**TIS Consultancy Support Visit Information**

**Purpose of the visit:**

The key purpose of the visit is to support your school in developing a whole school approach for mental health and emotional wellbeing for students and staff. As part of this ,the visit will also pay special focus on supporting children with emotional and mental health difficulties and if appropriate in achieving the Trauma Informed School Award. The visit is not an inspection, it is an opportunity for the school to show case the excellent practice it has in place and to identify areas for future development. During the visit the school will be able to highlight areas in which they would like further support from TIS UK / Headstart Kernow as well as providing feedback about the training and tools they are using such as Motional.

At the end of the visit the school will receive an independent report to celebrate success as well as identify areas to further develop. It will also consider the progress towards the Trauma and Mental Health-Informed Schools award and, if required, a recommendation as to anything they need to do further to satisfy the criteria.

**Planning for the Visit**

***All activities both before and during the visit will be directly linked to the implementation of the Protect, Relate, Regulate and Reflect checklist.***

Schools will need to provide a number of documents **5 working days** prior to the visit. These include;

* Exclusions data
* Newsletters /website links
* Ofsted report
* Behaviour/relationship policies
* HSK Lead contact details
* HSK action plan
* Completed implementation checklist (self – assessment)
* Finalised visit day timetable (based on suggested one attached)

**During the visit**

The visit provides an opportunity for the school and the consultants to work together to evaluate the journey the school has taken to support children with emotional and mental health needs and to consider the way in which it supports adults working in the school to be emotionally healthy. The following activities will take place during the visit;

* Discussion with Head teacher
* Discussion around governance involvement
* Discussion with SLT lead for behaviour and care guidance and support in school
* Discussion with pupils, ideally some who have engaged in support programmes and some who have not
* Discussion with adults working in the school, this should include teachers and non-teaching staff as well as the TIS practitioners
* Observations of unstructured times, transitions, breaks, entry into school
* Observations of children in pastoral environments
* Review use of Motional
* Discussion regarding Case Studies / good practice examples
* Feedback – A opportunity for the school to celebrate the achievements so far and consider next steps. Schools are also encouraged to feedback on the visit and discuss any further support they may feel beneficial.

*Visits will start with an orientation tour, observations of the children arriving at school and a discussion with the head teacher. They will end with feedback to senior staff. Schools are encouraged to plan the timetable for the remainder of the day to reduce disruption to the working day.*

**After the visit**

School’s will receive a report within 3 working days which summarises the outcomes of the consultancy visit. This will also make clear any recommendations regarding ‘readiness’ for applying the TIS UK Awards. They will also have a follow up skype consultation at an agreed date.

Appendix 1 - **Self-assessment Implementation checklist for Protect, Relate, Regulate, Reflect**

**Scoring descriptors**

1 = Not yet in place or not yet secure

2 = Securely in place

3 = Embedded/good practice

**Minimum-maximum scores**

Protect: 9-27 Relate: 7-21 Regulate: 6-18 Reflect: 9-27 Total: 31-93

|  |  |  |  |
| --- | --- | --- | --- |
| **Protect** | | | |
|  | Critera | Evidence | Score |
| 1 | Ensuring children feel psychologically safe in school due to an established culture of warmth and social engagement in staff-pupil interactions |  |  |
| 2 | Key interventions implemented to support a culture of warmth and social engagement in staff-pupil interactions |  |  |
| 3 | Staff trained in empathic and playful modes of interaction (attending specifically to use of their language and voice) |  |  |
| 4 | Staff using empathic and playful modes of interaction (attending specifically to use of their language and voice) |  |  |
| 5 | Vulnerable children knowing when and where to find at least one specific and emotionally-available adult |  |  |
| 6 | Vulnerable children having daily, easy access to at least one specific and emotionally-available adult |  |  |
| 7 | School staff adjusting expectations and practices around vulnerable children to correspond with those children’s developmental capabilities and experience of traumatic stress and loss. |  |  |
| 8 | Interventions and implementations showing that the emotional well-being of staff is high priority/ to carry out duty of care to staff |  |  |
| 9 | Ensuring that school staff feel valued and highly respected by Senior Leads, with frequent feedback from Senior Leads on what they are doing well with specific reference to how they are enhancing the children’s wellbeing. |  |  |

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| --- | --- | --- | --- |
| **Relate** | | | |
|  | Criteria | Evidence | Score |
| 10 | A Relationship Policy (for staff) alongside Behaviour Policy (for pupils) |  |  |
| 11 | Staff trained in interventions that help them get to know children better on an individual basis |  |  |
| 12 | Staff using interventions that help them get to know children better on an individual basis |  |  |
| 13 | A whole-school approach to supporting vulnerable children to see themselves, their relationships and the world more positively |  |  |
| 14 | Helping vulnerable children shift from ‘blocked trust’ to trust, and from self-help to help-seeking |  |  |
| 15 | Provision of repeated positive experiences for children with key emotionally-available adults |  |  |
| 16 | Senior Leads ensuring staff have daily repeated positive relational experiences |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Regulate** | | | |
|  | Criteria | Evidence | score |
| 17 | A variety of evidence based interventions designed to bring down stress levels in vulnerable children from toxic to tolerable |  |  |
| 18 | Evidence-based interventions that may go some way to repair brain damage caused by painful life experience where there was no social buffering |  |  |
| 19 | Whole-school training in the evidence based research on emotional regulation |  |  |
| 20 | Whole school approach to using PACE (play acceptance curiosity and empathy) with distressed/ stressed parents so they feel calmed, heard, connected with and valued |  |  |
| 21 | Senior Leaders to be aware of high stress states in staff |  |  |
| 22 | Senior Leaders to provide stressed staff with sufficient emotional regulation e.g. ‘Reflect and Restore’ staff-only spaces and evidence based stress reducing interventions, e.g. clinical supervision, timetabled time in a protected calm environment e.g. sensory zone, or for mindfulness |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reflect** | | | |
|  | Criteria | Evidence | Score |
| 23 | All staff trained in the art of good listening and ‘ the words to say it’ for empathic response to pupils, staff and parents |  |  |
| 24 | Key staff trained in reflective conversations to enable vulnerable children to edit the inaccurate narratives they have told themselves |  |  |
| 25 | No child left without help to process, talk through and make sense of major painful life events when they want to, with someone trained to provide empathic response. |  |  |
| 26 | Children provided with the means (e.g. through poetry/music/art/ sand play/drama) to symbolise painful life experiences through images not just words |  |  |
| 27 | PSHE (Personal, social, and health education) informed by the latest research on the neuroscience and psychology of emotion 28 |  |  |
| 28 | PSHE (Personal, social, and health education) informed by the latest research on the neuroscience and psychology of relationships that harm and relationships that heal |  |  |
| 29 | PSHE (Personal, social, and health education) informed by the latest research on mental health and ill-health (causes as well as symptoms) |  |  |
| 30 | PSHE (Personal, social, and health education) informed by the latest research on how to use life well |  |  |
| 31 | Senior Leaders to provide staff with a forum to talk in confidence about their feelings and particular stress triggers from their work |  |  |

**Appendix 2 - Suggested / example support visit timetable**

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| --- | --- |
| 8am | Arrive, meet Head quick orientation tour of school |
| 8:30am | Students seen coming to school |
| 9:00am | Meet with HT to talk through school values /ethos and the whole implementation of TIS |
| 9:30am | Meet with TIS school lead to discuss case studies/ use of Motional/resources – spaces |
| 10:00-  1:30pm | School to show/timetable a range of activities to include talking to: students/governors/ staff /observing sessions-interventions and breaks/ practice they are proud of / practise they want to share |
| 1:30-2:30pm | Consultant time to pull together feedback |
| 2:30pm | Feedback to Headteacher/SLT and TIS school lead |
| 3:00pm | Consultants leave |
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