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**Newcastle SEND Descriptors of Need**

**Part 3**

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

**The School Years**



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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. Each range builds upon strategies from the previous ranges and so they should be referred to when planning support.

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.

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 Rs Training 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:

* Educational Psychology
* SEMH Service
* The 5 Rs Local Authority Training package
* The Mental Health Trailblazer – Senior Mental Health Leads training
* The Rise Project
* Early Help
* 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** | The child may:   * Experience some difficulties with social interaction skills and in relationships * Show signs of stress and anxiety and/or difficulties managing emotions on occasions. * Recognise how they are feeling and independently use a socially appropriate strategy to manage their emotions and responses (for example, asking for help). * Often engage positively with peers and adults and mutually rewarding relationships are developing. * Generally seem able to participate in the day-to-day life of the school environment. * Display emotional distress and seek out adults for reassurance and attention on occasion, but this does not seem widely different from most other children. * Occasionally need adult support with co and self-regulation. * At times attends school with pleas for non-attendance * Struggle to fall asleep or have broken sleep on occasion. E.g. the night before returning to school after a weekend or holiday. |
| **Range 2** | The child may:   * Seem worried and anxious, and this may affect their self – confidence and self – belief. * Find understanding their thoughts and feelings difficult without adults’ support and have a limited ability to recognise their emotions and/or limited emotional vocabulary. * Become socially and emotionally vulnerable, withdrawn and/or isolated. * Have emotional needs such that they benefit from regular refocusing from familiar staff to be able to participate in the day-to-day school life. * Have emotional needs such that they can seem worried and/or distressed on entering school and/or during other transitions. * Benefit from adults’ checking in and reassurance, more often than other children, due to their need for extra attention, emotional warmth and/or certainty. * Present with heightened sensitivity to sensory factors. * Show patterns of stress or anxiety related to specific context or a specific time of the day. Repeated behaviours in the morning to avoid school * Regularly procrastinate /divert attention when given challenging tasks, thus indicating low resilience. * Have a reduced capacity to go to others for help. * 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. Become distressed in new social situations and during social conflict. * Experience some sleep difficulties, there may be some bed time resistance. |
| **Range 3**  **Range 3** | The child may   * Find it hard to relax into and enjoy social interactions with others. * Completely ‘zone out’ and disconnect during periods of stress. * Have fluctuating moods or heightened states such as hyperactivity and be unable to prevent these and from affecting their ability to positively socially interact with their peers/others. * Hide their own emotions to maintain relationships. * Struggle to maintain and repair positive relationships with peers and adults. * Have difficulty identifying their emotions or triggers and they may need support to self-regulate. * Have emotional needs in which they show signs of avoiding engaging in some activities and benefit from regular support from familiar staff to be able to participate in the day-to-day life of the school. * Take risks in their environment and with others and need support to keep themselves safe. * Display emotional needs so that they may show signs of distress and dysregulation when faced with new people, places, events or when unsure what is going to happen. * Find it hard to predict what might happen even with a higher level of support from an adult. * Display some difficulties in sharing, turn taking and social interaction. * Seem withdrawn and avoid interaction with other peers. |
| **Range 4**  **Range 4** | The child may   * Become increasingly isolated and they find mutual enjoyable interactions with others hard. * Need a high level of targeted support from an adult to feel regulated. * Lack confidence and seem to put pressure on themselves. This can mean that they feel distressed/disappointed/shame when they struggle to stay regulated due to their emotional need. * Seem very distressed at times and may find it hard to see others’ point of view when they are feeling this way. It can be hard for staff and family to always know what triggers for dysregulation may be. * Be able to speak to familiar adults outside of the school but may only communicate through gestures and is unable to speak freely to adults/peers within the school. * Find it hard to trust key adults and so struggle to relax into and enjoy interactions with adults as they try to support them. * Have developed adaptive coping skills and therefore seek to control others’ behaviours. * 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. * Struggle with eating, based on self-perception or anxiety. * Use defensive coping strategies to feel safe, through anti0social actions to others. * Have mental health needs which may impact on their ability to emotionally regulate, their well-being, sense of confidence and self-esteem. |
| **Range 5** | The child may:   * Seem anxious, hypervigilant or worried for most of the time. * Require a high level of intervention from adults including specialist support to address their unmet and/or underdeveloped social and emotional needs. * Exhibit crises which may be prolonged, or regulate responses to anxiety, or they may be learned responses to undesired or stressful situations. * Be vulnerable, withdrawn, or isolated within their peer group. * Seem distressed for a lot of the time, thus meaning that they can carry out behaviours which are not always safe/may be risk taking. * Have periodic absences or skip classes * Have a diagnosed mental health disorder, such as anxiety and/or depression * Have underdeveloped self-care skills. * Have difficulties around identity and belonging * Experience frequent sleep difficulties, this may include waking up repeatedly and being awake for extended periods of time. |
| **Range 6** | The child may:   * Present in a way which can be challenging for staff to understand and respond to. * Be involved in substance misuse either as a user or exploited into distribution/selling. * Require targeted teaching and access learning in a dedicated space away from others. * Present a health and safety risk to self and others due to significant and complex emotional and/or mental health needs and presenting risks. * Be completely absent from school during a certain period of time/parts of the day * Struggle to access large part of the mainstream expectations. * Be distressed to the point where they need a high level of direct and intensive support from a key adult to feel emotionally secure and physically safe. * At risk of sexual/ and or criminal exploitation. This may be linked to their having periods away from school, due to emotionally based school non-attendance/ the covid pandemic. * Have extreme views or beliefs. * Experience acute anxiety, fear, or isolation. * Experience persistent difficulties with sleep. There may be some nights when the child has little or no sleep, this may result in frequent emotional dysregulation and a low coping threshold. |
| **Range 7** | The child may:   * Self-harming behaviour. * Have attempted suicide. * Have persistent substance abuse. * Be at risk of sexual and/or criminal exploitation or being exploited. * Have extreme violent/aggressive behaviour due to unmet/unidentified needs. * Have serious mental health issues. * Be frequently missing for long periods. * Be extremely vulnerability. * Be completely absent from school for extended periods of time * Have Complex needs identified, potentially across the areas of Special Educational Need. * Experience significant difficulties with sleep, they may habitually find it hard to fall asleep, wake up frequently during the night and this may impact the child both physically and emotionally to a more extreme level. |

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| **Range 1**  **Summary of Needs** | **Assessment and Planning** | | **Teaching and Learning Strategies** | | **Curriculum/Intervention** | | | **Resources and Staffing** |
| The child may:   * Experience some difficulties with social interaction skills and in relationships * Show signs of stress and anxiety and/or difficulties managing emotions on occasions. * Recognise how they are feeling and independently use a socially appropriate strategy to manage their emotions and responses (e.g. asking for help). * Often engage positively with peers and adults and mutually rewarding relationships are developing. * Generally, seem able to participate in the day-to-day life of the school environment. * Display emotional distress and seek out adults for reassurance and attention on occasion, but this does not seem widely different from most other children. * Occasionally need adult support with co and self-regulation. * At times, attends school with pleas for non-attendance * Struggle to fall asleep or have broken sleep on occasion. E.g. the night before returning to school after a weekend or holiday. | * Utilise normal school and class assessments. * Monitor the child’s response to feedback, change in routine or environment, anxiety levels in different contexts. * Information from the child regarding their views using person-centred approaches. * Observations by key staff to better understand SEMH needs and strengths. * Identify individual needs and monitor action that is taken. * Consider whether the child has unmet/undiagnosed learning/language/ * sensory needs and refer to appropriate agencies, as appropriate. * Consider questions from appendix 1. | | * Quality First Teaching meets the needs of all children including those with identified SEN in SEMH. Including clear differentiation of questioning and tasks and flexibility in groupings. * Reasonable adjustments made such as to the length of time allowed to complete tasks, how tasks are presented, quantity of work. * The child’s voice informs support as well as developing their own understanding of their needs and strengths and what supports them. * Regular, clear feedback given to the child about the progress they are making and next steps. * Environmental consideration to classroom organisation, seating, and group dynamics. Visuals displayed and regularly referred to. Resources and displays that support independence * Rules and expectations consistent across staff, although differentiated for unique needs * Clear routines e.g., for transitions. * Nurturing classroom approaches, e.g. snack times for younger children. | | * A whole school approach to supporting wellbeing and mental health * The wider curriculum promotes positive examples of diversity * Social and Emotional Learning embedded throughout the curriculum e.g. Zones of Regulation. * 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 consider the needs of all children. * Structured system in place to support internal transitions. | | | * Training for all staff on supporting children’s SEMH needs and understand how to support children effectively. * Staff access support e.g., via solution-focused conversations, supervision, coaching. * Regularly monitored inclusion policies are implemented consistently and underpin practice. * Stimulating classroom and playground environments. * Access to ‘quiet areas’ in school. * Staff are familiar with current DfE guidance * Staff access LA training to keep informed of meeting the needs of children * Time is given to TAs for planning and liaison with teachers. * Use of playground buddies, peer mediators, peer mentors, lunchtime clubs * Close links with parents /carers including reviews, parents evenings, regular communication. * Staff ‘meet and greet’ their children daily. |
| **Range 2**  **Summary of Needs** | | **Assessment and Planning** | | **Teaching and Learning Strategies** | | **Curriculum/Intervention** | **Resources and Staffing** | |
| The child may:   * Seem worried and anxious, and this may affect their self – confidence and self – belief. * Find understanding their thoughts and feelings difficult without adults’ support and have a limited ability to recognise their emotions and/or limited emotional vocabulary. * Become socially and emotionally vulnerable, withdrawn and/or isolated. * Have emotional needs such that they benefit from regular refocusing from familiar staff to be able to participate in the day-to-day school life. * Have emotional needs such that they can seem worried and/or distressed on entering school and/or during other transitions. * Benefit from adults’ checking in and reassurance, more often than other children, due to their need for extra attention, emotional warmth and/or certainty. * Present with heightened sensitivity to sensory factors. * Show patterns of stress or anxiety related to specific context or a specific time of the day. Repeated behaviours in the morning to avoid school * Regularly procrastinate /divert attention when given challenging tsks, thus indicating low resilience. * Have a reduced capacity to go to others for help. * 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. Become distressed in new social situations and during social conflict. * Experience some sleep difficulties, there may be some bed time resistance. | | * SENCO initiates more specific assessments and observations if required * Child involved in setting and monitoring their own SMART targets for individual provision map and reviews. * Develop a support plan to be reviewed regularly. * The use of questionnaires, such as the ‘the Strengths and Difficulties’ questionnaire can be used to inform understanding and plan intervention. * Parents/carers involved regularly to support targets at home. * Behaviour records analysed to consider triggers and patterns. * Close monitoring to identify triggers for the child. * Refer to Preparing for Adulthood document. | | * Information about the child’s needs, strengths and plan are shared with relevant staff. Including successful strategies. * Adult support is targeted towards specific tasks/ settings, based on agreed SMART targets. * Personalised reward systems. * Careful consideration of motivational levers for the child when differentiating. * Opportunities for small group work based on identified need * 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) | | * Time-limited evidence – based interventions as part of ‘plan, do, review’ cycle. e.g., Circle of Friends, self-esteem group, FRIENDs programme, use of mindfulness * Individual or small group support for emotional literacy e.g., recognising emotions e.g., Zones of Regulation, 5-point scale * Prepare the child for any changes to their daily routine. * Supervision/ adjustments when moving between locations/ classrooms. * Child encouraged to participate in extracurricular actives, based on interest. | * The child’s SEMH needs require flexible use of additional support from resources within school. * Support/advice from SENCO/ Pastoral Lead * Personalised programme with SMART targets reviewed and updated regularly * Additional adults routinely used to support flexible groupings, for focused support during unstructured times and to deliver interventions. * Access to in-school support base (e.g., Nurture Group) if available. * Home-school communication strategy * Time for scheduled meetings with parents / carers on a regular basis * Self-regulation strategies such as wobble cushions, focus resources, chair bands to meet identified sensory needs. | |

**Descriptors of need for children and young people SEMH needs**

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| **Range 3**  **Summary of Needs** | **Assessment and Planning** | **Teaching and Learning Strategies** | **Curriculum/Intervention** | **Resources and Staffing** |
| The child may:   * Find it hard to relax into and enjoy social interactions with others. * ‘Zone out’ and disconnect during periods of stress. * Have fluctuating moods or heightened states such as hyperactivity and be unable to prevent these and from affecting their ability to positively socially interact with their peers/others. * Hide their own emotions to maintain relationships. * Struggle to maintain and repair positive relationships with peers and adults. * have difficulty identifying their emotions or triggers and they may need support to self-regulate. * have emotional needs in which they show signs of avoiding engaging in some activities and benefit from regular support from familiar staff to be able to participate in the day-to-day life of the school. * take risks in their environment and with others and need support to keep themselves safe. * display emotional needs so that they may show signs of distress and dysregulation when faced with new people, places, events or when unsure what is going to happen. * find it hard to predict what might happen even with a higher level of support from an adult. * display some difficulties in sharing, turn taking and social interaction. * seem withdrawn and avoid interaction with other peers. | * More detailed and targeted observation and assessment relating to the support plan and ‘Plan, Do, Review’ cycles. Focusing on careful planning and review of needs at transition. * Consider referral to SEMH service. * Outcomes agreed and monitored with child and parents/carers. * Consideration of Family Early Help Assessment and support * Consider 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 to plan appropriate strategies * Consider risk assessment, outlining triggers, to inform adaptations. | * Identified daily support to teach social skills and promote positive relationships, with progress measured against clear targets. In some instances this may be on a small group basis. * Use of key-working approaches to ensure the child has a trusted adult to offer support during vulnerable times * Session based reward systems and the use of process praise. * Individualised support to implement recommendations from support services. | * 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. * 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 * Settings work with their Family Partners to support families e.g. by using The Solihull approach. | * 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 the universal offer. * Involvement of the child and family in all approaches and to promote holistic understanding of needs, strengths and support. * Access to some 1:1 support for mentoring, motivational approaches etc. * Additional individual support around triggers in line with support plan and potentially, risk assessments * Sustained access to intervention group work with Teaching staff or Learning Mentor * Consultation with support services e.g. family support, school health. * Multi-agency support to plan and review interventions |

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| **Range 4**  **Summary of Needs** | **Assessment and Planning** | **Teaching and Learning Strategies** | **Curriculum/Intervention** | **Resources and Staffing** |
| The child may   * become increasingly isolated and they find mutual enjoyable interactions with others hard. * need a high level of targeted support from an adult to feel regulated. * lack confidence and seem to put pressure on themselves. This can mean that they feel distressed/disappointed/shame when they struggle to stay regulated due to their emotional need. * seem very distressed at times and may find it hard to see others’ point of view when they are feeling this way. It can be hard for staff and family to always know what triggers for dysregulation may be. * be able to speak to familiar adults outside of the school but may only communicate through gestures and is unable to speak freely to adults/peers within the school. * find it hard to trust key adults and so struggle to relax into and enjoy interactions with adults as they try to support them. * have developed adaptive coping skills and therefore seek to control others’ behaviours. * 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. * struggle with eating, based on self-perception or anxiety. * use defensive coping strategies to feel safe, through antisocial actions to others. * have mental health needs which may impact on their ability to emotionally regulate, their well-being, sense of confidence and self-esteem. | * Consider Specialist assessment /referral to ASAP, an Educational Psychologist, Primary Mental Health Worker (CYPS/CAMHS), Youth Justice Team, * Include a multi-agency approach (for example TAF) along with family and child to complete the assess, plan, do, review cycle. * IPS application at this point to be considered. * Risk assessment to identify the need for additional support to promote wellbeing and safety. * Personalised transition planning is prioritised at the end of each phase /key stage. 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. * Targets informed by specialist assessment and recommendations | * Daily teaching of social skills/use of relational approaches to address outcomes on support plan. This will be on a small group or 1:1 basis. * Implement a key worker to be available for check-ins and some 1:1 support. * Individualised support to implement recommendations from relevant professionals * Teaching focusing on both learning and social-emotional curriculum / outcomes throughout the school day | * Time-limited intervention programmes with familiar staff who have knowledge, skills and experience to address child’s specific needs; may include withdrawal. * 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 * 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. * Alternative curriculum opportunities at KS4 e.g., vocational/college/work placements * Therapeutic intervention e.g., family therapy/ counselling/ play therapy/ art therapy may be appropriate. | * School is offering provision that is additional to and different from that of most peers * Support through solution-focused approaches/ psychological supervision, for staff working with the child * 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 * Personalised timetable providing access to a suitably trained member of expert teaching staff. |

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| **Range 5 Summary of Needs** | **Assessment and Planning** | **Teaching and Learning Strategies** | **Curriculum/Intervention** | **Resources and Staffing** |
| The child may:   * Seem anxious, hypervigilant or worried for most of the time. * Require a high level of intervention from adults including specialist support to address their unmet and/or underdeveloped social and emotional needs. * Exhibit crises which may be prolonged, or regulate responses to anxiety, or they may be learned responses to undesired or stressful situations. * Be vulnerable, withdrawn, or isolated within their peer group. * Seem distressed for a lot of the time, thus meaning that they can carry out behaviours which are not always safe/may be risk taking. * Have periodic absences or skip classes * Have a diagnosed mental health disorder, such as anxiety and/or depression * Have underdeveloped self-care skills. * Have difficulties around identity and belonging * Experience frequent sleep difficulties, this may include waking up repeatedly and being awake for extended periods of time. | * Ongoing Specialist assessments 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. * 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. * Consideration to access arrangements for internal and external examinations due to SEMH needs * Formal behaviour monitoring and management systems to log and analyse incidents daily in order to review and modify strategies | * 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 * Continual individualised support to implement recommendations from all professionals | * Daily personalised small group teaching of a bespoke curriculum where personalised literacy and numeracy programmes may be required to address gaps in learning. However, children’s wellbeing and meeting emotional and social needs are a priority. * A 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 | * Child may require additional ‘off-site’ provision to supplement and enrich school-based learning. * Additional individual support from skilled adults in line with risk assessments. * Group 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 * Regular supervision/space to reflect and be listened to for staff and family working with the child |

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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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| The child may:   * Present in a way which can be challenging for staff to understand and respond to. * Be involved in substance misuse either as a user or exploited into distribution/selling. * Require targeted teaching and access learning in a dedicated space away from others. * Present a health and safety risk to self and others due to significant and complex emotional and/or mental health needs and presenting risks. * Be completely absent from school during a certain period of time/parts of the day * Struggle to access large part of the mainstream expectations. * Be distressed to the point where they need a high level of direct and intensive support from a key adult to feel emotionally secure and physically safe. * At risk of sexual/ and or criminal exploitation. This may be linked to their having periods away from school, due to emotionally based school non-attendance/ the covid pandemic. * Have extreme views or beliefs. * Experience acute anxiety, fear, or isolation. * Experience persistent difficulties with sleep. There may be some nights when the child has little or no sleep, this may result in frequent emotional dysregulation and a low coping threshold. | * Specialist assessments and monitoring e.g., by Educational Psychologist, CYPs/CAMHs, Forensic Psychology, Youth Justice Service, SEMH team etc * Long term involvement of educational and non-educational professionals as part of Annual Review processes. * 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. | * 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. | * 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 | * 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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| * The child may: * Self-harming behaviour. * Have attempted suicide. * Have persistent substance abuse. * Be at risk of sexual and/or criminal exploitation or being exploited. * Have extreme violent/aggressive behaviour due to unmet/unidentified needs. * Have serious mental health issues. * Be frequently missing for long periods. * Be extremely vulnerability. * Be completely absent from school for extended periods of time * Have Complex needs identified, potentially across the areas of Special Educational Need. * Experience significant difficulties with sleep, they may habitually find it hard to fall asleep, wake up frequently during the night and this may impact the child both physically and emotionally to a more extreme level. | * 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. | * 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. | * 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. | * Highly skilled staff delivering a personalised curriculum and using resources to support 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   + Violence reduction unit |

Appendix 1

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?