Whole, Happy, Healthy

Wellbeing Strategy at Alexandra Primary School

Summary

Intent

At Alexandra Primary School we aim to promote a safe, stable and inclusive environment for staff and children to ensure that they are able to aspire, perform and succeed. We recognise the impact that wellbeing and mental health can have on the development of the whole child and it is our responsibility to prepare children for the future and to equip them with a range of strategies to develop their emotional literacy in order to cope with whatever life may bring.

Alongside a focus on the wellbeing of children, promoting staff wellbeing is imperative because it has a direct impact on wellbeing of the children they are in daily contact with. If staff are engaged, energised and confident, this will enable them to demonstrate the values and ethos of the school and deliver high quality teaching and learning.

Our school believes in developing positive partnerships with families and the local community enabling us to work together in a child centred approach. This will encourage children to communicate their worries and concerns with the school and other adults.

Implementation

Through the implementation of our practical, relevant and effective wellbeing strategy we can successfully support children. Where a pupil is identified as requiring additional assistance to improve their wellbeing, one of four stages of support with be implemented:

- Coping / Build and Promote Resilience through the curriculum
- Early intervention
- Getting More Help / Improve Access to Effective Support
- Getting Risk Support / Care for those with the Most Complex Needs or are the Most Vulnerable

Staff wellbeing is considered when planning all initiatives and activities to ensure that we are concentrating on engaging, energising and enabling staff to fulfil their roles and responsibilities with a growing sense of pride.

Impact

The impact of our wellbeing strategy can be seen through how prepared children are for the next stage in their education; their resilience and creativity when tackling new situations; their approach to challenge and problem solving and their willingness to take risks without fear of failure.

The impact will be: children who **Aspire**, **Perform**, **Succeed**

in a school that develops the **Whole** child, a **Happy** community and a **Healthy** environment.

Challenge accepted.

Mental health is a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. **(World Health Organisation)**

At Alexandra Primary School, our **moral purpose** states:

'Emotional Literacy / wellbeing is a clear indicator of academic achievement, success and satisfaction in later life. We are committed to promoting children's emotional literacy / wellbeing and incorporating appropriate activities into children's routines and school life. Such activities may include: wellbeing, resilience, personal responsibility, growth mind-set, kindness, mindfulness and gratitude. We will promote our ethos through assemblies, work-related tasks and school projects via the School Council and our Rights Respecting Committee. Our school values equip children with the knowledge and skills to support, encourage and enable them to be in charge of their own wellbeing.'

This document describes the school's approach to promoting emotional literacy and wellbeing. It is intended as guidance for all staff including non-teaching staff and governors.

Aims

At Alexandra Primary School we aim to create an environment that promotes positive mental health in all staff and pupils by:

- Ensuring that all pupils and staff feel valued
- Increasing understanding and awareness of common mental health issues
- Providing opportunities for staff to look after their mental wellbeing
- Providing pupils with opportunities to talk openly with trusted adults about their concerns, issues and problems, without judgement
- Providing support to pupils suffering from mental ill health and their peers and parents or carers
- Alerting staff to early warning signs of mental ill health in pupils
- Providing support and training to staff working with young people with mental health issues

Responsibility

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Designated Safeguarding Lead (DSL) in the first instance. If there is a fear that the pupil is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to the DSL. If the pupil/student presents a medical

emergency then the normal procedures for medical emergencies should be followed, including alerting the welfare officer and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by the DSL.

Teaching about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of the PSHE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort being taught but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the PSHE Association's Guidance[1] to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms and encourages children to develop the skills they need to cope with normal life challenges. Alongside this, we are a Right's Respecting school and children are taught what rights all children have and what this means for them.

Signposting

We will ensure that staff, pupils and parent/carers are aware of sources of support within school and in the local community, who it is aimed at and how to access it is outlined in Appendix B.

We will display relevant sources of support in communal areas such as staff rooms, corridors, group areas, library and notice boards and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupils seeking help by ensuring pupils understand:

• What help is available
• Who it is aimed at
• How to access it
• Why to access it
• What is likely to happen next

1. Coping / Build and Promote Resilience

   We will make sure that children and young people are able to:

   • Aspire, perform and succeed in strong supportive families, schools and communities.
   • Have the right building blocks in place to support their emotional wellbeing so that they can develop life skills which will help them to recognise and manage normal life challenges into adulthood and be able to deal with them throughout their lives.

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[1] PSHE Association – Guidance on preparing to teach about mental health and emotional wellbeing.

- Recognise, develop and utilise strengths within themselves, their families, their schools and their local communities.
- Manage periods of uncertainty in their life and be able to resist and recover from difficult times. (such as stress, bullying, bereavement and behaviours around substance use and sexual health)
- Understand change as a natural part of life.
- Recognise and avoid pressure from the actions of their peers.
- Develop and maintain self-worth and confidence.
- Know their rights and entitlements as part of the UNCRC (United Nations Convention of the Rights of a Child).
- Recognise the importance of participation in a range of activities.
- Prepare for and move smoothly into adulthood.

We recognise that periods of transition may be particularly difficult for children and young people so we will make sure that extra support is put in place to plan for and help during these times to prevent problems from escalating.

2. Early intervention

We will make sure that children, young people and the people around them are able to recognise:

- Things that are happening to them that may affect their emotional wellbeing and the effect they could have.
- When they are finding things difficult.
- When things are not going so well, children, young people and the people around them are able to:
    - Easily find out where and how to access information to support themselves.
    - Put strategies in place to help manage these difficulties including how they can take care of themselves as well as being given help.
    - Share and develop coping strategies to help now but that can also be used again in the future.
    - Understand and communicate what support will work best for them as an individual and their family.
    - Recognise how by improving their physical health they can help their emotional health.
- Our Early Help approaches will work well to see where children, young people and their families may need help and make sure that the right help is in place at the right time to improve wellbeing.
- Everyone in all organisations and services is clear about their role and responsibilities, is able to recognise when problems may or are occurring, and works together as one big whole support system.
- The first person that a child or young person goes to for help has the skills, expertise and knowledge to provide the right advice and support.

- Support, or access to support, is provided where we think problems may occur and more help is needed such as:
  - Children aged 8 to 11 have the skills and support in place to help when problems arise e.g. when entering adolescence.
  - Children, young people and their family are involved in preparation for any periods of change so that problems do not increase e.g. moving schools or services.

3. Getting More Help / Improve Access to Effective Support

We will make sure that:

- Children, young people and their families are able to find reliable information and advice, and guided help to be able to help themselves in the first instance.
- Children, young people and their families can access evidence based support and interventions when they need them.
- The first person that children and young people or their families choose to speak to, can provide appropriate practical help, advice and support- including access to additional support.
- People who provide support help as much as they can and get advice, instruction and guidance for themselves to be able to provide more support to the child / young person.
- If additional help and support is needed from other professionals and specialist services, the first person is able to contact them via clear pathways and the child/young person and their family know what is going to happen and when.
- Children, young people and families will have knowledge and information about self-help skills and tools so that they can successfully manage their difficulties.
- Any input from more specialist services will be time focused to meet specific and identified needs.
- While specialist services are working with a child or young person, the other people around them will continue to provide support as well.
- Once any specialist treatment has been completed, on-going support will be continued by people who are close to the child or young person including family and friends.
- There is an appropriate response by services when things change or get worse.
- Look at how services can ask the same questions and share the answers with other services so that children and young people only have to tell their story once.
- Make sure that services and professionals are proactive to identify and support emerging needs of children, young people and their families.
- Make sure that support is located in the right places at the right time and provided in the right way so that children and young people will want to use it.
- Make sure that children and young people have knowledge and opportunities to provide support to each other and learn from their experiences.
- That support includes approaches and tools that will help the young person and their family as they prepare for adulthood.

4. Getting Risk Support / Care for those with the Most Complex Needs or are the Most Vulnerable

We will:

- Fully understand our local population to make sure that we know are most likely to need help and make sure that they do not slip through gaps.
- Make sure that services work together to help those that find it hardest to access support can do so and that they do not experience additional stigma or labelling because of their needs.
- Develop specific approaches to make sure that services are able to develop relationships to help engage children and young people to support them fully such as:
    - Make sure that children and young people are supported to be ready for the treatment that they need. This will mean that people who are already supporting them and know them will share their knowledge about the best approaches for other services to use.
    - All services will assertively follow up all children and young people who do not engage and utilise alternative and innovative approaches to re-engage them.
    - Services will work together to assertively engage with and support families to ensure that interventions with their children are effective. This includes active follow up and consideration of different approaches if they are finding it hard to engage.
- Have services that are flexible in their approach to support and make sure that the child or young person's needs are at the centre of all they do.
- Look for opportunities to develop integrated pathways and ways of working across all services to improve emotional wellbeing and mental health.
- Make sure that there is equality of access to support based upon the level of need and risk to the individual child or young person.
- Make sure that the support provided has been proven to work for children and young people with more specific needs. Where there are gaps in recommendations of support we will test and evaluate potential new innovative approaches so that children and young people do not have to leave the local area to access support.
- Make sure that we link to all of our other local targeted strategies for children and young people with specific needs e.g. for Special Educational Needs and Disabilities (SEND).
- Ensure that effective planning and support processes are in place for those that will have ongoing support needs into adulthood, and that these fully involve young people and their families.

Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously, and communicated to the DSL.

Possible warning signs to look out for in pupils/students or their immediate family:

• Physical signs of harm that are repeated or appear non-accidental
• Changes in eating or sleeping habits

- Increased isolation from friends of family
- Becoming socially withdrawn
- Changes in activity, mood or behaviour
- Lowering of academic achievement
- Talking or joking about self-harm or suicide,
- Abusing drugs or alcohol in the family
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE/Games or getting changed secretively
- Lateness or absence from school
- Repeated physical pain or nausea with no evident cause
- Increase in lateness or absenteeism

Staff should report concerns to the DSL and log these on CPOMs.

Confidentiality
See school's Safeguarding and Confidentiality Policies.

Individual Care Plans
It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents/carers and relevant health professionals.
This can include:
- Details of a pupil's condition
- Special requirements or precautions
- Medication and any side effects
- Emergency procedures
- The role the school can play

Procedures for identified pupils
- Step 1 soft touch interventions e.g. playground support, circle time
- Step 2 pastoral support from J Bird or other member of staff
- Step 3 ELSA support or counselling
- Step 4 Assessment and care plan
- Step 5 referral to CAMHS or other external agencies.

Realistic Expectations
Mental health issues can be ongoing for a long time. They can impact greatly on a pupil's ability to access school. We need to ensure that all members of staff are realistic in their expectations of affected pupils, to ensure those pupils are not placed under undue stress which may exacerbate their mental health issues.

Expectations should always be led by what is appropriate for a specific pupil at a specific point in their recovery journey rather than by what has worked well for others, so some degree of flexibility is essential.

Expectations to consider addressing include:

• Academic achievement
• Absence and lateness
• Access to extra-curricular activities including sport
• Duration and pace of recovery
• Ability to interact and engage within lessons

Staff Wellbeing

The moral purpose of the school and its focus on wellbeing also extends to the adults who work and support school. Promoting staff wellbeing has a direct link to enabling children to realise our school aims and promotion of the values that underpin them.

Often the first signs of changes in staff wellbeing are seen by those colleagues working most closely with them. We would encourage colleagues to listen, support and be non-judgmental in their responses, informing senior colleagues where concerns escalate or have safeguarding implications.

There are a number of activities that school currently does to promote wellbeing with staff including:

- Distributed leadership so that workload is spread across groups
- Setting aside non-class time, we provide more PPA and non-contact time, management release than is set out in School Teachers' Pay and Conditions and staff can ask for more time when they feel they need it.
- Fostering the school's culture and systems so that staff are aware that they need to take ownership for managing their own time and are confident to ask for support from colleagues
- Asking for staff opinions so that they are informed about any possible conflicting health or wellbeing issues before making decisions.
- Offering treats such as Friday treats, Thank you Thursdays, end of term staff gatherings.
- High quality Joint Practice Development opportunities, both in school and via high quality third party providers. Access to Collabor8 network of subject leaders, moderators and good practice visits to other schools.
- Free staff meals, free tea and coffee, cold water dispensers, so that staff can be refreshed and recharged
- Flu jabs arranged to try and reduce staff absence
- Time given for data and assessment
- Free reversible jackets for break duty and off site trips.
- Anonymous staff questionnaires

- Regular opportunities to feedback on pilots and new initiatives to ensure school considers workload and impact on wellbeing.
- Clear roles and responsibilities articulated through staff handbook
- Accountability and expectations clearly articulated and discussed regularly with staff.
- Coaching and mentoring for NQTs, teachers in their second year and other staff as the need arises.

However, there is more we can do. As Leaders we aim to keep the following in mind:

Valuing staff

As part of our ethos, the belief that staff are the school's best resource forms part of the school's ethos. In the view of the senior leaders, if they treat staff well then they will receive over and above in return in terms of what staff are prepared to do for the school and therefore the children.

The school always looks to accept requests from staff to attend personal events, such as their child's first nativity play or a graduation, as it acknowledges that this positively affects their wellbeing. It is helpful for school to get to a point where the culture is such that it can be understanding of the busy lives of staff.

Clarity in scheduling and purpose of meetings

Dates of meetings are added to the calendar at the start of the academic year and or term, with minimal changes being made to the meetings schedule as far as possible. We have now introduced a half termly plan which allows staff to be aware of their workload, to manage their time more effectively, knowing what is expected and to plan ahead.

Where meetings need to be changed, SLG explain the reasons to staff. SLG will consider whether or not it still needs to happen, and look to give staff a week's notice before cancelling it. Doing this in good time can, for example, enable staff to save money in terms of childcare costs. Meetings do not take place unless they have a specific purpose.

The school also has a quality assurance calendar, which can impact on the workload of staff. For example, in the spring and early summer term, subject leaders complete the part of their standard reports and action plans which focuses on raising standards and leadership through the SEF and school Development Plan. It is important that leaders carefully frame such opportunities and manage expectations to enable work to be completed in timely ways so that it won't affect the work of others or have a detrimental impact on 'work-life balance'.

Focusing on the 'meaningful' in marking, planning and report writing

The school has reviewed the marking policy to ensure manageability. School is in contact with MarkMate to trial verbal marking that can be printed for books thus saving teachers' valuable time. This helps ensure the marking is something that is worthwhile and contributes to children's progress, while tolerating the fact that teachers cannot mark in such detail every week.

SLG consider the impact of feedback which makes the difference to children. Policies in areas such as marking should be as meaningful as possible, so that staff understand why they have to do it.

The school also asks that teachers plan their lessons, but it does not require staff to complete a detailed lesson plan. As a basic principle, everything should have a purpose, and the purpose should not be just to reassure the senior leadership team.

This principle of focusing on what is necessary extends to report writing. The school observes the statutory requirements for reporting to parents, and looks to find a balance in the amount of detail teachers give in the termly snap shot reports for attainment and progress. This means that parents are well informed and additional meetings are minimised thus reducing workload pressures.

Leaders in school ensure there are arrangements in place to support individuals experiencing stress, referring them to the school's Occupational Health advisers where appropriate. Detailed records are kept which enable the school to measure its performance in relation to stress management and employee wellbeing, such as:

- Sickness absence data
- Staff turnover, exit interviews
- Number of self-referrals to the counsellor service
- Number of referrals to Occupational Health support
- Numbers of grievance and harassment cases

Developing a meaningful partnership with parents to support the wellbeing of all children

An open door policy operates, providing opportunities for parent's views to be heard. Engagement with parents is promoted through workshops, parent's evenings and events to celebrate success such as class assemblies and the Year 6 Leavers Graduation Ceremony.

Therefore, to promote emotional literacy, resilience and wellbeing further, school has signed up to the Wellbeing Award detailed below.

- We have signed up for Wellbeing Award for Schools run by Optimus Education in conjunction with the National Children's Bureau (see additional page for the principles of the award). The initial visit from the adviser is scheduled for 12th February.
- Staff have been introduced to the award through INSET sessions, but further INSET time is planned in for this term.
- School Council and SLT have been introduced to the award and the reasons why support for emotional wellbeing is so important. School council have been asked to collect ideas for supporting pupils' wellbeing from their classes ready for the next meeting.
- School has completed a School Self-Evaluation against the KPIs for the award to see where we currently are as a school. We are in the process of beginning to collect evidence to support these.
- A steering committee is being set up to support in driving this award across the school. This group comprises of both teaching and non-teaching staff and ideally should have a governor attached to it. Part of the role of the steering group is to complete a thorough review of provision to identify current strengths, gaps or weaknesses in the support for emotional wellbeing and mental health, this will feed into the action plan.

- The staff appraisal system has been reviewed to ensure that it allows for greater reflection and celebrates successes helping staff to feel valued in turn supporting their wellbeing.
- We have sent out surveys to parents, staff and pupils to evaluate where these stakeholders feel the school is currently in regards to awareness and provision for pupil/staff wellbeing and mental health. These evaluations are currently being analysed to provide an overview for existing strengths and areas for development.
- One of the key areas for development that has been highlighted so far is to raise awareness and challenge the stigmas of mental health with pupils. Children's Mental Health week is 4th - 10th February and we are asking staff to plan some age appropriate activities with their classes to teach about mental health and staying healthy inside and out. There will also be an assembly that week to further raise awareness.
- An Action Plan for the award is currently being written; this will be completed by LB together with the adviser during their visit in February and will feed into the SDP.

Next Steps:

- The audit and review of current strategies and practices need to be completed.
- Organise a CPD session to develop staff confidence when discussing mental health and wellbeing, and raise awareness of the potential risk factors, triggers and things to look out for to allow for early identification and intervention.
- A rationale along with Emotional Wellbeing Policies (both for pupils and staff) needs to be written to outline the existing strategies that are in place to support wellbeing at APS. This will reference other policies (e.g. Anti-bullying, behaviour, SEND etc.)
- Communication to parents: the rationale along with important information will be available on the school website. An information leaflet will be sent to parents and we will potentially organize a parent workshop to help them support their child's emotional development and wellbeing.

Further Support

Further support can be found through Education Support Partnership, a UK charity that provides mental health and wellbeing services to all education staff and organisations.

Contact Education Support Partnership Helpline on

08000562 561 (Every Day, 24 hours a day)

You can also text on 07909341229 or email support@edsupport.org.uk

Or find resources on the website at www.educationsupportpartnership.org.uk

Appendix A: Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues[2]

- Approximately 850,000 children and young people have a clinically significant mental health problem

- 1 in 10 children 5-16 years, or 3 in every classroom have a diagnosable mental health problem. This doubled between the 1980s and mid 2000s and equates to approximately 3 children per class.

- The Government's measure of children's wellbeing found that almost 1 in 4 showed some evidence of mental ill health (including anxiety and depression).

- 1 in 3 diagnosed mental health conditions in adulthood relate directly to adverse childhood experiences that have subsequently impacted on their psychological development and wellbeing.

- It is estimated that half of all mental health problems manifest before the age of 14 years, with 25% enduring mental health conditions being present by the age of 24 years. Yet less than half receive treatment at the time

- There has been an average increase in referrals of 25% to targeted Child and Adolescent Mental Health Services (CAMHS), with the range being between 20-70%.

Support on many mental health issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support
Anxiety UK: www.anxietyuk.org.uk

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or

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[2] Source: Young Minds

months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support Depression Alliance: www.depressionalliance.org/information/what-depression

Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support
Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders
 Eating Difficulties in Younger Children and when to worry:
www.inourhands.com/eatingdifficulties-in-younger-children

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support
OCD UK: www.ocduk.org/ocd

Self-harm
Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support

Self-Harm: www.selfharm.co.uk
 National Self-Harm Network: www.nshn.co.uk

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Online support
Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org
On the edge: ChildLine spotlight report on suicide:
www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/

Appendix B: Sources or support at school and in the local community

School Based Support
• **Referral to CAMHS (Child and Mental Health Service).** Suitable for all pupils in primary and secondary schools. Access is via a referral from the school with permission and consent from the parents. The HT/DHT/SENCO is able to make a referral and discuss the process with the pupil and parents. Meetings and support can be organised in school time, having access to a room and review meetings planned as appropriate. This is suitable for a range of family experiences and can include family therapy and play therapy together with counselling support.

• **Discussion with the School Nurse.** HT/DHT/SENCO talk together and discuss concerns with school nurse. With consent from the parents, the pupil is able to speak with the school nurse with/without parents present – depending on the needs of the child and request of the parents. This is suitable for dealing with any health issues and managing emotions of the pupil and family.

• **Referral to the Early Help Team.** A referral form is completed. This can be carried out by the HT, DHT or SENCO in consultation and with parental consent. Meetings can take place on the school site with parents fully involved. Several meetings take place with a review session to discuss the next steps. This is available to pupils in primary schools and can include support on transition, managing change and issues around anxiety associated with bereavement and separation.

• **In school**. Members of the Senior Leadership Team are available to support pupils experiencing short term issues. However, SLT are not trained counsellors and may need to sign post to other agencies for more, long term support. Staff can support with managing behaviour and developing behaviour that fully supports learning. With more challenging behaviour, the school can refer to the Behaviour Support Team with regards to behaviour issues or the Educational Psychologist if relating to lack of progress with learning.