

# Walsall Virtual School

# Specialist Support Team Handbook



- Educational Psychology
- Speech and Language Therapy
- Mental Health Support Service



Walsall Council





# 1. General Introduction

This Specialist Support Team Handbook is designed for those who work closely with children and young people under the remit of the Virtual School. such as:

- Designated Teachers for children in care
- Designated Safeguarding Leads
- Teaching staff
- Foster carers
- Social Workers
- Head Teachers
- SENDCos

Walsall Virtual School aims to bring about positive change for vulnerable children and young people where there are concerns about their learning, behaviour, emotional well-being or mental health. We do this by working with the people who know children best – their parents and carers, their teachers and other professionals who are involved. Central to this is the involvement of a Specialist Support Team, who can consult, advise and direct in complex cases. The Specialist Support Team (SST) is made up of Educational Psychologists, a Senior Mental Health Practitioner and Speech and Language Therapists. The role and support of the SST is outlined in this handbook.

## 2. Educational Psychologist Specialist Support

This section of the handbook will cover the specialist support provided by the Educational Psychologists working within the Walsall Virtual School.

Educational Psychology Services are commissioned by Walsall Virtual School to support vulnerable children who are experiencing social and emotional difficulties within the school or care placements, with the following aims:

- To improve the emotional wellbeing of children and young people
- To enhance education and care placement stability by supporting staff, foster carers and all relevant adults in implementing holistic support with the child or young person.
- To promote nurturing and attachment friendly environments in all relevant settings, including schools, foster placements, early years settings, care homes etc.
- To ensure that schools and settings have the capacity to support children and young people who have attachment and trauma difficulties.
- To work closely and collaboratively with other agencies to support children, school staff and parents/carers
- To work effectively with social workers and carers
- To apply effective models of psychology to promote positive change and to raise standards of achievement and well-being

Our Educational Psychologists are registered with the Health Care Professionals Council (HCPC) and follow strict professional guidelines to ensure we work ethically and professionally.

Educational Psychologists with the Walsall Virtual School support vulnerable children and young people whose needs can be understood to be acting as a barrier to their inclusion in education. This can be children or young people:

- whose development seems different from their peers'
- who have identified problems/medical needs affecting their development
- who have been affected by stress, anxiety or trauma
- who have mental health concerns
- who are finding it hard to learn
- whose behaviour is causing concern



There are four areas of special educational need described in the Code of Practice and EPs support children and young people whose needs fall within or across any of these four areas: Cognition and Learning, Social Emotional and Mental Health, Communication and Interaction and Sensory and/or Physical needs.

### **3. Input Provided by Educational Psychologists**

Settings must be able to show that they have already tried and reviewed a range of different strategies to support the child or young person.

Following the referral process, if they meet the criteria for involvement, children and young people will be allocated to an educational psychologist.

The Educational Psychologist will then hold a consultation with the education setting and the carers and a plan of action will be developed based on the presenting concerns and the needs of those involved.

In all instances if involvement is agreed the EPs will work directly with the key adults supporting the child or young person in order to best meet their needs.

Following the initial consultation it may become apparent that the child or young person, and relevant adults are managing well, and that no intervention will be offered at that time.

#### **3.1 Systemic Work**

Systemic support is essential for children and young people struggling socially and emotionally, especially if they have experienced trauma.

Systemic support aims to ensure that the child or young person's environment, and therefore the adults around them (known as the 'systems' around the child) are compatible to their needs.

Systemic support could include:

- Small-group consultations e.g. solution circle work around a particular child/children
- Individual consultation for key adults around a child/children
- Supporting the management of organisational change
- Supporting self-evaluation and school improvement
- Carrying out development work
- Being involved in school based projects and action research to enhance inclusion and equal opportunities
- Supporting the development and evaluation of policies and practice

- Supporting work with parents and carers
- Working with staff to set up group based interventions such as coaching staff support groups and carer group support

The level and length of involvement will vary depending on need and will be regularly reviewed by the EP and Walsall Virtual School. With all systemic involvement we would expect to make follow-up contacts to help embed skills and understanding.

### **3.1.1 Whole-Setting Training**

If a setting (e.g. school or care home) appears to have a particular area of need, we would be able to provide whole-setting training on a specific topic or topics related to supporting vulnerable children. Support can be tailored to specific needs.

Training could also be delivered for small groups of staff within a setting, such as those responsible for supporting a particular child or group of children.

Example training topics are as follows:

- Developing an attachment friendly environment
- Background and principles of attachment theory
- Restorative approaches including Restorative Practice
- Developing attachment friendly behaviour policies
- Strategies and target setting for vulnerable children
- Developing an environment that positively supports social and emotional wellbeing
- Developing a “listening school”
- Promoting behaviour as a form of communication
- De-escalation strategies
- Meeting needs to enhance self-esteem
- Differentiation

### **3.1.2 Small-Group Consultation around a Child or Young Person**

Consultation involves working with a part of the network or system around an individual, explicitly for the benefit of that child or young person. This also may involve working on the interactions between a child or young person and the adults around them.

A consultation, led by the EP, would be an opportunity to discuss issues and concerns, share successes and useful strategies, plan possible ways forward, and reflect on progress.

If a target child or young person has been identified we would set up short-to-medium term consultation sessions with key adults working with them. The length of involvement would be reviewed by the EP involved. We would expect these consultation sessions would include, but are not limited to:

- The parent/carers
- Social Workers
- Class teachers
- SENCo
- Designated Teacher
- Member of Senior Management
- Teaching Assistants.

### **3.1.3 Individual Consultation for Adults around a Child or Young Person**

Individual consultation can also be offered independently or alongside small group consultation in order to support individuals working with the child or young person. This could be for the adults who have a lot of direct contact with the child, and might benefit from additional support; adults such as foster carers, social workers, class teachers or teaching assistants.

This support could include discussing concerns, developing a support plan, evaluating the success of strategies and considering the child or young person's difficulties in relation to their previous experiences.

## **4. Criteria for Involvement**

Involvement would be based on the need of each individual child or young person, and allocated depending on the capacity of the educational psychologists involved.

Particular risk factors would be considered for each child or young person, which can include the following:

- Risk of breakdown in the home
- Risk of school placement breakdown
- High levels of challenging behaviour
- Dramatic changes in behaviour or mood
- Dramatic changes in academic attainment

- Engagement in risky behaviours (e.g. alcohol or substance misuse, sexually concerning behaviours etc.)
- Signs of sexual exploitation, or being at risk of sexual exploitation
- Changes within the foster placement
- Signs of self-harm
- Mental health issues, or signs thereof
- History of fixed or permanent exclusions
- Part-time timetable for longer than half a term.

## **4.1 Virtual School Complex Needs Group**

Referrals for EP involvement will be considered by the Virtual School Complex Needs Group, who meet weekly through the school year.

At these meetings one of the following decisions will be made for each case:

1. Initial consultation assessment agreed.
2. Urgency or referral as in some cases, especially when the EP has limited capacity there may be a waiting list.
3. Intervention currently not offered. The panel feels that direct involvement does not currently appear to be necessary.

Following panel, the referrers will be contacted by representatives of the panel to be told of the decision.

## **4.2 What happens when an Initial consultation is agreed?**

If the panel decision is that an initial consultation is agreed, the referrer will be contacted by a Virtual School Officer and within 10 working days will receive an informed consent form together with a teacher questionnaire and parent questionnaire.

At this point, an initial consultation will be arranged with an EP for within 15 working days of panel.

For cases on a waiting list we would aim to set up an initial consultation within the next half term at the latest. Before the initial consultation can begin an informed consent form will need to be completed by the individual with parental responsibility. A carer and teacher questionnaire will also need to be completed. It is also important that the SDQ is completed on ePEP.

The initial consultation will be an opportunity to discuss main concerns and for the referrer and EP to agree on an action plan for future involvement. The referrer will



retain their own copy of the teacher and carer questionnaires and will be responsible for collating a record of the contact with the EP which summarises concerns and the agreed upon action plan, for their records.

If further involvement is agreed at the Initial Consultation stage a second contact will be arranged by the allocated EP. This will happen within a further 15 working days of the initial consultation (excluding holiday times).

### **4.3 What happens if intervention is not currently agreed?**

If the panel decides that no intervention is currently needed, it could be because it appears that the child or young person's level of need do not meet the required threshold, and the setting seems to be managing well.

Due to limited capacity it will be important for panel to consider the needs of all the children and young people, and allocate a limited number of cases according to level of need. If it appears that capacity may become available in the next half term the child or young person could be placed on a waiting list.

In the event of a 'no' decision some general strategies may be shared by the Education Advisors. The referrer would be able to re-refer if circumstances change or if the referrer has more evidence.

In the event of a re-referral it may be helpful to gather more evidence for the Panel. This could include individual education plans to demonstrate the support that has already been implemented, and the impact this has had or a record of incidents including dates and duration of the incidents. It is vital that ePEP data is current and up to date for the children who are referred in order to support the work of the EP. Re-referrals can be emailed directly; details of which will be included in the decision letter.

### **4.4 Emergency Referrals**

Emergency referrals may also be accepted in extreme circumstances. Emergency referrals for work from an Educational Psychologist can also be made directly to the Walsall Virtual School managers. In emergencies one of the EPs would aim to complete an emergency consultation within 5 days of referral. However, this timeline is only possible during term-times.

An emergency could include a sudden and dramatic change in behaviour/demeanour, or imminent threat of placement breakdown (in the home or in school).

The emergency referral process may need to be reviewed if it becomes unmanageable within the capacity of the team.

## **4.5 Who can refer?**

Referrals for support from Walsall Virtual School EPs are made through the child's Designated Teacher

## **4.6 Consent forms**

Following a successful referral, consent forms will be sent out to the individual with parental responsibility, usually the child's Social Worker. Teacher and Carer questionnaires will also be sent out. Consent forms will have to be completed in order for work to begin. Consent forms can be scanned and emailed to the address given on the consent form.

## **5. Evaluation**

Methods of evaluation may include SDQ data, pre- and post-intervention scaling measures, focus groups, individual discussions, questionnaires, training evaluation forms and classroom observations, where appropriate.

## 6. Speech, Language and Communication Needs Support

This section of the handbook will cover the specialist support provided by the Speech and Language Therapists working within the Walsall Virtual School.

The Walsall Virtual School has two Speech and Language Therapists (SaLTs) who support schools and carers, provide internal and external training and work directly with children and young people to maximise their communication skills.

We offer advice and support for children and young people who have Speech, Language and Communication Needs (SLCN) either as a specific area of difficulty or associated with other difficulties. Specific areas of need may include:

- difficulties in understanding and/or using spoken language
- learning and retrieving vocabulary
- speaking clearly
- talking fluently
- communicating effectively in social situations

## 7. RCLST 5 Good Communication Standards

Walsall Virtual School promotes the RCLST (Royal College of Speech and Language Therapists) 5 good communication standards as listed below for both professionals and children / young people receiving services.

### **For professionals:**

1. There is a detailed description of how best to communicate with individuals
2. Services demonstrate how they support individuals with communication needs to be involved with decisions about their care and their services
3. Staff value and use competently the best approaches to communicate with each individual they support
4. Services create opportunities, relationships and environments that make individuals want to communicate
5. Individuals are supported to understand and express their needs in relation to their health and wellbeing

### **For children and young people receiving services:**

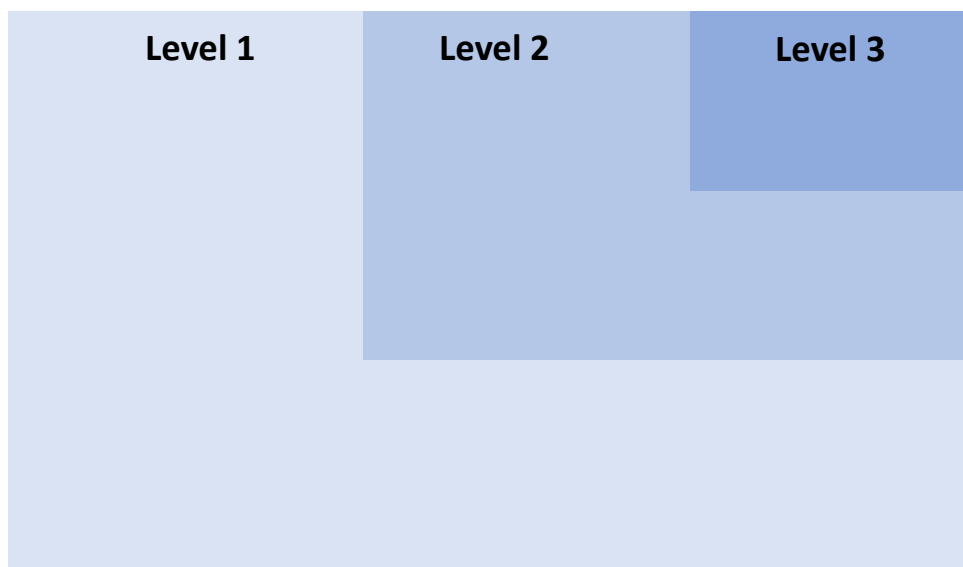
1. There is good information that tells people how best to communicate with me
2. Staff help me to be involved in making decisions about my care and support

3. Staff are good at supporting me with my communication
4. I have lots of chances to communicate
5. Staff help me to understand and communicate about my health and how I am feeling

## 8. Aims of Walsall Virtual School SLCN Support

- **Screen:** All children who are taken into the care of Walsall LA (2-18 years old) require a screen of their speech, language and communication skills to be completed within their educational setting. Support for this is available through the Virtual School.
- **Train:** Advice is available for carers and teaching staff to enhance use of positive communication strategies in the school and home environments. This can be done through specific case discussion and group training sessions delivered throughout the academic year.
- **Support:** Any children or young people who are identified as having SLCN will be offered appropriate support and intervention. The Speech and Language Therapists can facilitate access to core NHS Speech and Language Therapy services with provision of an enhanced service when beneficial for the child/young person, educational setting or carer. This may be in terms of timeliness, location and resource allocation and consist of school visits, informal and formal assessments, individual therapeutic programmes, strategy advice and, when requested, attendance at Personal Education Plan (PEP) meetings and children in care reviews.

These aims are achieved through 3 levels of support





**Level 1: All children and young people under the care of Walsall Virtual School**

- SLCN screening programme
- Identification of any SLCN (Speech, Language and Communication Needs)
- Promoting communication friendly environments

**Level 2: Children and young people presenting with SLCN**

- Planned setting-based or Virtual School-led interventions
- Education Support Officers to oversee and ensure that SLCNs are being met

**Level 3: Children and young people who require specialist Speech and Language Therapy support.**

- Referred to Speech and Language Therapy services
- Assessment
- Clinical interventions

For more information, see Appendix 1.

## **9. Speech, Language & Communication Needs – Screening Programme**

Educational settings are required to complete a speech, language and communication screen for all children new into the care of Walsall Local Authority, with support for screening available from Virtual School on request.

The screening tools currently in use are:

Early Years - WELLCOMM

KS1 & KS2 - WELLCOMM Primary

KS3 & KS4 – AssetPlus Screening Tool

The outcome of the screen will be discussed at the child's initial PEP meeting.

## 10. Accessing Walsall Virtual School SLCN Support

Additional support for SLCN can be requested via the PEP meeting or liaison with the Virtual School Officer. A management plan will be agreed taking into consideration the following factors:

- Current or previous involvement with NHS Speech and Language Services
- Response to school based SLCN interventions (e.g. WellComm, TalkBoost, in-house language groups or AssetPlus indicators)
- The child's communication skills in a range of settings (e.g. at home with parents/carers, with adults at school and with their peers)
- Primary presenting need
- Communication in relation to learning ability. Progress with other skills, (e.g. gross and fine motor skills, cognitive development)
- Previous life experiences and learning opportunities
- The types of intervention or support required to enhance the child's communication skills
- Involvement with other professionals including Educational Psychology and CAMHs
- Location of current placement and educational establishment

If the need for assessment or direct intervention by a Speech and Language Therapist is identified a referral to Walsall NHS Speech and Language Therapy will be made in agreement with the child or young person's social worker. This referral will be actioned by the Walsall Virtual School Speech and Language Therapists in collaboration with other professionals who are working with the child or young person.

For children who are already known to Walsall Healthcare NHS Trust Speech and Language Therapy department, enhanced direct work can be offered on consultation with their current managing therapist. Enhanced support may consist of school visits, informal and formal assessments, individual therapeutic programmes, strategy advice and, when requested, attendance at PEP meetings and child in care reviews.

Children or young people living and / or attending an educational setting outside the Walsall area:

- If they are not known to their local NHS Speech and Language Therapy Service but a referral is indicated we will offer support in gathering the relevant information for referral

- if they are already known to their local NHS Speech and Language Therapy Service we will liaise to ensure that appropriate support is in place for their SLCN.

For further information regarding collaborative working with other speech and language therapists see Appendix 2.

## **Mental Health Support Service**

Within Walsall Virtual School Specialist Support Team we have a Senior Mental Health Practitioner (*previously known as the Walsall CAMHS Education Service*) who aims to improve the emotional wellbeing of children in care by supporting educational placement stability.

The primary role of our Senior Mental Health Practitioner is to deliver time limited direct support to designated teachers, class teachers and education support staff to increase and improve the emotional wellbeing and mental health provision for Walsall children in care

Our Senior Mental Health Practitioner works closely alongside Walsall CAMHS and other local services for children and families in Walsall. Each referral to the Senior Mental Health Practitioner will be reviewed on a case by case basis. However the current focus of the service is aimed at children and young people who meet the following criteria;

- Whereby a child or young person is struggling to access education due to social, emotional or mental health difficulties following early childhood adverse experiences.
- A child or young person has a school SDQ score of 20 or above.
- Whereby there are more than one present mental health risk factors preventing the child or young person accessing education provision.
- A child or young person has accessed mental health support through school however mental health difficulties continue to affect their access to education.

Involvement would be based on the need of each individual child or young person and allocated depending on the capacity of the practitioner involved.

Risk factors considered for each child and young person can include:

- Risk of school placement breakdown
- Risk of self harm
- School refusal
- Attachment difficulties
- Low mood
- Conduct difficulties
- Relationship difficulties
- Gender identity disorders

The following services are offered through our Mental Health Support Service

<p><b>Consultation</b></p>
<p>For initial advice and guidance to help support a child in school where they are struggling to access education due to social, emotional and mental health difficulties. A consultation is recommended as a starting point to identify any further support needs or relevant signposting to other agencies.</p>
<p><b>Staff Support Sessions</b></p>
<p>This may include;</p> <ul style="list-style-type: none"> <li>• One to one support sessions for school staff (one hour approximately) to support the thinking around the individual child's needs and how these present in school.</li> <li>• Training incorporated within the one to one sessions to support the thinking around the child's individual needs (<i>Please see training section for more information</i>).</li> <li>• School observations, where appropriate, to support the thinking around the child's needs.</li> <li>• Support with transition plans for a child who may have a planned or have had an unplanned school move.</li> <li>• Other time limited interventions and evidence based approaches.</li> </ul>
<p><b>Training</b></p>
<p>Training sessions can be booked for small groups and whole staff groups. Sessions are approximately an hour and a half for smaller groups and two hours is recommended for larger groups (twenty people or more). To obtain the full list of training currently available please contact <a href="mailto:walsallvirtualschool@walsall.gov.uk">walsallvirtualschool@walsall.gov.uk</a></p> <p><i>*If there is any additional mental health related training that you wish to access please request a consultation to discuss your training needs so this can be explored.</i></p>

Referrals for Senior Mental Health Practitioner involvement will need to be initially requested through the child's PEP meeting and discussion with their Education Support Officer.



Once the referral is accepted our Senior Mental Health Practitioner will contact the school/setting to arrange an initial consultation appointment to gather further information to explore what additional support is needed. Additional support may include further consultations, school observations, staff support and staff training and any other time limited interventions.

When a piece of work has been completed the school will receive a comprehensive written report with recommendations on how to further support the child/ young person.

If the Senior Mental Health Practitioner decides that the child/ young person's needs do not meet the required threshold and the education setting seems to be managing well, or it is felt that another service would be more appropriate, the practitioner will refer to the most appropriate service

## **Appendix 1**

### **RCSLT guidance for partnership working with other SaLTs**

*'The HCPC requires that all speech and language therapists work in partnership with colleagues, both within and outside the profession, in the best interest of service-users.'*

*All SLTs should liaise fully with other professionals who may also be working with the individual.*

*Consent must be gained for sharing information from the service-user and the positive role that sharing information has on their care explained to the service-user.*

*In the case of two SLTs providing services to the same user, consideration of the possibility of test score invalidation and any deleterious effects of possible dual involvement should be borne in mind. Where appropriate a pathway for collaborative working to effectively address these issues will be established.*

*Where it is considered in the individual's best-interests to receive professional help from two SLT practitioners, it may be best for one SLT to undertake the lead role in the coordination of case management. However, in some circumstances, share responsibility may be appropriate. Optimal case management will vary according to the needs of the individual.*

*This responsibility should be delegated after discussion, and steps should be taken to clarify with the individual the nature of the arrangement that has been reached.'*

## Appendix 2

### Walsall Virtual School Speech, Language & Communication Support Overview

#### 3 Levels of Support

##### **Level 1: All children and young people under the care of Walsall Virtual School**

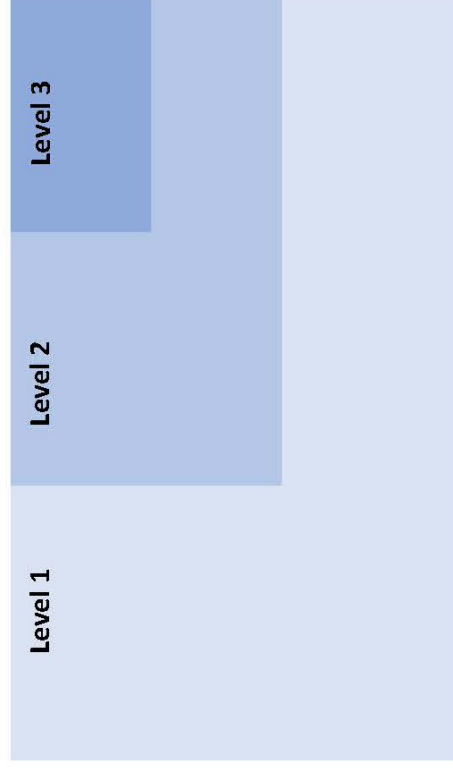
- SLCN screening programme
- Identification of any SLCN (Speech, Language and Communication Needs)
- Promoting communication friendly environments

##### **Level 2: Children and young people presenting with SLCN**

- Planned setting-based or Virtual School-led interventions
- Education Support Officers to oversee and ensure that SLCNs are being met

##### **Level 3: Children and young people who require specialist Speech and Language Therapy support**

- Referred to Speech and Language Therapy services
- Assessment
- Clinical interventions



## Level 1: All children & young people under the care of Walsall Virtual School

Level 3

Level 2

### New into Care

- Cross-referencing with NHS Careflow system to identify previous involvement with Walsall SLT Team
- ePEP Baseline assessment includes SLCN screening programme if appropriate
  - WellComm EY & KS1
  - WellComm Primary KS2
  - AssetPlus KS3 & 4
- (Or local screening tool for children placed out of area)
- UASC Advice booklet if appropriate

### All Children in Care

Language & Communication levels recorded within:

ePEP School Profile

ePEP SEND if appropriate

### Virtual School Website

Speech, Language & Communication advice pages

### Setting/Home Based Support

Quality First Teaching

Communication friendly environment

Attachment Aware Schools

### Virtual School Training Packages

Introduction for new DTs

Specialist Support Handbook



## Level 2: Children and young people presenting with SLCN

### New into Care

- Previous management and recommendations shared with Virtual School team and social worker

### All Children in Care

Specific Speech, Language & Communication Needs recorded within:

ePEP School Profile

ePEP SEND

ePEP Smart Targets

### Setting/Home Based Support

WellComm

WellComm Primary

NELI

Social skills groups

### Case Management Discussions

Education Support Officer liaison with Virtual School SLTs – face to face, email, drop-in sessions

### Virtual School Website

Speech, Language & Communication advice pages

### SLCN support via Education Support Officer

Progress monitored by Virtual School team through PEP meetings with advice shared as appropriate

### Virtual School SLCN Training Packages

SLCN age - specific packages for educational settings

SLCN age - specific packages for carers

## Level 3: (Children requiring Speech & Language Therapy involvement)

**Child or young person who meets criteria for referral to Walsall NHS Healthcare Trust SLT service**

NHS referral completed with consent from Social Worker

Initial contact within 4 weeks of referral

Enhanced clinical interventions

**Child or young person who does not meet criteria for referral to Walsall NHS Healthcare Trust SLT service**

Initial advice to settings / carer as required

Liaison with local service to determine timescales for assessment / intervention

If within 20mile radius of Walsall, referral can be opened to allow for initial assessment and recommendations followed by transfer to local services.

### **Virtual School Website**

Speech, Language & Communication advice pages

### **Setting/Home Based Support**

1:1 support for identified SLCN in setting

Communication friendly environment

Referrals to other services/professionals as appropriate

### **Virtual School SLCN Training**

SLCN age - specific packages for educational settings

SLCN age - specific packages for carers

1:1 training / modelling

Level 1

Level 2



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