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**Newcastle SEND Descriptors of Need**

**Part 3**

**Guidance for Children and Young People with SEMH needs:**

**The School Years**



Version 1 September 2022

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**Social, Emotional & Mental Health: Descriptors of need**

The children to whom this guidance relates will present with a range of features of social, emotional and mental health strengths and needs which impact on their learning and social and educational inclusion. Individual children may display a range of these features which will vary according to context, and which change over time.

It is not expected that any child will match all the descriptors listed below. The descriptors may be used to support the identification and assessment of the needs of an individual. It is imperative that the school has an inclusive environment and culture and demonstrates that each child’s needs and voice are of paramount importance.

The voice of the child and family must be identified at an early stage and support given by the school and other agencies to the family to enable then to support outcomes for their child at home.

As the severity of any mental health difficulties increase, the impact on the child’s functioning and ability to access an educational environment and other activities increases as they move through the ranges. Recognising the extent of a child’s emotional needs/mental health difficulties is complex and requires professional expertise and collaboration between those involved. A child’s mental health difficulties may not always be clear, as they may ‘mask’ their needs and attempt to conform to expectations. The child’s views could be sought via a person with whom they feel psychologically secure, if appropriate. The lived experience of the family should also be listened to better understand the child.

See below for possible ways in which a child might present, due to their Social, Emotional and Mental Health (SEMH) needs:

**Social**

**Within a context of strengths, the child may:**

* Be socially vulnerable, withdrawn, or isolated within their peer group.
* Have underdeveloped social skills, or they may not have had the opportunity to develop resilience and the positive social and emotional skills needed within a whole school environment.
* Seem anxious and/or worried when there are changes to their routine/when rules are not explicit or clear and/or they may experience a trigger associated with a previous or ongoing trauma.
* Find it hard to relax into/enjoy social interactions and relationships, potentially due to their unmet emotional needs in early relationship formation and /or experiences of trauma. Please note, children’s preferences for their own company does not indicate need and may be personal preference/indicative of a social communication need or preference.
* Be slow to develop age-appropriate self-care skills due to their emotional needs. Their ability to prioritise self-care may also be linked to learning difficulties.
* Seem dysregulated for some of the time, thus meaning that they can carry out behaviours which are not always safe/may be risk taking.
* May become dysregulated in new social situations and during social conflict.
* Struggle to maintain and repair positive relationships with peers and adults.
* Have developed adaptive coping skills and therefore seek to control others’ behaviours.
* Have extreme views or beliefs.
* Have reduced capacity to go to others for help.

**Emotional**

**Within a context of strengths, the child may:**

* Show signs of stress and anxiety and/or difficulties understanding and expressing their emotions.
* Have difficulty identifying their emotions or triggers and they may need support to self-regulate o self-regulate in self-harming in more significant contexts.
* Have fluctuating moods which might indicate depression, or heightened states such as hyperactivity, and be unable to prevent these from affecting their ability to positively socially interact with their peers/others
* Exhibit crises which may be one off, prolonged, or regular responses to anxiety, or they may be learned responses to undesired or stressful situations.
* Show patterns of stress or anxiety related to a specific context or a specific time of the day.
* Engage in high risk-taking activities both at school and within the community, potentially due to an emotional need to fit in and or an emotional need to have some control in their own context.
* Display harmful sexual behaviour, as a result of their unmet emotional needs.
* Use defensive coping strategies to feel safe, through anti-social actions to others.
* Be at risk of sexual/and or criminal exploitation. This may be linked to their having periods away from school, due to exclusion/emotionally based school avoidance/the Covid pandemic.
* Hide own emotions to maintain relationships.
* Completely ‘zone out’ and disconnect during times of stress.
* Struggle with transitions, evident through behaviours which indicate anxiety or stress.
* Present with heightened sensitivity to sensory factors.
* Present with sleep difficulties.
* Struggle with eating, based on self-perception or anxiety.
* Regularly procrastinate/ divert attention when given challenging tasks, thus indicating low resilience. Note, within a learning context, this may also suggest a learning difficulty warranting further investigation.
* Have a limited ability to recognise their emotions and/or limited emotional vocabulary.

**Mental Health**

**Within a context of strengths, the child may:**

* Have a diagnosed mental health disorder, such as anxiety and/or depression.
* Have mental health needs which may impact on their ability to emotionally regulate, their wellbeing, sense of confidence and self – esteem.
* Need adults’ support when their mental health is particularly of concern to them or others and be supported with coping strategies as recommended by a mental health professional.
* Have issues around identity and belonging.
* Experience acute anxiety, fear, or isolation.
* Experience emotionally based school avoidance.
* Present with self-harming behaviour.
* Have attempted suicide.
* Engage in substance abuse.
* Be identified as being at risk of Child sexual and/or criminal exploitation.
* Experience eating disturbances.
* Experience sleep disturbances.
* Experience separation anxiety.
* Feel helpless/passive.
* Feel irritable/difficult to soothe.

The school will need to demonstrate that the provision, systems and training that are in place are effective in meeting the needs of children with SEMH. Consistency of approaches and communication between home and school is essential.

Communication between staff and joint strategies in a personalised plan must be in evidence, including reviews of what is leading to progress for the child against clear, specific SEMH targets.

The school must have a graduated response to working with children with SEMH so that low level concerns do not escalate too quickly thus causing an inappropriate response.

Approaches used must be evidence based (see the Local Authority’s 5 RsTraining offer, as well as seeking support from other services below)

**Resources available to schools**

Refer to the Local Offer for information about local charities and organisations offering support:

* The Rise Project
* The 5 Rs Local Authority Training package
* The Mental Health Trailblazer – Senior Mental Health Leads training
* Early Help
* Educational Psychology
* Children and Young People’s Service (CYPs) or Children and Adolescent Mental Health Service (CAMHS) if the child’s GP is based in North Tyneside.
* Outreach support from the Advice and Support Allocation Panel (ASAP)

Please our local offer pages: [Understanding and Developing Social, Emotional and Mental Health Skills (SEMH)](https://www.newcastlesupportdirectory.org.uk/understanding-and-developing-social-emotional-and-mental-health-skills-semh)

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| **Descriptors of Need Overview** |
| **Range 1**  | * Children will have been identified by staff, family or themselves as presenting with some low-level features of social and emotional needs.
* They may have underdeveloped social skills.
* They may experience some difficulties with social interaction skills and in relationships
* They may show signs of stress and anxiety and/or difficulties managing emotions on occasions.
* The child can usually recognise how they are feeling and independently use a socially appropriate strategy to manage their emotions and responses (for example, asking for help).
* The child often engages positively with peers and adults and mutually rewarding relationships are developing.
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| **Range 2** | Any difficulties identified at range 1 continue and there has been no significant measured change in their SEMH development (measured against clear, specific targets), despite quality first teaching and range 1 interventions being in place.* The child’s emotional needs are more persistent and seem to affect the child’s functioning and wellbeing.
* The child may seem worried and anxious, and this may affect their self – confidence and self – belief.
* The child finds understanding their thoughts and feelings difficult without adults’ support.
* The child may have become socially and emotionally vulnerable, withdrawn and/or isolated.
* The child may show patterns of stress/anxiety related to specific times of the day.
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| **Range 3** | Difficulties identified at range 2 continue and there has been no significant measured change in their SEMH development (measured against clear, specific targets) despite quality first teaching and range 1 and 2 interventions being in place.* The child’s emotional needs become more obvious than at range 2 and more likely to affect their functioning and/or wellbeing.
* The child may find it hard to relax into and enjoy social interactions with others.
* The child may be socially and emotionally vulnerable, withdrawn, isolated, and/or be susceptible to unpredictable/painful patterns of behaviour that impact on their functioning.
* Patterns of stress/anxiety related to specific times of the day may have become more common.
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| **Range 4**  | The childcontinues to present with significant and persistent levels of social and emotional difficulties which are now more complex, and which necessitate a multi-agency response, alongside family intervention, as appropriate.* The child’s emotional needs are unmet to the point where they feel dysregulated and there is an impact on their positive mental health/wellbeing and functioning.
* The child responds to a high level of targeted support from an adult and needs this to feel regulated and able to access some small group learning and/or interactions.
* The child is likely increasingly isolated and their unmet social and/or emotional needs are such that they find mutual, enjoyable interactions with others hard.
* The child accesses targeted intervention to develop specific targets in the area of SEMH, such as evidence-based intervention which draws on Cognitive Behavioural Therapy, relational interventions and approaches to promote relationships (see 5 Rs Training offer). Such intervention leads to progress against SEMH targets.
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| **Range 5**  | The child presents with significant and complex social emotional and mental health difficulties, which may be compounded by additional needs and sometimes require specialist provision outside the mainstream environment for a period of time, including:* The child is likely to seem distressed and/or anxious for most of the time, which significantly impacts on their functioning and wellbeing.
* The child is likely to have mental health difficulties, diagnosed by a Mental Health professional.
* The child may experience emotionally based school avoidance.
* The child’s associated behaviours may be risk taking and or unsafe.
* The child may be at risk of criminal and/or sexual exploitation.
* The child may have underdeveloped self-care skills.
* The child may have physical, sensory and medical needs that require medication and regular review. These may or may not be linked to a mental health condition, such as an eating disorder.
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| **Range 6**  | There are continuing, significant and complex social, emotional and mental health needs, often compounded by additional needs and requiring continued provision outside the mainstream environment, including:* A presentation which can be challenging for staff to understand and respond to.
* Requiring a range of targeted evidence - based interventions and/or referral to specialist support services (CYPs/CAMHs, Educational Psychology/Charity Sector/Youth Justice…)
* Experiencing neglect and or trauma, which could mean the family are on a Child Protection Plan or the child is in care.
* Language used by the child may be incongruent to that expected by the teachers and be socially inappropriate.
* The child may be involved in substance misuse either as a user or exploited into distribution/selling.
* The child may experience emotionally based school avoidance.
* The child may require targeted teaching and access learning in a dedicated space away from others.
* The child may present a health and safety risk to self and others due to significant and complex emotional and/or mental health needs and presenting risks.
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|  **Range 7** | There are continuing long term and complex emotional and social difficulties, necessitating a continued multi-agency response coordinated as annual, interim or emergency SEND review and met in specialist provision. Needs may include/be reflected in:* Self-harming behaviour.
* Attempted suicide.
* Persistent substance abuse.
* Being at risk of sexual and/or criminal exploitation or being exploited.
* Extreme violent/aggressive behaviour due to unmet/unidentified needs.
* Serious mental health issues.
* Long term emotionally based school avoidance.
* Frequently missing for long periods.
* Extreme vulnerability.
* Complex needs identified, potentially across the areas of Special Educational Need.
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**Descriptors of need for children and young people SEMH needs**

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| **Range 1****Summary of Needs** | **Assessment and Planning** | **Teaching and Learning Strategies** | **Curriculum/Intervention** | **Resources and Staffing** |
| Within a context of strengths, the child experiences low level/low frequency SEMH difficulties which mildly affect their wellbeing and/or functioning.The child may have difficulties with some or all of the following:* Understanding their thoughts and feelings.
* Forming and sustaining relationships with peers.
* Underdeveloped social/ emotional skills

e.g., difficulties with turn-taking, reciprocal attention, sharing resources etc* Some social isolation e.g., tends to play alone (although, note that this does not necessarily indicate need and may be a preference
* Low-level anxiety in some social situations
 | Assessment will continue as part of normal school and class assessments. Key action may include:* Monitoring the child’s response to feedback, change in routine or environment to promote understanding
* Assessment for learning opportunities can be used to record observations and assessment of, e.g., anxiety levels in different contexts
* Information from the child regarding their views using person-centred approaches
* Observations by Teacher/class Teaching Assistant /Key Stage Coordinator to better understand SEMH needs and strengths.
* School is proactive at identifying individual needs and monitors action that is taken
* SENCO may initiate more specific assessments and observations if required
* Training for all staff on supporting children’s SEMH needs, e.g., through using relational approaches, is planned
* Consider whether the child has unmet/undiagnosed learning/language/

sensory needs and refer to appropriate agencies, as appropriate.  | The teacher is held to account for the learning and progress of the child in the mainstream class.* Quality First Teaching meets the needs of all children including those with identified SEN in SEMH
* Flexible teaching groups
* Some differentiation of activities and materials
* The child’s voice informs understanding and support.
* Differentiated questioning
* Awareness that a child may need more time to complete tasks and that equality of access may mean that they need to do some things differently
* Resources and displays support independence
* Routine, authentic feedback to child about the progress they are making and hoped outcomes in all areas, including SEMH. The voice of the child should be authentically considered.
* Environmental consideration to classroom organisation, seating, and group dynamics. E.g., a visual timetable displayed and regularly referred to so that the child knows what to expect
* Rules and expectations consistent across staff, although differentiated for unique needs
* Clear routines e.g., for transitions
* Nurturing classroom approaches, including snack times for younger children, for example.
 | The school can demonstrate an inclusive ethos that supports the learning and wellbeing of all children through including:* A whole school approach to supporting wellbeing and mental health
* The child’s voice informs understanding and support
* The wider curriculum promotes positive examples of diversity
* Well-planned and stimulating PSHE/ Citizenship curriculum, differentiated to needs of cohort/class
* Anti-bullying is routinely addressed, and children are confident in reporting incidents
* Social and emotional literacy materials and interventions are available for staff use in the classroom as part of the universal offer
* Provision of planned opportunities to learn and practise social and emotional skills during structured activities
* Restorative Practice approaches are used
* Educational and residential visits are planned well in advance and take into account the needs of all children
* Close links with Parents/Carers. The Solihull approach is evidence – based at supporting wellbeing and health. Settings work with their Family Partners.
* The child’s voice is prioritised, including consideration given to their understanding of their own needs and strengths in the area and what supports them.
 | The child’s SEMH needs can be supported in a mainstream class within an inclusive setting, with differentiation of task and teaching style. Quality first teaching is in place, with a whole school relational approach. The following questions are considered and planned for:* Do children in the class have opportunities for expressing how they feel in a safe and non-judgemental environment?
* Is behaviour viewed as having a communicative intent?
* Is the behaviour/anger iceberg used when considering children’s behavioural responses?
* Are children involved in the development and evaluation of social emotional and mental health support strategies in class?
* Have the social engagement and behaviour of class groups been monitored, and appropriate interventions planned that can be delivered within class through the curriculum?
* Are behavioural and social expectations within the class clear, consistent and embedded i.e., is an ethos of kindness observable in the behaviour of the children?
* Is praise and positive reinforcement frequently available to all children? Do all children view this as attainable?
* Are the instructions in the classroom clear, concise and consistent?
* Are visual resources used with intent and purpose?
* Is Makaton/gesture used to support children with communication difficulties?
* Are expectations in the classroom clear and regarded as fair by the children?
* Does the environment provide ‘time out’ and calm zones for children to relax and self – soothe (with support)?
* Are there flexible grouping arrangements which allow for buddy support / good role models / focused teaching/ varied social interaction?
* Are children who are meeting, and exceeding classroom expectations frequently noticed and praised, as appropriate to individual need?
* Is there a positive classroom climate in which children generally receive more praise than correction, and are given specific praise for appropriate behaviour as well as for academic work?
* Are resources to teach social and emotional literacy age appropriate, inclusive and relevant?
* Are there opportunities for children to take some responsibility within lessons?
* Are Social and Emotional Learning skills explicitly taught, for example self-awareness, self-regulation, social awareness and relationship skills?
* Are there a range of opportunities for creativity within the curriculum for children to experience success and/or explore their emotions and feelings in a safe environment, for example in Art, Drama and Sports?
* Are positive Social and Emotional behaviours modelled?
* Is specific and focused praise given to good Social and Emotional Learning?

The following should also be prioritised:* Regularly updated policies for SEND, Behaviour/relationships and Anti-bullying policies
* Regularly monitored inclusion policies are implemented consistently and underpin practice
* Stimulating classroom and playground environments
* Access to ‘quiet areas’ in school
* The school employs additional adults to support the needs of all children e.g., Midday Supervisory Assistants and Family Support Workers
* All staff have received training in supporting unmet and/or underdeveloped SEMH needs and understand how to support children effectively
* Staff are familiar with current DfE guidance
* Staff access LA training to keep informed of meeting the needs of children
* Designated time is allocated to Teaching Assistants for planning and liaison with teachers
* Use of playground buddies, peer mediators, peer mentors
* Lunchtime clubs
* ‘Social and Emotional Learning through Circle Time’ curriculum (Primary)
* Staff access support e.g., via solution-focused conversations/supervision
* Time to establish liaison with parents/ carers in line with school procedures e.g., parent consultation evenings
* Staff ‘meet and greet’ their children daily
* Structured system in place to support internal transitions
* Early years learning journals are used effectively at foundation stage to highlight strengths and needs
* There is a coaching model in school to provide staff with opportunities to support each other with issues and strengths in their classrooms.
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| **Range 2****Summary of Needs** | **Assessment and Planning** | **Teaching and Learning Strategies** | **Curriculum/Intervention** | **Resources and Staffing** |
| Within a context of strengths, the child experiences more persistent emotional and social difficulties. These may affect their wellbeing and/or functioning. The child may have difficulties with some or all of the following:* Difficulties with self-regulating i.e., understanding their own thoughts and feelings and expressing them safely.
* Low self-esteem and low general resilience (evidenced through qualitative and quantitative data on mental health/wellbeing questionnaires)
* May experience difficulties responding to social situations, leading to social isolation from peers

e.g., may be fearful or anxious in new situations* Underdeveloped social/emotional skills affecting ability to establish and maintain friendships
* Reliance on adults for reassurance
* Difficulties forming relationships with adults. Please note that some needs in this area might be due to social communication needs and/or preferences.
 | As for range 1 plus:* More detailed and targeted observation and assessment relating to Support Plan and ‘Plan, Do, Review’ cycles.
* The use of questionnaires, such as the ‘the Strengths and Difficulties’ questionnaire can be used to inform understanding and plan intervention.
* Observations by SENCO/ Pastoral Lead
* Consider referral to ASAP.
* Child involved in setting and monitoring their own SMART targets for individual provision map and reviews
* Parents/carers involved regularly to support targets at home
* Behaviour records analysed to consider triggers and patterns
* Close monitoring to identify ‘hot spots’, which seem to be triggers for the child’s stress.
 | As for range 1 plus:* Information about the child’s needs and strengths are shared with relevant staff (support plan and meetings)
* Sharing of advice on successful strategies and targets with all staff
* Classroom teaching assistance is targeted towards support for specific tasks/settings, based on agreed SMART targets
* Personalised reward systems covering targeted lessons/ activities
* Careful consideration of group dynamics within class
* Careful consideration of motivational levers for the child when differentiating
* Opportunities for small group work based on identified need
* Time-limited evidence – based intervention groups as part of ‘plan, do, review’ cycle.
 | As for earlier ranges, plus:* Access to evidence based small group support

e.g., Circle of Friends, self-esteem group, FRIENDs programme, use of mindfulness* Group work to be planned and tailored to meet identified needs and to include good social peer role models
* Teaching effective problem- solving skills through metacognitive curriculum (e.g., based on Growth Mindset)
* Individual or small group support for emotional literacy e.g., recognising emotions e.g., Zones of Regulation, 5-point scale
* Preparation for changes to activities/routines/ staffing
* Supervision when moving between locations/ classrooms
* Child encouraged to participate in extracurricular actives, based on interest
 | As for earlier ranges, plus:The child’s SEMH needs require flexible use of additional support from within school resources:* Support/advice from SENCO/ Pastoral Lead
* Personalised programme with SMART targets reviewed and updated regularly
* Additional adults routinely used to support flexible groupings
* Access to targeted small group work with class Teaching Assistant
* Access to intervention group work with Teaching Assistant or Learning Mentor
* Additional adults (Teaching Assistant) for focused support during unstructured times

e.g., lunchtime supervision/ targeted extra- curricular activities* Access to in-school support base (e.g., Nurture Group) if available
* Consultation with support services
* Home-school communication strategy
* Time for scheduled meetings with parents / carers on a regular basis
* Self-regulation strategies such as wobble cushion, stress balls and tangles to meet sensory needs, as identified.
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| **Range 3****Summary of Needs** | **Assessment and Planning** | **Teaching and Learning Strategies** | **Curriculum/Intervention** | **Resources and Staffing** |
| Within a context of strengths, the child experiences **frequent and persistent** difficulties with social, emotional and mental health which will **significantly** affect wellbeing and/or functioning. The child may have:* Significant difficulties with emotional regulation
* Emotional needs which respond to participation in interventions provided by specialist support services (e.g., CYPs, Youth Justice Service)
* Significant self-esteem issues affecting relationships and feelings about self
* Low levels of resilience when faced with adversity.
* At risk of low-level offending or anti-social behaviour linked to SEMH needs

The child’s SEMH needs may co-exist with other secondary needs, as in other ranges. | As for earlier ranges, plus: * Detailed support plan with asses-plan-do- review cycles implemented.

Outcomes agreed and monitored with child and parents/carers.* Consideration of Family Early Help Assessment and support
* Consider further specialist assessment from CYPs/CAMHs
* ‘Round Robins’ to relevant staff to gain overview of SEMH needs to inform planning
* Pastoral/Teaching Assistants/SENCO are routinely included in planning to ensure their input is effective
* Behaviour records updated daily and analysed to consider frequency, duration, triggers/patterns etc. in order to plan appropriate strategies
* Consultation and assessment with ASAP, Educational Psychologist, School Wellbeing Worker and others
* Proactive assessments of potentially tricky situations to inform adaptations to learning environment
* Careful planning and review of needs at transition, including effective liaison e.g., starting school, transfer to secondary or post-16 provision
 | As for earlier ranges, plus:* Identified daily support to teach social skills and promote positive relationships, with progress measured against clear targets
* Use of key-working approaches to ensure the child has a trusted adult to offer support during vulnerable times
* Personalised reward systems known to all staff in school who have contact with the child, implemented consistently across the curriculum
* Regular/daily small group teaching of social skills and emotional literacy, which is evidence based and evaluated against clear targets
* Individualised support to implement recommendations from support services
 | As for earlier ranges, plus:* Personalised timetable introduced in negotiation with the child, parents/ carers and staff. This may include temporary withdrawal from some activities

e.g., assemblies, specific non- core lessons with extra intervention provided to support SEMH development.* Alternative curriculum opportunities at KS4 e.g., vocational/college/work placements
* Time-limited evidence-based intervention programmes with staff who have knowledge and skills to address specific needs, may include withdrawal for individual programmes (e.g., understanding anger, therapeutic stories) or targeted group work (e.g., FRIENDS, PENN Resilience, Video Interaction Guidance)
* More formal meetings using Restorative Practices, to include parents/carers
* Educational visits planned well in advance and risk assessments in place as appropriate and shared with key staff
 | As for earlier ranges, plus:The child requires increasing levels of individual additional support from within school resources and a multi- agency approach:* School is offering provision that is additional to and different from that of most peers
* Involvement of the child and family in all approaches and to promote holistic understanding of needs, strengths and support.
* Access to 1:1 support for mentoring, motivational approaches etc.
* Additional individual support for tricky situations and ‘hotspots’, in line with support plan and potentially, risk assessments
* Sustained access to intervention group work with Teaching staff or Learning Mentor
* Multi-agency support to plan and review interventions
* Access to the SEMH ASAP outreach service
* IPS application at this point to be considered.
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| **Range 4****Summary of Needs** | **Assessment and Planning** | **Teaching and Learning Strategies** | **Curriculum/Intervention** | **Resources and Staffing** |
| Within a context of strengths, the child experiences **frequent and persistent difficulties with** Social, emotional and mental health which significantly affects the child’s wellbeing and functioning.* Their needs are such that they require a continuous range of targeted/specialist interventions
* Self-regulation is hard for the child, and they need a lot of support to understand their thoughts and feelings.
* Significant self-esteem issues affect relationships and their sense of self
* There are emerging concerns around mental health e.g., self-harm, risk-taking, and/or substance misuse
* The child has low levels of resilience when faced with adversity
* There is a change in attendance patterns due to emotional needs
* The child has difficulties maintaining relaxed and enjoyable relationships with others due to unmet/underdeveloped needs.
* Risk of isolation, exploitation or becoming socially vulnerable
* Issues around sexuality, identity and belonging, including gender dysphoria. Note, there is a link between children in these groups and deteriorating mental health without the right support.
* The child’s SEMH needs may co- exist with other secondary needs.
 | As for earlier ranges, plus:* Specialist assessments e.g., from Educational Psychologist, Primary Mental Health Worker (CYPS/CAMHS), Youth Justice Team, ASAP
* Involvement of educational and non-educational professionals as part of assess, plan, do, review cycle. Family and child involved in plan do review cycles.
* Risk assessment to identify dangers and need for additional support to promote wellbeing and safety
* Personalised transition planning is prioritised (e.g., Rec/Y1, Y6/Y7, Y9, Y11/ post-16). This will include a transition plan in Y9- 14, updated on a regular basis. At all transitions, there should be good information between staff about the child’s needs and strengths and any queries others have about unmet/undiagnosed needs.
 | As for earlier ranges, plus:* Identified individual support across the curriculum in an inclusive mainstream setting.
* Daily teaching of social skills/use of relational approaches to address outcomes on support plan
* Use of key-working approaches to ensure the child has a trusted adult to offer support/withdrawal during vulnerable times
* Time-limited intervention programmes with familiar staff who have knowledge, skills and experience to address child’s specific needs; may include withdrawal
* Individualised support to implement recommendations from relevant professionals
 | As for earlier ranges, plus:* Teaching focusing on both learning and social-emotional curriculum / outcomes throughout the school day
* Targets informed by specialist assessment and recommendations
* Regular/daily small group teaching of social and emotional skills, often using approaches which draw on Cognitive Behavioural Therapy/Positive Psychology
* Educational visits planned well in advance and risk assessments in place. Key staff have rehearsed possible scenarios
* Support through solution-focused approaches/psychological supervision, for staff working with the child
* Where the child is working below age-related expectations, personalised literacy and numeracy programmes will be required to address gaps in learning associated with SEMH needs.
 | As for earlier ranges, plus:The child needs a lot of support in a local mainstream setting, requiring considerable individualised support / resources above the delegated SEN budget. A multi-agency approach is needed.* Pastoral Leader and/or SENCO provides support to Teacher and Teaching Assistants and takes responsibility for arranging appropriate training and quality assuring the learning experiences
* Additional individual support in line with risk assessments, including during unstructured times
* Personalised timetable providing access to a suitably trained member of expert teaching staff
* Specialist Staff Training based on needs analysis in the area of SEMH.
* Direct involvement from support services e.g., Educational Psychologist in supporting and reviewing progress
* Therapeutic intervention e.g., family therapy/ counselling/ play therapy/ art therapy may be appropriate (as it may at previous ranges) Support for parents/carers through access to targeted evidence-based family-based interventions, such as Video Interaction Guidance.
* Time and appropriate space for joint planning with child, parents/ carers, staff and other agencies to facilitate ‘Team Around the Family’ (TAF) approach
* Additional ‘off-site’ provision may be required to supplement and enrich school-based learning e.g., vocational/practical or college/work placements within timetable.
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| **Range 5 Summary of Needs** | **Assessment and Planning** | **Teaching and Learning Strategies** | **Curriculum/Intervention** | **Resources and Staffing** |
| Within a context of strengths, the child experiences **significant complex, frequent and persistent** SEMH needs with an accumulation of different needs. This may include:* Underdeveloped resilience when faced with any challenge
* Significantly dysregulated experiences, resulting in behaviours which affect their wellbeing/functioning and safety of themselves and others.
* High levels of anxiety affecting daily functioning, which may include thoughts of self- harm.
* Frequent hyper- vigilance, mood swings and/or panic attacks.
* Emotionally based school avoidance
* Sustained issues around their sense of identity and belonging.

  |  As for earlier ranges, plus:* Specialist assessments ongoing

e.g., Educational Psychologist, CYPs/CAMHs, Forensic Psychology etc.* Long term involvement of educational and non-educational professionals as part of Education Health and Care Needs assessment and review process
* Multi-agency assessments indicate that needs are complex and require a high level of support – formal diagnosis pathway to be considered/identified.
 | As for earlier ranges, plus:* Identified highly skilled individual support across the curriculum
* Daily teaching of social skills/relationship building to address specific SEMH targets and outcomes within support plans or EHCP if applicable
* Use of key-working approaches to ensure the child has a trusted adult to offer support/withdrawal during vulnerable times
* Individualised support to implement recommendations from relevant professionals
 | As for earlier ranges, plus:* Daily small group teaching of social skills and personalised PHSE programme e.g., risky behaviour, Sex and Relationships Education, life skills
* Personalised pathway is a priority to re-engage with education, with professionals involved who understand and can inform about person – centred, evidence based, effective transitions.
* Alternative curriculum opportunities at KS4 e.g., vocational/college/ work placements
* Where child is working below age- related expectations, personalised literacy and numeracy programmes will be required to address gaps in learning associated with SEMH needs. However, children’s wellbeing and meeting emotional and social needs are a priority.
* Consideration to access arrangements for internal and external examinations due to SEMH needs
* Regular supervision/space to reflect and be listened to for staff and family working with the child
 | As for earlier ranges, plus:* Child may require a specialist environment for a period of time, alongside intervention at the family and home school level, as appropriate.
* The child’s SEMH needs present a considerable challenge to highly skilled staff in a mainstream environment
* Additional individual support from skilled adults in line with risk assessments
* Class sizes to be small enough to allow teaching and support to be highly differentiated and personalised
* Personalised timetable providing access to Teaching Assistant support as specified in support plans or EHCP if applicable
* Formal behaviour monitoring and management systems to log and analyse incidents daily in order to review and modify strategies
* Involvement from voluntary sector (e.g., The Children’s Society/Barnardo’s/Action for Children/NSPCC) to address needs re substance misuse, self-harm, sexual exploitation (this support may also be provided earlier)
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| **Range 6****Summary of Needs** | **Assessment and Planning** | **Teaching and Learning Strategies** | **Curriculum/Intervention** | **Resources and Staffing** |

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| Within a context of strengths, the child experiences continuing **significant social, emotional and mental health difficulties**, often compounded by additional needs and requiring continued provision outside the mainstream environment, including:* Being significantly dysregulated for much of the time, requiring a high level of understanding and support
* Emotional needs which benefit from a range of therapeutic interventions or referral to specialist support services
* Vulnerability in terms of being at risk of sexual and/or criminal exploitation
* Involved in substance misuse either as a user or exploited into distribution/selling
* Sustained Emotionally based school avoidance
* Complex needs identified by multiagency professionals
* Diagnosed mental health disorder requiring access to specialist mental health services.
 | As for earlier ranges, plus:* Specialist assessments and monitoring e.g., by Educational Psychologist, CYPs/CAMHs, Forensic Psychology, Youth Justice Service, etc
* Long term involvement of educational and non-educational professionals as part of Annual Review processes (assuming the child has an EHCP)
* Ensure that the Outcomes in the EHCP are addressed when planning the individual’s curriculum and support
* Regular risk assessments to consider risks to self and others
* All professionals agree that the child’s needs can only be met with additional resources
 | As for earlier ranges, plus:* The child may be on roll of specialist provision (although may be dual registered with a mainstream school)
* Identified highly skilled individual support required throughout the school day, to support SEMH development, wellbeing and functioning, which takes priority amongst the development of other skills.
 | As for earlier ranges, plus:* Intervention occurs at the family/community level (although this may happen at earlier levels as negotiated)
* Requires additional

/enhanced levels of highly skilled staff to understand and support | As for earlier ranges, plus:* Staff may need additional solution- focused/psychological supervision to build capacity and support
* Additional resources are required to avoid the need to seek an out of area/residential placement
* Small class groups with high teacher: child ratio and high levels of specialist support to access curriculum
* The child responds to specialist support and high staffing ratios, and this enables their previously unmet and/or underdeveloped emotional and social needs to develop in small steps.
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| **Range 7****Summary of Needs** | **Assessment and Planning** | **Teaching and Learning Strategies** | **Curriculum/Intervention** | **Resources and Staffing** |

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| Within a context of strengths, the child experiences all of the above but within a non-maintained educational or residential placement (Out of Area). This may include provision for identified Health and Social Care needs, including therapeutic input from specialists.The child has continued long term and complex social, emotional and mental health difficulties, necessitating a continued multi-agency response.Difficulties may include:* Self-harming behaviour
* Attempted suicide
* Persistent substance abuse
* Being at risk of or being sexually/criminally exploited
* Extreme violent/aggressive behaviour due to SEMH needs
* Long term emotionally based school avoidance
* Extreme vulnerability
* Diagnosed mental health condition/disorder, such as psychosis or schizophrenia
* Co-existing needs, such as a learning difficulty/disability and/or medical needs adding to complexity of presentation.
 | As for earlier ranges, plus:EHCP is complete and child has been assessed as needing enhanced, or more secure specialist provision.Assessment will be an ongoing process to determine progress in learning, and there must be the following:* Development of safe, positive relationships
* Development of social and emotional skills and safe coping strategies through targeted/specialist intervention and support
* There will be involvement from a range of specialist professionals in place, such as CYPs/CAMHs, Educational Psychologist, and Youth Justice Service
* Multi-agency work continues, and continual assessment to feed into the cycle of annual reviews
* Risk assessment will describe procedures to the child, other staff and children safe. There will be an assessment of the risk of absconding and procedures described to manage such an eventuality
* Planning meetings will include parents/carers, the child and are multi-agency.
 |  As for earlier ranges, plus:* Child is on roll at special school
* This could be out of area and/or residential special school
* There will be a greater ratio of adults to child and staff will have specialisms in managing children who present with challenging behaviour
 | As for earlier ranges, plus:* Provision is within a specialist environment with appropriate staff/ child ratios
* Continued daily access to staff with experience and training in meeting the needs of children with SEMH needs
* Intervention is planned and reviewed very regularly in line with child’s progress against specific SEMH targets, identified in their EHCP.
 | As for earlier ranges, plus:* Highly personalised to the specific needs of the child
* Regular advice available from relevant specialist services, including:
* Drug and Alcohol Team Police
* Health
* Youth Justice Service
* CYPs/CAMHs
* Educational Psychologist
* Social Care
* Community Support Worker
* Family Intervention
* School Nurse
* Careers Advice
* Youth Service
* Voluntary Sector Organisations
* Social Care
* Prevent Services
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# Social, Emotional and Mental Health: PfA Outcomes and Provision

Please note, some neurodiverse individuals may not show some of the skills below due to differences in the area of social communication and/or a preference for their own company. This should be noted throughout any assessment and provision planning.

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|  | **PfA Outcomes** |
| **Employability/Education** | **Independence** | **Community Participation** | **Health** |
| **Reception to Y2** **(5-7 years)** | * Child will interact with peers and begin to form friendships to support emotional wellbeing.
 | * Child will show awareness of independent living skills (cooking, cleaning, DIY) and will extend and develop these through real world play
* Child will be able to access the dining hall alongside peers, following social routines in relation to seating and turn taking, and will be able to make appropriate choices in relation to meals
 | * Child will interact with peers and begin to form friendships with peers to support emotional wellbeing.
* Child will maintain positive emotional wellbeing through participation in team games, after-school clubs and weekend activities.
* Child will begin to identify bullying in relationships and will be able to seek adult support.
 | * Child will attend necessary dental, medical and optical checks following parental direction and supervision.
* Child will cooperate with self-care and personal hygiene routines with prompting and adult support as required.
* Child will have the support and strategies required to promote resilience and emotional wellbeing.
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| **Y3 to Y6** **(8-11 years)** | * Child will interact with peers, making and maintaining friendships with others to support emotional wellbeing.
* Child will be aware of structures in place to support social and emotional wellbeing and will access these as required.
* Child will show awareness of different feelings and emotions and with support will identify and apply appropriate strategies to manage these.
 | * Child will be able to maintain friendships with peers and access community-based clubs/after school clubs to promote independence and emotional wellbeing.
* Child will have the social skills necessary to facilitate participation in sleepovers and residential trips.
* Child will be able to manage their feelings and emotions, accessing support to apply strategies as appropriate.
 | * Child will maintain friendships with peers to support emotional wellbeing and avoid isolation.
* Child will begin to identify bullying within relationships and will be able to identify support and strategies to manage this.
* Child will be able to manage social and emotional responses to change.
* Child will be aware of strategies and precautions to remain safe online.
 | * Child will understand physical changes associated with the onset of puberty and will manage these appropriately, with support as required, maintaining social and emotional wellbeing.
* With support, child will access strategies to manage any emotional or mental health needs associated with their physical or mental health conditions/diagnoses.
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| **Y7 to Y11** **(11-16 years)** | * Child will have acquired the necessary social skills in order to interact with employers, clients and peers within the workplace
* within the context of work
 | * Child will have an awareness of boundaries and social conventions with respect to different relationships and social
* situations, including online.
 | * Child will maintain friendships with peers to support emotional wellbeing and avoid isolation.
 | * Child will have an understanding of sex education and the social and emotional implications of intimate relationships.
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|  | * Child experiences voluntary work or part-time employment.
* Child will be able to form friendships in the context of education or employment to facilitate emotional wellbeing.
* Child should be aware of structures in place to support social and emotional wellbeing and will access these as required.
* Child will show awareness of different feelings and emotions and, with support, will identify and apply appropriate strategies to manage these.
 | * Child will begin to show awareness of potential abusive and exploitative behaviour in others and with support and guidance will be able to make safe choices.
* Young person will begin to make choices to include money, food, exercise, opportunities to socialise, form relationships with others, to support the development of confidence and emotional wellbeing.
 | * Child will maintain positive emotional wellbeing through participation in community-based activities and socialisation with peers within the community in accordance with their own personal choices.
* Child will have an awareness of boundaries and social conventions within a range of relationships and social contexts, including online.
* Child will show increased awareness of the bigger picture and will build resilience to support emotional wellbeing.
 | * The child will have strategies and resources to support them to maintain positive mental health and emotional wellbeing.
* The child will understand the social and emotional implications of spending too much time on electronic devices and will recognise the importance of sleep and ‘down time’ in supporting social and emotional health and wellbeing.
* Child will access strategies and support, as required, to manage any emotional of mental health needs associated with their physical or medical health conditions/diagnoses.
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|  **Provision:** Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the School Age Ranges Guidance: Social, Emotional and Mental Health Needs. |