

Appendix 4

Educational Psychology Advice

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Educational Psychologist's (EP) Report	One Education Ltd t: 02345678665

Name:	Alexander Plaister (known as Alex)	Date of Birth:	04.04.2016
Address:	23 Hoppington Lane, Bire Road, HG56 8UY	Age:	6 years 8 months
Setting:	Yardleigh Primary School	Year:	Year 2
Educational Psychologist:	Dr N Hooper	Date of Record:	17.11.2022

Reason for Involvement / Purpose of Report

Alex was initially referred for EP involvement due to concerns with his communication and interaction and social and emotional needs. He was first seen by Josaphine Matier (Assistant EP) on 28.06.2022 and myself on 11.07.2022 (please see my record dated 10.08.2022). Since transitioning to year 2 there has been significant escalation in Alex's social and emotional needs. Alex is refusing to enter his class and the main school building and due to his current presentation, he has received a number of fixed term exclusions and is currently on a part-time timetable with two-to-one support. He is at risk of permanent exclusion.

This report (alongside my previous record) has been written to support an application for an Education, Health and Care Plan assessment and to support referrals to the social communication and attention deficit hyperactivity disorder (ADHD) pathways.

Educational Psychology (EP) Involvement

Preliminary Assistant EP (Josaphine Matier) involvement:

- Observation of Alex in the classroom and during unstructured time (28.06.2022)
- Discussion with staff at Yardleigh Primary School (28.06.2022)
- Direct work with Alex (28.06.2022)

EP involvement:

- Observation of Alex in classroom (11.07.2022)
- Consultation with Mum and Dad (11.07.2022)
- Consultation with David Gurtis (Head teacher) Mum and Dad (03.10.2022)
- Consultation with Miss. Jenkins (Learning Mentor), Miss. Miles (Teaching Assistant) and Miss. K. James on 19.10.2022 (Mum could not attend meeting due to a family emergency)
- Telephone discussion with Head Teacher on 03.11.2022
- Brief telephone discussion with Mum on 03.11.2022
- Consultation with Mum and Dad on 14.11.2022
- I had scheduled to work with Alex on 06.10.2022, however, he had received an exclusion and was not in school on this day

BACKGROUND

Introduction and General Background

Alex lives at home with his mum, dad, his younger brother, twin brother, older brother, older sister and eldest brother. There are instances of ASC and other additional needs in the family and genetic testing is being considered for various conditions.

It is my understanding that Alex's older siblings are currently also struggling at school. There has been concerns about Alex and his sibling's safety in the community. Alex's older brother has been involved in an accident, which required hospitalisation.

Alex was born prematurely.

Involvement of Other Agencies

Alex is being referred to the Social Communication Pathway, a referral to Child and Adolescent Mental Health Services (CAMHS) has been rejected and he is due to be seen by the M-Thrive Hub.

Alex's family have self-referred to Early Help and are currently receiving support.

At school Alex has recently been seen by the Haven outreach team and Alex is due to be seen by Speech and Language Therapy (SALT).

Current Setting

Alex is not currently accessing his mainstream classroom and is very reluctant to enter the main school building (although he has made small steps of progress recently). He is currently attending a hub (small building on school site) and is receiving two-to-one support for one hour a day. There is a small group of adults supporting Alex (if possible, my view would be to keep the staffing consistent throughout the week).

2.PSYCHOLOGICAL ASSESSMENT

Alex's Views, Interests and Aspirations

Miss K. James gathered some of Alex's views, which are highlighted in the previous report. His mother and teacher told me that Alex does not yet show consistent interest in any particular activities. Although he does like cleaning up. He also can be interested in particular people at

school and in the community (e.g. he is very interested in a 19-year-old and 4 year old neighbour).

Mrs. Plaister and his teachers have not noticed Alex talking about things that he likes or dislikes. I have suggested activities at school that may help capture or encourage Alex thinking about what he likes or dislikes.

Alex's Strengths

Miss. James and Mrs. Plaister told me that Alex

- Is smart (last year he was able to access the mainstream curriculum)
- He is able to hold a conversation
- He has shown that he can join in playing football with peers
- He enjoys being given jobs

The Views and Aspirations of Alex's Parents

Mrs. Plaister told me that she would like Alex to be back at school fulltime. Mrs. Plaister told me that Alex's behaviour is variable and dependent on the adult that is with him at any one time. She said that Alex can be self-directed in his behaviour.

When I spoke with Mrs. Plaister on 03.11.2022, she told me she felt very frustrated with the situation at school. Mrs. Plaister said Alex was thriving in nursery and reception and that problems started in year 1. Mrs. Plaister told me that her children are being restrained at school, she told me her children are telling her they have been restrained and that this has not been reported by staff. Mrs. Plaister told me that she is not happy that Alex remains on a part-time timetable, and that she has not agreed to this. Mrs. Plaister said she did not believe Alex's needs were being met with the current support, she said 'isolating a child is not the answer'. It was Mrs. Plaister's understanding that staff were telling Alex that 'if he is good, he could choose a friend to come and play with him'. Mrs. Plaister told me that Alex's behaviours are due to his needs, and he should not only get to interact with peers 'if he is good'. She said Alex needs support to learn how to interact with other children and to have access to learning, which he is not currently getting. Mrs. Plaister said that Alex needs clear routines, structure and boundaries and expectations.

Mrs. Plaister wants an EHCP request to be urgently made for Alex. Mrs. Plaister (at the start of our conversation on 03.11.2022) told me that when she compares Alex to his siblings, she finds it hard to recognise traits that may be related to ASD and/or ADHD. However, following our discussion, Mrs. Plaister agreed that it would be helpful to explore if Mrs. Plaister's behaviours could be explained by difficulties with social communication and/or attention and concentration.

On 14.11.2022 we agreed that this report, the summary and recommendations are an accurate reflection of Alex's needs. Mrs. Plaister at this stage highlighted that her preference would be for Alex to access a resource provision within a mainstream setting (a view shared by Mrs. Plaister).

Developmental Assessment

The headings from the SEND Code of Practice have been used to present the information collected on their strengths and areas of need (please read this alongside my previous record).

Cognition and Learning

Alex is currently not accessing the mainstream curriculum due to his refusal to enter class, his social and emotional wellbeing and his part-time timetable. For the one hour he is at school, he is predominately engaging in child-led activities, and he can even find it hard to sustain attention and focus on these tasks. His current circumstances put his cognitive and learning development at significant risk.

Communication and Interaction

As outlined in my previous report I have advised school to seek speech and language therapy assessment to clarify Alex's skills in this area.

Through the EP involvement to date I understand that Alex struggles to name a range of emotions (other than I am angry or OK), that he cannot explain why he is feeling a particular way or communicate effectively to resolve conflict. If Alex is feeling unsettled or de-regulated his speech and be particularly limited.

Alex does have preferred people. For example, his mother told me he will 'follow an 19-year old girl neighbour around' and wants to play with a 4 year old neighbour (whilst showing little interest in other children in the neighbourhood). Although Alex is showing preference for certain children, these relationships are different to reciprocated same age relationships that are more typical for children Alex's age. He can be possessive of his 'preferred people' and can lash out if their attention is directed elsewhere (similar behaviours have been reported with school staff and peers). Neither his teachers nor mother were sure Alex would be able to describe what a friend is (this was an area I wanted to explore when I was due to meet Alex).

School have queried whether Alex may have ASD or ADHD. As outlined earlier, Mrs. Plaister has found it hard at times to recognise such difficulties as Alex presents differently to her children who have a diagnosis of ASD/ADHD. Mrs. Plaister and I (03.11.2022) agreed to explore whether Alex would benefit from further assessment on social communication pathway by completing The Autism Spectrum Quotient: Children's Version (AQ-Child) over the phone¹. Alex's overall scored 97 out of 130 (scores above 76 would suggest child would benefit from further/formal assessment).

Mrs. Plaister's responses suggested that Alex had significant difficulties with communication (e.g. 'going on and on about same thing', finding it hard to 'read between the lines') and attention switching (difficulties switching from one activity to another). Alex's social skills and imagination were more variable. For instance, whilst he may enjoy socialising, he can find it hard to understand other intentions or to consider their feelings. As a young child Alex did engage in some imaginative play (e.g. dressing up), however, Mrs. Plaister's responses suggest he lacks interest in fictional stories and finds it hard to infer the social meaning of such stories. Alex does not show a particular interest in numbers or other patterns and does not tend to notice small details that others do not (e.g. small sounds, visual changes). Mrs. Plaister and I reflected on some of Alex's behaviours. He does not have a strong interest in any particular activity. His mother stressed he lacks any interests a number of times. However, as outlined elsewhere he has very strong (fixed) interest in particular people. Mrs. Plaister also stated that when interaction with these preferred people Alex may demonstrate a wider range of social skills

¹ is a parent-report questionnaire that aims to quantify autistic traits in children 4–11 years old. The range of scores on the AQ-Child is 0–150. Cut off score of 76 shows high sensitivity and specificity and one suggested use of the questionnaire is as a screening tool.

(e.g. listening to them, wanting to be with them). Overall (considering his behaviours and family history), it is my view that Alex would benefit from formal assessment of his social communication skills.

Social, Emotional and Mental Health

There has been a significant escalation in Alex's social and emotional needs. He is presenting as a child who is perpetually in a high level of arousal and is responding by showing 'fight, flight or freeze' responses. This has led to him scaling fences and climbing frames (and then refusing to come down), using language that is very offensive, attempting to escape from school building/site, throwing objects and setting off the fire alarms in school. This has led to him receiving fixed term exclusions and his school putting in place a bespoke and intense package of support.

Both Mrs. Plaister and Alex's teachers find it hard to fully understand the pattern of his behaviours. They told me not being able to get his way can be a trigger. Similarly, if someone else gets the attention of one of his preferred people or someone 'trespassing' somewhere he perceives to be his can lead to deregulation. However, Alex can also find the process of deciding anxiety provoking and this in itself can then lead to emotional de-regulation. (It is likely that Alex has sensory needs that are also contributing to his de-regulation, and it would be helpful if this could be clarified by occupational therapy input).

Alex's teachers are able to notice if he is relatively calm or 'fizzy' and that he will arrive to school in these moods. When fizzy, he will find it hard to choose any activities, will use little language (and swear) and will flit between activities. His teachers said that he may prefer to break toys or stick playdough on the wall at these times (and his behaviour can become unsafe). When he is relatively 'calm' he will be more able to focus on tasks and will interact with staff constructively. At these times he may swear (his teacher's think this may not be intentional). However, even when calm, he can quickly get deregulated.

Through discussion with Alex's mother and teacher's it is my understanding that he demonstrates difficulties with attention, hyperactivity and impulsivity across a range of context. He demonstrates limited concentration and focus (accept for his preferred people who he will 'hyper focus' on) and it is difficult to get his attention. Alex is fidgety and has difficulties sitting still (his climbing behaviour may be linked to activity seeking behaviours). He also struggles to control his behaviour, emotions and language. Given his behaviours and family history, it is my view that Alex would benefit from assessment on the ADHD pathway.

Alex's social and emotional wellbeing is likely in part be due to social communication and attention and concentration needs. However, I am concerned with the rapid and significant escalation of need since I last worked with him (I understand similar patterns have been observed in his older siblings). It is important school, family and other agencies work together to identify and address any environmental stressors.

Sensory and/or Physical

Alex has no known physical needs. Some of Alex's actions may be indicative of sensory seeking behaviours such as stroking soft surfaces and repeatedly pushing the glue stick across his page. Mrs. Plaister told me that she gently scratches Alex, which helps to regulate him.

Summary of Identified Special Educational Needs

Alex is a delightful child, who is currently struggling at school and is at risk of permanent exclusion. He is currently receiving out of class, two-to-one support, for an hour a day a. Everyone agrees that this provision is not suitable over the longer term.

Currently his social and emotional wellbeing is presenting as his primary area of need. However, further health assessment is needed to clarify the extent these difficulties are driven by neurodiversity and sensory needs. As outlined above I am concerned with the rapid and significant escalation of need for Alex and some of his siblings. It is important school, family and other agencies work together to identify and address any environmental stressors.

3. EDUCATIONAL OUTCOMES AND PROVISION

Type of Provision Required to Meet Alex's Needs

As stated earlier, Alex requires ongoing assessment of his needs. These assessments and his response to intervention over time will help clarify his longer-term needs. Nevertheless, in line with parental preference, which were echoed by school, I would recommend that Alex receives specialist support within a mainstream setting (i.e. attends a resource provision that support SEMH needs). In the interim we agreed strategies that would be able to support Alex in his current context, whilst acknowledging that currently his needs cannot be fully met).

Environment, Grouping and Resources

- A primary school that can offer a bespoke, personalised, consistent and structured package of support, with staff able to adapt their approach in line with Alex's changing needs.
- Staff skilled in meeting the needs of pupils with differences in social communication and attention, activity levels and impulse control.
- A key person in school who can build a relationship with Alex and can discuss any problems and/ or worries with Alex. This key person could also provide the link with Alex's parents.
- At break and lunchtimes Alex needs access to identified staff that can provide reminders about appropriate behaviour to Alex and can support him if appropriate.
- The school should be able to draw upon the expertise and advice of SALT, specialist teachers for children with SEMH and/or social communication, occupational therapy, educational psychology).
- A positive and highly consistent management plan worked out in conjunction with parents to ensure consistency.
- Learning to work in pairs and in groups will be important, acquiring the skills of turn taking will be essential to success in the classroom.
- Alex may benefit from visual prompts to assist him with the process of learning.
- It may be helpful for Alex to have access to a distraction free space for his independent work. Seating arrangements should also be considered so that Alex is less likely to be distracted by others.
- A visual timer may also help to break down time to be spent on work.
- Regular opportunities to discuss behaviour, consequences and problem solving with an adult in school.
- Enhanced pastoral support and close liaison with family and other agencies to ensure Alex and his family are safeguarded.
- Regular positive comments about Alex's work and behaviour. Consistency from staff
- Social skills training and social problem solving will need to be explicitly taught. This

could also include anger management

- Alex may need to be explicitly taught rules and conventions which most people pick up intuitively. Examples might include how to greet people, ways of handing over or ending conversation, how to tell of the other persons interested.
- If Alex goes on and on about a specific topic, definite limits should be set of the when the topic can and cannot be introduced into conversation.
- It is important to promote the tolerance and understanding of others in the class towards Alex. Encourage other children to approach him, perhaps in the context of structured classroom activities.
- The curriculum will need to be highly differentiated. Variations in levels of concentration and restlessness will need to be accommodated. Tasks may need to be set which can be accomplished in very short periods of time.
- Lesson plans will need to show a high level of structure with tasks organised to provide a variety and stimulus over a short period of time.

Outcomes and Interventions

Area of Need	Proposed Outcomes to be achieved by the end of Key Stage 2	Proposed Short-Term Outcomes (initially reviewed every 4 weeks)	Interventions, Modifications, Strategies and Approaches (see section above)	Specificity / Frequency / Who will help?
Cognition and Learning	Alex will be accessing education on a full-time basis Alex will be making academic progress in line with his potential	Alex's timetable at school will gradually increase Alex will be able to focus on adult led direction first for 5 minutes and then gradually increasing intervals of time (aiming for 10-15 minutes) Alex will be coming into the main school building and library (and then classroom)	Use of timers Visual timetable Visuals to support verbal instructions Bespoke and personalised reward system. Give him a star sticker for each activity completed, then tell his parents how many stars he has achieved each day Once Alex has reengaged in learning, assessment of Alex's cognition and learning over time.	Throughout the day / reviewed every 6 weeks and adjusted accordingly, / School staff Parents External agencies as needed
Communication and Interaction	Alex's social and communication needs will be clarified and necessary accommodation and adjustments made	Alex will be able to choose activities for his learning and transition from one activity to another	Have three trays for activities Alex will complete. Alex can choose activities that he will engage with from a selection made by staff. If he wants another activity, he needs to swap one of the activities in the trays. Over time, set up a system that adult chooses first activity and Alex chooses second activity (First, Then) Use timers for each task, if he wants extra time agree 5 minutes extra (with timer)	Throughout the day / reviewed every 6 weeks and adjusted accordingly / School staff Parents External agencies as needed

			Social communication assessment	
	<p>Alex's attention, concentration, activity and impulsivity needs will be understood and necessary accommodation and adjustments made</p> <p>Alex is expressing his feelings in difficult situations and following teacher suggestions about how to address/resolve issues</p> <p>Alex is using a safe space in school at times of difficulty without adult prompting.</p> <p>Alex has a sense of belonging to the school community and is contributing to this community</p> <p>Alex has established positive relationships with teaching staff, peers and is enjoying school</p> <p>Alex has a positive self-concept</p>	<p>The function of Alex's behaviours and environmental factors influencing his behaviour will be better understood</p> <p>Alex will gradually increase his ability to co-regulate his emotions with school staff</p> <p>Alex will read social stories about going to a safe space when he is having difficulties</p> <p>[when calm] Alex will practice going to a safe space and playing with calming toys</p> <p>Alex is able to name things he likes; he dislikes and is proud of himself for</p>	<p>School to use STAR (setting, trigger, action, result) analysis and analyse this (seeking external support if needed)</p> <p>Emotion coaching (step 1 and 2)</p> <p>Scripts as discussed 'I can see you are a bit angry, I would be too, let's try and use stress ball, feather, bubbles' 'I can see you are very angry, let's make this space safe'</p> <p>Adults talking to each other calmly and offering opportunities for Alex to join this talk</p> <p>Have a sensory box that Alex has access to (consider a scratch stick)</p> <p>Have a few 'no nos' (throwing things, spitting and hurting people). Communicate these expectations clearly, including visuals.</p> <p>Social stories a) about when and how we can climb safely b) places we can go to and activities we can safely do when we are feeling stressed</p> <p>Space and privacy for safe space time with organisational structures in place to enable this to occur positively and swiftly when needed.</p> <p>As discussed, 3 posters, I like, I dislike, I am proud of myself, which can be elaborated and amended over time. Adults also complete similar posters for themselves</p> <p><u>Additional strategies</u></p>	<p>Throughout the day / reviewed every 6 weeks and adjusted accordingly /</p> <p>School staff Parents External agencies as needed</p>

Emotional and Mental Health

			<p>Emotion coaching (step 3 and 4)</p> <p>Look at 5-point scale materials – make very visual and simple. With suggested things he could do when he is feeling unhappy/cross. Have a calm box/file with resources/materials he could do when cross/worried. Give take up time ...</p> <p>At the moment emotional literacy teaching is likely to create more tension – the focus should be on creating and increasing the duration of periods of calm. As Alex is displaying more emotional resilience more direct teaching of social/emotional skills can be introduced.</p> <p>Create some opportunities each week where Alex has positive time (intervention does not reward) with an adult to build relationships.</p> <p>Find activities to share – the emphasis is on shared attention not academic outcomes – e.g. jigsaws, football, knitting, organising resources.</p> <p>Opportunities for additional responsibilities in school which might structure Alex's time during break/lunchtimes.</p> <p>Have check-in system at the start of each morning with key adults.</p> <p>ADHD assessment</p>	
Sensory and Physical	Alex's sensory needs will be understood and necessary accommodation and adjustments made	Alex will use sensory toys and additional opportunities for physical activity	<p>Box of sensory toys that Alex can access</p> <p>Enhanced opportunities for physical activity in his school day</p> <p>OT Assessment</p>	<p>Throughout the day /</p> <p>reviewed every 6 weeks and adjusted accordingly /</p> <p>School staff Parents External agencies as needed</p>

Report completed by: Dr F Leonard Senior Educational Psychologist HCPC Number: 567343	Copies to: EPS file School Parents via school
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