



# The Highland Council Psychological Service Standards and Quality Report July 2023 to June 2024

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### Our Vision

The Highland Council Psychological Service is solution focused and works for positive change. We strive to form attuned relationships with others through collaborative and inclusive working. We are child-centred and seek to be evidence-based, reflective practitioners with a commitment to ongoing innovative practice.

This Standards and Quality Report covers the period from July 2023 to June 2024. It builds on previous reports which are available from the Highland Council Psychological Service. This report provides a summary of the work undertaken by the service over the past 12 months and examples of evaluations undertaken, research conducted, and improvements achieved.

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## 1. INTRODUCTION AND SERVICE STRUCTURE

1.1 The Highland Council Psychological Service covers a huge geographic area including both rural and urban communities. Staff cover considerable distances in changeable weather to provide an equitable service to the communities we serve and work both face-to-face and on-line, delivering a range of interventions and support.

1.2 The Service consists of 15.4 FTE Educational Psychologists (EPs) and 7 FTE Psychological Service Home Visiting Teachers (PSHVTs). In addition, there is a specialist Early Years Psychologist who has a strategic and developmental role in supporting early years' services, including midwives, health visitors and Early Years Education Support Officers. In relation to other local authorities, the service establishment sits exactly halfway between the most and least favourably staffed services across Scotland, however a recent ASPEP paper on staffing levels within EP Services in Scotland would suggest that the Service is understaffed in relation to the population of children and young people living in Highland.

1.3 The management structure consists of the Principal Educational Psychologist (PEP), the Team Lead for the PSHVT Service and Area Principal Educational Psychologists (APEPs) for the North, Mid and West. The imminent retiral of the Area PEP (Mid) has enabled the Service to consider a different management structure and it is proposed to amalgamate teams in Mid and North under one APEP and appoint an APEP in South, where there has been a vacancy for some years. The management team work very closely with the Manager of the Primary Mental Health Worker Service, The Counselling in Schools Manager, the Improvement Project Coordinator (Children's Rights & Participation) and the Positive Relationships Co-Ordinator – Armed Forces Families, all of whom are also directly line managed by the Principal Educational Psychologist.

1.4 Requests for service should follow a staged approach, taking the least intrusive intervention to best support the child and family. The Service adopts a solution focused methodology in consultation, assessment and support and promotes a solution focused approach in meetings.

1.5 All EPs are registered with the Health and Care Professionals Council and work to the standards set by this body. Their unique contribution is delivered through a framework of 5 interconnected aspects of Consultation, Assessment, Intervention, Training and Research. In direct work supporting children and young people, interventions are needs-led, with EPs using psychological knowledge to support assessment and decision making. All staff use a range of tools to identify need including observation, consultation, dynamic approaches and both informal and standardised assessments. EPs are also required to work at a strategic level, both locally and nationally and to be involved in research and development work within schools, at a council level and through involvement in national networks and groups. Some of the detail of the work in these areas within the Service is reported in the following sections of this report.

1.6 In session 2024, **588 NEW** casefiles were opened for children and young people for whom there were requests for service for involvement of Educational Psychologists or Home Visiting Teachers (see Figure 1 below). Requests for service are spread throughout the year, with Term 4 being particularly busy as a rule. In terms of the overall number of cases opened and active at any point in time, as a snapshot, by January 2023 (half-way through the session), the Service was working actively with **1159** cases. This included 1022 active with Psychologists in the team and 137 active with the Home Visiting Teachers. The work being undertaken was a mix of new cases and those that colleagues were involved with on an ongoing basis. Some requests for service require short, time limited interventions and cases can become inactive after one or two sessions with the child and/or family. Others require longer term involvement, especially for children and young people with complex needs, long term educational needs or where family issues are significant. These can often be cases where detailed assessment, reports and planning are required over many years.

Year	Term	Total
2023-2024	1	154
2023-2024	2	107
2023-2024	3	111
2023-2024	4	216

**Figure 1 – Number of new cases opened during 2023-24**

1.7 PSHVTs work to the Scottish Standards for Teachers and all are members of the General Teaching Council for Scotland (GTCS). They play a vital role in facilitating the development of young children from birth to 3 years, often with very complex additional support needs. Their role in facilitating positive transitions for pre-school children with complex needs into Early Learning and Child-Care settings has been widely acknowledged through regular feedback and annual surveys.

1.8 Activities that build collaboration and trust within the service and actively support the development of trust over time are regularly sought. The service has a Peer Support system, linked to the process for Professional Review and Development to provide direct support to team members, additional to the team support and friendship groups that naturally occur. A system of monthly 'Reading Buddies' also supports reflection on up-to-date research, policy and 'think pieces' across the team. The Service actively encourages distributed leadership, and a small allocation of time is given to all team members to develop and lead on an area of interest and improvement within the Service.

1.9 Developing a culture of relational trust and disciplined performance can be difficult. Reina and Reina (1999) provide a model of reciprocal trust – you have to give it to get it - that is built up incrementally within teams. In this, they have identified three types of trust, Competence Trust (Trust of Capability), Contractual trust (Trust of Character) and Communication Trust (Trust of Disclosure).

All three components must be actively developed and reinforced by leaders. The subcomponents of each type of trust include:

Area of Trust	Identified Actions
Competence Trust	Respect people’s knowledge and skills Involve others and seek their input Help people learn skills
Contractual Trust	Manage expectations Honour agreements Encourage mutual intentions
Communication Trust	Share information openly Maintain confidentiality Give and receive Constructive feedback

Figure 2 – Breakdown of required actions to build Relational Trust

1.10 The Individual members of the HC Psychological Service Team were each asked to rate their perception of the levels of trust within the service ‘as they experienced it’ in April 2024. The results are illustrated below. It shows a range of views across the service, but overall a good level of relational trust among team members, with most members of the team scoring levels of trust 8 or 9 on a 10-point scale:

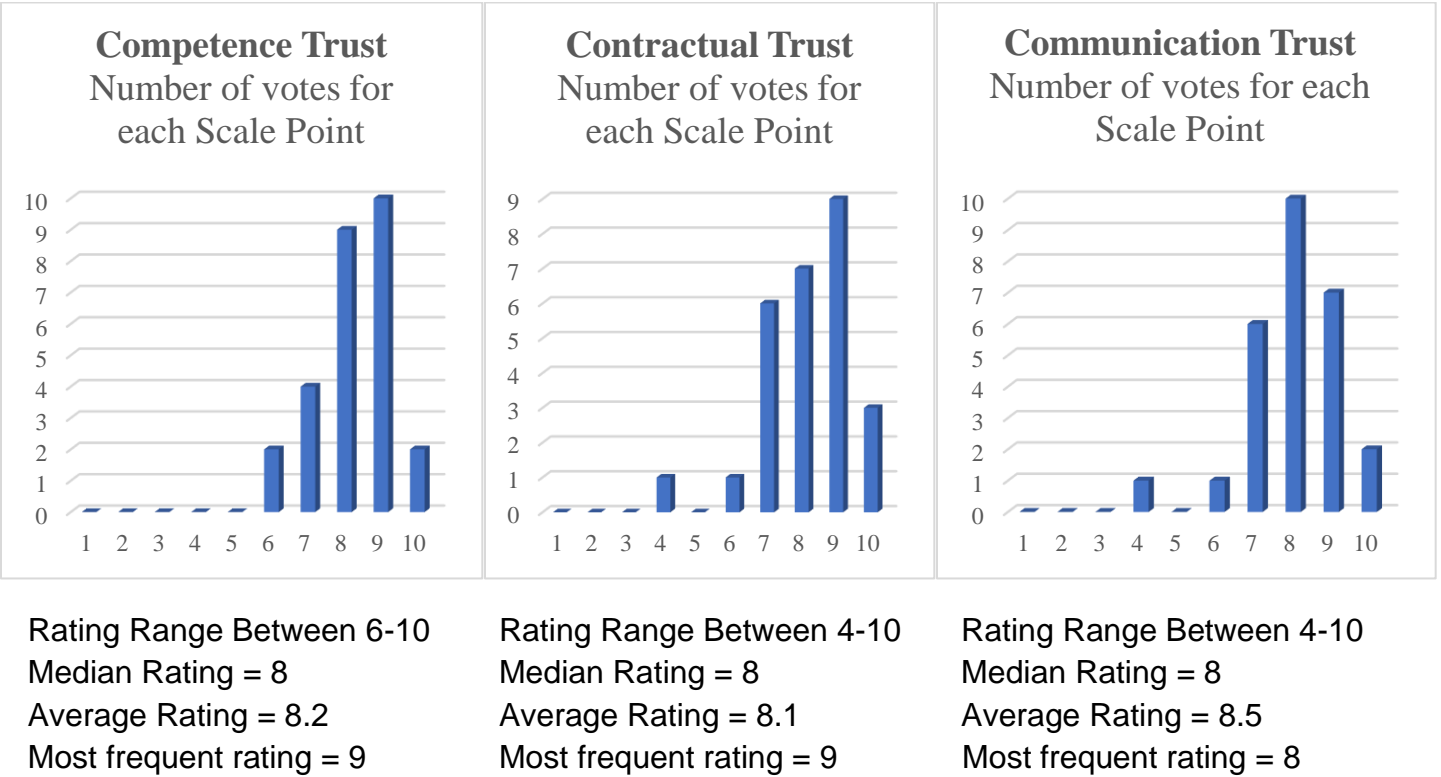


Figure 3 – Evaluation of Relational Trust in HCPS (2024)

1.11 The National Framework of Self-Evaluation for EP Services in Scotland is summarised in Figure 4 below, which now forms the basis of the model for self-evaluation within all EP Services in Scotland. Regular reviews of service delivery are undertaken to support the process of self-evaluation and some of these are reported later in this report. Local Authority EP Services will work in ADES family groups to share and discuss their own self-evaluation and to learn from others to support their own practice development. Members of the Service have begun this journey and are looking forward to linking with colleagues across Scotland during the next academic session.



**Figure 4 - Self-Evaluation Framework for EP Services in Scotland**

## 2. THE SERVICE IMPROVEMENT PLAN

2.1 At the start of session 2023-24 a new plan was created for the Service, following several months of scoping need and identifying aims and measures for improvement actions. A wide range of activity was planned across the Service, in line with the recommended Improvement Methodology for Scotland's Public Services. This was supported by input and coaching by the Psychological Service's Improvement Project Coordinator.

2.2 Each Improvement Group included a range of practitioners from the Service and some included colleagues from the wider professional body within Highland Council and our third sector partners. Representation of the views of parents and young people through subgroups and focus groups were also sought where collaboration as a permanent member of the improvement group was not possible.

2.3 The improvement plan was updated during the year in August, December, April and July, with reports and feedback provided for each action throughout the year as part of the self-evaluation process (see Appendix 2). The plan was considered a 'live' document and so the actions were updated, revised and added to after each review cycle. The final progress summary on the activities within the plan from July 2024 can be found as Appendix 3.

2.4 Improvement activity within the Service Plan is informed by local and national priorities, including actions required within the Highland Council Plan, the Integrated Children's Services Plan, the Education and Learning Service Plan and national strategic developments and changes in policy and guidance. An agreed Training Strategy has been in place in the Service over the past 2 years. Service Self-Evaluation processes and a collation of responses from Professional Review and Development conversations have informed a range of staff professional development needs and annual service self-evaluation and stakeholder feedback helps shape and frame service change and improvement. These 4 aspects as modelled in Figure 5 below, provide the framework for strategic Service activity throughout the year, supported by clear measures to evaluate impact within an improvement methodology as advised by Scottish Government for local authority services<sup>1</sup>. All strategic developments also continue to be informed by the participation and collaboration with children and young people, with a clear feedback loop to ensure we are able to report back on the impact of our activity. This process has been informed by the on-going work with the Highland Youth Parliament and also a number of focus groups that were undertaken with children and young people in 2022.

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<sup>1</sup> [The 3-Step Improvement Framework for Scotland's Public Services](#)





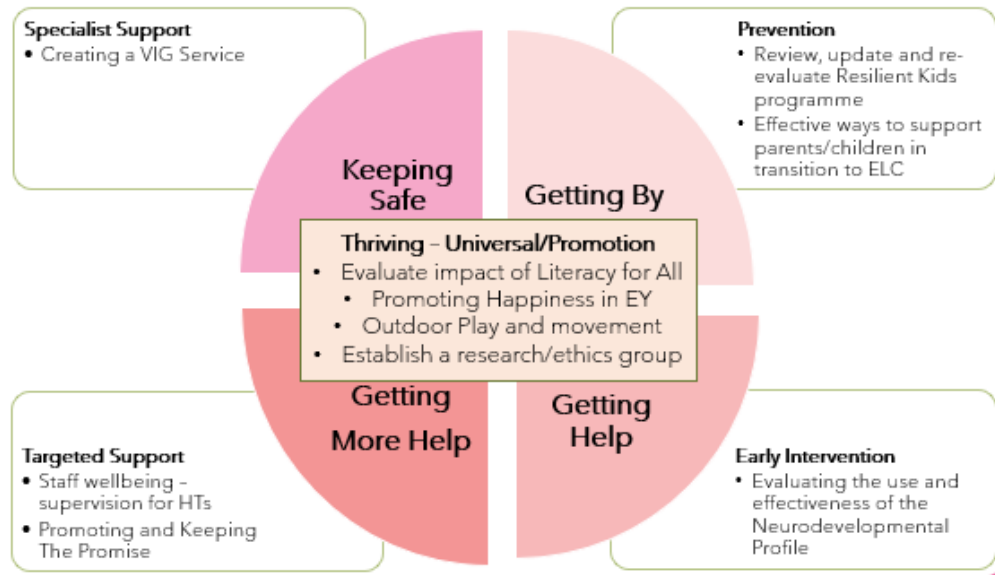
**Figure 5 - Overall Service Planning framework for HCPS**

2.5 For the 2023-24 plan, Service Evaluation includes the following:

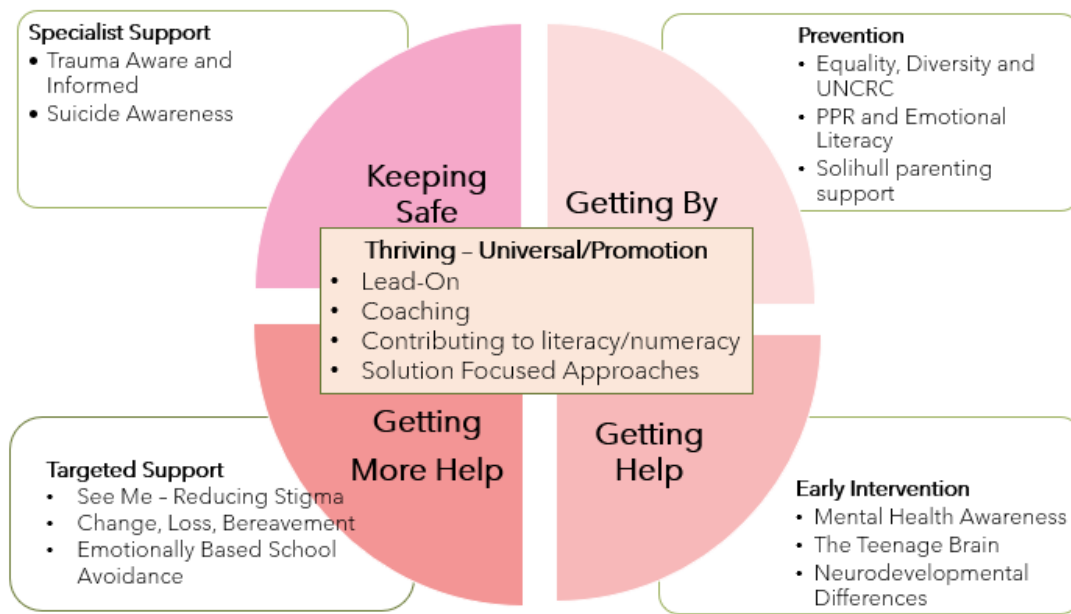
- Feedback on and evaluation of service delivery (impact on service users and outcomes)
- Evaluation of training (impact on participants)
- Evaluation of HT Supervision, Literacy for All, Seasons for Growth and EBSA (outcome measures)
- Policy into Practice development (including research outcomes)

2.6 Improvement Activities and training priorities are summarised in Figure 6 and Figure 7 below. These are framed around the 'i-Thrive' model<sup>2</sup>, which is most usually used in relation to mental health supports, but equally provides a structure to be able to outline interventions aimed at support across all levels, where children and young people may require the Psychological Service to be involved. This framework identifies activity which is universal, which promotes positive development, growth and wellbeing as a starting point, in the centre of the diagram. The levels of intervention are then outlined within the circle – preventative strategies being associated with those children and young people who are 'Getting By'; early intervention identified in the 'Getting Help' section; targeted support linked with 'Getting More Help'; and specialist supports, services and training associated with those groups who are most in need and require to be 'Kept Safe'.

<sup>2</sup> <https://implementingthrive.org/about-us/the-thrive-framework/>



**Figure 6 – Framework for Improvement Activity**



**Figure 7 – HCPS Training Strategy**

The detail of the topics offered in training under each Theme can be found in Appendix 4. All members of the Service are involved in delivering these priority training topics on a regular basis through the Highland Council Staff Development Calendar, in addition to other training opportunities offered on a less regular basis, as reported later in this report, in section 7.

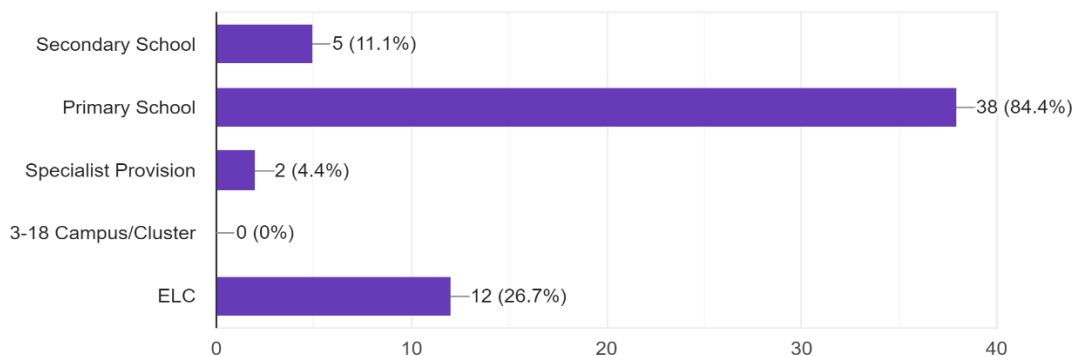
### 3. SCHOOL SURVEY 2024

3.1 The views of professional staff regarding the service delivered by EPs and HVTs were gathered and analysed through the annual Google survey which was made available to all schools and ELCs throughout June 2024.

3.2 A total of 45 responses from 21 ASGs were received for this survey, an increase on last year's response level. The following graphs show the spread of settings and roles of respondents. Responses were received from all Highland Council education sectors, except 3-18 Campus/Clusters. As in previous years, most responses came from Senior Leadership Teams or from staff with responsibility for pupil support.

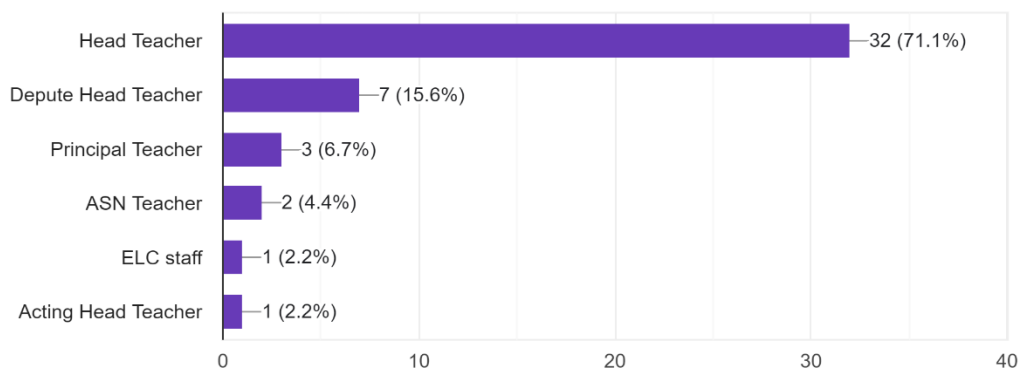
Please select the setting/s you work in

45 responses



Please state the role/s of those who are completing this survey

45 responses



3.3 The survey considered the work that has taken place between settings and the link EP and link HVT. The following provides a summary of the main themes arising under each survey question, with some examples of comments.

3.4 In relation to the Educational Psychology Service – “Over the past year, what has gone particularly well working with the link Educational Psychologist?”

3.4.1 Some familiar and some new themes from responses to this question included:

- EP attendance at meetings including Solution Focused Meetings and Child Plan Meetings. Staff and family consultation provided.
- Advice and support as and when needed, together with strategies, signposting and sharing relevant resources.
- Direct work, including observations, assessments and interventions.
- In general, EP accessibility is valued.
- Support for Head Teachers and other staff is also appreciated, including Supervision.
- Good working relationships are valued.
- Collaborative forward planning of work in a school on a regular basis.

3.4.2 Relevant quotes included:

*“Ed Psych and I have a great working relationship, and this is down to their hard work and empathetic nature for all. I couldn't ask for better.”*

*“Meeting between HT, DHT and Ed. psych to discuss and streamline our Ed. Psych caseload at the beginning of session. This allowed us to have a clear view of who our EP was going to support over the year.”*

*“EP supporting a pupil who is currently not attending school- working with pupil at home, supporting family and liaising with school staff.”*

*“Proactive attitude, involvement with school staff in training and direct observation of pupil with feedback to staff.”*

*“The ability to meet in person/online. Our link EP is able to offer an expertise that we cannot at school level. This works well for parents and carers when they have specific queries.”*

*“Always contactable for advice.”*

### 3.5 “Considering this, what would make this even better?”

#### 3.5.1 Common themes arising from responses to this question included:

- More dedicated time and input – for consultation, training, and in person observations of / work with pupils / face to face meetings.
- Greater availability and access.
- Greater flexibility around timings of access e.g. to SFMs.
- CPD/Training for staff and information sessions for parents and pupils.
- Improvements in communication generally but also around the EP role.

#### 3.5.2 Quotes:

*“More time for each school. Increased capacity to support school further and more consistently.”*

*“Opportunities to see more children in person.”*

*“Having more time to discuss cases - probably due to having an increasing number of children where we are looking for advice to support us.”*

*“More detailed understanding of what the EP can offer families. I know there is more detail on the website but perhaps a leaflet for families that we can use in schools?”*

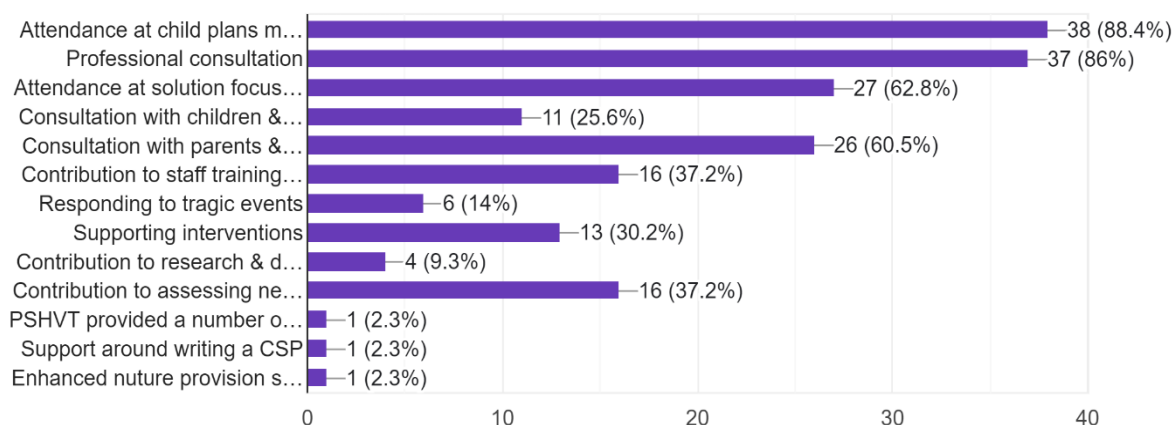
*“..... it would be beneficial for our EP to see the pupil/s in the school setting in order for their advice to be specific to individual needs rather than just hearing from the school staff and/or parents.”*

*“More training available for PSAs and Teachers, with other services being reduced, to empower us and give us all the right tools to support at the right time in the right way.”*

3.6 A wide range of inputs have been received by schools, as can be seen by the graph below. These were mostly in relation to case work – consultation, attendance at meetings, assessment and intervention. EPs have also provided staff training, research and development, and responded to tragic events.

Please select what input you have received (please select all that apply)

43 responses



### 3.7 “Which of these inputs have you particularly valued from your link EP and why?”

#### 3.7.1 Themes from responses to this question included:

- All inputs are valued - valuing the knowledge and expertise of EPs.
- Providing consultation, advice, and support through setting visits and attending meetings.
- Observations / individual work valued as having an impact.

#### 3.7.2 Quotes:

*“All of the above - expertise from educational psychologist.”*

*“Support to run training. Observations and feedback to staff and parents.”*

*“Attendance at solution focused meetings as it's always great to have their expertise.”*

*“Contribution to assessing needs as in a small rural school was useful as it helps to sometimes to get a wider view. Also the offer of training was very welcome as this impacts on all children and small changes can make a big difference to outcomes for all children.”*

*“Consultation with the young people themselves has been very beneficial.”*

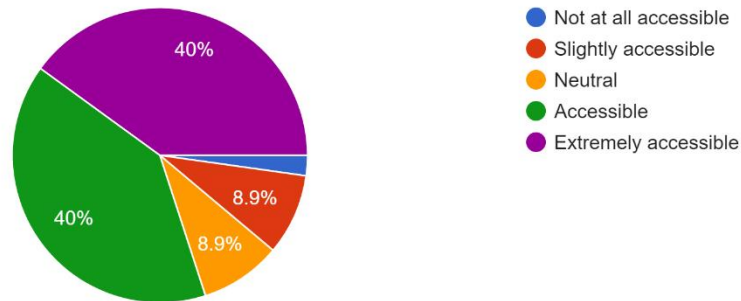
*“Consultation with parents. Parents having the opportunity to share their concerns and to get strategies for support can have the greatest impact for the child. It also provides peace of mind for the parents. Sometimes it needs to be heard from someone who is not from school.”*

*"The advice around the CSP was useful as I have previously been involved in the review process but not in opening a new Plan."*

### 3.8 "How accessible have you found your Educational Psychologist?"

How accessible have you found your Educational Psychologist(s)?

45 responses



#### 3.8.1 As in previous years, themes from responses included:

- Generally, highly responsive to queries.
- Helpful and supportive communication.
- Constraints of time and diary availability.

#### 3.8.2 Quotes:

*"Mostly accessible but I realise workload is a problem so it can take some time before a response is received."*

*"Answers email and calls quickly. Attends planned meetings."*

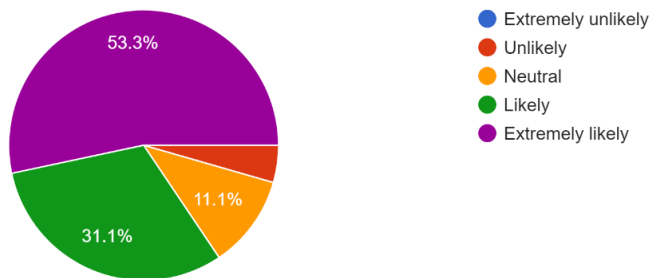
*"We have benefitted from our very positive relationship with our psychologist, but I am aware of the stretch on the service and that she is only one person and we are only one school."*

*"Staff have always been as accommodating as possible within their schedules to meet with me to discuss ways to support young people's needs or to attend meetings for our young people."*

### 3.9 "How likely are you to contact your Educational Psychologist?"

How likely are you to contact your Educational Psychologist(s) for a discussion? This can include telephone, email or virtual communication

45 responses



84% of those who completed the survey said that they would be “likely” or “extremely likely” to contact their EP for a discussion. Comments reflected that the EP service is valued and accessible on the whole. Some mentioned that they found a “booking system” helpful.

### 3.9.1 Quotes:

“Very approachable and helpful.” “I greatly appreciate the discussions I have had over this past year.”

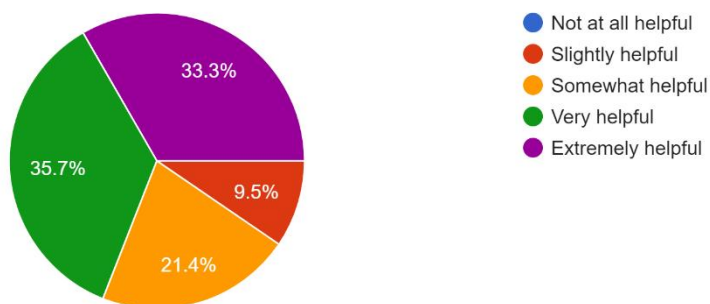
“I don't think there would be anyone in the team that would shy away from contacting the EP as it is such a vital service.”

“I think setting up a Booking Service would be beneficial as I found this useful while working with another EP.”

### 3.10 “How helpful have you found this communication?”

How helpful have you found this communication?

42 responses





### 3.10.1 Comments to this question indicated a range of thoughts:

*"Even if it is just - "you are doing the right things.""*

*"When speaking to our EP, she is able to give advice and support to the pupil /s their families."*

*"All support is greatly appreciated."*

*"When we can spend time with each other it is always incredibly useful."*

*"Having ed psy perspective just adds to the whole experience for children and families and offers us both practical and theoretical support."*

*"There was a situation this session where we were finding a specific pupil challenging. Specifically, the way they were presenting in class. I feel it would have been helpful for the EP to have observed the pupil in the class to see first-hand how the pupil was presenting."*

*"As above, communication and support is often limited by the lack of EP hours available to each school."*

*"We have young people who are continually returning to SfM with little access to anything beyond. This is a source of frustration for parents and carers as well as the young people."*

3.11 Home Visiting Teacher Service - Of the 45 responses to the survey, 14 of settings engaged with the Home Visiting Teacher service during the 2023-2024 session. The following information relates to work which has taken place between those settings and their link HVT. – "Over the past year, what has gone particularly well working with the Home Visiting Teacher?"

3.11.1 The main theme from responses to this question was that advice and support was provided for individual children and the setting in general.

#### 3.11.2 Quotes:

*"As always, staff found her advice practical, sensible and manageable. We just wish our PSHVT was able to work with us to support the individuals on her caseload beyond their nursery start date."*

*"Input with our Early Learning and Childcare (ELC) team on self-regulation and transitions."*

*“Visiting Teacher has been easy to contact, has made contact and has fully supported the pupils in the setting.”*

*“Getting insights to what the child is like at home, observations in a different setting. Communication open. They contact us if they have concerns. Good relationships. We know we can contact them.”*

*“Passing of information when a child is going to be starting in our setting. Very detailed plans that support a child both in and during transition to our setting.”*

*“She has offered valuable advice and insight into the specific needs of pupils and how best to meet them. She has also played a valuable part in building relationships between parents and the school.”*

3.12 “Considering this, what would make this even better?”

3.12.1 Comments to this question indicated the following themes:

- Input to continue a little longer for some children
- Increased communication/exchange of information, especially with parents
- More visits to settings

3.12.2 Quotes:

*“We really value our PSHVT's knowledge and experience and think many children would have a much better experience if she could continue to support them, and us, for longer.”*

*“The same service after the pupils turn 3, especially between the age 3-5 as this seems to be an area where no-one wants to get involved with.”*

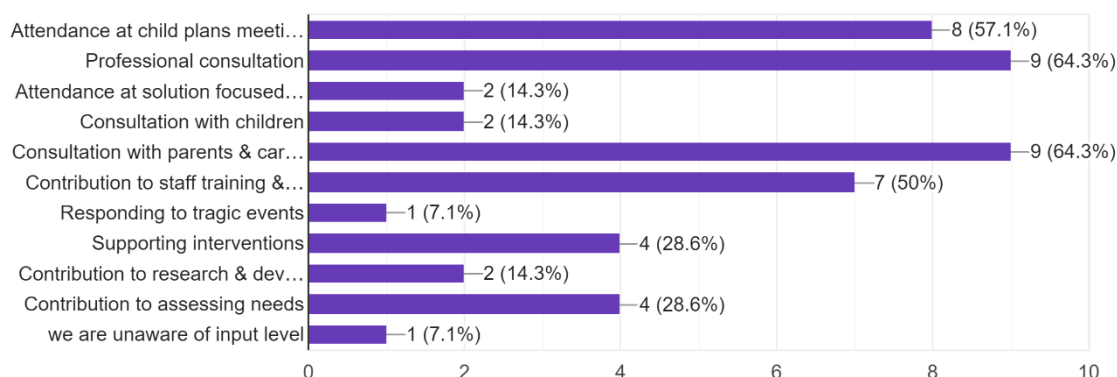
*“If they could extend to work with pupils in p1 to support with transition.”*

*“If they came more regularly to visit the children in the setting. Visiting the child at home on a 1:1 does not reflect the need or level of concern. In the ELC setting the child is managing boundaries, routines, sharing, noise, changes, etc. If the child is only visited at home, parents are given a false sense of reality and their child's ability to cope.”*

3.13 A range of services have been received by ELC settings in relation to case work – consultation with professionals and parents/carers, attendance at meetings, assessment and intervention. HVTs have also provided staff training.

Please select what input you have received (please select all that apply)

14 responses



### 3.13.1 “Which of these inputs have you particularly valued from your link HVT and why?”

All inputs are valued including attendance at meetings, consultations, peer support and providing a link between home and settings.

### 3.13.2 Comments included:

*“Consultation - they are seeing the child in other settings so we are getting a fuller picture of the child.”*

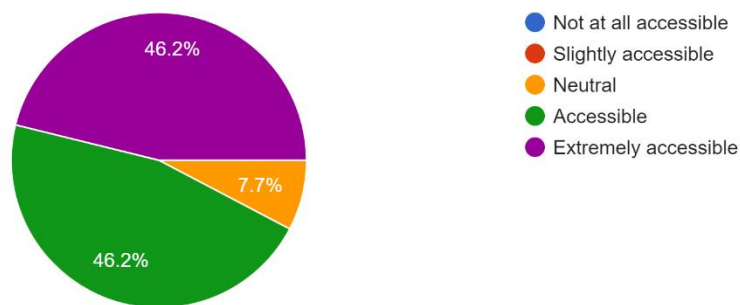
*“Professional consultation - the PHSVT is working directly with the children and the family and this provides a key insight into the children before they start with us in our ELC. Also ....staff development - good training that supports our staff to improve interactions with children who have significant needs.”*

*“Attendance at Child Plan meetings.”*

3.14 “How accessible have you found your Home Visiting Teacher” - HVTs continue to be regarded as highly accessible with over 92% of respondents indicating either “accessible” or “extremely accessible”.

How accessible have you found your Home Visiting Teacher?

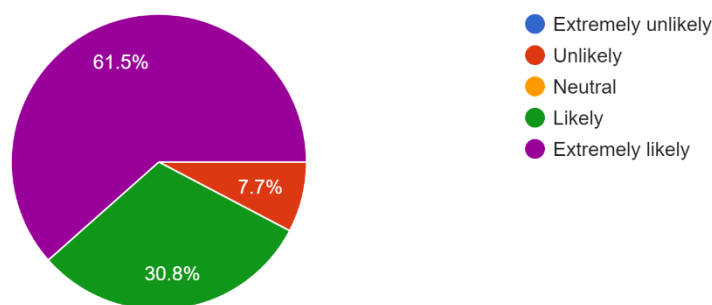
13 responses



### 3.15 “How likely are you to contact your Home Visiting Teacher?”

How likely are you to contact your Home Visiting Teacher for a discussion? This can include telephone, email or virtual communication

13 responses



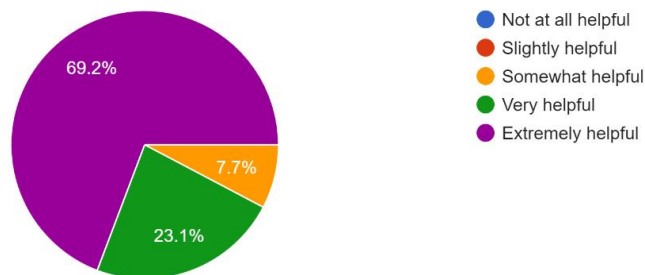
92% of those who completed the survey said that they would be “likely” or “extremely likely” to contact their HVT for a discussion.

*“I know that I can contact if required.”*

3.16 “How helpful have you found this communication?” 92% of those who completed the survey responded either “extremely helpful” or “helpful” to this question, indicating that it continues to be highly regarded by service users.

How helpful have you found this communication?

13 responses



*"This service has been an incredible support to my staff and to the pupils."*

*"All support is greatly appreciated."*

3.17 Impact of the Wider Service – "Overall, what would you consider to be the impact of the Psychological Service on the lives of children & young people?"

3.17.1 The main themes from responses to this question included:

- Valuing knowledge sharing, advice giving and expertise.
- Contributing to "joined up" thinking.
- Supporting inclusion of pupils.
- A desire for increased direct working with pupils and parents.
- Cognisance of the pressures within schools and the workload of teachers.

3.17.2 Quotes:

*Bringing expertise around the table.*

*I think that it is invaluable. The specialised knowledge means that schools can support families better both with practical solutions and through directing them to key support agencies.*

*When it works well, which it has this year has really allowed for progress in supporting children.*

*Positive impact that ideally there is more of.....at times it is felt that more 1:1 work could be done with YP and their families as a means of further support.*

*The support from the psychological service has a positive impact on the lives of children and young people. Staff are able to implement strategies that are suggested and the emphasis is always to think about what meets the needs of the learners.*

*Over the past few years, we have used the Psychological Services more and more. We feel this service is extremely vital and children/young people and their families would benefit from more input with regard to attending more child plans and observing pupils. However we are understanding that all services are stretched and this could be unrealistic and challenging.*

*We really value the Psychological Service. The impact on children, families and school is huge because the advice helps us meet the needs of the child and supports families to cope and support their children. It enables inclusion.*

*They give suggestions for ideas, which end up with the school having to implement adding to the teacher workload.*

*The Pre-school Home Visiting Teacher has provided excellent support and advice for children, families and our Early Years team.*

*Very positive in shaping and supporting how we get it right for the kids in our care.*

*Without the service you would notice a negative impact, therefore service is crucial to the lives of c and yp.*

### 3.18 “What would an ideal service from your Educational Psychologist look like?”

#### 3.18.1 The main themes from responses to this question included:

- Regular planning and meetings with key school staff.
- Robust consultations.
- More time spent in schools.
- Increased flexibility of access to the service.
- Clarity of roles and expectations.
- Regular feedback to school staff and parents following individual work with pupils.
- More specific and focused advice to support individuals.
- Practical solutions and strategies to help support staff and pupils.
- Increased capacity to deliver the service effectively and efficiently.
- Training around specific topics relevant to individual schools.

### 3.18.2 Quotes:

*"Time out with allocated SFM dates for input with school senior leaders to plan."*

*"I would like regular pre-arranged consultation times throughout the year. EP to have a consultation booking service for educational professionals to get further advice."*

*"Termly meeting with EP to discuss interventions, offer further training opportunities and be more involved in the life of our schools."*

*"A more robust discussion about the potential of working with YP and their families."*

*"More Educational Psychologists to provide a service where more children can be reached. More time in schools. More regular visits / more work with the pupils / support in diagnosing. More face-to-face observations of specific pupils to support decisions."*

*"A better understanding of the role and what we can expect."*

*"Reports received following consultation and any subsequent intervention work."*

*"EPs who understand the constraints of school life and work with us to ensure all learners are aware of the expectations, but also that staff are aware of what is expected in terms of supporting children with a range of ASL needs."*

*"Training on ACES, trauma informed classrooms, nurture etc."*

*"Consultation around dyslexia assessment and identification and how to navigate schools toward the Literacy for All guidance and procedures, or reduce the time spent on dyslexia assessments and reports- especially when ASNT time is so limited."*

*"More practical support, how to put the right strategies in place for children who are not able to be in the classroom for whatever reason whether it is trauma, ASD, ADHD - not having a Childs plan or being at the last meeting for it to be an action should not be a barrier to support."*

### 3.19 "What would an ideal service from your Home Visiting Teacher look like?"

3.19.1 By and large positive comments were made about the contact received but some themes regarding access, clarity of role and widening of role to support transitions were noted:

### 3.19.2 Quotes:

*"It is very good as it is. When children are referred, the HVT is engaged and supportive and I feel they provide all round support for child / family / staff and also link extremely well with other professionals including SaLT / Health Visitor."*

*"As I'm not sure we even have a HVT just being able to meet them building to regular contact would be a good first step. Not sure what this service offers? More information on what this offers and how to access would be good."*

*"Consultation and sharing information and ideas with staff prior to new pupils starting, and throughout their nursery journeys."*

*"PSHVT support to be extended, so that nursery pupils remain on caseload until they start school- allowing for far greater collaboration with nursery staff and AHPS, improved communication with families, increased support for learners who need it most and an increasingly positive nursery experience for those with ASL needs, their families and staff."*

*"Clearer understanding (for school team) of input for families, we think that is because she is usually in place before children arrive here."*

### 3.20 Summary

3.20.1 This year's survey received responses from most ASGs within Highland and indicated that the response rate has increased this year. As with previous years the overall response from schools and ELCs was very positive in relation to the service received this past year. Schools and ELCs highlight that the Psychological Service does have a positive impact on children and young people through providing helpful and insightful advice, allowing staff to work better with their children and young people to meet their needs, and are a vital part of partnership working.

#### 3.20.2 Highlights included:

- The service is highly valued and generally responsive to needs.
- Good working relationships are important.
- Follow up work and clear communication is desirable and appreciated.
- Settings want more direct contact with EPs and HVTs, with consistency of accessibility and clarity around roles and responsibilities.

### 3.21 Next steps

- As in previous years, it is important to continue to explore ways to be more consistently visible in schools and ELCs and aim to balance direct working with consultation, meetings and training opportunities.
- Continue to review this annual cycle of gathering and evaluating schools' and ELCs' views.



- The process of gathering children and young people's views continues to be paramount and steps towards this have been taken over the past year across Highland.
- Continuing consideration of ways to integrate the gathering of all stakeholder views, including parental and other professional views.
- Service leaflets have been in process to clarify the respective roles and responsibilities of EPs and HVTs.

## 4. CONSULTATION DATA

4.1 Data was gathered and analysed for a 4-week target period from 6<sup>th</sup> November to 1<sup>st</sup> December 2023. The data was gathered through a Google form survey, gathering views from professional staff, parents/carers and children & young people, following consultation meetings held with an EP or HVT.

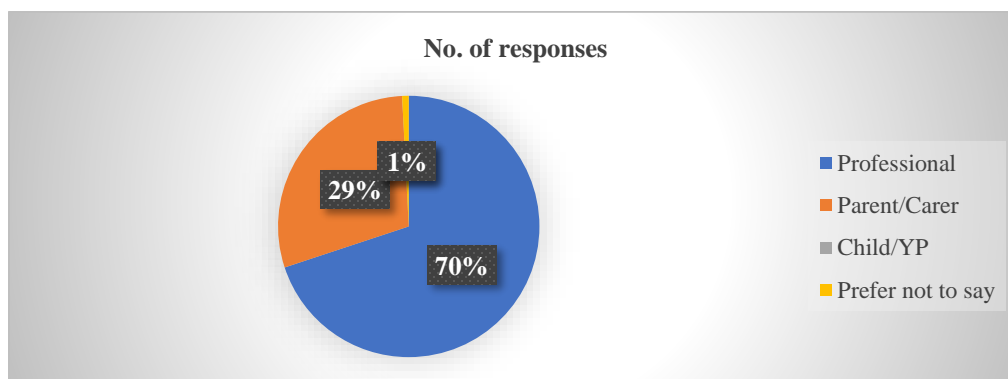
4.2 A total number of 123 responses were received following consultation meetings surveyed within the 4-week target period. The survey was sent out to all participants in consultation meetings. When staff (for example ASNTs/HTs) had been present at multiple meetings they were given the option to complete a separate survey for each meeting, if they wished.

	Total number of consultations surveyed	Total number of consultation attendees surveyed	Total number of survey responses
Parents/carers and professionals	350	655	123

**Figure 8 - Number of survey responses**

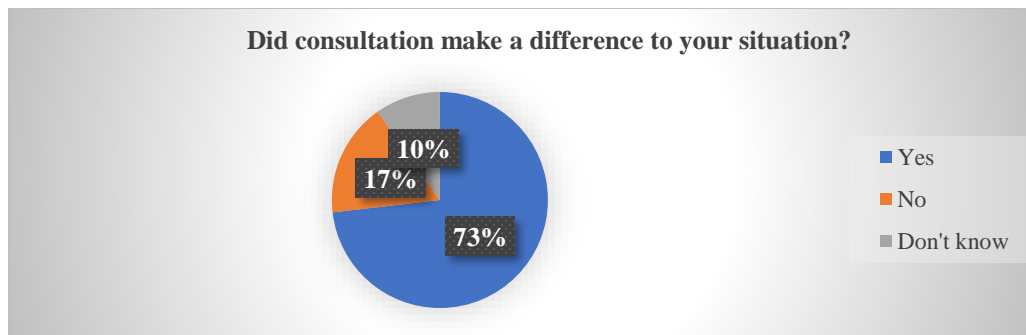
4.3 Based upon these numbers, the response rate was approximately 19% of people surveyed, which indicates a similar response rate to the previous year (20%). The number of consultations held this year (350) has increased in comparison to last year's sample survey (247).

4.4 Consultation meetings were attended by all or some of each group – staff, parents and children & young people. Consultation meetings took place with individuals and with groups of varying sizes. Overall, there was a higher proportion of survey responses from professional staff (70%) than from parents/carers (29%), with no responses coming from young people that we know of, although 1% indicated a preference not to say.



### 4.5 Consultation survey – summary of findings

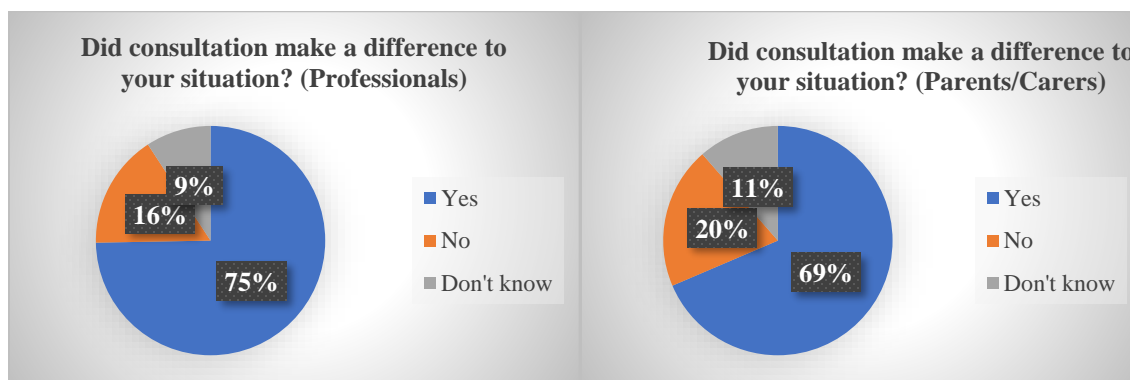
**Q1. Did consultation (talking etc.) with the Educational Psychologist and/or Home Visiting Teacher make a difference to your situation?**



Overall, 73% of respondents said yes, the consultation made a difference. This broke down as:

- Yes – 90 (24 parents/carers; 65 professionals; 1 prefer not to say)
- No – 21 (7 parents/carers; 14 professionals)
- DK – 12 (4 parents/carers; 8 professionals)

The graphs below provide this breakdown in a visual form. Whilst still very positive (75% of professionals and 69% of parents/carers saying “yes”), there continues to be some uncertainty about the consultation making a difference on the part of both professionals (25% said ‘no or don’t know’) and of parents and carers (31% of parents/carers).



## **Q2. How did consultation (talking etc.) with the Educational Psychologist and/or Home Visiting Teacher make a difference to your situation?**

The emerging themes below indicated very positive findings, that consultations were useful. They included:

- Providing expertise and knowledge
- Providing reassurance and support
- Listening

Additional themes were also identified which included:

- Moving things forward
- Partnership

The next section will look at the themes in a bit more detail with reference to some of the comments made.

Parent and carer comments will be in orange and professionals in blue.

### Theme 1 – Providing expertise and knowledge

Respondents appreciated the advice they were given, either in terms of sharing or signposting to resources, clarifying legislation and procedures or co-creating ideas. They also pointed to the value of sharing psychological content to help understand children and young people and their needs. EP consultation helped to make situations clearer through more holistic understandings that included seeing from the child or young person's perspective and experience.

*Each time I speak with EP I get fantastic ideas and guidance around managing behaviours, curriculum and more.*

*... gave us tips as to how we can put things in place at home.*

*The advice to re-think from the child's perspective was invaluable.*

*... made my situation seem a lot clearer, than I thought it was. It has helped our family a great deal.*

*....the knowledge shared was very beneficial.*

### Theme 2 – Providing reassurance and support

People found having access to an EP reassuring in itself but consultation provided further reassurance to school staff and parents about the approaches being used or that the right strategies were in place.

*It helped us to reflect that what we were doing was having an impact. It also helped us set next steps and try and find further solutions.*

*.....always calm, considered, professional and solution focused.*

*Just confirming what we were doing was right and gave us additional strategies to try.*

### Theme 3 – Listening

Participants reported that they felt understood and heard in consultations, with space provided to reflect and come up with their own ideas.

*.....was brilliant and listened to our concerns and the input was effective.*

*I felt we were finally being listened to although follow up and action is yet to happen.*

### Theme 4 – Moving things forward

Responses included many statements that consultation had helped move situations forward, either through positive changes to processes in meetings or through agreed actions leading to improvements for children and young people.

*... more planning for change and adjustments to a learning environment were decided.*

*At the meeting the educational psychologist was very helpful in supporting the young person.*

*I really value the advice received and feel confident that actions discussed and agreed during the consultation will lead to improved outcomes for children and families.*

### Theme 5 – Partnership

Participants valued consultation as an exercise in joint working with a balance of acknowledging the perspectives of those involved whilst bringing an alternative viewpoint and a fresh pair of eyes. EPs were valued as neutral participants working with everyone involved.

*... insight into options for supporting children at our school through partnership working.*

*....a (neutral) Chair for a meeting where there have been difficulties in the past between home and school.*

*I feel the involvement from the educational psychologist helped with support within school.*

*....has made me feel less anxious about my role and how I can support my pupils.*

*The consultation brought professional expertise and insight into options for supporting children at our school through partnership working.*

### **Q3. What would make consultation with EP and/or HVT better for your situation?**

As in previous years, various themes were identified when considering what would make the consultation better. Some familiar themes include accessibility, time, direct work with pupils, information sharing, support as well as some noting that they were unsure of what would help or nothing.

#### Nothing/not sure

Some feedback highlighted that both parents/carers and professionals are happy with the service provided and did not feel there was anything that would have made the consultation better. Some did say that they were unsure of what might have helped.

*I'm not sure. I am satisfied with the consultation process.*

*I'm very happy with the support we're getting.*

*Happy as things are. Appropriate mix of face to face and virtual*

### Accessibility

Feedback highlighted that there appears to be a preference to having face-to-face meetings, while some like to have the option of online meetings when appropriate. Some parents indicated that they would like more time spent with their children.

*If there were more appointments. Also if they were able to come and work directly with the children.*

*More regular assessments of my child*

*It would be good if we could see the Ed Psych in person more often*

### Time

As in previous years it was noted that professionals would like more regular/frequent consultation times and more one-to-one time to discuss situations. They also highlighted that it would be helpful to have more availability at meetings and to discuss cases for advice. Parents also commented that some 1-1 meetings with the service would help.

*More regular consultations*

*More time to meet and discuss pupil needs*

*One on one appointments or virtual meetings with just me, as some meetings there are too many people or professionals that it is not always possible to ask them questions or respond.*

*More regular check in with School. More frequent contact for individuals and faster feedback/written notes. Upskilling staff through training sessions would be extremely useful.*

### Information sharing

Both professionals and parents/carers suggested that more regular updates on progress would be helpful as well as clarity on what support is available and follow up meetings to share next steps.

*A few lines in an email after consultation to confirm the advice provided to avoid miscommunication and give clarity to outcome of consultation.*

### Work with others

Feedback highlighted that continued professional collaboration and joint working between the Psychological service and other services would be beneficial.

*Working with colleagues, pupils and families rather than just suggesting more and more work for teachers to complete with pupils.*

*Very often it feels like the solutions/advice/resources offered are simply put back to the school to carry out.*

### Work with children and young people

Feedback from both professionals and parents/carers highlighted that meeting children and young people face to face would make the consultation better for the situation. They commented that face-to-face visits with pupils and/or observations would allow the service to know the child/young people prior to consultations and to provide more specific advice. Parent/carers also noted that it would be helpful for their child to be seen both at home and in school to give a more objective assessment. They also felt that seeing the child in the setting where they are struggling would help.

*Undertaking direct work with students where appropriate rather than just providing endless resources and signposting.*

*Help with ways to deal with my child's difficulties at home.*

*For them to be able to actually observe the young people in the classroom situation and work directly with them - this would help them to build up a better understanding of the young person.*

*If she had actually met my son beforehand. All advice and information was theoretical and generalised.*

*We are absolutely committed to working with our young people, however, in order to build capacity within education and schools there needs to be more direct support from EP. We are not expecting EP to do direct work with all pupils but in a school of over 1000 pupils I would expect there to be at least one. Attendance at meetings often make very little (if any) difference to the lives of pupils.*

### Support

Feedback from parents/carers and professionals highlighted that it would be helpful to have more practical solutions in a timelier fashion as well as input, advice, ideas and feedback.

*Helping my child regulate their emotions better, and helpful techniques for them.*

*I feel now we have moved too far away from actual support for our young people and everything is now just passed back to Education to do. What our young people need is actual support physically from other professionals and not just a pamphlet to read or a website to go to.*

*If they listened to what was being said and understood that often techniques have been tried and failed rather than just repeating the same advice.*

## **4.6 Discussion**

4.6.1 The service continues to work within a blended model, offering face-to-face consultations where online working is not available or considered appropriate. This time sample of data and views shows that the service has been mainly positively received, with some suggestions for improvement.

4.6.2 Similar positive themes have been identified as for previous surveys: sharing strategies, providing support, reassurance advice and guidance, and bringing a different perspective. Respondents also highlighted the value in providing support to understand children and young people's needs as well as informing next steps. Additional themes from this year's data highlighted the value of working in partnership across agencies and of helping to move things forward through the consultation process itself.

4.6.3 As in previous years, suggestions for improvement included increased accessibility, more time and more direct working with children and young people, as well as more practical resources and strategies rather than signposting/sharing information.

4.6.4 As before, the pattern shows that the majority of responses are from professionals, followed by parents/carers. Once again, we did not receive any responses from the children/young people who were involved in the consultation (that we know of). Consideration in how best to gather the views from children and young people on the service they have received is once more of paramount importance for future surveys.

## **4.7 Next steps for consideration**

- The previous year's plan to develop a service wide leaflet is currently in progress.
- The plans to review the previous three years feedback data on service delivery has not been possible this year and may require further consideration going forward.
- Further consideration continues to be required into how we can gather the views of children and young people more regularly and effectively. This may dovetail with the ongoing work Highland wide in gathering the voice and views of children and young people in a more regular and meaningful manner with a view to embedding this into our practice as far as possible.
- In addition to the above, it may also be timely for the service to explore ways of improving children's and parents' involvement in meetings, particularly in light of recent research findings by one of the team who has recently completed her Doctoral thesis on this topic.



## 5. GATHERING THE VIEWS OF CHILDREN/ YOUNG PEOPLE/ FAMILIES

5.1 During this year, an Anti-Racist group has been established in Children's Services, with representation from the Psychological Service. This group has been formed to support services to better understand the needs of families who are part of the Global Majority, some who are new to Highland and some who have been here for some time. In considering data we have on those pupils who access our services, those from the worldwide global majority are least likely to seek proactive support and we can assume from this that our services are less well known to them or difficult to access, possibly due to cultural or language barriers. Becoming more Culturally Literate<sup>3</sup> may help colleagues across services for children to be more accessible and welcoming to these families.



**Figure 9 – Some members from the Highland Anti-Racist Group**

5.2 During 2023-24 a significant amount of work was undertaken to progress the development of a [Children and Young People's Participation Strategy](#). This work was led by an officer from the Whole Family Wellbeing Team and the Improvement Project Coordinator (Children's Rights & Participation) within the Psychological Services. An Educational Psychologist from within the Service has supported the group from the outset and represented the service as progress has been made over the year. As views were sought from children and young people of all ages across Highland, two educational

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<sup>3</sup> <https://www.youtube.com/watch?v=izeiRjUMau4>

psychologists were co-opted to complete the thematic analysis on the responses to 6 questions that were asked:

- What does participation mean to you?
- Why is it important to have a voice (when decisions are being made)? What helps you speak out and have a voice?
- What gets in the way of you having a voice?
- If you knew the right people were listening, what issues would you raise?
- How can we make sure everybody's voice is heard?
- How will you know when your voice has been heard?

The key themes are summarised below and will now form the basis of the work to implement the strategy at all levels across Highland. This work is coordinated through the Children's Rights and Participation Improvement Group that is chaired by the Principal Educational Psychologist:



**Figure 10 – Key Themes from the feedback of over 800 responses during 2024**

## 6. RESEARCH AND DEVELOPMENT

6.1 One of the professional requirements of an Educational Psychology Service is to maintain our involvement in research and development and to add to the body of knowledge around the areas of work we support. The GTCS also suggest that teachers should engage with professional inquiry and action research to ensure their practice is evidence informed. All EPs and PSHVTs are involved in strategic development through our Improvement Groups/Activities, and many undertake action research as part of this process and in their engagement with other projects and developments. At times individual members choose to engage in more specific research for higher degrees or as part of national networks.

6.2 The Area Principal Educational Psychologist (North) successfully defended her thesis when completing a Doctorate in Educational Psychology at Strathclyde University. This research focused on the decision-making processes involving children in meetings relating to them and will add to the evidence we have on how best to plan and chair meetings to ensure the child's voice is central to the decision making process. This work is now being taken forward in a very practical way, with a join being made between meetings in schools and work on 'Better Meetings' supported by social work colleagues. She graduated from Strathclyde University alongside the Principal Educational Psychologist.



6.3 We are always proud when the work we undertake is recognised outwith Highland and many members of the service are involved in national networks. In addition, members of the service are often asked to contribute to the development of colleagues in other services, other professionals or in national/government positions across Scotland and the UK.

6.3.1 The work undertaken in early years by our specialist Early Years EP and our HVTs is shared across the country, with the Scottish Social Services Council including our <https://bumps2bairns.com/> website in their national directory of ELC resources. Education Scotland have also recognised our work on Sensory Spaces and the SELFIE model to share with practitioners.

6.3.2 Our EY EP was also asked to contribute to the national ELC Inspection Framework, to support the work of the Care Inspectorate and Education Scotland.

6.3.3 Training is offered across Scotland from time to time as a result of interest in the work we do and this year we were invited to share our work in supporting our Literacy for All Programme in Highland, along with the Highland Literacy Development Officer. This was a presentation and workshop at the Scottish Division of Educational Psychologists' annual conference, which resulted in 3 additional contacts from local authority EP Services across Scotland asking for further input to support the professional development of their educational psychologists.

6.3.4 There has continued to be interest in the support we are providing to our Head Teachers in Highland through the provision of Professional, Reflective Supervision. Moray Council has shown an interest in this model and as a result the Principal EP and one of the maingrade EPs who provides supervision were invited to present for a day in Moray to the EP team, to start them on a journey to consider how they might offer something similar within their local authority. The Principal EP was also asked to present to the Association of Scottish PEPs in May 2024, to provide an overview of our Supervision model and this resulted in further detailed discussions from 2 local authorities, keen to know more.

6.4 Both EPs and HVTs are involved in supporting and contributing to local networks and working groups to work strategically across Highland or at an Area level.

6.4.1 Educational Psychologists were again involved in providing detailed feedback to our Newly Qualified Teachers on their Practitioner Enquiry task. It is always helpful to get involved with our NQTs and to make the link with them at the start of their career.

6.4.2 Two members of the service are Trauma Champions and have been supporting the work across services in Highland to create more trauma aware and trauma informed practices across the region. This work is supporting practitioner professional development but is also working to support a Trauma Summit in September 2024, for managers in various services across Highland.

6.4.3 One of the team continues to work with The Pines Training Team and supports the work of the Neurodevelopmental Training Group based in The Pines in Inverness. She is working with others to review the effectiveness of the Neurodevelopmental Profile we use in Highland, that previously was commended as good practice by the Scottish Government lead working on the national specification for ND Assessment Services. She has also had a paper published in the Spring 2024 edition of the National Autistic Society's 'Your Autism magazine' This was on the topic of ***How to... help your child awaiting diagnosis***. The article introduces the *Neurodevelopmental Profile Wheel*, which supports planning for a child's individual needs while awaiting an autism assessment and beyond

6.4.4 The HVT Service has created a leaflet to support parents who have children with additional support needs who are about to transition into early learning and childcare. This will be used during 2024-25, with feedback gathered from practitioners and parents as to its effectiveness.

6.4.5 The Service continues to support the refresh and review of the GIRFEC Practice Model and supported the training across Highland in 2024, with plans to continue this work through session 2024-25.



## 7. TRAINING AND DEVELOPMENTAL WORK

7.1 The Highland Council Psychological Service will continue to deliver bespoke training to individual schools and services in order to support their improvement plans and help them respond to more immediate demands that arise through the year. The Service also provides planned training sessions, agreed as Service priorities. These sessions are generally informed by local or national priorities and are part of a coherent training strategy.

7.2 Having a training strategy allows the Service to support Corporate Priorities, the Education and Learning Service Plan, the Integrated Children's Services Plan and also national priorities such as The Promise, becoming Trauma Informed, implementation of the UNCRC (Incorporation) Act etc.

7.3 Training is largely delivered under 4 themes as outlined below, with subheadings under which much of our current training delivery can be categorised. For all subthemes and topics see Appendix 4.



**Training theme 1**

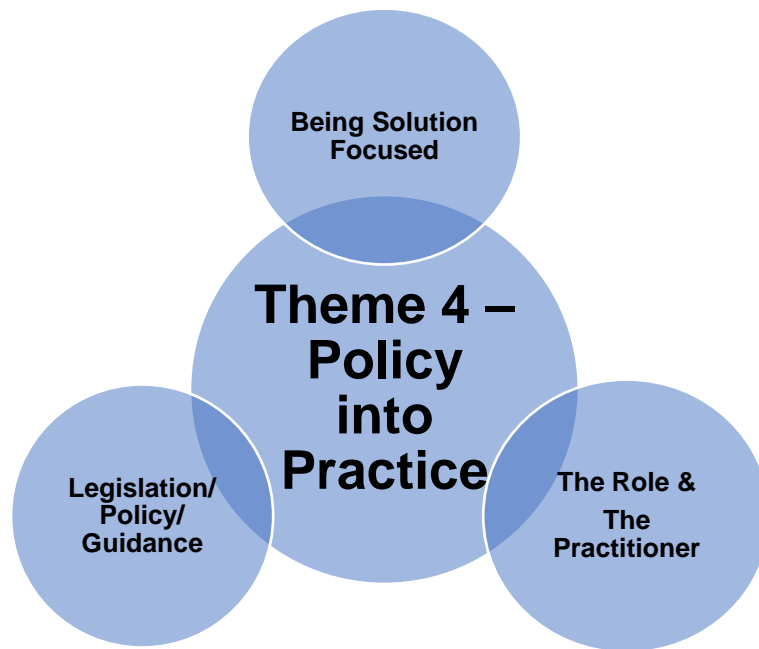


**Training theme 2**



**Training theme 3**

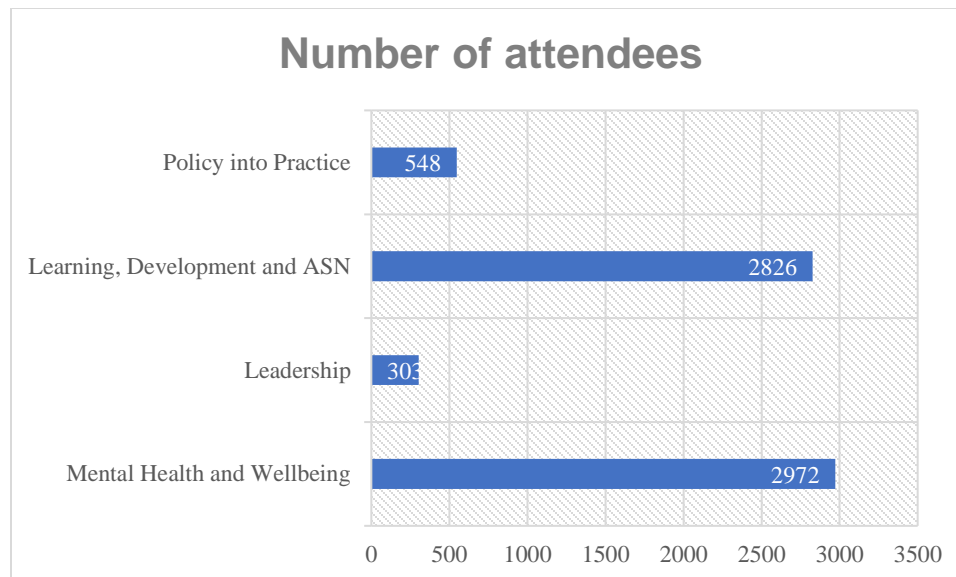




**Training theme 4**

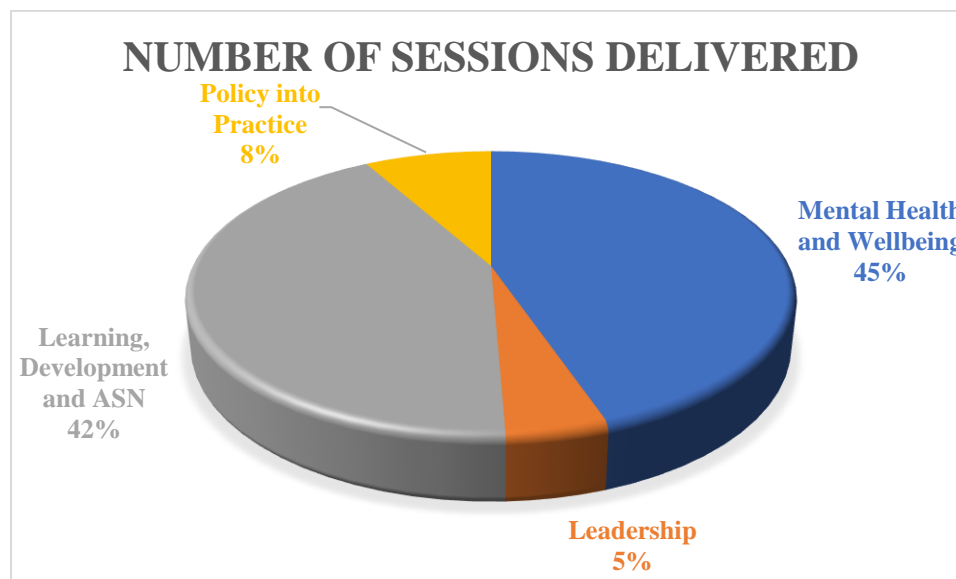
7.4 In the past 12 months the Service has delivered **164** sessions. The majority of sessions were delivered to staff from across Highland, with 17 delivered across Scotland, where Highland staff may also have participated (eg presentations to national networks, presentations supported by the Northern Alliance etc). Most training sessions were delivered online or as a hybrid option, although 71 sessions were delivered in person.

7.5 As can be seen below, a total of **6837** people have benefited from the training offered by the Service, an increase from **3627** in the previous session. **44%** of those participants attending training sessions delivered by the Service last year attended sessions under the theme of Mental Health and Emotional Wellbeing. Given the focus on wellbeing both locally and nationally, and in particular the Council's [5-year Mental Health Strategy](#), this is not a surprise.



**Figure 11 - Attendees participating in training delivered by HCPS in session 2023-24**

7.6 The Chart below shows the spread across each of the 4 themes. Across all themes, there was evidence of some opportunities for staff to deepen and develop their skills over a number of sequential sessions. There was also less variation in the topics covered, indicating a greater focus from the service.



**Figure 12 - Percentage of sessions delivered across each of the 4 themes**

7.7 Our training is still very much aimed at supporting the continuing development of staff who work with children and young people, with direct consultation and intervention being more aimed at children and families. The category 'other' incorporates staff from Early Years who are not engaged as part of



the Education and Learning service, community-based staff, health and social care staff and colleagues from private, 3<sup>rd</sup> and voluntary sector organisations.

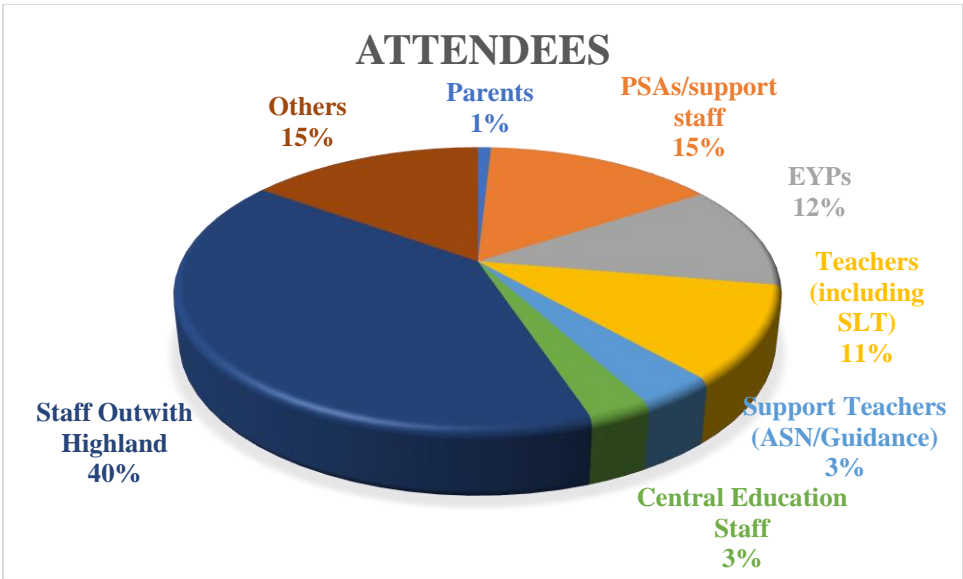


Figure 13 - The % of attendees in each category attending training delivered in Highland

7.8 The training on Mental Health and Wellbeing is in line with the Scottish Government guidance on supporting a whole school approach to Mental Health and Wellbeing and each of the SHANARRI wellbeing indicators, and is promoted through the [Wellbeing Highland Website](#) In the 12 months from July 2023 to June 2024, **71** mental health and wellbeing related training sessions were delivered to **2942** professionals under a range of subthemes as indicated below:

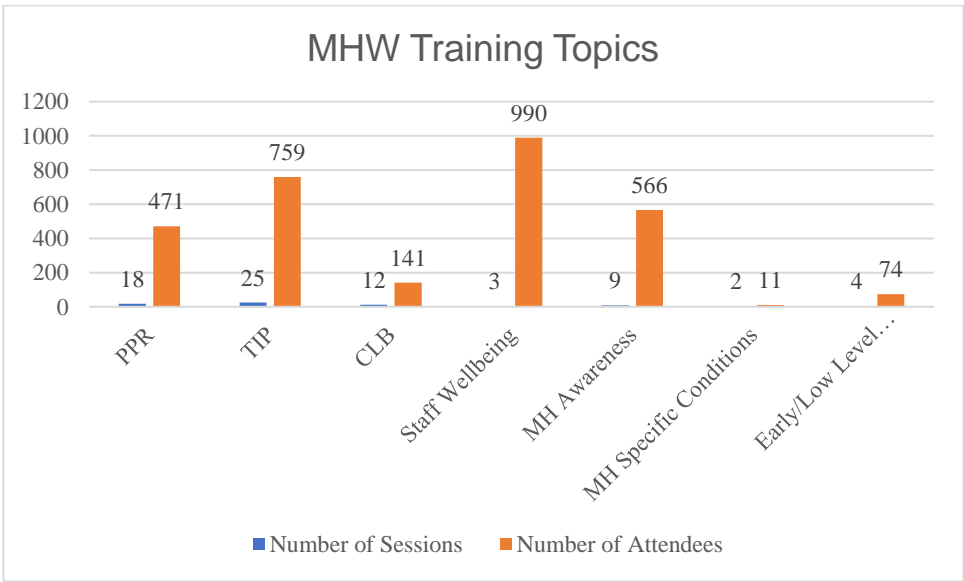


Figure 14 – Training in Mental Health and Wellbeing by HCPS during session 2023-24

7.9 Our MHW modular training course for Pupil Support Assistants has continued to be delivered and in 2023-24 a further **174** PSAs attended the 4x2 hour taught modules delivered online and covering emotional literacy, active listening, mental health awareness, understanding anxiety and worry, adverse childhood experiences and the impact of trauma. This means that a total of **402** PSAs have completed the course, with many also attending 2 additional extension sessions, one on restorative practice and one on emotion coaching. A 2-point improvement on a 10-point self-evaluation scale of knowledge and understanding for **75%** of attendees is the aim of each of the modules. In 2023-24 this benchmark has been achieved for each of the modules as follows:

- Introduction to Mental Health & Emotional Literacy – **71.25%**
- Listening to children – **59%**
- Worry and Anxiety – **79.25%**
- Adversity and Trauma – **85.4%**

7.10 In Highland, we have been supporting children with *Change, Loss and Bereavement* for some time and have invested in developing Season's for Growth Companions. Seasons for Growth is an internationally recognised intervention aimed at supporting children of all ages through significant changes in their lives, including all levels of loss and bereavement. This programme can spark the creativity for staff to work with pupils in a variety of ways, such as this wall display from Smithton Primary School.



7.10.1 In total, **275** staff have been trained as 'Companions' to deliver the programme for children and young people in Highland, with around **100** regularly engaged in delivering sessions. **90** Companions have chosen to train to the point of accreditation with the national organisation, which shows their

commitment to this intervention and bodes well for the future of Seasons for Growth in Highland. We now have Companions in **55** of our schools. **37** staff have been trained to deliver the Parent Programme and **13** staff have been trained to deliver the Adult Programme, which are relatively new for us in Highland.

7.10.2 In 2023-24, **37** new members of staff attended initial training, with **33** more experienced staff attending reconstructor sessions. **35** groups were run in **27** different settings, with a total of **257** pupils being able to be supported across Highland. Staff are supported through the [CLB Website](#) and regular Newsletters.

7.11 Emotionally Based School Avoidance (EBSA) has continued to be an issue in many of our schools in Highland and the response from the Psychological Service has been to continue to support schools with individual casework and their strategic planning for pupils and also to offer a model of EBSA training including 2 pre-recorded online training sessions and a live online staff reconstructor session. Attendees are also given a resource pack with all documents / templates referred to in the training, to support the implementation of a timely and systematic approach to managing EBSA behaviour in order to support children and young people getting back to school.

7.11.1 EBSA Development work is now a strand within the service's improvement plan. As part of service improvement activity this session the focus for EBSA training has been to target Guidance Teachers across Highland. In Highland we have **95** Guidance Teachers, we hoped that by end of session 23/24 **60%** (a total of 57) would have accessed the training. A total of **45** Guidance Teachers accessed the training by end of term 4. The outcome hoped for would be that the knowledge, understanding and skills of Guidance Teachers in assessing, intervening, and supporting EBSA would improve by 2 points on the pre and post measures. Data showed on average a 1-point rating increase in Guidance Teacher skills in assessing, intervening, and supporting young people with EBSA.

7.11.2 The training updates and the model of delivery have also been updated on the service's SharePoint site to enable individual EPs to offer the training to their individual schools or meet requests from other children's services who have become aware of the training package offered by the service. The EBSA development team has more members now, and so this allows consideration of next steps for session 24/25 with more capacity. An additional development this session was a small pilot of the EBSA training with **21** CSWs from across Highland. Given the role of the CSW and the whole systems approach to preventing, managing, and supporting children and young people with EBSA, we wanted to see whether the training, as it stands, was applicable to CSWs or whether there was something missing that needed be added to reflect their role more specifically, as the link between school and home. Evaluation from this small pilot demonstrated that the training increased CSWs knowledge and understanding of EBSA. And whilst post training there was more understanding of how to support, the self-rating for this indicated that skills in supporting was still a need.

*"I enjoyed the training videos, some of the tools for example the active listening I already use however the prompt questions were a new addition to my 'tool kit'"*

A further team of CSWs in another ASG within Inverness have contacted the service for the training, which we will take forward next session.

7.11.3 The post 3-month impact survey was circulated to **29** practitioners who had accessed the training during session 23/24. A total of **14** surveys were returned. Themes generated from the qualitative data from this survey demonstrate that the resource pack, specifically the information gathering tools, has been helpful and has improved practitioners' skills in gathering views of young people and families. Examples of comments are highlighted below:

*"sort card activity, support plan, info to parents how to help your child at home"*

*"Focusing on providing a "safe environment" first involving pupil discussion. / Understanding reasons why pupils avoid school"*

*"I have used all of the tools for gathering information from home, school, and the pupil. These tools have been very helpful."*

*"Have used a number of resources and strategies from the resource pack to gather initial data and views"*

*"Reference to 'the condition' shared with parent/carers when making general enquiries regarding YPs attendance rates."*

*"Explicit reference in dialogue with HC line managers about how we support families who struggle to engage with Education."*

The impact survey also asks practitioners: *If your practice has changed as a result of the training, has this had an impact on outcomes for children and young people?*

Responses are highlighted below.

*"This has allowed me to gain more knowledge from pupils about push and pull factors and then address these"*

*“Yes, it has made me more aware of EBSA and the challenges this can create for a child, It has allowed me to look at things differently and has up skilled me when dealing with children whose attendance is beginning to drop. Thank you. “*

*“Probably provided me with the confidence to stick to my guns supporting young people who cannot be in the building”.*

*“Too early to say”*

*“More empathetic and have language to challenge negative perceptions of children form other staff. /family member.*

*More able to help a child identify specific push / pull factors instead of working on assumptions*

7.11.4 The impact survey data we have managed to gather to date is demonstrating a small shift in thinking of practitioners in their understanding and response to children and young people who are experiencing an emotionally based component to their non-attendance. While we will continue to gather post 3-month impact data, from practitioners, we are keen that the young person’s form we have created this session will be utilised to gather the views of children and young people in how they are being supported. We will continue to ask 4 key questions based around the return to school framework to gather evidence of a change in practice in schools, ultimately improving attendance of children and young people.

7.11.5 As a result of the work undertaken last session for the service improvement plan, evaluation, and the continued development of current and new aspects of the EBSA training package, the EBSA development team have identified new priorities for session 24/25.

- Put EBSA training on the core training offering through CPD calendar - run 2 reconnector sessions (one in term 1 and one in term 3) and 2 Learning Community Networks (one in term 2 and one in term 4).
- A focus on the resources and workshops developed for parents – targeting groups of parents identified via schools / EP caseload. Delivering information to parents and gathering parent feedback.
- Consider the best mechanism in which to gather the voice of children and young people, to gather evidence of a change in practice in schools, ultimately improving school attendance.
- Review the post training evaluation form and consider best time of distribution to maximise returns.

- Consider writing EBSA guidance to sit alongside the training package.
- Continue to gather impact evaluation data.
- Continue to be part of ASPEP Non-attendance working group to keep abreast of policy and practice across EP services in Scotland and to link with the work being undertaken by some of our Highland Schools in conjunction with Education Scotland.

7.12 We continue to make the unique offer of Professional Reflective Supervision to all school senior managers. After 6 sessions, we ask for a short evaluation to be undertaken, to allow data to be gathered on a rolling basis. In every domain, the service provided by the Highland Psychological Service is significantly higher than the level assumed to provide 'Effective' supervision, as can be seen in the table below:

EVALUATED DOMAIN	EFFECTIVE SCORE	HIGHLAND EVALUATION
<b>Normative Domain</b>		
Importance/value of supervision	17.5	22.25
Finding time	14	17.25
<b>Restorative Domain</b>		
Trust and Rapport	17.5	23.58
Supervisor advice/support	17.5	21.67
<b>Formative Domain</b>		
Improved care/skills	14	17.75
Reflection	10.5	14.75

**Figure 15 – Evaluation of Professional Reflective Supervision offered to all HC Head Teachers**

As further support for the service, staff engaged often provide personal testimonies, two of which are reproduced below from recent returns:

I have found the supervision sessions extremely useful. *My supervisor* has helped me make sense of and find my way through and forwards following a time of increased stress due to difficult events in my community I had to deal with at work. The sessions also gave me perspective at a time of change in my job and team and helped me to navigate my place and role.

Supervision afforded me the time to work through and clear my head of issues causing stress. I was able to formulate a way forward that in turn enabled me to be in a better place to lead the school, support staff and children.

7.13 The Psychological Service has been supporting the work on Literacy for All – the Highland Council programme for Literacy Development – since it’s inception. Initially, EPs were part of the training group and helped support the development of the materials along with the Literacy Development Officer. This work reshaped how EPs become involved where persistent literacy difficulties are identified by schools and so this work has been central to our own service development. In more recent years, the role of the EP Service improvement Group working in this area has been to evaluate the progress of the work and how it has been received and shaped practice in our schools.

7.13.1 The evaluation has gathered feedback from a small number of teachers (**N=52**). The teachers were asked ‘*What has been the impact on teacher confidence in teaching literacy and identifying and intervening where there are literacy difficulties?*’ Over half of the respondents (**27**) rated their confidence in teaching literacy to all children at 4 or above, which is very encouraging.



**Figure 16 - Confidence levels of teaching staff following LfA training**

7.13.2 Ongoing support is being offered for the evaluation of LfA across Highland from the members of the LfA Improvement Group within HCPS. Tracking confidence and progress over time and relating changes in teaching to progress within the classroom would help provide a robust evidence base over the next school session.



## 8. WEBSITE AND ON-LINE SUPPORT

8.1 A range of advice for children, parents and staff is available on the [Psychological Service Blog](#). This includes resources relating to all age groups and on a wide range of topics.

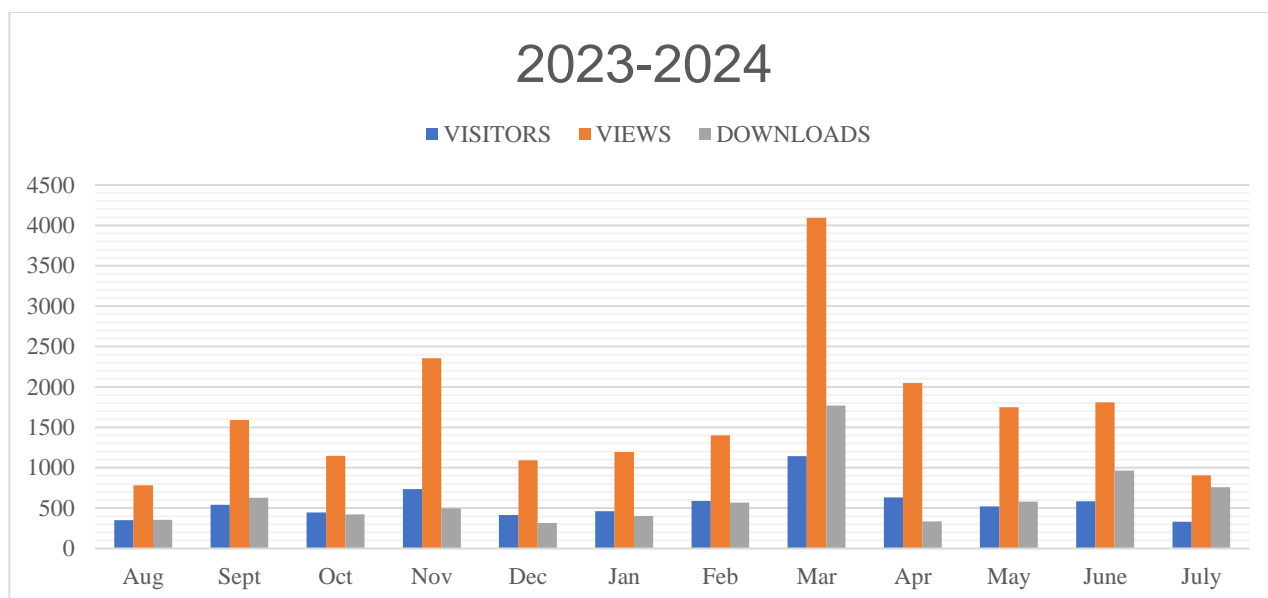
8.2 These resources are well used and the number of visitors to our website and blog continues to increase. In 2021-22 there were **4072** visitors, increasing to **4772** visitors in 2022-23. During 2023-24 the number of visitors increased further, to **6753**, as can be seen in the table below. The Blog has received **20,163** views (a significant increase from **14,013**) and **7596** copies of our resources have been downloaded through the year. Peak times seem to be midway through the school terms, with quieter times, not surprisingly, during school holiday periods.

	VISITORS	VIEWS	DOWNLOADS
Aug '23	349	781	356
Sept '23	541	1590	628
Oct '23	444	1146	421
Nov '23	737	2355	499
Dec '23	416	1090	317
Jan '24	463	1193	402
Feb '24	590	1402	567
Mar '24	1144	4093	1768
Apr '24	631	2050	334
May '24	523	1748	582
June '24	584	1808	965
July '24	331	907	757
<b>TOTALS</b>	<b>6753</b>	<b>20163</b>	<b>7596</b>

**Figure 17 – Number of views and downloads from HCPS Blog 2023-24**

8.3 The number of downloads recorded for each month in session 2023-24. Highlighted months indicate when Blog Posts were made to publicise new resources, resulting in an increase in interest.





**Figure 18 - Use of HCPS Blog**

8.4 The most popular downloads relate to materials for early years and preschool children, with the materials provided by the PSHVT team being very helpful in supporting early years staff and parents. In addition, it is pleasing to see that information relating to the participation of children and young people, meeting additional support needs and supporting children's right to play are downloaded most often:

Document Name	Downloads
Story Saacks: Dear Zoo	250
De-escalation Guidelines	242
HCPS Tools for Gathering the Views of Children and Young People	217
Relaxation Techniques	214
Transitions for Children and Young People with ASN	213
Play Steps -Taking a closer look at play	197
Enhanced Transition into ELC – Information for Parents and Carers	172
Play Ideas: Sensory Umbrellas	163
EASEYS for ASN – Feelings in Me Feelings in You	150
Supervision Leaflet	145
Story Saacks: Goldilocks and the Three Bears	137

Story Saacks: Going on a Bear Hunt	130
School Closure – Online Courses for Staff	127
PSHVT Service Leaflet	123
EASEYS for ASN – Support Strategy Toolbox	114
Story Saacks: Round and Round the Garden	107
EASEYS for ASN – Intensive Interaction	105
EASEYS for ASN – Information Sheet	96
EASEYS for ASN – Towards Self-Regulation	95
EASEYS for ASN – Preparing for Change, Transitions	94
Story Saacks: Walking Through the Jungle	93
EASEYS for ASN – Gathering the Child's Views	89
Transition Planning Tool	88
Early Level Literacy and English Progression	78

**Figure 19 - Main Downloads during 2023-24**

8.5 In April 2024 we changed our Home Page on the Website to make it more engaging and easier to navigate from. From April to July there were **1175** hits on the new Home Page, with most traffic then going on to view information for Children and Young People (see below).

<b>Home Page (From April 2024)</b>	<b>1175</b>
Children & Young People	392
Families	181
Practitioner	179
About us	165
Blog Post	0
Research	65

**Figure 20 – Traffic relating to updated Blog from April 2024**

8.6 Similarly to the pattern for downloaded resources, for page views and post views the most popular relate to early years' materials and general information on the service itself as shown below.

<b>Pages and Posts with more than 200 Views (2023-2024)</b>	
<b>Original Home page (up to April 2024) / Archives</b>	<b>2945</b>
EASEYS for ASN home page	710
Meet the Educational Psychologists	682
Play Steps home page	563
Story SaackS home page	564
Preparing for change - transitions	546
Resilient Kids	483
Gathering the views of children and young people	423
Meet the Home Visiting Teachers	392
Story SaackS: Dear Zoo	363
Professional Reflective Supervision for Highland Head Teachers	331
Meet the Team	319
Worries and Anxieties	292
Play ideas home page	278
Current Training	245
EASEYS for ASN Towards self-regulation	240
Managing Exam Stress	236
Intensive interaction	225
Training Calendar	214
Study skills and Self-Care	210

**Figure 21 - Pages and Posts with more than 200 Views**

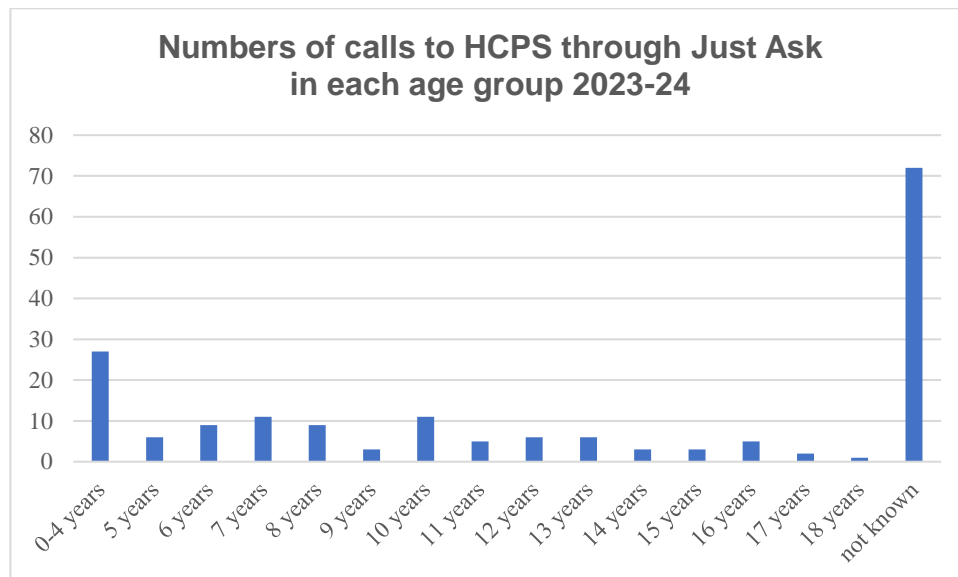
(More detail of all pages viewed can be found as Appendix 1).

## 9. JUST ASK HELPLINE

9.1 Both Educational Psychologists and Home Visiting Teachers are part of the Just Ask Helpline provided for parents and professionals with concerns for their children. This helpline filters queries for a range of support services on 2 afternoons a week.

9.2 Between July 2023 and June 2024 there were **178** calls to Just Ask specifically requesting the support of the service. This was a **36%** increase in calls from the previous year. **64%** of calls were regarding boys and **30%** related to girls. No gender was recorded for 6% of calls.

9.3 Of these calls, **17%** related to pupils in early learning and child care, **43%** related to pupils in primary schools and **17%** related to pupils in secondary school. For **20%**, no school was identified. A significant number of calls were for children under age 5 years, with numbers reducing as children increased in age, as can be seen from the graph below. (The child's DOB was not always recorded.)

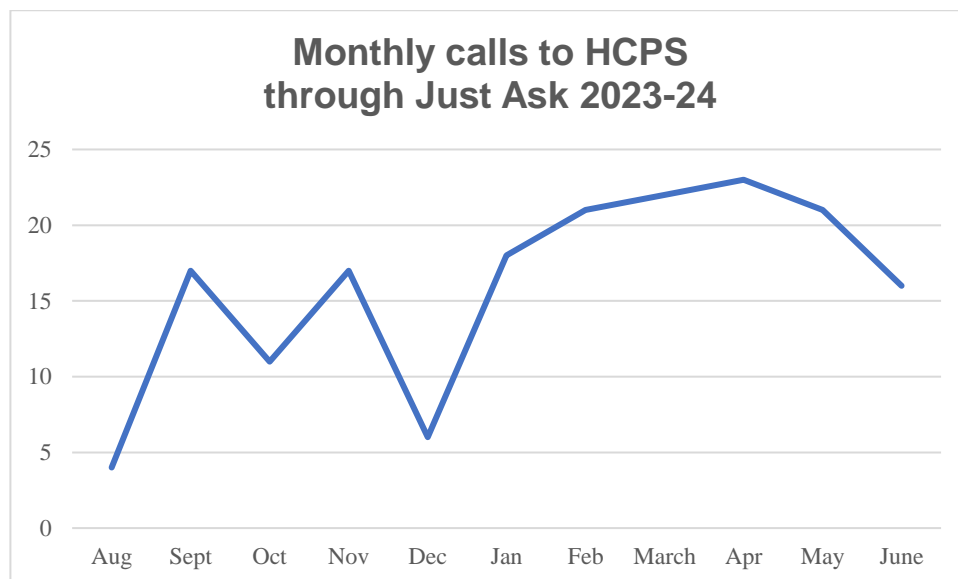


**Figure 22 – Calls to Just Ask by age**

9.4 Parents and practitioners across Highland use the helpline, with the number of calls reflecting the population size of the 4 administrative areas, indicating that information about Just Ask has been shared across associated school groups and is widely known about:

- 1% of calls were from the West
- 10% of calls were from the North
- 33% of calls were from the Mid
- 56% of calls were from the South

9.5 The calls are fairly consistent, although there are months that are busier than others, with fewer calls during holiday periods and significantly more at transition points at the start and end of the year and at school/nursery registration as indicated in the graph below:



**Figure 23 – Calls to Just Ask by month**

9.6 Consistently, an analysis of the calls shows that a higher number are from parents/carers (158 – 89% of all calls), with teachers and a range of other professionals making use of the service in much smaller numbers (7 teachers, 7 EYPs, 2 SW, 2 Childminders, and 1 young person called directly).

9.7 Only 32 of the calls related to children already known to the Service, indicating that callers will generally get in touch with their named EP/HVT directly if they have a query. It also illustrates the need for a helpline to respond to immediate concerns, questions that parents may have, without the need for a formal arrangement, request for service or referral.

9.8 While some calls result in direct requests for service and are escalated for further investigation and intervention within the team, the Just Ask Helpline general evaluation has shown that in and of itself, it is often helpful in resolving issues just through the consultation process. This can be seen through the number of calls to EPs and HVTs displayed in Figure 24, where the main outcome is to provide general advice, education and in the moment support, that can help a parent or professional continue to support their child/young person.

#### **Outcomes for Just Ask calls received during 2023-24**

Listen, Reassure and Support	52%
Signposting to advice/websites etc and provision of helpful resources	38%
No further action required	35%
Educate and Advise	33%

Signpost to other services	32%
Agreed Request for Assistance or further investigation from EP/PSHVT, possibly leading to direct intervention	10%

**Figure 24 – Outcomes for Just Ask Calls**

9.9 Callers to Just Ask have a range of issues they raise on the calls, which the call handlers use to direct to the most appropriate service on the day. For 2023-24, of the 178 calls to the Service, the main themes of have been as outlined in Figure 25 below. (For some calls multiple issues were raised):

Mental Health	54%
School Avoidance	17%
Learning/Development	13%
Concerns regarding behaviour	47%
Neurodivergent Learners	43%
Sleep related issues	13%
Sensory issues	3%
Other	3%

**Figure 25 – Reasons for calls to HCPS on Just Ask**

## 10. POLICY DEVELOPMENT

### 10.1 Care Experienced Children and Young People

Highland Council Psychological Service have a legal duty to support children and young people who are care experienced and to provide advice and consultation to those who support them most closely, specifically social workers and social care staff.

Over the past 12 months members of the service have continued to increase their own knowledge of the Promise through self-directed learning and training from the HC Promise Lead.

Our updated policy now better reflects the current context of The Promise and UNCRC, as well as helping us think about our language of care in practice. The policy can be found [here](#) and on the Psychological Service [Blog](#).

Further links have been made and maintained with services providing alternative curricula choices for young people and The Promise Board. We have identified a member of our SLT to be the strategic link for our involvement with CEYP.

### 10.2 Children and Young People's Participation Strategy

The children and young people's participation strategy for Highland has been co-designed with young people, using the thoughts and opinions of children and young people across Highland in relation to what participation should look, sound and feel like. Over 800 views were provided by children of all ages and from across Highland, with 2 members of the Psychological Service undertaking the thematic analysis of the feedback, to draw out the main priority actions for the next step in implementation. One member of the service is a permanent member of the Participation Strategy group and two additional members sit on the Children's Rights and Participation Improvement Group, which is chaired by the Principal Educational Psychologist.

The wider work of this group is reported through a [bespoke website](#).

### 11.1 Improvement Activity and Service Evaluation

The Improvement Plan for the HCPS for this year has 12 key improvement activities that will follow a clear improvement methodology with data measures associated with each one (see Appendix 3). Activity will continue to be evaluated four times a year and reported to the service team as appropriate, to inform practice change. The provision of supervision for head teachers in Highland has been an improvement activity for 3 years and is now embedded as an offer provided as part of service delivery. Evaluations will continue to be sought from colleagues after they have received six sessions, to ensure that the service provided remains of high quality.

There is an updated framework for Psychological Service evaluation in Scotland, recently agreed by ADES, Scottish Government and ASPEP. The Service will take time to gather the information that has been generated collectively and in collaboration with others, to consider how this evidence can inform the updated framework and to focus on those areas where we may have less evidence to clearly support our internal view of the service and how we are doing locally and in comparison to Services across Scotland.

### 11.2 Children's Rights and Participation

The Children and young people's Participation Strategy is now moved into the implementation phase and the members of the service that have been involved in supporting the data gathering and the creation of the strategy will continue to be part of the implementation team.

### 11.3 Whole School Approach to Trauma Informed Practice

We will continue to support a whole systems approach to mental health and emotional wellbeing with much of the intervention and training provided, being under this umbrella topic. This will include a refreshed programme to support children presenting distressed and dysregulated behaviours in schools and ELCs, as well as follow up activity from the Trauma Summit which was supported by several members of the service at the start of the new session.

### 11.4 Social Justice and Human Rights

At a time when there is much disquiet around the world, the Highland Council Psychological Service has decided to spend the next 12 months focusing very explicitly on our role in supporting social justice and human rights in relation to our policies, practices and interventions. Taking time to reflect on our own biases and to evaluate how those from the global majority access and experience our services, will provide helpful information to us in ensuring a greater level of openness and equity in service delivery. This work will involve all members of our team and will be led by an EP who is also involved in strategic discussions about race and gender equality within psychological services nationally.



## 12. IN CONCLUSION

12.1 The Psychological Service tries to be both inward looking in terms of honest self-evaluation and outward facing in terms of service delivery. We continue to gather data and feedback in both formal processes and also informally through our regular contacts with children, families and partners. Generally, the comments received are positive, but there is always room for improvement, and we actively seek constructive criticism and comment to improve our service.

12.2 It is important to us as a Service to be open to the views of others and to be able to accommodate changing priorities, within our general vision and aims, so that we can be responsive to those who use the service and effective in our service delivery. We are a learning service, and our self-evaluation drives our growth and development.

12.3 There are a range of opportunities for strategic development and research across the service some of which are reported within the SQR. Many smaller action research projects are undertaken by individual members of the service, and we are always willing to share these and to use them as the basis for larger improvements and developments should this be appropriate.

12.4 Feedback is always welcome at any time and supports our process of continuous evaluation and improvement. Please send any comments on this report or any other aspects of service delivery to [bernadette.cairns@highland.gov.uk](mailto:bernadette.cairns@highland.gov.uk)

Bernadette Cairns  
Principal Educational Psychologist  
October 2024

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## APPENDIX 2 - 2023-24 HCPS PROGRESS ON IMPROVEMENT PLAN

### August - October 2023

<b>Improvement priority 5c: Service Evaluation – Evaluation with our stakeholders</b>
<ul style="list-style-type: none"> <li>• Consultation period started in November – forms to gather data have been sent to the team.</li> </ul>
<b>Improvement priority 6: Evaluating the impact of training – developing an effective process</b>
<ul style="list-style-type: none"> <li>• Data gathered through form completed by EPs. Similar activity to be completed by HVTs.</li> <li>• Changes made to the training record form on sharepoint re levels of evaluation.</li> </ul>
<b>Improvement priority 11: To provide an offer of high quality for PRS for all HTs in Highland (and some senior managers/specialists) up to a maximum of 35 at any one time.</b>
<ul style="list-style-type: none"> <li>• 15 returns from 30 HTs - MCSS results shared with the team.</li> <li>• Normative Domain a) Importance/value of supervision (Effective score = 17.5+) – Mean score = 23</li> <li>• Normative Domain b) Finding time (Effective score = 14+) – Mean score = 11</li> <li>• Restorative Domain a) Trust and Rapport (Effective score = 17.5+) – Mean score = 24</li> <li>• Restorative Domain b) Supervisor advice/support (Effective score = 17.5+) – Mean score = 21</li> <li>• Formative Domain a) Improved care/skills (Effective score = 14+) – Mean score = 18</li> <li>• Formative Domain b) Reflection (Effective score = 10.5+) – Mean score = 15</li> <li>• Good qualitative feedback also eg 'I find supervision extremely useful as an outlet to discuss difficult issues, I always experience a decrease in stress and an increase in wellbeing after.'</li> </ul>

### October – January 2024

<b>Improvement Priority 1: Evaluate the impact of Literacy for All</b>
<ul style="list-style-type: none"> <li>• Work to complete the evaluation document and presentation to share with key stake holders is continuing (albeit slowly).</li> <li>• L4A group has met to put together a proposal for a workshop at the Annual Scottish Educational Psychology Conference 15th March 2024.</li> <li>• LF will meet with Learning Management System team on 26<sup>th</sup> January to begin discussion about a Web platform for L4A to support training into the future.</li> </ul>
<b>Improvement Priority 2: Review, update and re-evaluate Resilient Kids (RKs) and Resilience 4 Life (R4L)</b>
<ul style="list-style-type: none"> <li>• The group have reviewed the initial survey responses re use of RK packs and have chosen RK Together as the first pack to be reviewed.</li> <li>• Consultation with practitioners has been planned through an online focus group, and proposed dates sent to practitioners who indicated a willingness to share their views/experience of the pack further.</li> <li>• The group have planned initial use of the CRW assessment with RK Together to begin collating data.</li> </ul>
<b>Improvement Priority 3: Promote and assess the impact of outdoor play/activity and movement for all. Including the impact on sleep and mental health</b>
<ul style="list-style-type: none"> <li>• Have met with CALA Active play to discuss their programme and data they have gathered. Met with Improvement Coordinator to discuss Highland wellbeing survey.</li> <li>• Literature review is ongoing.</li> </ul>

<ul style="list-style-type: none"> <li>• Next steps are to meet with Highland Council Play Park Strategist to consider existing data gathered from playparks survey and how this may inform improvement group actions.</li> </ul>
<b>Improvement Priority 4: Creating an effective VIG Service</b>
<ul style="list-style-type: none"> <li>• At least 90% of staff attended the Study Day and did the follow up Buddy Activity using the attunement principles to reflect on interaction.</li> <li>• Both supervisors engaged in relevant CPD run by AVIG and contributed to Scottish VIG network meetings/activities re changes to the VIG training structure within AVIG</li> <li>• 2 out of 3 people remain on the Advanced Practitioner Pathway and contributed to service level and small group training events so that they have plans in place for their progress towards the goal of completion by September 2024</li> <li>• 1 of 5 members of staff on the VIG practitioner pathway completed accreditation as a VIG practitioner.</li> <li>• 5 out of 5 contributed to service level and small group training events so that they have plans in place for their progress towards the goals set for August 2024</li> </ul>
<b>Improvement Priority 5a: Service Evaluation – What do we do and how well do we do it?</b>
<ul style="list-style-type: none"> <li>• A google form has been created and shared with the team to gather information about the improvement activities in line with the ASPEP guidance on service evaluation.</li> <li>• We are gathering data across the service about key themes, types of evidence, links to quality indicators, examples of highly effective practice, whether C/YP/Parents/Carers will be engaged and anticipated impact on C/YP.</li> <li>• We have 9 responses across the service so far.</li> </ul>
<b>Improvement Priority 5b: Service Evaluation – How good was our consultation meeting?</b>
<ul style="list-style-type: none"> <li>• Sample survey went out during November 2023. Responses are currently being analysed.</li> </ul>
<b>Improvement priority 5c: Service Evaluation – Evaluation with our stakeholders</b>
<ul style="list-style-type: none"> <li>• Data is currently being collected through a Microsoft form across the team to find out which improvement activities are gathering C/YP views.</li> <li>• We have looked at previous consultation surveys, school surveys and SQRs for the last 3 years – still to identify ways we have responded and next steps.</li> </ul>
<b>Improvement Activity 7: Create a Research and Ethics Group to map and support the research function in the Psychological Service and colleagues within Education</b>
<ul style="list-style-type: none"> <li>• First two actions have been completed.</li> <li>• Register to log research: this has been discussed and ideas shared for what to record in group meetings. Register still to be created.</li> <li>• Quarterly research club: An initial date has been identified by the group in which all members can attend (23/04/2024) and further dates will be set in term 4 for the 2024-2025 academic year. A blurb to advertise to this to colleagues is currently being created and will be shared imminently. The group have discussed a format and agreed on a peer support style which will include the opportunity for those attending to share research they're undertaking and receive feedback from others attending on any questions or issues they may have. This will also be an opportunity to share updates with those who attend the club on the research into homophobic bullying in schools. We may also identify a research theme or topic to stimulate discussion, if required.</li> <li>• Informal peer support: Documents to log these requests have been created and are ready for sharing.</li> </ul>

- Worked example of research project (research into homophobic bullying in schools): first update has been shared with team in EP meeting (16/01/2024). Updates will continue to be shared at team meetings and the research club quarterly meetings moving forward.
- Information guides: Preschool EP has created a Research proposal cookbook as a step-by-step guide to creating a research proposal. We have discussed formatting this to include links to existing further guidance on various topics. A next step has been identified to explore what guidance currently exists that we can signpost colleagues to and what we might need to create ourselves. The group have currently divided up the areas to explore (literature search) and feedback in our February meeting.
- The group have discussed which platform to use to communicate with colleagues and have decided on Google Classroom as it has a more interactive function than SharePoint. TEPs have joined the group and should both now be able to access the Classroom. This is where all resources for sharing can be stored including informal support requests and guidance on various research topics.

#### **Improvement Activity 8: Seasons for Growth – Delivery and Implementation**

- Jan 2024- Baseline data available – number of accredited companions from 2022 training cohorts and those who have delivered training but not completed pathway to accreditation.
- Also information about the factors that support companions to companion groups and barriers to companioning after having attended the training.
- There is some information about the number of children and young people who have attended groups.
- A further form is being sent out only to staff trained in 2022 to try to gather further baseline data. Data from Seasons for Growth Scotland shows us which companions have ordered journals/materials over last two years.
- Google Classroom created and first cohort of trained companions have been added to it. Other current companions have been invited to sign up.
- Implementation checklist updated and added to classroom. Currently being tested by new companions.
- Applications for Programme and Endorsement Forms now in online form and include further information about the programme for line managers and give trainers direct link to companion line managers that we didn't previously have.
- Admin support creating Sharepoint and supporting us to move all forms online (evaluations etc.) and update of database to be more intuitive/automated.

#### **Improvement Priority 9: Implementing The Promise through Education**

- Actions 1-4 completed and 1-3 ongoing. Meeting arranged with relevant partners to action 5-7.

#### **Improvement priority Record Keeping 10a: Ensuring the Record Keeping Guidance is fit for purpose – Introduce recording “initial consultations” directly to the Case File Database and not storing any other record)**

- Summary report written from survey gathering confidence and knowledge of record keeping guidance.
- Digital filing drop-in Q&A sessions held; 19/09/2023, 29/09/2023, 05/12/2023, 20/12/2023
- Digi tips: sent fortnightly with highlight from Record Keeping guidance. On 8<sup>th</sup> November 2023, there had been 4 initial consultations added, 2 each from two members of the team. Timing suggest it takes an average of 15min to complete the Casefile entry form and 4min for the Initial Consultation

<p>one. Digi Tip on 13<sup>th</sup> Nov 2023 reminding team of initial consultation form. For period 9<sup>th</sup> Nov-30<sup>th</sup> Dec 2023, 3 initial consultations were added by 3 different members of the team.</p> <ul style="list-style-type: none"> <li>• Consultation survey for 4 week period between 6<sup>th</sup> Nov and 1 Dec 2023, and from responses of 70% EPs and 63% HVTs, there were 276 EP consultations and 75 HVT consultations. For the period from 9<sup>th</sup> Nov to 30<sup>th</sup> Dec 2023, there had been 3 initial consultations added.</li> <li>• The term 2 case file data summary suggests there were 107 case files opened (45% for direct work, 30% for consultation and 25% were inactive at the point of entering). Reflecting on why the consultation and inactive entries (55%) were entered on the case file database and not through the initial consultation – possibly due storing records in anticipation for future involvement.</li> </ul>
<p><b>Improvement priority Record Keeping 10b: Ensuring the Record Keeping Guidance is fit for purpose - Introduce frequent case file audits and feedback</b></p>
<ul style="list-style-type: none"> <li>• Following feedback about the Case File Audit tool in June and Aug 2023, the contact sheet audit tool was created and the case file audit tool was reviewed. This is to be trialed at the WSM in Feb 2023. The Contact Sheet Audit tool will contribute to the 'input about contact sheets' and feedback can inform the review of the record keeping guidance. The discussion about the purpose of case notes is delayed until WSM on 30<sup>th</sup> May.</li> <li>• Arrangements have been made for 2 discussion groups in February, each including representation from across the service.</li> <li>• SLT has agreed the deadline of June 2024 for undertaking a case file audit from a sample of case files. This will follow the case file audit by peers in February 2024.</li> </ul>
<p><b>Improvement priority 11: To provide an offer of high quality for PRS for all HTs in Highland (and some senior managers/specialists) up to a maximum of 35 at any one time.</b></p>
<ul style="list-style-type: none"> <li>• An additional 7 HTs have requested supervision. 6 have been allocated. 1 is pending.</li> <li>• We tried some group supervision. This was not wholly successful as staff really were looking for group consultation rather than supervision and so this has been handed back to the school EP.</li> </ul>
<p><b>Improvement priority 12: Building positive relationships through fun play and communication interactions – People Games</b></p>
<ul style="list-style-type: none"> <li>• Following our meeting with another EP we adjusted the recording sheet to create a Reflections Sheet incorporating a section for guiding observations of the child and to help the staff reflect on their own actions. This also now includes a 2 stars and a wish section to gather some qualitative data.</li> <li>• We shared the training and evaluation materials at a PSHVT team meeting and incorporated feedback from colleagues.</li> <li>• 2 settings have been identified (1 North and 1 West) and agreed to participate in the training. A short 'advert' is being created to show staff what will be involved.</li> </ul>
<p><b>Improvement priority 13 - Transition into ELC settings for children with ASN</b></p>
<ul style="list-style-type: none"> <li>• The task of creating process maps was difficult for various reasons; one setting preferred that it be illustrated as a timeline, a service said that they had no process for this part of their work and that they took an individualistic approach, and some individuals, with PSHVT support, were able to pull together a process map which reflected their work within a team. Some process maps did not illustrate the transition process for just those children with ASN and instead included a process for all – this required a fair bit of editing. Whilst appreciating the value of individual, team and area approaches, which sometimes uncovered gems of good practice, conclusions and the identification of pinch points, gaps and good practice seemed to come best from the discussions shared with the PSHVT whilst creating the maps.</li> </ul>



<ul style="list-style-type: none"> <li>• A few common themes were identified; time, parental stage of acceptance of child's ASN and the impact of that on successful transitions, awareness of each other's roles within the process, a desire to have a more streamlined process shared across all agencies etc.</li> <li>• Good guidance and ideas were shared by one EP re wording of questions within questionnaire. There was an opportunity to develop professional skills relating to compilation and distribution of questionnaires. Not as many parents/carers given questionnaires as this related to the number of children on our caseload who actually transitioned in January. This was supplemented by a PSHVT who was still involved in direct work with families who transitioned in August.</li> <li>• Three individual questionnaires were sent to stakeholders – parents/carers, Health Visitors and Early Years staff all of whom were identified as experiencing recent transitions. A subsequent request for feedback in terms of “two stars and a wish” was also sent to the PSHVT team as they had been overlooked as stakeholders! The deadline for the responses is 23<sup>rd</sup> January. Thereafter a thematic analysis will be done, potentially leading to an illustrated cause and effect diagram if that is considered the best way to illustrate the findings. Informing stakeholders of themes has now been moved forward 1 month (now February) due to unrealistic time frames.</li> </ul>
<b>Improvement priority 14: Supporting and connecting (6) families with a child with ASN, with each other, within their local community.</b>
<ul style="list-style-type: none"> <li>• Dates and venues have been agreed and booked. 22/1/24</li> <li>• Script/questionnaire has been agreed and written. 22/1/24</li> <li>• Parents to be identified and approached for involvement in pilot programme Feb – Apr 24</li> </ul>
<b>Improvement 15: Provide support to improve attendance through the delivery of a programme on Emotionally Based School Avoidance</b>
<ul style="list-style-type: none"> <li>• Update on Action 1: All information regarding training for all GTS and PT ASN across Highland was submitted to staff development unit on 19/1/2023 for advertising the 2 pre-recorded sessions and the reconstructor for 7<sup>th</sup> Feb.</li> <li>• Update on Action 2: the reconstructor session has been updated to include links with HC attendance policy and CIRCLE framework.</li> <li>• Update on Action 3: a short google form has been designed to gather yp voice in evaluation. It is based on the 4 elements of the framework for effective return to school. This will be shared with staff at the reconstructor session as part of resource pack</li> </ul>

### January – April 2024 Updates

<b>Improvement Priority 2: Review, update and re-evaluate Resilient Kids (RKs) and Resilience 4 Life (R4L)</b>
<ul style="list-style-type: none"> <li>• Discussion group with practitioners carried out, data analysed.</li> <li>• To-do list for review created.</li> <li>• Liaison with primary school who have recently carried out RK Together about a discussion group to gather children's views.</li> </ul>
<b>Improvement Priority 4: Creating an effective VIG Service</b>
<ul style="list-style-type: none"> <li>• A further opportunity for further reflection on the attunement principles happened in a service meeting on 30/04/24.</li> <li>• Post-training evaluation demonstrated a small overall increase in staff self-rating of familiarity and conscious use of the attunement principles across the Psychological Service, with greater rating gains among the PSHVTs.</li> </ul>

<ul style="list-style-type: none"> <li>This means that the Foundation Stage (Informed and Skilled) of the Highland Attuned Reflection Pathway has been developed and delivered. In addition this has been modified in the light of feedback from our Collaborative Network of current VIG practitioners.</li> </ul>
<b>Improvement priority Record Keeping 10a: Ensuring the Record Keeping Guidance is fit for purpose – Introduce recording “initial consultations” directly to the Case File Database and not storing any other record)</b>
<ul style="list-style-type: none"> <li>In February, a group of 4 EPs and 4 HVTs met to discuss the process of a request for involvement from the beginning of the process to a case file becoming inactive. Next step: collate data in report and discuss with SLT.</li> </ul>
<b>Improvement priority Record Keeping 10b: Ensuring the Record Keeping Guidance is fit for purpose - Introduce frequent case file audits and feedback</b>
<ul style="list-style-type: none"> <li>The case file audit tool was developed to include 2 parts, one for contact sheets and one about case file content. At February 2024 WSM the team completed a case file audit by peers. In February, a group of 4 EPs and 4 HVTs met to discuss the process of a request for involvement from the beginning of the process to a case file becoming inactive.</li> </ul>
<b>Improvement priority 11: To provide an offer of high quality for PRS for all HTs in Highland (and some senior managers/specialists) up to a maximum of 35 at any one time.</b>
<ul style="list-style-type: none"> <li>Support session for EPs arranged for before the Easter break.</li> <li>A further member of staff has commenced supervision since January. This was offered also to a PT in a school, but they have since gone off sick and so hasn't been taken up yet.</li> <li>Discussions have taken place with the PEPs for South Lan and Moray and a 1 hour awareness Q+A has been taken up by the Moray EPS.</li> <li>A half day training session has been agreed with Moray EPS on 23 April.</li> <li>ASPEP have asked for PEP to deliver a session to Scottish PEPs at the May Main Meeting, to share information for consideration by other LAs.</li> <li>The additional FTE EP has been reinstated through Counselling in Schools funding.</li> </ul>
<b>Improvement 15: Provide support to improve attendance through the delivery of a programme on Emotionally Based School Avoidance</b>
<ul style="list-style-type: none"> <li>Reconnector session delivered 7/2/24</li> <li>So far total GTs trained 34 out of the total of 97 across Highland</li> <li>2<sup>nd</sup> circulation of training and reconnector session April (share links before easter) – reconnector Monday 22nd April</li> <li>1st learning community network set for 29<sup>th</sup> May 2024</li> <li>Circulated form for YP via people who attended reconnector to gather their voice in impact – 16.05.24 prompt to GT to get YP view</li> </ul>

### April – June 2024 Updates

<b>Improvement Priority 2: Review, update and re-evaluate Resilient Kids (RKs) and Resilience 4 Life (R4L)</b>
<ul style="list-style-type: none"> <li>Discussion group with CYP took place on 17.06.24, data will be analysed 09.07.24.</li> <li>Data from practitioner discussion group themed.</li> <li>Group has considered each session in RK Together in relation to relevant articles from UNCRC.</li> <li>To-do list for review created, themes from CYP data to be added once data analysed.</li> </ul>

- Meeting on 09.07.24 to finalise to-do list for review and divvy up review actions amongst group.

### **Improvement Priority 3: Promote and assess the impact of outdoor play/activity and movement for all. Including the impact on sleep and mental health**

- Focus groups completed with P4, P5 and P6 pupils across 2 primary schools in the Inverness area. Next steps are to analyse the data, write a report and consider implications of findings.

### **Improvement Priority 4: Creating an effective VIG Service**

- We have begun the process of delivering to the PMHW staff group (Session 1 delivered in June 2024, Session 2 to be delivered in August 2024 and Session 3 in December 2024). We now want to trial use of these training sessions with a different professional group beyond our services and to finalise the core presentations (which could be tweaked to meet specific service needs)
- Our target regarding Advanced Practitioner progress has been amended to reflect that one person withdrew from the Advanced Practitioner Pathway earlier this year. The two people remaining on this pathway have made progress as follows. Two staff have had three interventions. One member of staff has had one additional supervision session this year. One member of staff has done 25 cycles with 8 clients. It will not be achievable for these staff to complete the remaining commitments towards making a submission to AVIG for assessment by August this year, despite these staff doing all they could to put in place arrangements to meet the necessary criteria. This confirms that the AVIG system towards accreditation at Advanced Level is now more demanding than previously, unrealistically so, for our staff within the time we have available in our working lives. We decided to extend the deadline for this to Christmas.
- An email was sent to the remaining trainee practitioners (as one was accredited earlier this year) to ask for quantifiable progress towards personal targets in the Improvement Plan, with information to be supplied by the end of term. Two of the four trainee practitioners responded. One of these had met all targets for August 2024; the other had met two of four targets for August 2024. So we can see that trainees are making progress but not always at the pace we had looked for. From our supervision sessions with trainees, we assess that 2 further trainees will be ready for Practitioner Accreditation by December 2024 so this should be included in a target for next session (with the knowledge that AVIG has given them 999 days from autumn 2023 to complete their training.
- Existing data has been collated re speed of progress and numbers completing stages of training pre and post the introduction of the SDS framework, confirming markedly worse outcomes since the introduction of the SDS. This may be explored further for more detail.
- This year we have gathered information regarding how many cycles trainees have done and how many supervisions trainees have had. However, we have realised that this data does not make it clear how many situations people have worked with. Moving forward the system would need to demonstrate the number of situations people have worked with. We agreed to develop a further form to address this need which could be updated annually and stored on Sharepoint. This form could use some elements which were used in the AVIG logbook (client identifier, start date, finish date, number of cycles, evidence of impact/outcome) and we would also include information re geographical area and also whether the intervention was face-to-face or online. Over time, this would provide evidence of the impact of the pathway, with people developing and sustaining skills and also demonstrable progress for children and young people. To be reviewed annually by the Improvement Team at the end of the summer term.
- In addition to the action points noted above, we now need to develop the enhanced and specialist levels of the Highland Attuned Reflection Pathway. The first step towards achieving this is to complete a visioning activity which we have started and will continue with over the summer break.

<b>Improvement priority 5c: Service Evaluation – Evaluation with our stakeholders</b>
<ul style="list-style-type: none"> <li>Annual Service evaluation was sent to schools and ELCs in May/June</li> </ul>
<b>Improvement Priority 9: Implementing The Promise through Education</b>
<ul style="list-style-type: none"> <li>15/07/2024 - meeting held with Partners (Promise Programme Manager and Transition Coordinator) to review and reset the above plan.</li> </ul>
<b>Improvement priority Record Keeping 10a: Ensuring the Record Keeping Guidance is fit for purpose – Introduce recording “initial consultations” directly to the Case File Database and not storing any other record)</b>
<ul style="list-style-type: none"> <li>The case file termly database for term 3 shows that from 111 cases opened, 62 were for direct work, 29 for consultation, 19 inactive and 1 closed. There have been 63 initial consultation submissions by 11 members of the team.</li> </ul>
<b>Improvement priority Record Keeping 10b: Ensuring the Record Keeping Guidance is fit for purpose - Introduce frequent case file audits and feedback</b>
<ul style="list-style-type: none"> <li>The case file audit by APEPs has been postponed and will be undertaken over the summer holidays.</li> </ul>
<b>Improvement priority 11: To provide an offer of high quality for PRS for all HTs in Highland (and some senior managers/specialists) up to a maximum of 35 at any one time.</b>
<ul style="list-style-type: none"> <li>BC presented a session on Supervision to ASPEP at the May Main Meeting, to share information for consideration by other LAs. 3 LA PEPs asked for information after the session and one has asked for an input to their service meeting in the Autumn (particularly interested in the views of a maingrade EP delivering this service).</li> <li>A further peer support session was undertaken with the group delivering the service.</li> <li>2 more evaluations have been received from HTs completing 6 sessions. These are both well above the threshold for ‘effective practice’.</li> </ul>
<b>Improvement priority 12: Building positive relationships through fun play and communication interactions – People Games</b>
<ul style="list-style-type: none"> <li>Due to difficulties meeting etc, there has been a delay in completing sessions and therefore the Post Evaluation, 3 months later: One group should be completed by the end of June. One will likely be timed for early September to take account of the later start and holiday break. Positive comments were received from the initial trainings, and one follow up session.</li> </ul>
<b>Improvement priority 13 - Transition into ELC settings for children with ASN</b>
<ul style="list-style-type: none"> <li>Following analysis of surveys, themes were identified and shared with stakeholders. Change ideas discussed and improving parental information regarding enhanced transitions was the agreed change idea to focus on.</li> <li>Review of “Transition Planning Tool” already on HCPS blog lead to the creation of the <a href="#">Enhanced Transition ELC Planner</a> to support Early Years staff with ideas and planning.</li> <li>Parent leaflet drafted, shared with stakeholders and amendments made. Final version still with THC’s graphic designer. This has delayed the opportunity to do a test of change on the impact of this, therefore no PDSA as hoped. However, in the meantime: <ul style="list-style-type: none"> <li>Uploaded an A4 version of the final leaflet onto HCPS blog and shared this with stakeholders. Well received. Actively encouraged roll out of this and supplied QR code and Bitly shortened weblink. Physical leaflets to be distributed in August by PSHVT team to Health Visitors, Comm. Childminders, Health Centres, etc.</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>• Examination of PSHVT processes to support enhanced transitions into ELC. This is currently with the PSHVT Team Leader in a checklist format and may be included in a shared team document. Still to be decided.</li> <li>• THC online enrolment form was also identified as a pinch point. Need to discuss and draft ways of making this form better for parents and receiving settings. Meeting with Education Policy Officer and Senior Manager Early Years planned for September.</li> </ul>
<b>Improvement priority 14: Supporting and connecting (6) families with a child with ASN, with each other, within their local community.</b>
<ul style="list-style-type: none"> <li>• The parent network group ran for 5 weeks from 9 May – 6 Jun 24. The pilot programme has now finished.</li> <li>• The location of the programme changed from Smithton Area to Merkinch due to the location of the parents attending. Those originally identified in the Smithton area were unable to attend for various reasons.</li> <li>• The attendance fluctuated throughout the 5 session. With the exception of one parent, all families returned for multiple sessions.</li> <li>• At the end of each session, parents were asked for any feedback and ideas for the next session which was very useful. HVT met after each session to reflect on that session and review and make changes for the next session(s).</li> <li>• Connections between parents were slow to begin with but by sessions 3, 4 and 5, parents were comfortable and able to share experiences and support each other with ideas etc. Parents felt relaxed in the group to leave their child's side to talk to other parents.</li> <li>• The structure of the sessions turned out to be very different to those originally planned. HVTs were attuned to parents and children's needs and provided a more flexible/fluid approach to the sessions.</li> <li>• As a result of parents attending the group, HVTs did not need to make home visits to most of these parents during this time. The overall time taken to run the groups was more time and labour intensive than making home visits, however, this would be significantly reduced on future programmes due to reduced preparation, planning and reflection meetings.</li> <li>• Another unintended consequence was parents' discussions and supports for other siblings in families. Many parents felt happy to be able to talk about other siblings with ASN in family. Two families felt able to still attend the group and be comfortable to bring an older sibling with them to the group. HVTs had to adjust and accommodate for this.</li> <li>• On session 4 of 5, one parent asked if we would be providing an opportunity for parents in group to stay in touch. On week 5, all parents agreed that they wanted to remain in touch. HVTs will arrange for contact details to be made available as agreed.</li> <li>• Although formative feedback (verbal) given by parents at the end of each session, HVTs to email out an anonymised link to feedback questionnaire for parents to complete. It is hoped that the collection of this data can be done before the end of this school term or within first two weeks of new term.</li> <li>• HVTs felt that this group was very successful and they would aim to run further sessions in the South area. HVTs to meet next term to discuss next steps.</li> </ul>
<b>Improvement 15: Provide support to improve attendance through the delivery of a programme on Emotionally Based School Avoidance</b>
<ul style="list-style-type: none"> <li>• Total of 45 GTs trained</li> <li>• Community Learning Network established - offer not taken up in T4. However, this will roll on to new session to have longer to assess whether valued</li> </ul>

- CSW pilot completed in May /June
- Updated evaluation forms to monitor role, area, and school access to training
- YP voice data needs to be ongoing focus
- Resources updated on SharePoint for all EPs to access and offer to schools
- Summary report to be written and passed onto PEP and based on data next steps for next improvement plan actions will be considered.

## APPENDIX 3 – IMPROVEMENT PLAN

Key:		Highland Council Psychological Service Improvement Plan 2024-2025	DATE of Plan: July 2024 Term 4 Update		
On time					
Significantly delayed					
Not yet started					
A little behind time					
Completed					
Priority 1	Evaluate the impact of Literacy for All				
Priority 2	Review, update and re-evaluate Resilient Kids				
Priority 3	Promote and assess the impact of outdoor play/activity and movement for all. Including the impact on sleep and mental health				
Priority 4	Creating an effective VIG service				
Priority 5	Service evaluation for HCPS – how well do we do what we do and is what we do required?				
Priority 6	Evaluating the impact of training – developing an effective process				
Priority 7	Establishing a research and ethics group to record, agree and share research undertaken across Highland				
Priority 8	Evaluate and report on the impact of Seasons for Growth in Highland				
Priority 9	Ensure we are ‘Keeping the Promise’ in schools in Highland				
Priority 10	Ensure the Record Keeping guidance is fit for purpose				
Priority 11	Support HT wellbeing through the delivery of professional reflective supervision				
Priority 12	Provide a suite of effective resources to promote happiness in early years				
Priority 13	Provide effective guidance and resources that impact positively on parents/ch in transition to ELC				
Priority 14	Supporting and connecting (6) families with a child with ASN, with each other, wit;-hin their local community				
Priority 15	Provide support to improve attendance through the delivery of a programme on Em[otionally Based School Avoidance				
Improvement Priority 1: Evaluate the impact of Literacy for All					
Actions		Measures / evaluation	Timescale	Lead	BRAG

Write year 1 evaluation document.  Collaborate with development group and Jenny Wilson around editing / finalising.  By the end of October 2023 provide a written evaluation of the first year of Literacy for All.	Written evaluation will be complete and agreed amongst key Literacy for All team members.	By end October 2023	LF	RED
Share the evaluation with all levels of the education hierarchy in Highland.	Completed evaluation document will be circulated as widely as possible.	By December 2023	LF + IM	RED
Provide a summary version of the full evaluation document and a presentation with key messages.	Summary document and evaluation will be ready to share with key stake holders.	By December 2023	LF + IM	RED
Create a framework to evaluation subsequent stages of the delivery of Literacy for All, including measures around implementation of the approach, including children's classroom experiences and parental views.	Framework document will exist and initial data from Y2 will start to be gathered	By August 2024	LF + IM	AMBER

**Progress since last plan:**

**Improvement priority 2: Review, update and re-evaluate Resilient Kids (RKs) and Resilience 4 Life (R4L)**

Actions	Measures / evaluation	Timescale	Lead	BRAG
Carry out impact assessments on pack.	Results of impact assessment	?	Group	AMBER
Analyse data gathered, create 'to-do' list of review		?	Group	AMBER
Make necessary adaptations to pack		?	Group	AMBER
Invite partner agency professionals to give feedback on adaptations made.  Carry out any further amendments.	Partner agency feedback re accessibility of pack	?	Group	AMBER
Relaunch updated pack		?	Group	AMBER



Re-evaluate pack with CYP and practitioners	Re-evaluation feedback from stakeholders (practitioners and CYP)	?	Group	
<b>Progress since last plan:</b>				
<b>Improvement Priority 3:</b> Promote and assess the impact of outdoor play/activity and movement for all. Including the impact on sleep and mental health				
<b>Actions</b>	<b>Measures / evaluation</b>	<b>Timescale</b>	<b>Lead</b>	<b>BRAG</b>
Review existing research literature once research focus has been narrowed down.	Research literature review. Look at literature review from Highland Play strategy.	August 2024	ER/LM	GREEN
Write research report to analyse findings and consider next steps	Findings from research focus groups.	August 2024	ER/LM	AMBER
Promote outdoor play to more schools across Highland	Share research findings and report. Spread and scale.	August 2024	ER/LM	AMBER
<b>Progress since last plan:</b>				
<b>Improvement Priority 4:</b> Creating an effective VIG Service				
<b>Actions</b>	<b>Measures / evaluation</b>	<b>Timescale</b>	<b>Lead</b>	<b>BRAG</b>
Sustain current training structure for staff already enrolled with AVIG providing time- limited opportunities for 3 staff to become Advanced Practitioners/trainee supervisors.	3 (now amended to 2) staff to access a minimum of 4 additional supervision sessions since VIG accreditation.  3 (now amended to 2) staff to engage in a minimum of 4 'intervision' opportunities since VIG accreditation.	December 2024 (amended from September 2024)	HS, EC, KH	AMBER

	<p>3 (now amended to 2) staff to complete a minimum of 24 cycles with a minimum of 7 cycles throughout VIG training.</p> <p>3 (now amended to 2) staff to attend a final pre-submission session supported by a supervisor.</p> <p>3 (now amended to 2) staff to become advanced practitioners.</p> <p>Supervisor to engage with relevant CPD opportunities through AVIG</p>			
Sustain current training structure for staff already enrolled with AVIG (providing time- limited opportunities for 5 staff to become accredited practitioners)	<p>5 staff to demonstrate progress towards completing a minimum of at least 18 VIG cycles with 6 clients over the course of training (at least 4 clients and 12 cycles by August 24)</p> <p>5 staff to engage with a minimum of 15 supervision sessions over the course of training (at least 8 by August 2024)</p> <p>5 staff to engage with a minimum of 2 'intervision' sessions over the course of training (presenting film at least one by August 2024)</p> <p>At least 1 and up to 2 staff to become accredited practitioners.</p>	August 2024	<p>HS, HOD (JD, TS, LF, KM, IH)</p> <p>JD, TS HS, HOD</p>	AMBER

	Supervisors to continue to engage with relevant CPD opportunities through AVIG			
Create a system to develop and record the number of cases where VIG is used in future	System developed to record number of cases where VIG is used in future (e.g. Microsoft form which feeds into an Excel spreadsheet)	August 2024	HS, EC, HOD, KH	GREEN
<b>Progress since last plan:</b>				
<b>Improvement Priority 5a: Service Evaluation – What do we do and how well do we do it?</b>				
<b>Actions</b>	<b>Measures / evaluation</b>	<b>Timescale</b>	<b>Lead</b>	<b>BRAG</b>
Share the ASPEP framework with the improvement groups. Ask the groups (including previous service evaluation group) to theme their improvement activity according to the themes identified within the framework.	Key themes as identified within ASPEP service evaluation framework.	December 2023	KC/DHa	RED
Ask improvement groups (including previous service evaluation group) to audit their activity against quality indicators	6-point scale identified within the ASPEP service evaluation framework	December 2023	KC/DHa	RED
Ask improvement groups (including previous service evaluation group) to identify sources of evidence for evaluation	Four areas of evidence as outlined within ASPEP	December 2023	KC/DHa	RED
Collate data from above actions to identify areas of strength and improvement.	Themes, quality indicators and areas of evidence across service improvement activities	June 2024	KC/DHa	AMBER
<b>Progress since last plan:</b>				
<b>Improvement Priority 5b: Service Evaluation – How good was our consultation meeting?</b>				
<b>Actions</b>	<b>Measures / evaluation</b>	<b>Timescale</b>	<b>Lead</b>	<b>BRAG</b>

Annual Google Form survey gathering the views of all present at consultation meetings – children & young people, parents and staff.	Survey a sample period of 4 weeks	Annual -Term 2	KC/DHa	GREEN
<b>Progress since last plan:</b>				
<b>Improvement priority 5c: Service Evaluation – Evaluation with our stakeholders</b>				
<b>Actions</b>	<b>Measures / evaluation</b>	<b>Timescale</b>	<b>Lead</b>	<b>BRAG</b>
Annual school/nursery Google Form survey sent out to all school / ELC key contact persons, gathering quantitative and qualitative responses on service delivery.	Annual Google Form survey process reviewed and repeated.	Annual survey term 1 – 2024?	DH	?
Review of previous 3 years of service evaluation to consider how we have responded to feedback.	Consultation surveys School Surveys Standards and Quality Reports	February 2024	KG / VS / AM	RED
Annual survey with parents/carers to gather feedback on service delivery	Annual online survey sent to all parents/carers (C/YP open to the service since Term 1 2023-2024)	August 2024	DH	AMBER
Gathering the views of children and young people	Collate data from across the service improvement activities in relation to themes, quality indicators and areas of evidence and identify areas of strengths and improvement.	June 2024	DH	AMBER
Annual school/nursery Google Form survey sent out to all school / ELC key contact persons, gathering quantitative and qualitative responses on service delivery.	Annual Google Form survey process reviewed and repeated.	Annual survey term 1 – 2024?	DH	?
<b>Progress since last plan:</b> •				
<b>Improvement priority 6: Evaluating the impact of training – developing an effective process</b>				
<b>Actions</b>	<b>Measures / evaluation</b>	<b>Timescale</b>	<b>Lead</b>	<b>BRAG</b>

Needs Analysis – Focus group with EPs/PSHVTs on training evaluation practice	Summary document completed following a template analysis.	November 2023	AM / BC	<b>RED</b>
Develop tools for capturing new training evaluation: <ul style="list-style-type: none"> <li>- Service-wide reaction sheet/form</li> <li>- Service-wide learning sheet/form (with 2 key aims of training)</li> <li>- Service-wide tools for capturing behaviour change</li> <li>- Service-wide examples of data gathering to support level 4.</li> </ul> Creation/adoption of service-wide reporting template	A folder of new tools will be created  A flow chart/visual with links to tools	Feb 2023	AM / BC / LH	<b>RED</b>
Service-wide input on new training evaluation tools/reporting template for all new training.	Input delivered, captured using new tools	Feb 2023	AM / BC	<b>RED</b>
Support two areas of HCPS training for capture at level 3 – 4.  Focus groups/SSIs for: <ul style="list-style-type: none"> <li>- Solution-focused training</li> <li>- PSA mental health training</li> </ul>	Summary document created following the use of Template analysis,	March 2023	AM / BC / JFS / DC	<b>RED</b>
Fidelity checks/reminders with HCPS staff, re: use of new tools prior to May 2 <sup>nd</sup> In-service:  Google poll	Output of google poll	April 2024		<b>RED</b>
Data collection - Collate training evidence from May 2 <sup>nd</sup> 2024 in service <ul style="list-style-type: none"> <li>- Data from EPs (Google Form)</li> <li>- Data from PSHVTs (Google Form)</li> </ul>	Collate data, summary document, central tendency stats/change analysis	May 2024	AM / BC / All staff	<b>RED</b>
Data collection/analysis - Focus group with EPs/PSHVTs on training evaluation practice	Template analysis, summary document	May 2024	AM / BC	<b>RED</b>
Data collection/analysis for new training (March – June 2024): <ul style="list-style-type: none"> <li>- Service-wide reaction sheet/form</li> </ul>	Collate data, summary document, central tendency stats/change analysis	June 2024	AM / BC	<b>AMBER</b>

<ul style="list-style-type: none"> <li>- Service-wide learning sheet/form (with 2 key aims of training)</li> <li>- Service-wide tools for capturing behaviour change</li> <li>- Service-wide examples of data gathering to support level 4.</li> <li>- Creation/adoption of service-wide reporting template</li> </ul>				
Support evaluation/write up of two areas of HCPS training for capture at level 3 – 4: <ul style="list-style-type: none"> <li>- Solution-focused training</li> <li>- PSA mental health training</li> </ul>	Case study exemplars created	June 2024	AM / BC / JFS / DC	AMBER
Overall evaluation/write up (focusing on HCPS practice change)	Report on overall training evaluation activity completed	July/Aug 2024	AM / BC	GREEN
Needs Analysis - Collate training evidence from Sept 2023 in-service: <ul style="list-style-type: none"> <li>- Data from EPs (Google Form)</li> <li>- Data from PSHVTs (Google Form)</li> </ul>	Summary document completed with collated data.	November 2023	AM / BC	RED
Needs Analysis – Focus group with EPs/PSHVTs on training evaluation practice	Summary document completed following a template analysis.	November 2023	AM / BC	RED
<b>Progress since last plan:</b> -				
<b>Improvement Activity 7:</b> Create a Research and Ethics Group to map and support the research function in the Psychological Service and colleagues within Education				
<b>Actions</b>	<b>Measures / evaluation</b>	<b>Timescale</b>	<b>Lead</b>	<b>BRAG</b>
Create a register to log all research being undertaken in the Psychological Service and incoming requests to do research in Highland Schools	A register of research underway at its different stages will exist	End of January 2024	JM	RED
Establish a peer-support quarterly “research club” where colleagues can opt in to discuss the research they are undertaking and raise questions/topics for the group to discuss.	Colleagues will attend the research club (numbers kept)  A note of discussion topics will be kept	Starting January 2024	SP	AMBER

Offer informal peer-support to colleagues planning or undertaking research	Number of colleagues requesting this support will be recorded	Starting January 2024	All	GREEN
Provide an open, worked example of a research project, through regular updates and discussion in service meetings – provisional topic to replicate previous study of homophobic bullying in schools	Regular slot at Whole Service Meetings VLOG or equivalent that colleagues can access	Starting January 2024	CY & JM	AMBER
Create information guides on the following topics:				
<ul style="list-style-type: none"> <li>What to think about before planning a research project</li> </ul>	Guidance will be created and shared	End of February 2024	All	RED
<ul style="list-style-type: none"> <li>Ethics</li> </ul>	Guidance will be created and shared	End of March 2024	All	RED
<ul style="list-style-type: none"> <li>Consent</li> </ul>	Guidance will be created and shared	End of April 2024	All	RED
Ideas for disseminating your research findings (including how to submit to a journal)	Guidance will be created and shared	End of June 2024	All	AMBER
<b>Progress since last plan:</b>				
<b>Improvement Activity 8: Seasons for Growth – Delivery and Implementation</b>				
<b>Actions</b>	<b>Measures / evaluation</b>	<b>Timescale</b>	<b>Lead</b>	<b>BRAG</b>
Overarching aim - 85% of staff trained in the Seasons C&YP Programme in October 2023 will go on to deliver the programme in their setting and become accredited as Companions by November 2024	Number of staff who go on to become accredited Seasons Companions	November 2024	JC/IS	GREEN
Baseline Data - Gather information from staff trained in 2022 as to whether they have been able to implement	How many have become accredited.	March 2023	IS/JC	

<p>programme in their setting within the recommended year time frame</p> <p>Gather information from companions about factors that have supported them to run a group and barriers to implementation.</p>	<p>How many we know have run a group but not become accredited.</p> <p>Feedback from trained staff as to why they haven't been able to run a group.</p> <p>Feedback from trained staff about why they were successful in running a group.</p> <p>How many C&amp;YP have taken part in a group.</p>			RED
<p>Information and support after training</p>	<p>Development of sharepoint site/google classroom for companions that holds all relevant post training information.</p> <p>Implementation checklist reviewed and updated.</p> <p>Trainers assigned to support companions.</p> <p>Hold follow up session after training to support implementation.</p>	<p>November 2023</p> <p>March 2024</p>		RED
<p>Trainer Support post – training</p>	<p>Offer check in sessions after training to recap implementation actions and discuss issues.</p> <p>Focus groups/informal discussion with staff trained this year and line managers supporting staff to deliver.</p>	<p>November 2024 for completion (ongoing throughout accreditation year)</p>		GREEN



<p>Seasons Official Paperwork &amp; Highland Expectations</p> <p>Systems in place for people sending back evaluations, accreditation paperwork etc.</p> <p>We will move all paperwork that we can to online based to make easier.</p>	<p>Numbers running groups/becoming accredited.</p> <p>Number of C&amp;YP participating</p> <p>Seasons formal evaluations</p> <p>Focus group/informal feedback throughout</p>	November 2024	Seasons Trainers	GREEN
<p><b>Progress since last plan:</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>				
<b>Improvement Priority 9: Implementing The Promise through Education</b>				
<b>Actions</b>	<b>Measures / evaluation</b>	<b>Timescale</b>	<b>Lead</b>	<b>BRAG</b>
<p>As part of a multi-agency team, identify early adopter school/s or ASG/s to pilot delivering a proposed pathway of Promise training:</p> <ol style="list-style-type: none"> <li>1. Raising Awareness of the Promise, including:</li> <li>2. The Language Guide, leading to:</li> <li>3. The Education Scotland Promise Award – signposted and promoted again, enlisting volunteer schools/ASGs (including ELCs) to be supported through this.</li> </ol> <p>There would be benefit from taking a strategic approach to piloting the above training pathway.</p>	<p>Number of training sessions delivered to number of Education staff.</p> <p>Training evaluations pre-post.</p> <p>Relate, where possible, to HC LAC statistics in Education – attainment, attendance, exclusion, etc.</p> <p>Including existing examples of good practice.</p> <p>Some anecdotal feedback evaluation already gathered from staff who have already delivered the Promise Award – from the Home to Highland service and Poolewe PS.</p>	<p>Two/four sessions of Raising Awareness of the Promise sessions for Education staff, promoted through the Education CPD calendar 2024-2025.</p> <p>HC multi-agency Raising Awareness of the Promise sessions are due to go live</p>	MM and Partners	GREEN

		September 2024, through the CPC calendar – which Education can also be signposted to. Supported by the assistance of the Promise Ambassadors and Children's Rights and Participation Officers.		
Consider seeking staff, care experienced young people's, and other pupils' views on the impact of universal Promise awareness lessons devised and delivered in pilot schools, using a whole school approach (including consultation with WC?S).	Seek staff and YP participants' views of pilot PSE lesson/s, once delivered – through questionnaires and focus groups.	By Summer 2025.	MM	
Attendance at HC Promise Board.	Impact of strategic role of HCPS.	2024-2025	MM	GREEN
Collaboratively review Highland Council Psychological Service care experienced young people policy guidance, alongside completion of a CRWIA.	Taking account of the evolving Educational Psychologist role in relation to care experienced young people out of area and within Highland, and in relation to the Promise.	By end of 2024.	MM	GREEN
<b>Progress since last plan:</b>				
<b>Improvement priority Record Keeping 10a:</b> Ensuring the Record Keeping Guidance is fit for purpose – Introduce recording “initial consultations” directly to the Case File Database and not storing any other record				
<b>Actions</b>	<b>Measures / evaluation</b>	<b>Timescale</b>	<b>Lead</b>	<b>BRAG</b>

Children's Rights and Wellbeing Impact Assessment to be completed for Record Keeping Guidance dated August 2023.	The CRWIA will help identify, research, analyse and record the anticipated impact of the guidance on children's human rights and wellbeing.	August 2024	JFS	AMBER
<b>Progress since last plan:</b> <ul style="list-style-type: none"> <li></li> </ul>				
<b>Improvement priority Record Keeping 10b:</b> Ensuring the Record Keeping Guidance is fit for purpose - Introduce frequent case file audits and feedback				
Discussion about purpose of case notes	Confidence in knowledge of record keeping guidance	August 2024 at WSM	JFS	GREEN
Case File Audit by APEPs	Case file audit tool	September 2024	JFS and APEPs	GREEN
<b>Progress since last plan:</b> <ul style="list-style-type: none"> <li></li> </ul>				
<del><b>Improvement priority 11:</b> To provide an offer of high quality for PRS for all HTs in Highland (and some senior managers/specialists) up to a maximum of 35 at any one time.</del>				
<b>NOW AN EMBEDDED ACTIVITY</b>				
<b>Improvement priority 12:</b> Building positive relationships through fun play and communication interactions – People Games				
<b>Actions</b>	<b>Measures / evaluation</b>	<b>Timescale</b>	<b>Lead</b>	<b>BRAG</b>
<b>Follow up session</b>  Meet with staff at the conclusion of the series of interactions to discuss progress, strengths and pressures.	<ul style="list-style-type: none"> <li>Repeat evaluation of resources/strategies.</li> <li>Gather additional comments to use to restructure training where needed.</li> <li>Repeat baseline scaling measure.</li> </ul>	April 2024 BS  June KF	BS/KF	AMBER
<b>Post Evaluation, 3 months later</b> - Meet with staff and discuss strategies they are still using and ideas for taking the project forward, extending to parents/other staff, etc.	<ul style="list-style-type: none"> <li>Repeat evaluation of training/resources.</li> <li>Repeat baseline scaling measure.</li> </ul>	June 2024 BS  August 2024 KF	BS/KF	GREEN

Restructure training where needed. Plan Next Steps		September 2024	BS/KF	?
<b>Progress since last plan:</b>				
<b>Improvement priority 13 - Transition into ELC settings for children with ASN</b>				
<b>Actions</b>	<b>Measures / evaluation</b>	<b>Timescale</b>	<b>Lead</b>	<b>BRAG</b>
<p>Inform stakeholders of themes. Discuss and identify possible change ideas for improvements e.g. more explicit process map for EY settings, improved ethos/welcome ideas for parent/carer visits, improved and empowered parental involvement in information sharing process, better awareness of what an enhanced transition looks like, etc.</p> <p>Pick one change idea to improve. Measure impact via survey of new group of parents/carers and existing group of EYPs.</p>	Complete a small-scale intervention and evaluate the impact of the change using the Plan-Do-Study-Act cycle.	Share with stakeholders by end of April 2024.	AC/JD/ AW	<b>AMBER</b>
<b>Progress since last plan:</b> •				
<b>Improvement priority 14: Supporting and connecting (6) families with a child with ASN, with each other, within their local community.</b>				
<b>Actions</b>	<b>Measures / evaluation</b>	<b>Timescale</b>	<b>Lead</b>	<b>BRAG</b>
<p>Develop a support network in the local community.</p> <p>Offer practical play strategies.</p> <p>PSHVTs will use an agreed script / questionnaire with parents and confidence scales to measure confidence / gather baseline data.</p>	<p><b>Baseline measures</b></p> <p>- Use previous PSHVT visit reports / consultations for information.</p> <p><b>Process Measure</b></p>	Pilot completed by Jun 2024	DHam	<b>AMBER</b>

<p>Carry out formative assessment / feedback during the programme.</p> <p>Conduct a follow-up evaluation after an agreed period of time.</p> <p>Review and expand programme for use in other areas.</p>	<p>- How many parents attend and sustain attendance? Record the end of each session.</p> <p>- Have they used it at home? Enjoyment ease of activity, resources required etc.</p> <p><b>Expected outcome measures / evaluation</b></p> <p>- Create a case study</p> <p>- Revisit scripts/questionnaires and confidence scale.</p> <p>- Look for unintended consequences e.g. reduced visits/direct work.</p> <p>- Do parents feel connected as a group?</p>			
<b>Progress since last plan:</b>				
<b>Improvement 15:</b> Provide support to improve attendance through the delivery of a programme on Emotionally Based School Avoidance				
<b>Actions</b>	<b>Measures / evaluation</b>	<b>Timescale</b>	<b>Lead</b>	<b>BRAG</b>
<p>Use the reconnector session as a mechanism to capture C&amp;YP voice in impact evaluation.</p> <p>Ask for the YP voice 2/3 weeks after the reconnector then send again 3 months alongside the impact survey, using one of the tools from the resource pack.</p> <p>Look at other tools to gather voice that could demonstrate positive outcome for C&amp;YP experiencing EBSA.</p>	<p><b>Baseline measures</b></p> <p>1) Wellbeing measure looking at SHANARRI indicators on EBSA risk and resilience profile pre and post of YP. 2) Over 1 month gather info from yp reason why not in school and their current attendance %</p> <p><b>Expected outcome measures</b></p> <p>Outcome: Profiling measure for yp to complete on what's helped things get better</p>	?	<p><b>All</b></p> <p>(KH,GW, IM,JT)</p>	<b>GREEN</b>

<b>Progress since last plan:</b> <ul style="list-style-type: none"><li></li></ul>				

## APPENDIX 4 - HIGHLAND COUNCIL PSYCHOLOGICAL SERVICE TRAINING STRATEGY

<b>Theme 1 – Mental Health and Emotional Wellbeing</b>	
<b>Subheading 1 – Promoting Positive Relationships / Creating a Positive Culture</b>	<ul style="list-style-type: none"> <li>• Emotional literacy/nurture for all</li> <li>• Primary positive relationships/restorative practice</li> <li>• Equalities</li> <li>• UNCRC</li> <li>• Child voice &amp; participation</li> <li>• Peer support/mentoring</li> </ul>
<b>Subheading 2 – Mental Health Awareness</b>	<ul style="list-style-type: none"> <li>• Basic knowledge &amp; understanding</li> <li>• Change, loss and bereavement</li> <li>• Active listening</li> </ul>
<b>Subheading 3 – Early/Low Level Intervention</b>	<ul style="list-style-type: none"> <li>• Exam stress</li> <li>• Emotionally based school avoidance</li> <li>• Window of tolerance</li> <li>• Emotional coaching</li> <li>• Seasons for growth</li> </ul>
<b>Subheading 4 – Condition Specific</b>	<ul style="list-style-type: none"> <li>• Managing anxiety</li> <li>• Self-harm</li> <li>• Suicide prevention</li> <li>• Eating disorders</li> </ul>
<b>Subheading 5 – Trauma Informed Practice/Overcoming Adversity</b>	<ul style="list-style-type: none"> <li>• Adverse childhood experiences</li> <li>• NES trauma informed training</li> <li>• Understanding trauma</li> <li>• Therapeutic intervenes e.g., EMDR etc</li> </ul>

<b>Theme 2 – Learning, Development and ASN</b>	
<b>Subheading 1 – Parental/Family Support</b>	<ul style="list-style-type: none"> <li>• Video interaction guidance</li> <li>• Parenting</li> <li>• Understanding family systems &amp; dynamics</li> </ul>
<b>Subheading 2 – Child Development /Effective Support Strategies</b>	<ul style="list-style-type: none"> <li>• Play pedagogies</li> <li>• Meta cognition</li> <li>• Memory</li> <li>• Cooperative learning</li> </ul>
<b>Subheading 3- Literacy Development</b>	<ul style="list-style-type: none"> <li>• Literacy for All</li> </ul>
<b>Subheading 4 – Numeracy Development</b>	
<b>Subheading 5 – Meeting Individual Needs/Condition Specific</b>	<ul style="list-style-type: none"> <li>• The teenage brain</li> <li>• Autism Spectrum Disorder</li> <li>• Neurodevelopmental Needs</li> <li>• English as an additional language</li> <li>• Sensory Impairment</li> </ul>

<b>Theme 3 – Leadership</b>	
<b>Subheading 1 – Leadership Training</b>	<ul style="list-style-type: none"> <li>• Lead on</li> <li>• Managing teams</li> </ul>
<b>Subheading 2 – Coaching/Mentoring/Supervision</b>	<ul style="list-style-type: none"> <li>• Coaching</li> <li>• Mentoring</li> <li>• Supervision</li> </ul>
<b>Subheading 3 – Self Evaluation</b>	<ul style="list-style-type: none"> <li>• Use of data, training, planning</li> <li>• Implementation science/improvement methodology</li> </ul>



<b>Theme 4 – Policy into Practice</b>	
<b>Subheading 1 – Being Solution Focused</b>	<ul style="list-style-type: none"> <li>• Solution focused meetings</li> <li>• Solution focused approaches</li> <li>• Preparing children/young people/families</li> <li>• Group dynamics</li> </ul>
<b>Subheading 2 – Role &amp; The Practitioner</b>	<ul style="list-style-type: none"> <li>• Role of the EP/PMHW/PSHVT etc</li> <li>• Effective use of communication</li> </ul>
<b>Subheading 3 – Legislation/Policy/Guidance</b>	<ul style="list-style-type: none"> <li>• Additional support for Learning</li> <li>• Getting it right for every child</li> <li>• UNCRC</li> <li>• Equality Act</li> <li>• The Promise</li> <li>• Current guidance e.g. exclusions, physical interactions etc</li> </ul>