulness is about being in the moment as a way of relaxing and dealing with issues logically. It can take many forms and in our setting is combined with therapeutic walks, work with animals and sensory approaches.</p>
<p>Relationship: Mainly Directive. The practitioner will take the lead in encouraging the client to attempt more exposure to certain issues, role play or discuss developmental blocks.</p>	<p>Relationship: Mainly Directive. Therapy may feel question and discussion based, with the therapist taking the lead and possibly also carrying out analysis.</p>	<p>Relationship: Mainly Directive. Therapy may feel question and discussion based, with the therapist taking the lead. Non-talking forms are less directive (art, play or drama psychotherapy)</p>	<p>Relationship: Facilitated. The COACH is on a level with the SERVICE USER.</p>

 <p>OCCUPATIONAL THERAPY</p>	 <p>NURTURE RETURN (Early Learning Goals)</p>	 <p>PHYSICALITY MINDFULNESS</p>	 <p>MASSAGE THERAPY</p>
<p>Occupational therapy helps patients develop skills needed for the activities of daily living, including self-care, leisure, independent living and work. Therapists work in hospitals, in schools, in nursing homes and with patients in their own homes. Whilst the therapist has completed a degree the actual work of carrying out the exercises is often left to school staff who have had direction.</p> <p>An OT visits the school weekly, and other staff are trained to assist or carry out additional programmes</p>	<p>Practitioners have a secure knowledge of child development and the early stages of learning from 0 – 10. Using this they are able to identify areas (through a multi-disciplinary approach) that older children and adults may have missed. They work on creating safe, secure, non-threatening and most importantly non- patronising experiences to redress this balance – improving both physical and emotional health.</p>	<p>This describes a package of support designed to improve a client’s ability to gain emotional and mental health benefits from an improvement in their physical health. The focus is firmly on the mental health gains; not the changes in physical form – so this works very well for those with body image issues or those who do not see themselves as natural exercisers. A team may include mental health advisors, GPs and specific movement teachers such as yoga or Pilates.</p>	<p>This can only be carried out by qualified & insured, trained therapists – we have several on site. A massage therapist seeks to use physical touch to reduce stress, anxiety and create a sense of deep calm. It can help with mental processing, sleep issues and even trauma.</p> <p>There is no pressure for the client to talk, so this is a powerful tool for those who find talking therapy challenging.</p>
<p>Relationship: Directive. The therapist informs and advises the client.</p>	<p>Relationship – mixed Directive in terms of activity, but delivery is less directive, following a coaching approach</p>	<p>Relationship – mixed Directive in terms of expertise, but delivery is less directive, following a coaching approach</p>	<p>Relationship: Directive. The massage therapist presents a skills they’ve trained for.</p>

 <p>SPEECH AND LANGUAGE THERAPY (& LEGO therapy)</p>	 <p>READING (LITERACY) RECOVERY</p>	 <p>FAMILY & PARENTING SUPPORT WORKER</p>	 <p>EMOTIONAL SUPPORT WORKERS</p>
<p>Like so many professionals within the health care/education world, speech-language pathologists (a.k.a. speech therapists) do so much more than their job description would entail. They have specific training and often years of experience treating a variety of communication challenges; they can be counted upon to deliver powerful results. The main thing a therapist does is to directly treat speech and language challenges in a strongly goal-oriented and intensely focused manner. We have a visiting fully qualified therapist as well as others who have completed CPD at ‘assistant level’ including for Lego Therapy as a SALT intervention.</p>	<p>Similar to nurture return, practitioners will have particular literacy expertise and may also have trained in specialist literacy difficulties such as dyslexia or TEFL. They devise and use bespoke combinations of approaches to support a client in accessing literacy and building their reading, creative and spoken engagement with the written word – overcoming any barriers to engaging with the written word can in turn greatly improve emotional health, and reading for enjoyment is a key relaxing activity for many.</p>	<p>A family support worker helps families who are experiencing long- or short-term difficulties. These could include drug or alcohol addiction, the hospitalisation of a parent, or a parent with long-term health problems, financial difficulties or marital issues. Family support workers and parent support workers often fulfil a broadly similar role. They may work in the homes of families, family centres or other locations. Some parents gain access to a parent support worker because they ask for help. Others may be referred by a social worker, possibly because they are monitoring the quality of childcare.</p>	<p>Emotional support is when we listen and offer empathy and compassion to someone; it is about being non-judgemental and allowing someone to express themselves in a safe and supported relationship or interaction. It is about not imposing our views or opinions on someone but letting them feel accepted for expressing the way they feel – warts and all. ESWs listen non-judgementally, often whilst carrying out enjoyable tasks such as cooking, crafts or life skills which help the client to relax and chat. (We train our ESWs to a much higher level than a school ELSA)</p>
<p>Relationship: Directive. The therapist informs and advises the client.</p>	<p>Relationship Directive – teachers use their knowledge to support a learning and mental health journey</p>	<p>Relationship – mixed Directive in terms of expertise, but delivery is less directive, following a coaching approach</p>	<p>Relationship: Facilitated. The ESW is on a level with the SERVICE USER.</p>

 <p>THERAPUETIC ACADEMIC TEACHER</p>	 <p>LIFE SKILLS TEACHER</p>	 <p>CAREERS ADVISORY SERVICES</p>	 <p>SAFEGUARDING LEADER (DSL – LEVEL 3 TRAINED)</p>
<p>These individuals are fully trained in our specific approach of progressive blended learning and tuition. They all hold QTS (degree and qualified teacher status) in the UK but have also got a degree in psychology. They have been trained to support educational anxiety through a progressive, student-owned approach to learning.</p>	<p>These educators have been trained in specific life skills support such as use of the AQA Awards, OCRNs, ASDAN and our own CPD certified life skills programmes. They have a background in SEND support.</p>	<p>Career development practitioners help people to make decisions about their education, training and future jobs and careers. They work in public, private, voluntary and community settings and have a range of job titles including career adviser, career coach, career consultant, careers co-ordinator and careers teacher.</p>	<p>Designated safeguarding leads are not only found in schools and colleges. Many other working environments across a variety of sectors have designated safeguarding lead persons and deputies taking responsibility for safeguarding in the workplace.</p>
<p>MENTAL HEALTH SUPPORT WORKER</p> 	<p>YOGA Teacher</p> 	 <p>CONSULTANTS</p>	<p>Consultants have experience or qualifications in the areas previously highlighted, but to a much higher level. Many are authors, presenters, and trainers with experience across the globe having worked with governments, large organisations, charities, or associations.</p>
<p>A MHSW is similar to an emotional support worker but they have a greater understanding of specific mental health issues and approaches. As such they can be more directive in their approaches, and make suggestions about core strategies to improve mental health.</p>	<p>These individuals must be qualified and registered, with public indemnity insurance.</p> <p>Yoga is a form of exercise and meditation that frees the mind and is well-known for a plethora of health benefits.</p>		<p>BS WHITE – ASD & Anxiety consultant J EVANS – Safeguarding, governance & Curriculum consultant HANNAH – Mindfulness & mental health consultant VICKI – Educational consultant</p>

1. The responsibilities of individual practitioners

1.1 All Staff

All staff have a moral and legal responsibility to monitor the well-being of students in relation to obligations detailed within the safeguarding policies. They also have a responsibility to continually monitor their students in relation to the 5 categories of 'Every Child Matters' and in line with the Surrey Safeguarding format. Staff do this via making daily notes on the pink sheets plus raising issue and concerns with the SLT. Student well-being is regularly discussed and monitored at SLT meetings, staff meetings and Well-Being Team Meetings so that patterns of behaviour are noticed early, and restorative support is put into place.

1.2 Those delivering specific well-being or therapeutic approaches

Those members of the team scheduled to take individuals or groups for specific input are obligated to keep a record of their input and observations. Confidentiality within sessions such as counselling must be respected, however as professionals all members of the team must retain sufficient evidence to add credence to comments they make at meetings, in reports and to parents, if challenged to produce it. **Matters of confidentiality do not apply in cases of child protection and safeguarding.**

The method of recording will differ from practitioner to practitioner, and through supervision and team meetings professionals can share their work ensuring best practice. For some inputs such as arts mindfulness folders, record sheets and work samples may prove most effective whereas for coaching a log and use of CPT workbooks may be more appropriate. Key to recording is that the main points are detailed in a manageable way:

1. What was the nature of the input ?
2. What issues were raised by students (either spoken or observed)
3. What progress was made over the course of the session?
4. Are there follow-up matters with key staff or other individuals? How will these be monitored?

In addition, whilst all input is either delivered 1:1 in a room with glass doors or 1:2+ with other witnesses in the room, any inappropriate comments or behaviours by the student, that are not a safeguarding concern, need to be noted down to ensure that staff are safe from accusation. Such incidences should be reported to SLT also. Matters of a safeguarding concern should always be reported according to the rules set down in the child protection & safeguarding policy.

1.3 Ad-hoc or 'on demand' Intervention

A list of when Indian Head Massage has taken place should be recorded within the log – child, time, where, why and outcome. Ad hoc counselling / coaching chats should be recorded and brief detail shared with the well-being leadership e.g 'maths caused HC anxiety today. Chatted it through and she described feeling overwhelmed. Time out and breaking the task down on post-its helped' as this will inform future planning for the teacher.

2. Performance Management

2.1 All staff, to varying degrees, should be able to comment with colleagues on the effectiveness of approaches and how student's mental health is improving or deteriorating. In the case of the well-being team in particular, they should also be able to provide documented evidence for scrutiny as part of their performance management reviews, to assist in the writing of reports and most importantly to continually inform the practice of the school.

2.2 The SLT have an additional, strategic role, in ensuring that practitioners are actively supporting mental health improvements and that these in turn are leading to academic achievement. They must regularly scrutinise samples of practitioner work, discuss and create action points for the staff to ensure positive outcomes for all students.

2.3 In this setting we have come up against resistance from practitioners registered with the BACP and others, due to confidentiality regulation. It is important that any prospective practitioner read this policy carefully before signing a contract. 4 Key aspects they must consider are:

- 1. These are not adults who have chosen to seek help, they are minors who are getting help as part of a wider educational package and therefore safeguarding is very important, and is our first legal duty.***
- 2. We are a holistic, blended setting – it is very important that enough information is shared for approaches to be properly blended for maximum effect – we can't have 'closed door' therapists who keep their techniques to themselves***
- 3. Student places are funded by the Local EDUCATION Authority, via EHCP. The SLT have a moral and legal duty to ensure that we provide value for money and that any well-being intervention supports a student to ultimately access learning – practitioner need to in turn provide sufficient evidence to enable the SLT to make this assessment, and it is in their performance management interests to do so. If we can't effectively measure the positive impact of a practitioner then we do not know if they offer value for money or not.***
- 4. Being on a contract means that you are employed by the school. You therefore have to carry out the duties required by the school and within your contract. You can't behave as a 'private contractor' with your own agenda or as a 'bolt on' service.***

3. Student Files and Daily Dairy (pink) Sheets

3.1 On a daily basis, the well-being team in particular, but all staff, should consider the observations and interactions they have had with students and record any significant comments relating to mood, engagement and mental health into the student file. The file provides the detail which backs up the comments made by staff daily to parents on the quicker 1 page daily diary

3.2 Comments should therefore be succinct, meaningful and SMART.

Comment by school counsellor –

'FG distressed in maths (red face, rocking gently) Removed for input. Talked a lot about abandonment – these feelings are reg. happening in maths where she is challenged. Consider taking her back a book so she can feel very secure and engage, then review in a couple of weeks. I'll increase discrete counselling slots during the week also'

- comment is useful, purposeful and suggests an idea to support FG in staying in lessons more often. Also shows key changes in behaviour for other staff to notice.

Comment by a coach -

'NY very oppositional around science (loud in class, pushing) Likes practical work but is not listening to safety rules, so ruins own participation. Suggest does some 1:1 experiments with me instead of thera-play/ social skills, and I'll reinforce safety, then try re-joining the class next week'

-comment is useful, purposeful and suggests a way forward

4. Summative Assessment

At each learning pathway meeting:

Autumn Term – 1 meeting held 6 weeks before the end of term

Spring Term – 2 meetings, 1 at the start and 1 after 6 weeks

Summer Term – 2 meetings, 1 at the start and 1 after 6 weeks

4.1 The Well-being team should input into the process and the overall targets set. In addition, it is the responsibility of the team to complete the tick sheets which indicate where a student is developmentally in various social, emotional and life-skills based situations (for tick sheet examples please see the back of this policy document)

4.2 The well-being Team should also actively be involved in report writing twice a year and in the annual Review Process, including the preparation of paperwork collaboratively with the relevant members of the academic team.

5. Strategic Review

5.1 The Principal of School should review final reports and the quality of the pathway documents and has the ultimate responsibility for pupil progress in all areas. The Assessment Leader should be able to comment on the progress of students in relation to the academic interventions they have completed. This in turn informs the school as to which interventions are effective.

5.2 The Well-Being Team leader should be able to comment on the mental health of all students, and the effectiveness of the different well-being inputs, as evidenced in the ways described within this document.

5.3 At strategic review meetings it is essential that the half term 'snap shots' for each student are completed as these provide a very clear indication of overall progress across all areas.

Well-Being Practitioners – SLT Scrutiny Meeting Agenda

Items for Review	Documentation to be reviewed
Are all practitioners keeping accurate records and are they using this information effectively to promote pupil progress?	Practitioner folders and logs Well-Being Team Meeting minutes Pink sheets and follow-up
Which therapy is proving most/least effective?	Student Learning Pathway documents Snap Shot reviews Tick Sheets Review against academic progress also Review also against 'cost' – financial and also in terms of time
Are all practitioners ensuring that confidentiality does not apply in safeguarding situations?	Review practitioner notes against DSL cause for concern forms – are there any issues that have not been properly reported?
Are all practitioners actively participating in sharing best practice and supporting colleagues?	What have the SLT observed? Well-being Team Meeting Minutes Pink Sheets and Follow Up

Sample of the Daily Dairy (pink sheet retained, white sheet to parents)

Date:

Today my mood has mainly been:

Accidents/injuries?

Reminders?

Morning sessions	Breaks and lunch	Afternoon sessions
Highly anxious	Highly anxious	Highly anxious
Anxious	Anxious	Anxious
A bit worried	A bit worried	A bit worried
A little low	A little low	A little low
Very low and negative	Very low and negative	Very low and negative
Over excited	Over excited	Over excited
Good participation and focus	Good participation and focus	Good participation and focus
Fair participation and focus	Fair participation and focus	Fair participation and focus
Little participation and focus	Little participation and focus	Little participation and focus
Aggressive	Aggressive	Aggressive
Happy and content	Happy and content	Happy and content
Pushing myself to try new things	Pushing myself to try new things	Pushing myself to try new things
Well- regulated emotions	Well- regulated emotions	Well- regulated emotions
Other:	Other:	Other:
Any successes to report for today?		

Any issues to report for today?

Learning Pathway Target Template

Short Term Targets – Learning Pathways

Student Name: D.O.B

Date targets set:

Length of time before review:

Area	Target (SMART)	Review
Attendance		
Academic and Cognitive		
Emotional, Social, Behavioural and mental health		
Sensory and Physical		

Communication and Learning		
What help will I have with my targets? Who will give me this help?		

Examples of Tick Sheets (These are samples only – a full assessment booklet is held for each student containing many more criteria)

Anxiety Management & Regulation Indicator – Basic Trips	
Currently not safe or unable to cope with trips to the local café with high ratio adult support	
Able to visit the café on quiet days with adult support	
Able to walk safely and happily to the park with 1:1 or 2:1 as necessary	
Able to walk to the park safely and happily, participate and return safely with group ratio support	
Able to eat a full meal, socially, with high adult support in a busier café or the pub restaurant	
Able to visit a busy village shop and make purchases with adult guidance	
Able to safely and happily participate in a brief car journey trip – forest school, Winkworth with 1:1	
Able to do the above in a group ratio	
Able to go further afield by car and to a busier location with group ratio support – Newlands corner, Guildford town centre, visiting the Spectrum,	
Able to cope with a 45 minute coach journey and trip, with parents or a high adult ratio	
Able to cope with a longer than 45 minute journey and trip with parents present or a high adult ratio	
Able to cope with a 45 minute coach journey and trip, with group level ratios	
Able to cope with a longer than 45 minute coach journey and trip with group level ratios	
Able to manage an overnight stay with parents present or very high adult ratio	
Able to manage an overnight stay with group ratios	

(This may be a larger school return level indicator but should not be viewed in isolation; view with all other AMRI sheets, academic progress and professional reports)	
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Anxiety Management and Regulation Indicators – Sharing	
Unable to share personal possessions with siblings or other young people known to them without showing high anxiety or aggression	
Able to share with people known to them but unable to share personal possessions with classmates	
Unable to share school owned classroom or sensory equipment with peers' due to anxiety/aggression	

Able to share classroom based equipment safely for some sessions and in some contexts when directed by staff to do so	
Able to share classroom based equipment safely for most sessions and most contexts when directed by staff to do so	
Naturally shares classroom resources in most contexts	
Anxiety Management and Regulation Indicators – Sharing in game contexts	
Becomes distressed when things do not go their way, unable to play a game with any peers due to anxiety/ aggression, can only play with an adult	
Requires 1:1 adult supervision when playing a game with peers, in order to negotiate game play/rules or to 'keep things fair', still becomes distressed, thus unable to continue with an activity due to frustration/anxiety on occasion	
Able to play a structured, rule based game with up to 2 peers with some discussion, and adult supervision	
Able to play a game with several peers, but requires 1:1 adult supervision to negotiate game play/rules, and manage behaviour towards others	
Able to play a rule-based game in which co-operation is needed with a small group (1-2 peers), with little adult support	
Able to play a clear rule based game with several peers, with little or no adult support	
Able to play an open-ended, creative game with several peers, communicating and deciding on rules as a group, without adult intervention	

Anxiety Management and Regulation Indicators – TOUCH TOLERANCE / SENSORY ADVERSE	
Unwilling to touch sensory or game apparatus Unwilling to be touched in a positive, reassuring manner (e.g. pat on the shoulder)	
Uses soft sensory blankets for comfort when prompted	
Uses weighted therapy when prompted	
Engages with physical gross motor game play for a short period of time	
Uses soft sensory blankets for comfort without prompting Uses weighted therapy without prompting	
Able to be peanut balled with light pressure Able to be peanut balled with medium amount of pressure Likes me be peanut balled with strong pressure	
Able to be touched in a positive or reassuring manner (e.g. a pat on the shoulder)	
Able to have a hand massage	
Able to have an Indian head massage, from a single practitioner that the child is comfortable with	
Engages with physical gross motor game play for an extended period	
Able to have an Indian head massage with any practitioner	
Likes to be touched in a reassuring manner, enjoying hugs and being squeezed	

