

**How nurture impacts
on whole school
attendance and engagement -
Jenny Turner**

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Diamonds Nurture Group at Kettlethorpe High School Wakefield



Diamonds Photos



Diamonds induction day



Diamonds room



Diamonds room



Attendance and engagement my experience - why the issues?

- ▶ Wide ranging social issues
- ▶ Mental health of parent
- ▶ Mental health of child - this is where we can make a big impact to address those issues within the safety of the Nurture room and a whole school Nurturing approach to mental health

In any such school of 1000 pupils, one would expect to see broadly:

Pupils with diagnosable Mental health problems	?
Pupils who are seriously depressed	?
Pupils with habit disorders including OCD	?
Pupils with developed eating disorders	?
Pupils with mental health needs not accessing services	%
Pupils going home to parents with mental ill health	%

In any such school of 1000 pupils, one would expect to see broadly:

Pupils with diagnosable Mental health problems	100
Pupils who are seriously depressed	50
Pupils with habit disorders including OCD	10-20
Pupils with developed eating disorders	5-10
Pupils with mental health needs not accessing services	25%
Pupils going home to parents with mental ill health	30%

Anxiety

- ▶ Anxiety is common in children
- ▶ Learning to cope with a range of normal fears and anxieties
- ▶ More support is required when -
- ▶ They feel more anxious than others of their age and level
- ▶ Anxiety stops them from participating in activities at school and socially
- ▶ It interferes with their ability to do things that others find easy

Anxiety disorder

- ▶ Sleeplessness
- ▶ Stomach aches
- ▶ Headaches
- ▶ Diarrhoea
- ▶ Irritability
- ▶ Tiredness
- ▶ Disassociation
- ▶ Distracting others

Anxiety is normal

- ▶ Maybe we should be reassuring an anxious child initially - “that’s understandable”

Presentations of anxiety

- ▶ Irrational worrying, often about what might happen, what people might say
- ▶ Distress when away from significant carer, that something bad might happen
- ▶ Intense fear of a situation or object, usually irrational
- ▶ School refusal - usually accompanied by physical complaints
- ▶ Social phobia - intense shyness and fear of appearing inadequate
- ▶ Panic attacks - sudden overwhelming sense of fear resulting in palpitations, shaking, sweating, shortness of breath etc. last about 5- 10 mins.

In the classroom - anxiety

- ▶ Use good routines- beginning /end of day/change of activities
- ▶ Provide a visual timetable of the day
- ▶ Give opportunities to take responsibility
- ▶ Use activities with built in success
- ▶ Be explicit in valuing your relationship with the child
- ▶ Clearly explain changes in staffing etc.
- ▶ Avoid shaming experiences even in jest

- ▶ Rush of cortisol means they may need a place to relax and become calm before a discussion can take place.

Depression

- ▶ Depression appears to affect 5 in 100 teenagers and is more common in girls.
- ▶ Causes - events such as family separation, bereavements, transition, bullying
- ▶ More common in children who have less resilience and less protective factors
- ▶ Too much painful input into their lives, untreated anxiety, exhaustions from empathy (young carers?)
- ▶ Loss of self as they do too much for others.
- ▶ Can be hereditary

Depression how it presents

- ▶ Unhappy, mostly down
- ▶ Cranky, short fuse
- ▶ Fidgeting
- ▶ Sleep issues
- ▶ Blames self excessively
- ▶ Avoids other people
- ▶ Doesn't listen can't focus
- ▶ Forgets details, tasks
- ▶ Drags self around/dawdles
- ▶ Talks about self harm of suicide
- ▶ Tired - fatigued
- ▶ Bored and doesn't care

In the classroom - depression

- ▶ Have realistic expectations
- ▶ Low mood can be hormones and neurological changes
- ▶ BE POSITIVE
- ▶ Listen - just be there - but refer on to Pastoral team/or SEMH
- ▶ Consider lifestyle and diet with parent and carers
- ▶ Consider counselling - Refer to KOOOTH.COM in first instance
- ▶ Recognise risk and resilience factors and work with those
- ▶ 8 week CBT can give effective improvements (antidepressant unlikely to be prescribed)

Case Study - Depression/anxiety

- ▶ Child L - Lucy
- ▶ Abused
- ▶ Step father in prison
- ▶ Younger siblings with undiagnosed autism
- ▶ Older brother on drugs and involved in criminal activity

How Nurture helped

- ▶ Nurture a safe place to be
- ▶ Transition
- ▶ Caring consistent relationships
- ▶ Food - breakfasts
- ▶ Emotional support
- ▶ Building of confidence towards eventual disclosure
- ▶ Police support in making formal statement
- ▶ Access to counselling
- ▶ Naming and claiming her issues.
- ▶ Liaison with family and all stake holders including exam invigilators

Eating disorders

Case study - Child C - Clare

- ▶ Delicate child
- ▶ Seemingly a lot of money - had horses etc.
- ▶ Lack of emotional warmth from parents
- ▶ Started to cry a lot and not want to be in classrooms
- ▶ Started to be off school
- ▶ Stomach pains losing a lot of weight
- ▶ Parents thought that she had an illness from local water
- ▶ Hospitalised - no obstruction found
- ▶ Eating disorder diagnosed - a lot of time off school

How Nurture Helped

- ▶ Created a safe base for her return to school as relationship already established
- ▶ Work with parents and Clare about food and the home.
- ▶ Mediated a way forward to C and her parents around control and food.
- ▶ Encouraged and supported emotionally through the safe base of Nurture and consistent caring relationships to get her back into lessons and eventually was fully engaged
- ▶ Supported transition into GCSE's and the more stressful year 11 time. Other than that - she did not fully require us.

OCD

Case study - Child A - Alice

Presented as:

- ▶ Reluctant school attender
- ▶ Withdrawn - almost mute
- ▶ Lack of cleanliness
- ▶ Wearing same things all the time
- ▶ Not wanting to shower
- ▶ Wanting to be with her pets the whole time.(Many)

How Nurture helped

- ▶ Created a safe base, which was used frequently at breaks and lunchtimes as well as scheduled sessions.
- ▶ Meetings with parent for solution focussed work
- ▶ Project work around pets
- ▶ Educational Psychology intervention
- ▶ Work with CAMHS.
- ▶ Good phone relationship with parent if Alice not n school we communicated.

Overall Nurture and attendance/engagement

- Powerful transition for the most vulnerable - tracking attendance issues and ensuring relationships built with families at the Induction evening - key time.
- Use of the Nurture space for vulnerable parents as well as children
- Many vulnerable pupils come to school to get a life, where they, and their families, receive most needed support.
- Breaking down of mental health issues and barriers to school attendance and engagement.
- Well being tool kit and Boxall Profiling really valuable to all cases.
- Nurture staff creating a wonderful link between all agencies and stake holders to work out the best plan for the child.e.g liaison with attendance officer.

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- ▶ Freelance support for SEMH/Nurture
- ▶ Work in conjunction with NurtureUK and Boxall profile
- ▶ Whole range of mental health systems and support.
- ▶ Individual trouble shooting complex cases.