



Social and emotional barriers were interfering with this young person's (YP) ability to access their mainstream curriculum. When the YP's anxieties run high, they find it difficult to self-regulate resulting in aggressive outbursts often resulting in support timetable calls to school leaders.

This learner's enhanced transition to High School was adversely affected by limited opportunities due to COVID-19. When they started High School they were anxious and overwhelmed, resulting in distressed behaviour. In September a reduced timetable was agreed to alleviate pressure for the learner and to make the school day more manageable for him.

We set out to test ways of supporting this YP's social and emotional needs particularly during transition times (movement between classes) with the intention to increase their attendance in timetabled classes. We wanted to achieve this in a supported way to reduce the number of distressed outbursts and support timetable calls to senior leaders.

Aim 1: By 18th December for learner to be attending 80% of timetabled classes daily (Baseline: 50%).

Aim 2: By 18th December for the number of weekly support timetable calls for learner to be nil (Baseline: on average 1-2 per week).

I am Stressed Im going

Call 49 35 74

Can I have 5 mins

back to SLP

I dont understand the work

Can you show me

I understand the work

I have no questions

Method

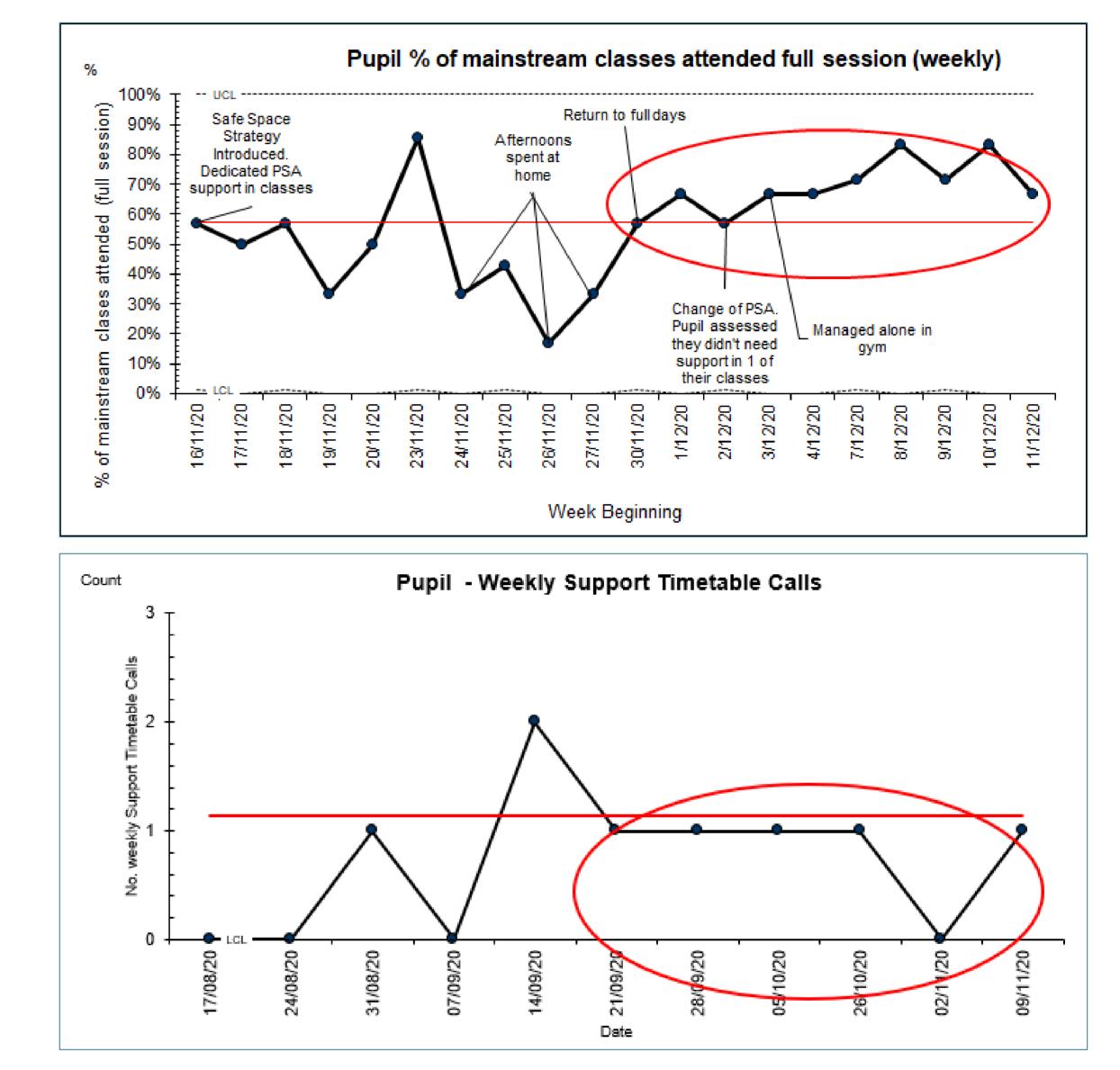
We began by collecting baseline data to understand what was normal (% of time spent in mainstream classes; no. of duty calls; no. of time left class;/.) for this young person.

Quality Improvement Methodology supported us to establish explicit improvement aims for this learner and test change ideas we believed would deliver high impact. Collecting data regularly informed us whether the changes were delivering impact.

Process Change

- PSA support to transition to and from classes/support for learning department.
- 1:1 PSA support in class.
- PSA check in half way through class.

Results



- Safe space strategy
 - Visual cards to alert staff when they needed time and space to self regulate.
 - Leave classroom for short breaks

if needed.

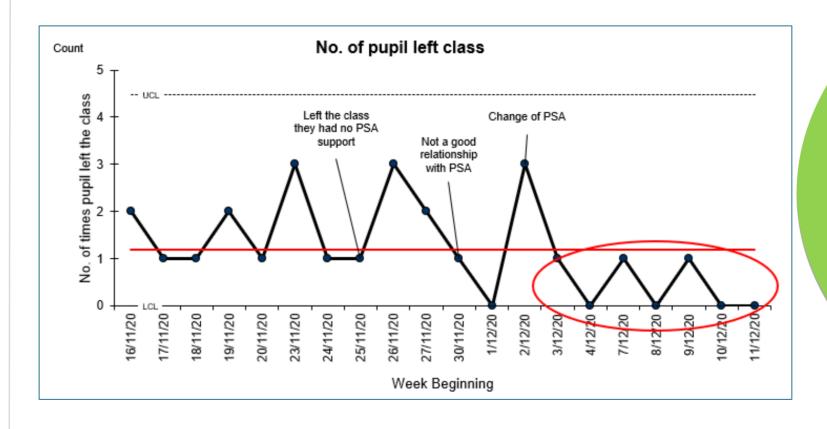
Key Learning Points

- A clear plan of support and agreed strategies have supported this learner to increasingly engage in the mainstream curriculum.
- Young Person was able to assess when they felt they required PSA support in classes. In classes that the young person felt safe and able access the curriculum independently they were able to articulate this to the PSA "you can go now".

Conclusions

- Support during transitions coupled with the 'safe space strategy' led to improvements in the % of mainstream classes YP attended and a reduction in duty calls.
- The 'safe space strategy' did not lead to an unmanageable spike in the

number of times the YP left the class.



"Through this project I have been able to really see the impact of the multiple transitions that our YP go through on a daily basis and how this can have such a significant impact on their social and emotional needs. The interventions have helped to reduce the anxiety and feeling of being overwhelmed that the YP was experiencing and allow them to fully access their learning." (Teacher)

The visual cards proved a useful tool for the YP to communicate their

anxiety levels and indicate when they needed time and space to self

regulate (development of emotional literacy).

The 'safe space strategy' has supported the YP to leave the classroom in a safe and respectful manner. Prior to this strategy it was not uncommon for the YP's anxiety levels to escalate quickly resulting in them displaying aggressive behaviours (throw chairs, flip tables etc.)

Next steps

From January 2021, schools are only open to in-person learning for children of key workers and vulnerable learners. This YP was offered but declined to take up this place. Weekly check ins with the PSA have continued. YP is engaging well in home learning and has been attending live lessons. Anecdotally the YP has been reporting less stomach upsets and lower levels of anxiety.



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