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**Newcastle SEND Descriptors of Need**

**4.3 Guidance for Young People with SEMH needs**

**16 – 25 years**



Version 1 February 2023

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| **Descriptors of Need Overview** |
| **Range 1**  | * Young people 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 young person 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 young person 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 young person’s emotional needs are more persistent and seem to affect the young person’s functioning and wellbeing.
* The young person may seem worried and anxious, and this may affect their self – confidence and self – belief.
* The young person finds understanding their thoughts and feelings difficult without adults’ support.
* The young person may have become socially and emotionally vulnerable, withdrawn and/or isolated.
* The young person 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 young person’s emotional needs become more obvious than at range 2 and more likely to affect their functioning and/or wellbeing.
* The young person may find it hard to relax into and enjoy social interactions with others.
* The young person may be socially and emotionally vulnerable, withdrawn, isolated, and/or be susceptible to unpredictable/painful patterns of behaviour that impact on their functioning.
* The young person 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.
* Patterns of stress/anxiety related to specific times of the day may have become more common.
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| **Range 4**  | The young personcontinues 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 young person’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 young person responds to a high level of targeted support and needs this to feel regulated and able to access one to one provision.
* The young person is likely increasingly isolated and their unmet social and/or emotional needs are such that they find mutual, enjoyable interactions with others hard.
* The young person 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 young person 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 young person is likely to seem distressed and/or anxious for most of the time, which significantly impacts on their functioning and wellbeing.
* The young person is likely to have mental health difficulties, diagnosed by a Mental Health professional.
* The young person may experience emotionally based provision avoidance.
* The young person’s associated behaviours may be risk taking and or unsafe.
* The young person may be at risk of criminal and/or sexual exploitation.
* The young person may have underdeveloped self-care skills.
* The young person 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 Young person Protection Plan or the young person is in care.
* Language used by the young person may be incongruent to that expected by the teachers and be socially inappropriate.
* The young person may be involved in substance misuse either as a user or exploited into distribution/selling.
* The young person may experience emotionally based provision avoidance.
* The young person may require targeted teaching and access learning in a dedicated space away from others.
* The young person 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 provision 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 young people 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 young person experiences low level/low frequency SEMH difficulties which mildly affect their wellbeing and/or functioning.The young person 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 provision and class assessments. Key action may include:* Monitoring the young person’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 young person regarding their views using person-centred approaches
* Observations by Teacher/class Teaching Assistant /Key Stage Coordinator to better understand SEMH needs and strengths.
* Provision 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 young people’s SEMH needs, e.g., through using relational approaches, is planned
* Consider whether the young person 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 young person in the mainstream class.* Quality First Teaching meets the needs of all young people including those with identified SEN in SEMH
* Flexible teaching groups
* Some differentiation of activities and materials
* The young person’s voice informs understanding and support.
* Differentiated questioning
* Awareness that a young person 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 young person about the progress they are making and hoped outcomes in all areas, including SEMH. The voice of the young person 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 young person 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 young people, for example.
 | The provision can demonstrate an inclusive ethos that supports the learning and wellbeing of all young people through including:* A whole provision approach to supporting wellbeing and mental health
* The young person’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 young people 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 young people
* Close links with Parents/Carers. The Solihull approach is evidence – based at supporting wellbeing and health. Settings work with their Family Partners.
* The young person’s voice is prioritised, including consideration given to their understanding of their own needs and strengths in the area and what supports them.
 | The young person’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 provision relational approach. The following questions are considered and planned for:* Do young people 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 young people’s behavioural responses?
* Are young people 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 young people?
* Is praise and positive reinforcement frequently available to all young people? Do all young people 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 young people with communication difficulties?
* Are expectations in the classroom clear and regarded as fair by the young people?
* Does the environment provide ‘time out’ and calm zones for young people 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 young people who are meeting, and exceeding classroom expectations frequently noticed and praised, as appropriate to individual need?
* Is there a positive classroom climate in which young people 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 young people 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 young people 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 provision
* The provision employs additional adults to support the needs of all young people 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 young people effectively
* Staff are familiar with current DfE guidance
* Staff access LA training to keep informed of meeting the needs of young people
* 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 provision procedures e.g., parent consultation evenings
* Staff ‘meet and greet’ their young people 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 provision 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 young person experiences more persistent emotional and social difficulties. These may affect their wellbeing and/or functioning. The young person 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.
* Young person 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 young person’s stress.
 | As for range 1 plus:* Information about the young person’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 young person 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
* Young person encouraged to participate in extracurricular actives, based on interest
 | As for earlier ranges, plus:The young person’s SEMH needs require flexible use of additional support from within provision 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-provision support base (e.g., Nurture Group) if available
* Consultation with support services
* Home-provision 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 young person experiences **frequent and persistent** difficulties with social, emotional and mental health which will **significantly** affect wellbeing and/or functioning. The young person 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 young person’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 young person 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, Provision 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 provision, 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 young person has a trusted adult to offer support during vulnerable times
* Personalised reward systems known to all staff in provision who have contact with the young person, 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 young person, 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 young person requires increasing levels of individual additional support from within provision resources and a multi- agency approach:* Provision is offering provision that is additional to and different from that of most peers
* Involvement of the young person 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 young person experiences **frequent and persistent difficulties with** Social, emotional and mental health which significantly affects the young person’s wellbeing and functioning.* Their needs are such that they require a continuous range of targeted/specialist interventions
* Self-regulation is hard for the young person, 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 young person has low levels of resilience when faced with adversity
* There is a change in attendance patterns due to emotional needs
* The young person 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 young people in these groups and deteriorating mental health without the right support.
* The young person’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 young person 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 young person’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 young person 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 young person’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 provision 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 young person
* Where the young person 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 young person 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 young person, 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 provision-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 young person 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 provision 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 young person 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 young person is working below age- related expectations, personalised literacy and numeracy programmes will be required to address gaps in learning associated with SEMH needs. However, young people’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 young person
 | As for earlier ranges, plus:* Young person may require a specialist environment for a period of time, alongside intervention at the family and home provision level, as appropriate.
* The young person’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 Young people’s Society/Barnardo’s/Action for Young people/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 young person 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 provision 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 young person 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 young person’s needs can only be met with additional resources
 | As for earlier ranges, plus:* The young person may be on roll of specialist provision (although may be dual registered with a mainstream provision)
* Identified highly skilled individual support required throughout the provision 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: young person ratio and high levels of specialist support to access curriculum
* The young person 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 young person 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 young person 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 provision 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 young person 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 young person, other staff and young people 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 young person and are multi-agency.
 |  As for earlier ranges, plus:* Young person is on roll at special provision
* This could be out of area and/or residential special provision
* There will be a greater ratio of adults to young person and staff will have specialisms in managing young people who present with challenging behaviour
 | As for earlier ranges, plus:* Provision is within a specialist environment with appropriate staff/ young person ratios
* Continued daily access to staff with experience and training in meeting the needs of young people with SEMH needs
* Intervention is planned and reviewed very regularly in line with young person’s progress against specific SEMH targets, identified in their EHCP.
 | As for earlier ranges, plus:* Highly personalised to the specific needs of the young person
* 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
* Provision 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**

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|  | **PfA Outcomes** |
| **Employability/Education** | **Independence** | **Community Participation** | **Health** |
| **Post 16 - 25** | YP will have acquired the necessary social skills to interact with employers and clients in order to function effectively in apprenticeships, internships and traineeships as required.YP will have appropriate communication and interaction skills to facilitate the development of relationships with peers within the workplace/education environments to promote emotional wellbeing.YP will understand and manage their feelings and emotions, accessing appropriate strategies or assistance as required.YP will have acquired the necessary social skills to interact with employers and clients or academic staff in order to function effectively in voluntary work, paid work or Higher Education as required.YP will have appropriate communication and interaction skills to facilitate the development of relationships with peers within the workplace/education environments to promote emotional wellbeing.YP will understand and manage their feelings and emotions, accessing appropriate strategies or assistance as required. | YP will understand their right to make choices, and to exercise decision making in relationships with others with emphasis on best interests and informed consent.YP will have an awareness of boundaries and social conventions with respect to a range of relationships and social situations (including online).YP will be able to recognise potential abusive and exploitative behaviour in others and will be able to make safe choices.YP will understand different types of living arrangements and those which are positive and possible in relation to their own circumstances.YP will make positive choices in relation to their own living arrangements considering circumstances and possible options best suited to facilitate social and emotional wellbeing. | YP will understand and manage their feelings and emotions, accessing appropriate strategies or assistance as required to facilitate/mediate interactions with others.YP will have developed appropriate social skills in order to establish new friendships in the context of community involvement.YP will demonstrate awareness of social conventions and boundaries and will be able to negotiate these to maintain personal safety while in the community.YP will have an awareness of boundaries and social conventions with respect to a range of relationships and social situations (including online).YP will be able to recognise potential abusive and exploitative behaviour in others and will be able to make safe choices.YP will understand risks associated with drugs and alcohol and will adhere to legal restrictions with regard to these substances.YP will have developed appropriate social skills in order to maintain friendships in the context of community involvement.YP will demonstrate awareness of social conventions and boundaries and will be able to negotiate these to maintain personal safety while in the community.YP will have an awareness of boundaries and social conventions with respect to a range of relationships and social situations (including online).YP will be able to recognise potential abusive and exploitative behaviour in others and will be able to make safe choices.YP will understand risks associated with drugs and alcohol and will adhere to legal restrictions with regard to these substances. | YP will engage with self-care routines in order to maintain appropriate levels of personal hygiene. To include their environment.YP will make safe choices in relation to sexual health.YP will understand and manage their feelings and emotions, accessing appropriate strategies or assistance as required to maintain emotional wellbeing.YP will employ strategies to maintain good mental health. To include recognition of times when they are not coping and being able to seek assistance as required.YP will engage with self-care routines in order to maintain appropriate levels of personal hygiene. To include their environment...YP will make safe choices in relation to sexual health.YP will understand and manage their feelings and emotions, accessing appropriate strategies or assistance as required.YP will employ strategies to maintain good mental health. To include recognition of times when they are not coping and being able to seek assistance as required. |
| **Provision** | Highly supported work experience placements and short-term training opportunities with specific teaching in relation to interactions with employers, peers and clients in preparation for access to longer term learning provision and/or employment.An adapted curriculum/work- based training programme to consider the YP’s emotional/mental health needs and appropriate provision to ensurethe promotion of positive mental health and wellbeing.Regular monitoring of the YP’s workload, behaviour patterns, interactions with others to identify early indications of stress, anxiety, depression etc. ensuring that appropriate steps are taken to support the YP to manage this as required.Adult guidance and support to apply my regulatory or coping strategies and provision within the workplace or education setting to accommodate these.Access to agencies/organisations who provide mental health and emotional support within the workplace or education setting as appropriate. | Access to programmes designed to support and develop the YP’s awareness of social boundaries and conventions in relation to a range of social situations and relationships.Adult support and guidance to ensure that the YP is able to apply taught knowledge and skills to enable them to make safe choices within the community.Specific teaching in relation to risks associated with social media/online communities and guidance and support to apply protocol relating to e-safety. | Access to programmes designed to support and develop the YP’s awareness of social boundaries and conventions in relation to a range of social situations and relationships.Adult support and guidance to ensure that the YP is able to apply taught knowledge and skills to enable them to make safe choices within the community.Community based activities/groups appropriate to the YP’s age and developmental level designed to facilitate socialisation and the development of friendships.Links to organisations who provide social and emotional support as required.Specific teaching in relation to risks associated with drugs, alcohol, criminal activity, social vulnerability and provision of information to support the YP’s understanding of these and ability to make safe choices.Specific teaching in relation to risks associated with social media/online communities and guidance and support to apply protocol relating to e-safety. | Programmes of activities designed to promote positive self-care routines (relating to personal care and the home/work environment) and support to apply and embed these within daily routines.Programmes of activities and provision of information relating to sexual health and associated risks and support and guidance as required to enable the YP to make positive relationship Information and guidance to positive mental health and wellbeing and individual programmes of activities to identify coping strategies and mechanisms in accordance with the YP’s circumstances and emotional/mental health needs.Links to agencies /organisations who provide mental health and emotional support as required.Access to emotional support workers as required. |