CASE STUDY: AVA

As detailed in the guidance document, we can use the NPM questions and tools to help us to carry out a holistic assessment. This will include:

- Gathering data about key aspects of a child/YP
- Analysing that data in the context of what we know about social/emotional and learning development. This identifies needs.
- Plan an intervention(s) to test out how to support the identified needs. A review of the plan will provide further 'contextual' data to assess impact and guide future interventions

Below is an example of the NPM being used in relation to a fictional S3 pupil called Ava. The case study demonstrates the process of assessment and review using the NPM within a staged approach to addressing concerns and needs. A staged approach is important because it supports what is referred to as the 'least intrusive approach' to intervention.

What is the Current Concern?

Ava is well known to her guidance teacher who she has built a relationship up with over the last few years. She is 14 years old and is a young carer for her mother. Overall, Ava is settled, engaged and attends school realtively well. Recent concerns from internal support meetings have highlighted several behavioural referrals from class teachers. These behaviours were typical of Ava when she first transitioned to secondary school but support from the Pupil Support Worker (PSW) in first year had helped her overcome some issues with developing peer relationships and managing her embaressment of using support for dyslexia (e.g. laptop) in class. Additional to this Ava's attendance has dropped drastically in the last few months and is due to hit a trigger. Although some behaviour concerns were managed by 'time out' in the alternative to exclusion area with support from the PSW, her most recent encounter resulted in an exclusion due to harm she inflicted on a peer.

GATHERING and **ANALYSING** DATA:

Ava's Guidance Teacher (GT) supported by the Depute Head Teacher/Head of House (DHT) decided to further explore what was going on for Ava. They had a few 'no-name' consultations with the Educational Psychologist (EP) to help form their thoughts about supporting her development whilst drawing from historic and current data available to them. Table 1 provides a summary of the data they used and how it helped them towards an understanding of 'the problem' in a staged way.

Table 1 – Summary	of Data and Analysis			
Data Source	What does it tell us? The My World	What we think. Using the 'resilience Matrix' can help with measurement of		
	Triangle can be a helpful tool to	'risk' and can focus towards priorities for intervention. This section is framed		
	consider the different areas of a YP life	using the SHANARRI wellbeing indicators.		
	that can be impacting on their well-	Pentilemen.		
	being.	Authoritischer Welcherr auf die Tar Velutioner auf die Tar		
SEEMIS	Currently on 81% but steady decline	Protective: Previous attendance is good so suggests good habits, buy in		
Attendance records	since October holiday. The rate prior to	from family, and indicates that most of learning experiences have been had		
	October was constantly over 90%. This	(i.e. less learning gaps). (SHANARRI areas – Safe, Included, Achieving,		
	gives us some information about both	Responsible)		
	school and home context.	Risk: Currently missing out on average 1 day per week of education leads to		
		concern relating to reduced learning opportunities, potential impact on peer		
		relationships and potential safety issues associated with what doing in that		
		time. (SHANARRI areas - Safe, Included, Achieving)		
School Chronology	Early experience of significant domestic	· ·		
from MOSAIC	abuse. Several agencies involved to	demonstrated by how they have managed adversity in the past. They		
	support mother and children. They no	engage well with support generally.		
SEEIMIS pastoral	longer have contact with her father who	(SHANARRI - Safe, Achieving, Nurtured, Responsible)		
notes	was imprisoned two years ago.			
	The family have always openly engaged	Risk: Impact of past abuse means that Ava has to work really hard at		
	with school and agencies for support.	managing her emotions and making the right decisions. This is especially		
	Early years support for Ava in school to	important at times when she feels vulnerable. Her behaviour is		
	develop attention and subsequent	communicating a 'struggle' for her somewhere in her life and and we may		
	identification of dyslexia.	need to support her understanding -and management of the situation (i.e. co-		
	Ava has had ongoing links with the	regulate). (SHANARRI – Healthy and Responsible)		
	young carer's groups since S1.	Relationships with peers - There is some concern that her relationships (i.e.		
	Several altercations in schools with	group of girls fighting with and associating with others involved in risky		
	other peers (mainly same 2 girls) in last	behaviours) may compromise her positive connection within the school and		
		sense of safety. There is concern that she may be led down a path where		

	few months. Recent Exclusion as a	she increases her risk relating to social, emotional and general health.
	result of last incident.	(SHANARRI – Safe, Healthy and Included)
	Smoking on school grounds – with a few	Smoking has clear implications for Ava's health as well as potential risk of
	YP who are being supported and have	getting involved in misuse of other substances. (SHANARRI – Health)
	had issues with bringing drugs into	Relationship strain with parents is not untypical for her age but poses a worry
	school premises.	in terms of compromising her support network.
	Concern calls from mum re Ava's	(SHANARRI – Nurture)
	aggressive behaviour towards her a few	
	times when trying to get her to attend	
	school.	
Round Robin from	Ava's level of work in school has	Protective: Ava continues to be on track with levels and absences have not
all class teachers	"slipped" and she has become	yet significantly impacted on this. (SHANARRI - Achieving)
	confrontational with some members of	
	staff. This is more noticeable in English	Risk: Ava is missing out on classes but mainly her English class. This is a
	where she has most absences. She	concern given the difficulties that she has managing and using her strategies
	also appears to be struggling more with	to support her literacy difficulties. There is concern that this could result in
	attention in some classes. Despite this	gaps, loss of motivation and eventually impact on overall attainment.
	she was working towards level 4/5.	The observation from staff noticing a reduced ability to attend suggests that
		she is 'distracted' by issues that may be a source of stress/anxiety for her.
		(SHANARRI – Achieving and Health).
After further discu	ssion between the GT and the DHT it was	decided that a consultation with Ava and her mother would be helpful to

After further discussion between the GT and the DHT it was decided that a consultation with Ava and her mother would be helpful to gain their perspective and further insight into the 'problem'. It was felt that the guidance teacher would complete a wellbeing wheel with Ava to help guide the meeting.

GT and Ava jointly complete a SHANARRI wheel

Ava and her GT met up to complete a Wellbeing wheel. Armed with the above overview of 'protective' and 'risk' factors the GT was able to frame up the conversation highlighting the school ratings (i.e. using the 1-10 scale) and how these linked to their concerns for Ava. Although they did not have agreement on all of the ratings Ava was able to articulate and think about what could be contributing to her recent changes in behaviour and her ability to cope well. They agreed on themes to take to the TATC meeting as:

SAFE – Ava raised concern about her fathers release from prison and said that she was having nightmares and flashbacks. It was felt that some of the tension with her mum may be a result of her not wanting to raise this with mum in case it worried her. Ava was also worried that she had pushed the girls (she has been fighting with) too far and she



was worried about what they might do to get back at her. She was reluctant to discuss this in detail but suggested it started as a result of online comments. She was hanging around with the other group of peers because she knew they would be allies.

HEALTHY – Ava reassured her GT that she had tried smoking and didn't like it. She had managed to avoid peer pressure to take other substances and had discussed this at the young carers group with her peers. She is happy that she is in control of this. She is worried about her level of anxiety and not feeling in control of her life. This was discussed in the context of (peer relationships, gaps in work and dad coming out of prison).

ACHIEVING – Ava raised concern about English. She felt that some of the current demands were just too much for her and was struggling to keep up. This was reducing her motivation and she felt that a recent change of teacher (due to maternity leave) left her unable to talk this though during class. She is worried about what she has missed out on in the last few weeks of absence.

NURTURED – Ava continues to be aware that he mother loves her but is also worried about how much they have been arguing. She is worried about her own reactions and how aggressive she is towards her mum at times. She worries that she is 'like her dad'. When this was explored further she spoke about how he also shouted and hit them to get what he wanted.

ACTIVE – Ava continues to be involved fully in PE and is still enjoying activities like swimming and ice skating with friends.

REPECTED – Ava feels that she is respected and listened to with key people that support her in school and home. On reflection she feels that she could have asked for help sooner. She was upset about the exclusion and did not feel that she was understood at the time. This upset her and may have contributed to her "giving up" with English and make her feel less motivated to continue with the effort.

RESPONSIBLE – Ava explained that this conversation had helped her see 'the problem' from a different perspective and no longer felt 'to blame'. She can now see that there are things that can be done to lessen her issues.

INCLUDED – Ava is continuing to attend the Young Carers group and said that she is enjoying this release. She feels she continues to have good friends in school and continues to feel 'at home' in some of her classes in school.

PLANNING AND REVIEW CYCLE:

A TATC meeting was had with Ava, mum, GT and DHT. The approach to the meeting was solution focused with the aim being to shore up the protective factors already identified in order to support Ava and her family in relation to the areas of identified risk. Table 2 depicts a rough example of the TATC plan and minute was produced on mosaic.

Table 2 – Example of extracts from TATC plan (PLAN & REVIEW)

Summary - Despite demonstrating great resilience over the last few years, it was discussed that past experience of domestic violence is currently contributing to anxieties being experienced by both Ava and her mother. This is exacerbated by the imminent release of her father from prison and appears to be having a twofold effect. Firstly, it is causing angst in the family home as they have struggled to communicate their feelings in fear of stressing each other out. This has been discussed today and a solution to gain help from women's aid to create a safety plan may further support this. The second area of concern is that the anxiety appears to be reducing Ava's capacity to cope with peers and learning issues in school. This has manifest in untypical and risky behaviours which recently resulted in an exclusion. A SHANARRI wheel discussion between Ava and her GT highlighted issues relating to specific areas of learning 'English' and the impact of having a replacement teacher on her capacity to communicate and have her learning needs met. Solutions pertaining to identifying gaps, liaising with new CT and to this were discussed. A further issue with peers was discussed and school will facilitate a restorative approach.

		Actions	\A/le = 40	Whan		
SHANARRI	Needs to be targeted and	Actions	Who to	When		
AREA	expected outcomes		support			
Safe	Anxiety for both Ava and her	GT will link with Women's Aid and support mum to engage with the	GT	Next Week		
	mother re the potential risk to	service. Request to provide support via ongoing contact and	Mum			
	them from her father's prison	developing a safety plan for the family.				
	release. Anxiety to be	The state of the s				
	reduced with the help of a	GT will organise a restorative conversation between Ava and her				
	'safety plan' and ongoing	peers. The school will monitor these relationships over time and	GT	Next Week		
	support from women's aid	support the YP to use appropriate strategies. A weekly 'touch	Ava	and weekly		
	during the transition period.	base' between Ava and GT will take place.	7 (10	and woonly		
	daning the transition period.	base between two and of will take place.				
	Unresolved conflict with peers	GT will link with English Department re identification of gaps and	GT	Next week and		
	in school	facilitating Ava's new teachers understanding of her needs. Plan to	Ava	regular links		
	111 3011001	bridge gaps and how what supports work best for Ava.	English	until resolved.		
		bridge gaps and now what supports work best for Ava.		until resolved.		
I I a a Itla	Teacher					
Healthy	Link to 'safe' interventions to support anxiety.					
Achieving	Link to 'safe' interventions to support anxiety and facilitate relationships with CT and bridge gaps/support strategies in English.					
Nurtured	N/A					
Respected	N/A					
Responsible	Ava to continue to access the supports in school to enable her to perceive and tackle her problems in a more effective way. Links					
	to safety interventions – regular check in with GT re coping strategies.					
Included	N/A					

A REVIEW DATE FOR 6 WEEKS WAS PUT IN PLACE TO MEASURE THE IMPACT OF THE INTERVENTIONS AGAINST EXPECTED OUTCOMES.

Please note that the majority of Ava's needs are being met by the school at the additional level with some support from Women's aid. Consistent use of the 5 GIRFEC questions allows a focus on 'least intrusive' interventions and supports appropriate (evidence based) referrals to 'additional' and 'targeted' agencies as needed.