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IES Polígono Sur



Devon & Cornwall Police



Devon Virtual School



Excelentísimo Concelho de CERCEDA



The Learning Institute



Erasmus+

Output 4

School psychologist Inger Carlsson. SIP- in the work with school pupil

I have participated in the work of a student in the school from the fourth year to the seventh year. So four years. I work in the school's central student health and am a psychologist. Also had guidance with the school staff during this time.

The background is that there have been great difficulties in the learning and behavior of the pupil. Very large adjustments have been required, but the school has had a very difficult time getting to a school situation where the learning and social environment has been able to function. The biological family has been in great need of support for both children and parents (intellectual, cognitive and social). The children were placed in family homes.

Meetings

The headmaster of the school was coordinator throughout the years. Never went to another coordinator. There were many businesses and professions involved. Among other things, the parents had housing assistants at meetings. Social service with several functions, LSS, housing assistants, BUH, BUP, school staff as teachers and resources, birthparents, the fostercare parents, staff in short-term housing. The student was often with a moment at the beginning of the meetings and saw everyone who was around for both the parents and the student.

Development / Process

Several things happened to the family where the student moved home and to new fostercare homes. The separations affected the pupil as well as the minor birthparental ability. The ability to participate in learning was limited. The ability to participate in a group and with friends was limited. The student's sense of commuting and with this different behaviors.

The environment's help needed to be changed from time to time due to the circumstances, feelings and needs of the student.

Many investigations were conducted within NPF. Afterwards it was decided with further investigation for the pupil about school attendance.

The pupil's situation in school and adaptations gradually developed into a good school form, but for long periods the situation was difficult for the pupil both at school and at home.

Positive with SIP coordination meetings

Many agencies and support persons received the same information at the same time. The knowledge gained by the various participants was shared with everyone. The parents were able to convey information and needs that they saw. The observations and knowledge of the parents and the family home were also used. I was able to share analyzes, thoughts and ideas to which I received feedback. Could realistically adapt these ideas and they could be tested. And the next opportunity is evaluated if it wasn't too far in between.

Parents' concerns and confusion could be lessened when they were always with them and their supporters brought with them the knowledge. When there were many ups and downs and very difficult situations in the school, SIP meetings could support each other and find alternative solutions that could be implemented immediately when everyone was familiar and could plan times and actions ...

The student experienced how many people were around him and his family. In this, there was a "care" about the surroundings that the student could hear and see. The student recognized the people over time who were with them. Some concrete things were raised and corrected as the pupil wished.

We at school saw that there was great support around the pupil which continued over time. We could put all the parts into context and not only had access to scattered parts and knowledge. It became a coherent knowledge that we shared and that led to a new investigation being done.

Here you could quickly collaborate on and how this would be done when you had had contact through SIP on several occasions.

Whoever did a new school form investigation was known to everyone in the network including the student and could easily get information needed for the study. You could help each other with times and meetings to make it easier for the student and family.

After meeting for many years and receiving information continuously, there was a collective knowledge from several years around abilities and school situation that facilitated the various investigations that were made. In trying and performing actions even if, for example, school staff are replaced (important with people who remain and continue in the same case). We could also see that the recognition of parents, pupil and ourselves gave a positive feeling that we were some who "cared". We gave each other security and reduced stress as there were many and the same people who took responsibility for resp. bit.

One difficulty was that responsible physicians never participated in SIP and the doctor sat alone with the parents and the family home parents. This led to difficulties in evaluating medication and to make it work even if BUP staff brought information.

Know that the parents were happy that the meetings were made, that they could attend and that they felt a great support with everyone around them. For my part, I think I got a lot of information that helped me understand and think further, and it was also a good basis in my investigation of school form. This is my experience as a psychologist at other SIPs. You get a more complete picture. Maybe not the goal of SIP. But it can be the same for others as for example, social services, BUP etc.

CASE 1: Risk of exclusion

The minors at risk of exclusions, included in the Social Services programme. This program is accompanied by advice and training of parents, job search and job placement are complemented by supervised housing, assisted by educational personnel.



STEP

Detection

Teachers complain because they do not go to school neat, they present with illnesses that are not treated in short, they suffer from lack of protection. It can be also detected by medical services.

FAMILY

Despite the intervention of social services, the situation of the family does not improve.



STEP



STEP

Diagnosis

Social services work together with the school and the medical services to analyze the situation of minors.

Performances

In the next stage the team has to determine if there is a defined protocol action for the attention of the detected situation (why these children are at risk of exclusion). The protocol must be used and defined by the intervention team.

At the same time, direct communication can be established between the different professionals to gain effectiveness, especially in these cases.

At the same time, direct communication should be established between the different professionals to gain effectiveness, especially in these cases where the health and education of the child is compromised.



STEP

Monitoring

A guide included in the protocol of ill-treatment, or lack of care will be used. The social services together with other professionals must explore the circumstances and the factors that are required to intervene, they must be evaluated and an intervention must be undertaken with the children and families. This is to modify the circumstances that led to the situation at risk of exclusion.



STEP



STEP

Protocole

If the case is considered serious, then more actors intervene in the process, the Regional Government of Galicia has the Technical Teams for Minors made up of professionals from various disciplines (pedagogy, psychology, social work, social education and law). These are responsible for evaluating possible aids and calculating the risk.



STEP

Assessment

In the case of lack of protection that affects children, there may be connection points in both directions, in this way we ensure that the lack of protection of minors is attended. The inter-professional collaboration to solve the problem, but also that any children are left without the necessary attention.

If the programme doesn't work, children will be taken to the guardianship of minors.

CASE 1: Absenteeism

The minor is an intermittent absentee. Its percentage of absences exceeds 20%. In general, the child shows little interest in learning and his curricular level is low.



STEP 01

Detection

The number of unjustified absences from the school exceeds 20% a month

Family

Check the family situation to determine if this is the cause of absenteeism. Categorize in the following types:

- In social exclusion
- Unstructured one
- Neglected children
- Others

STEP 02



STEP 03

Diagnosis

The psychologist and the social worker must intervene to make a diagnosis of the situation and determine the actions to follow (psychological study, study of family relationships, economical situation)

Performances

The determined actions taken in the previous step will be worked with the families and children, that is, attention to the social workers, police monitoring and familiar therapy.

STEP 04



STEP 05

Protocol

If there is NO change, apply the absenteeism protocol established by each educational institution.
If there is change, go to the next step.

Monitoring

Check that the student returns to a normalized situation

STEP 06



STEP 07

Assessment

The measures taken will be evaluated

CASE 2: Bullying

The minor sometimes misses the lessons without justification. He is isolated and has difficulties with his peers. In occasions, he cries and is reluctant to talk about what happens to him. The absenteeism is occasional, but we suspect something is wrong



STEP 01

Detection

The absenteeism is occasional. The child looks sad and unhealthy.

Check the familiar and school situation

Check the family situation to determine if this is the cause of absenteeism. We explore the relationship with other students at school to determine the problem. The child is isolated from the rest of his classmates. He does not speak, but he is always sad.

STEP 02



STEP 03

Diagnosis

The psychologist and the social worker must intervene to make a diagnosis of the situation and determine the actions to follow. They study all the situations and they will determine if the child is suffering bullying.

Performances

The bullying protocol begins. They determine who the stalkers are and the psychologist conducts a study with the stalkers to determine which of the actions we should perform to change the attitude of those minors tracing



STEP 04



tracing

The actions are aimed at the two parties that make up the bullying. Treatment for the harassed:

Psychologist helps in the following way:

- Treatment with families.
 - Social Affairs Attention
 - Individual therapies
 - Group therapies
- Likewise, the stalker needs help to modify his behaviour so he performs individual and group therapies.

Monitoring

Check that the student returns to a normalized situation. Observe whether the harassed and the harasser are integrated into the group and have a positive attitude.



STEP 06



STEP 07

Assessment

The measures taken will be evaluated

CASE 3: Abuse

Adrian is fifteen. He has a very disruptive attitude and he is always expelled from various schools. Since childhood, he shows a strange attitude. His mother died in an accident due to alcoholism. He is educated with his paternal grandparents. His family is airtight but the psychologist of the school detects that the father hits his son and his grandparents hide it.



Family

Check the family situation to determine if this is the cause of absenteeism. Categorize in the following types:

- In social exclusion
- Unstructured family
- Neglected children
- Others



Performances

The interventions have to go to three different areas:

- Social issue
- Psychologist
- Juvenile Prosecutor



Monitoring

Check that the student returns to a normalized situation. It is very important the help of the social worker and psychologist to work with this child for a long time.

STEP 01

Detection

The student shows a challenging and very disruptive attitude. The verbal aggressions are continuous, so in the two schools he has been, the student has continuously been expelled.

STEP 02



STEP 03

Diagnosis

The psychologist and the social worker must intervene to make a diagnosis of the situation and determine the actions to follow (psychological study, study of family relationships, economical situation)

In this case, the investigations show that the child is suffering abuse at home by his father.

STEP 04



STEP 05

Protocol

- Lines of intervention
- Police
 - Social affairs
 - Psychologist
 - Withdrawal of the child

STEP 06



STEP 07

Assessment

The measures taken will be evaluated.

ITALY CASE

CASE 2: Family problems

This case study focuses on a Primary School male pupil, AF. He started attending our Primary School at the age of six, in 2019.

We met AF's grandparents at the beginning of the school year when we had interviews with families for enrollment in the first classes.



STEP

FAMILY

6-year-old AF is the son of drug-addicted, divorced parents. His mum frequently visits drug rehabilitation centres.



STEP

Diagnosis

He ran away from the classroom, hid in corners, threw his classmates' notebooks on the ground, etc. In the one-to-one relationship with teachers and adults the child was certified, in accordance with Law 104 for mixed conduct and emotional disturbance (code ICD10 F92), for an educator to help him.

3 STEP

Performances

In the next stage the intervention team identified the protocol action for the attention of the detected situation (The town hall of Cerceda has its own protocol according to regional rules).

At the same time, direct communication can be established between the different professionals to gain effectiveness. Family intervention through social services is required.

5 STEP

Monitoring

The social services together with other professionals must explore the circumstances and the factors that intervene. They must be evaluated and an intervention must be made with the child, the family and the school. This is to modify the circumstances which led to the problem.

7 STEP

4 STEP

Protocol

Social Services, schools and health centres, when situations of lack of protection with children is detected. They have a protocol, and they know how to proceed with the minor in the case of lack of protection. With the protocol we ensure inter-professional collaboration but also ensure that there aren't any children left without the necessary attention. Social services act as family educators.

STEP **6**

Assessment

In the case of school problems that affect children, there may be connection points in both directions. In this way we ensure the lack of protection of minors is covered. We must ensure inter-professional collaboration, but also ensure that any children aren't left without the necessary attention.

CASE 1: Risk of exclusion in the English police

The minors at risk of exclusions, included in the Social Services program.

This program is accompanied by advice and training of parents, job search and job placement are complemented by supervised housing, assisted by educational personnel.

STEP



Diagnosis

Schools/colleges may report their concerns for the child to the police, usually using the 101 non-emergency contact number.

Enquiries at the home address will be conducted by a front-line response police officer who will visit to do a 'welfare check' on the child, plus siblings and external family if required.

Protocol

Depending on the result of that certain follow up actions will take place. It is highly likely a Vulnerability Screening Tool (VIST) form will be completed and if consent is given by the family (sometimes in high risk cases the lack of consent can be over-ridden) this will be shared with other agencies if additional support is required.

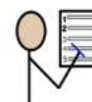
STEP



School Absenteeism - Actions to follow

Step 1: Registration

A clear and well-established routine for registration of attendance:
Teachers report in the attendance system if a student is missing from class.
The parents are immediately notified that their child is absent.



Step 2: Identification

Teachers check the total absence every week.
Students with an absence of 20% and above are reported to the student health team.
School meeting with student and parents.



Step 3: Mapping and analysis

An interprofessional student health team performs a survey together with the teachers.
Find out which staff has the best contact with the student.
Conduct interviews with the student, parents and staff who have worked with the student.
Have the student check and approve the results of the survey before reporting it.
Document the results.
Interprofessional analysis of the survey results:
What conclusions can be drawn? What support measures are needed?
Document the analysis.



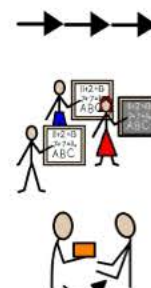
Step 4: Planning

Interprofessional planning of individual support together with the student for additional adjustments and special assistance in school.
Make an action plan with realistic goals that can be achieved in the near future.
Create a timeline for the activities required to achieve the goals, decide who will perform what tasks.
Ensure good relationships with the student and the parents.
Consider interprofessional collaboration by multi-agency working.



Step 5: Action

Continuous teaching and daily contact with the student
(using a communication channel that works well for the student).
An active team of teachers who plan the teaching together.
Interprofessional collaboration / multi-agency working.
An active coordinator / case manager.
A flexible organization around the student.
When changing schools: Carefully planned and documented handovers.



Step 6: Follow-up

Frequent interprofessional checks and follow-ups of the action plan:
Evaluation of goal fulfillment and efforts, continued planning.



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