Barking & Dagenham

Special Educational Needs:

School Guidance for
Social, Emotional and Mental Health (SEMH) Difficulties

BDSIP | HELPING STUDENTS SHINE

Introduction

In Barking and Dagenham, we believe that pupils with SEND should be educated as close to mainstream as possible.   This means that we are committed to ensuring that all pupils receive high quality first teaching and an appropriate curriculum, personalised to meet their needs and ensure above expected progress from their individual starting point.

The School Guidance for Social Emotional and Mental Health (SEMH) needs provide a tool that will support the identification of:
- The pupil's special educational needs.
- The severity of their needs.
- Curriculum adaptations that may be required.
- Additional strategies to support high quality first teaching for the individual.
- Active and passive behaviours which may indicate semh needs relative to the pupil's chronological age.

Guidance Notes

The SEND Code of Practice (2015) stipulates that

6.32   Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.

6.33   Schools and colleges should have clear processes to support children and young people, including how they will manage the effect of any disruptive behaviour, so it does not adversely affect other pupils.

Where a pupil is identified as having SEMH needs, it is important to conduct a **holistic assessment of their context and any other co-occurring needs**.   This is to ensure that there is a full understanding of the potential causes of their social, emotional and/or mental health difficulties so that schools can implement an appropriate package of support. The checklist on page 3 is designed to support this assessment.

It is important to note that pupils with SEMH may also be considered as learners with complex needs when there are co-occurring difficulties relating to:
- Cognition and Learning
- Communication and Interaction Needs
- Physical and Sensory Needs

For pupils identified as having complex needs, schools should also consult other relevant level descriptors to ensure they are providing an appropriate curriculum and support to address all areas of need

School Guidance
This guidance provides an example of the type and level of additional support in a mainstream setting for the pupil's needs to be effectively met.
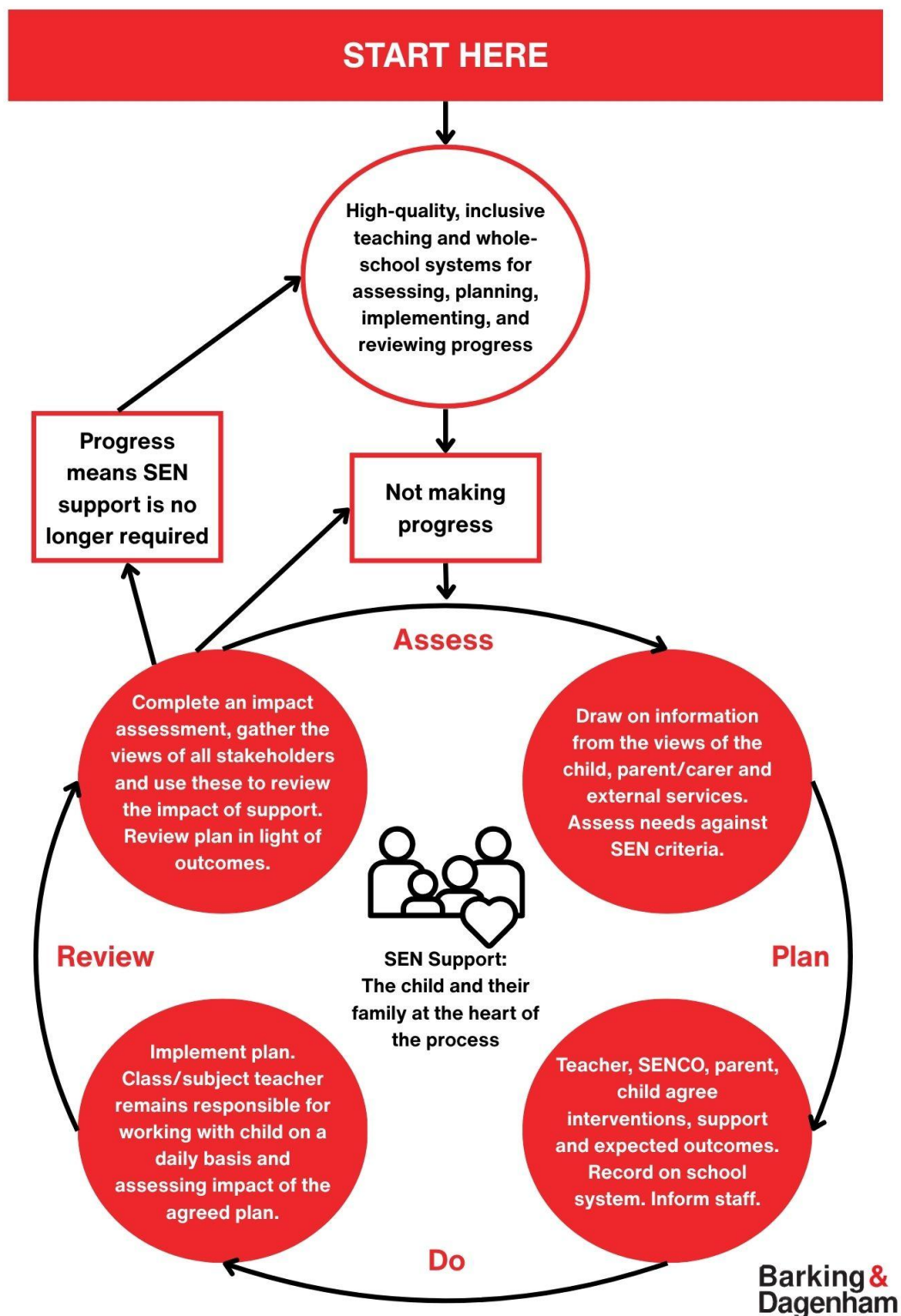
Each level identifies:

- A description of the way a pupil may present at each level.
- Curriculum adaptations that schools should consider.
- Additional support strategies that may enable the pupil to engage with learning and school.
- Passive and active behaviours that may be symptomatic of SEMH needs.
- Case studies which provide an example of provision for each level.

Review of Progress and Graduated Response
A review of the provision provided should be held at least every term for any pupil identified as having SEND. This review should be held in collaboration with the pupil and their family, and extend to external professionals for advice and support, where appropriate.

The Graduated Approach

START HERE

High-quality, inclusive teaching and whole-school systems for assessing, planning, implementing, and reviewing progress

Progress means SEN support is no longer required

Not making progress

Assess

Complete an impact assessment, gather the views of all stakeholders and use these to review the impact of support. Review plan in light of outcomes.

Draw on information from the views of the child, parent/carer and external services. Assess needs against SEN criteria.

SEN Support: The child and their family at the heart of the process

Review

Plan

Implement plan. Class/subject teacher remains responsible for working with child on a daily basis and assessing impact of the agreed plan.

Teacher, SENCO, parent, child agree interventions, support and expected outcomes. Record on school system. Inform staff.

Do

Barking & Dagenham

Statutory Assessment

There is no direct link between the level descriptors and a need for statutory assessment for an EHCP. An assessment of subsequent EHCP does not affect the requirement for the pupil's needs to be met.

Curriculum Responsibility

Many pupils with SEND will receive significant levels of additional support, either within the classroom or as a targeted or specialist intervention. In line with the Code of Practice for SEND, the class teacher remains fully responsible for curriculum planning, high quality first teaching, assessment and reporting of progress to parents/carers, whether or not this is in collaboration with other practitioners.

Universal Offer

What Is a Universal Offer?

A Universal Classroom Offer refers to a set of high-quality teaching strategies and practises that are designed to meet the diverse needs of all pupils within a classroom setting. The goal is to ensure that every pupil, regardless of their background or ability, has access to a meaningful and effective learning experience.

'The leaders of early years settings, schools and colleges should establish and maintain a culture of high expectations that expects those working with children and young people with SEN or disabilities to include them in all the opportunities available to other children and young people so they can achieve well'. (SEND code of Practice, 2015, para.1.31)
Teacher Standard 1 – *Set high expectations which inspire, motivate and challenge children and young people*
Teacher Standard 2 *– Promote good progress and outcomes by children and young people*
Teacher Standard 5 *– Adapt and respond to the strengths and needs of all pupils*
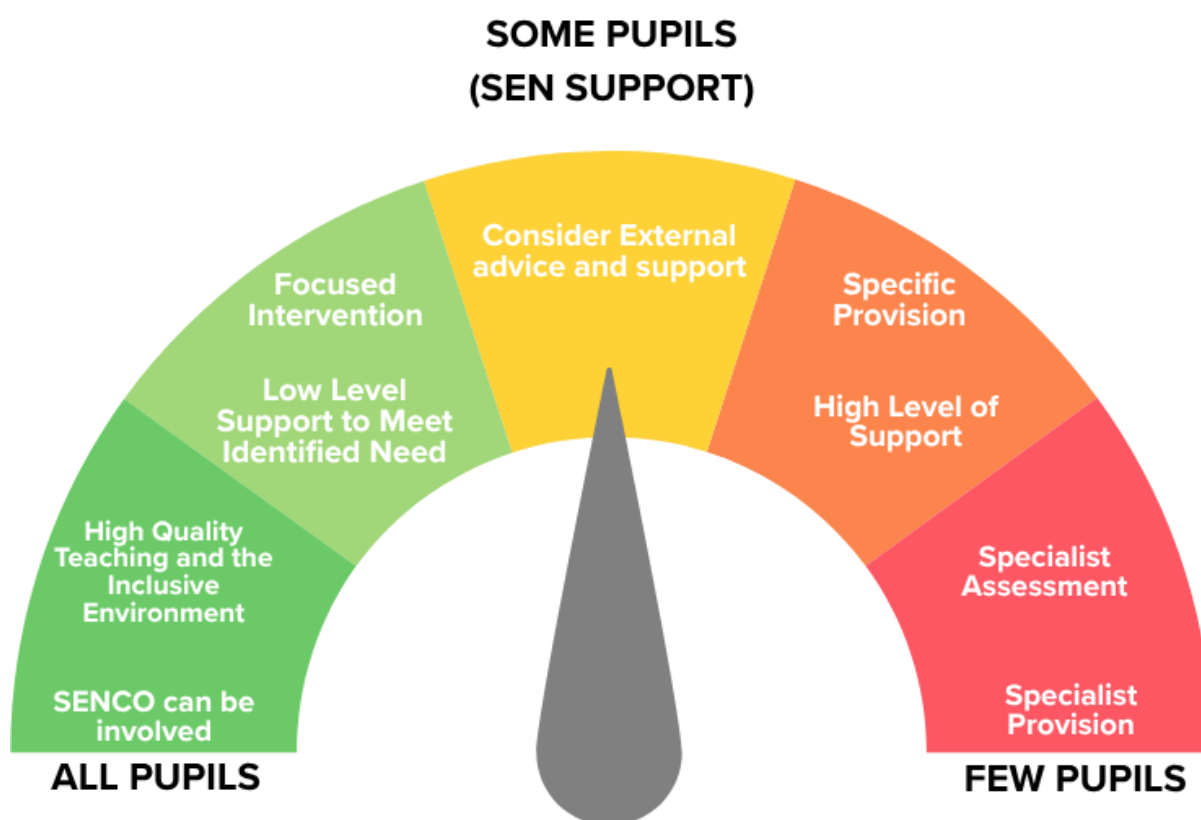
What Should a Universal Offer Include?

- **High Quality Teaching** – Ensuring all teaching staff are well-trained and equipped with effective pedagogical strategies. For example – Rosenshine's Principles, Zones of proximal development (Vygotsky), Universal Design for Learning, *cognitive load theory,*
- **Adaptive Teaching** - Providing multiple pathways for pupils to engage with the content, demonstrate their understanding, and apply their skills. *For example – Explicit instruction, metacognitive strategies, scaffolding, flexible groupings*
- **Inclusive Environment** - Creating a classroom atmosphere that promotes respect, belonging, and collaboration among all pupils. *For example – careful seating plans, well organised environment, visuals, communication aids, tabletop print outs, phonics and word mats, sand timers, manipulatives, concrete resources,* calm corners, fidget toys, pencil grips, writing slopes
- **Accessible Resources** - Providing a range of materials and resources including technological resources that are accessible to all pupils, including those with special educational needs and disabilities (SEND). *For example – touch typing programme, translation tools, recording devices, voice recognition software, subtitles*
- **Regular Assessment and Feedback** - Implementing ongoing formative assessments to monitor pupil progress and inform instruction and providing timely accessible feedback. For example – verbal feedback, visual feedback with examples, peer feedback, observational assessments, concept mapping, think, pair, share

- **Collaboration with Families** - Engaging parents and caregivers in the educational process to support their children's learning at home.

Implementation Considerations
- **Professional Development:** Ongoing training for teachers to develop skills in differentiation and inclusive practises.
- **Collaboration Among Staff:** Encouraging teamwork among teachers, support staff, and external specialists to share best practises and resources.
- **Monitoring and Evaluation:** Regularly reviewing the effectiveness of the universal offer and making necessary adjustments based on pupil feedback and performance data.

Utilising a universal offer to remove barriers to learning and progress, will ensure that all children/young people can access whole class teaching, develop their independence, self-esteem and preparation for adulthood.

SOME PUPILS (SEN SUPPORT)

Consider External advice and support

Focused Intervention

Low Level Support to Meet Identified Need

High Quality Teaching and the Inclusive Environment

SENCO can be involved

ALL PUPILS

Specific Provision

High Level of Support

Specialist Assessment

Specialist Provision

FEW PUPILS

Ensure the Assess, Plan, Do and Review cycle is routinely and systematically applied at each stage of provision to maintain effective and personalised support.

Contextualising SEMH Needs

Children and young people with SEMH needs will often have other co-occurring difficulties or challenges. It is very important to conduct a **holistic assessment** of the child's context and needs in order to understand the potential causes of their social, emotional and/or mental health needs and develop an appropriate package of support. This checklist is designed to support **a full assessment of a child's wider needs**.

Additional Needs or Contextual Difficulties	X	Assessments/external agency involvement with dates
Speech and language difficulties		
Communication difficulties, including social communication		
Developmentally immature language and communication skills		
Developmentally immature attention and listening skills		
Cognition and learning difficulties including memory, processing, reasoning, problem solving		
Literacy difficulties		
Numeracy difficulties		
Working significantly below age related expectations		
Working below age related expectations		
Working above age related expectations		
Working significantly above age-related expectations		
Developmentally immature social skills		
Developmentally immature emotional regulation		
Developmentally immature physical skills		
Attachment difficulties		
Low self-esteem/self-confidence		
Lack of resilience		
The child or young person has experienced trauma/ACEs.		
There are concerns around family functioning.		
CIN/CP/LAC (current or historical)		
The child or young person is a young carer.		
Homelessness or instability in housing.		
Socio-economic disadvantage		
The child or young person has experienced a family separation.		
The child or young person has experienced a bereavement or loss.		
Significant changes in the child or young person's life.		
The child or young person is EAL.		
The child or young person is an asylum seeker or refugee.		
Physical wellbeing		
The child or young person has experienced bullying, including online.		
Has a diagnosis of:		
Autistic Spectrum Disorder (ASD)		
Attention Deficit Hyperactivity Disorder (ADHD)		
Dyslexia		
Dyspraxia		
Attachment Disorder		
Global Developmental Delay		
Developmental Language Disorder		
A specified medical or mental health condition		

Social Emotional and Mental Health Difficulties: Universal Plus	
Pupil's Presentation	Pupils experience difficulties that are having a **significant** impact on their academic and developmental progress and will be impacting on the learning of others *when behaviours are active*. This will often be linked to events or unmet needs in their life which are affecting their wellbeing and behaviour in school. Schools must complete a holistic assessment to identify co-occurring difficulties that require additional support. Schools are able to provide evidence that behaviours are 'daily' and there is evidence that provision has been offered from previous levels. Pupils in this level will meet a number of the bullet points and are identified as being more 'at risk'. **Social** Pupils may: • Display a developmental delay in social skills relative to their chronological age. • Exhibit moderate to significant difficulties in forming healthy attachments. • Experience difficulties in responding appropriately in social situations. • Experience significant social isolation as a result of their difficulties. • Have frequent experience of bullying or intimidation or frequently be involved as a perpetrator of bullying or intimidation. • Demonstrate very limited awareness of the needs of others. • Often display attachment seeking behaviours. • Rarely seem able to trust others. **Emotional** Pupils may: • Display a delay in their emotional development relative to their chronological age. • Struggle to manage typical daily routines. • Be reliant on adult reassurance. • Struggle to comply with adult direction or accept adult support. • Show a very limited level of personal responsibility for their own actions and/or the effect of their actions on others. • Struggle to accept praise and/or perceived criticism. • Have very low self-esteem and/or self-confidence. • Have very low levels of resilience. • Fail to see a positive future for themselves. • Display more significant difficulties with understanding and regulating their emotions in a range of contexts. • Display more significant difficulties with understanding or predicting the emotions of others. • Have difficulties in identifying risks, relative to what we be expected for their chronological age, as well as their potential consequences or impact. **Mental Health** Pupils may: • Exhibit more persistent emotional or behavioural needs that communicate ongoing challenges with wellbeing and mental health. • Exhibit changes in presentation and/or behaviour. • Show signs of self-harming behaviours, including substance abuse. • Shows signs of an issue with eating. • Raises concerns that they may be struggling with their identity.
Curriculum	A personalised curriculum which: • Seeks to build the pupil's sense of belonging within the school community. • Is delivered/supported by appropriately qualified and/or skilled staff.

	Social Emotional and Mental Health Difficulties: Universal Plus
	- Supports them to build healthy attachments with emotionally available adults. - Is appropriate to the pupil's developmental stage. - Specifically targets co-occurring needs. - Uses individual motivators and strengths to engage them in learning. - Integrates the therapeutic with the academic. - Seeks to build relationships with adults and peers in the wider school community. - Balances the need for inclusion with the need for individual or small-group teaching. - Considers the pupil's aspirations for the future and working with them, maps how what they are doing now leads to achieving these goals. - Provides regular opportunities to celebrate success, however small. - Builds their resilience, self-esteem and self-confidence. - Develops their emotional regulation strategies. - Opportunities to develop independence, both in learning and self-care.
Additional Support	- Consideration of the need for an EHC Plan. - A referral to CAMHs. - A solution-focused approach to removing barriers that may be impacting on the pupil's sense of belonging in the school community. - Regular review, at least weekly, using a solution-focused approach to explore what is working (do more of it) and what isn't (stop doing it). - Pupils will need high levels of support from emotionally available adults to overcome their difficulties. - A daily debrief for staff involved in supporting the pupil, which is particularly important when it is emotionally challenging. - Schools work with families to ensure they are accessing support from appropriate agencies, if this is not already in place. - There is regular, at least weekly, contact with families to celebrate achievements or progress, however small, and identify areas for development through small-step, achievable targets. - If needs are impacting attendance, there is a clear support plan in place to address this. - Where a pupil may be at risk of criminal or sexual exploitation, referrals have been made to appropriate agencies.

Social Emotional and Mental Health Difficulties: Universal Plus	
Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:	
EYFS	*Active Behaviours* • Presents as a flight risk. • Unable to manage daily routines which leads to tantrums or outbursts. • Resists adult support to take part in activities with other children. • Physically resistant or intimidating to other children and adults, seemingly without provocation. • Snatches objects or equipment without regard to others, routine or activity. • Makes inappropriate noises or remarks. • Engages in disruptive attachment seeking behaviours but struggles to manage attention given, possibly over-reacting or becoming over-excited. • Shows inappropriate aggression or attempting to provide adults or peers. • Uses inappropriate language to provoke or gain attention. • Loses temper and has tantrums frequently throughout the day. • Struggles to interact appropriately with peers which affects friendships. *Passive Behaviours* • Freezes in the face of difficulty or conflict. • Play is repetitive and limited, either purposefully or socially, • Unable to manage daily routines which leads to total withdrawal. • Seeks out attachment to adults or peers indiscriminately. • Struggles to forge friendships. • Contact with other children is rare, even if supported by an adult. • Does not talk willingly to adults or peers, even if they are familiar.
KS1 and 2	*Active Behaviours* • Presents as a flight risk. • Resistant to adult support. • Does not want to play or engage in activities alongside their peers. • Physically resistant or intimidating to peers or adults, seemingly without provocation. • Displays fleeting attention to activities, even if they are of more interest. • Displays inappropriate responses to social situations e.g. laughing when someone is hurt. • Destructive of their own and others' work. • Unpredictable behaviour, even in more familiar situations. • Rapid changes in mood, seemingly without provocation. • Aggressive responses to peers and adults. Provocative behaviour towards peers and adults. • Regular violent temper outbursts. • Displays inappropriate sexualised behaviour. *Passive Behaviours* • Freezes in the face of difficulty or conflict. • Unable to manage daily routines which leads to total withdrawal. • Seeks out attachment to adults or peers indiscriminately. • Struggles to forge friendships. • Contact with other children is rare, even if supported by an adult. • Is unable to learn or participate in school life as a result of being the target of intimidating behaviours. • Does not talk willingly to adults or peers, even if they are familiar. • Appears to feel unsafe in some contexts. • Appears uncomfortable when praised.

Social Emotional and Mental Health Difficulties: Universal Plus	
Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:	
	• Avoids taking risks in their learning and/or reluctant to engage with new experiences. • May be some concerns about attendance or engagement in school life.
KS3 and 4	*Active Behaviours* • Presents as a flight risk and/or absconds from school or home. • Frequently unsettled and disruptive behaviour in class. • Concentration is not as expected for their chronological age. • Frequently loses their temper. • Frequently has difficulty in maintaining co-operative relationships with a range of adults. • Challenges teachers in a verbally aggressive way. • May engage in a number of disruptive behaviours to avoid completing work. • Refuses to complete work in class but will back down eventually. • Frequently has serious difficulty in maintaining co-operative relationships with peers. • May be a frequent perpetrator of bullying or intimidation. • Show no value for work or possessions. • Unlikely to respond to positive peer approval or pressure. • Struggles to take turns, work co-operatively or accept the ideas of others. • Displays inappropriate sexualised behaviour. • Engages in risk-taking or self-harming behaviours with little care for the consequences. • Struggles to make appropriate positive choices. • Responds negatively to perceived criticism or praise. • Engages in anti-social behaviour both in and outside school. *Passive Behaviours* • Will freeze in the face of difficulty or conflict. • Organisation is not as expected for their chronological age. • Appears to find it difficult to build trusting relationships with adults. • May quietly avoid completing work. • Avoids drawing attention to themselves. • May be a frequent victim of bullying or intimidation. • Has no regular group of friends and appears on the edge of activities. • Contact with their peers, outside of adult directed activities, is rare. • Shows changes in their presentation e.g. possessions, eating, toilet habits or hygiene. • Avoids taking risks in learning and/or reluctant to engage in new experiences. • Is uncomfortable when being praised. • Presents themselves poorly, taking little care in appearance or hygiene, for example. • There are some concerns about attendance or engagement in school life. • Does not talk to less familiar adults or those they have not established a trusting relationship with. • Seems emotionally absent.

Social Emotional and Mental Health Difficulties: Enhanced	
Pupil's Presentation	Pupils experience difficulties arising from **complex** needs that are having an impact on their academic and developmental progress and will be impacting on the learning of other when behaviours are active. It is likely that this is linked to events or unmet needs in their life which are affecting their wellbeing and behaviour in school. Schools must complete a holistic assessment to identify co-occurring difficulties that require additional support. Schools are able to provide evidence that behaviours are impacting the pupil in most lessons/contexts and there is evidence that provision has been offered from previous levels. Pupils in this level will meet most of the bullet points and are identified as 'at risk'. **Social** Pupils may: • Display significantly delayed social skills relative to their chronological age. • Exhibit significant difficulties in forming healthy attachments. • Experience significant difficulties in responding appropriately in social situations. • Experience total social isolation as a result of their difficulties. • Regularly experiences of bullying or intimidation or is regularly involved as a perpetrator of bullying or intimidation. • Demonstrate very limited awareness of the needs of others. • Display attachment seeking behaviours that are often negative. • Has significant difficulty in trusting others. **Emotional** Pupils may: • Display significantly delayed emotional development relative to their chronological age. • Seem unpredictable or display rapid changes in mood, sometimes without a clear trigger. • Struggle to manage daily routines. • Be dependent on adult reassurance or support from preferred adults. • Struggle to comply with adult direction or accept adult support. • Very rarely take personal responsibility for their own actions and/or the effect of their actions on others. • Struggle to accept praise and/or perceived criticism. • Have very low self-esteem and/or self-confidence. • Have very low levels of resilience. • Fail to see a positive future for themselves. • Display significant difficulties with understanding and regulating their emotions in most contexts. • Display more significant difficulties with understanding or predicting the emotions of others. • Be unable to regulate their risk-taking behaviour in response to known consequences. **Mental Health** Pupils may: • Exhibit more persistent emotional or behavioural needs that communicate ongoing challenges with wellbeing and mental health. • Exhibit changes in presentation and/or behaviour. • Show evidence of self-harming behaviours, including substance abuse. • Raise significant concerns around eating. • Have a diagnosed developmental or mental health need. • Be struggling with their identity.

Social Emotional and Mental Health Difficulties: Enhanced	
Curriculum	At this stage, the pupil will be displaying significant difficulties in managing the demands of mainstream provision, unless supported by skilled, specialist staff. The curriculum will need to be developed with consideration to all previous levels, but provision will need to be able to accommodate a highly individualised approach to learning, personal, social and emotional development.
Additional Support	*As previous levels with the possible addition of:* • A full assessment of need through the Child Development Team or CAMHs. • A request for an EHC Plan. • Targeted support and regular review within a multi-agency co-ordinated approach. • High levels of adult supervision to ensure the safety of the pupil and/or others.

Social Emotional and Mental Health Difficulties: Enhanced	
Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:	
EYFS	*Active Behaviours* • Is a flight risk. • Play is often developmentally inappropriate. • Attention is fleeting. • Inappropriate responses in social situations e.g. laughing when someone is hurt or upset. • Appears to provoke or persecute other children or adults. • Unpredictable behaviour, seemingly without identifiable cause. • Rapid changes in mood, seemingly without identifiable cause. • Engages in negative attachment seeking behaviours but struggles to respond appropriately when attention is given, possibly over-reacting or becoming over-excited for example. • Reacts negatively to praise or perceived criticism. *Passive Behaviours* • Freezes in the face of difficulty or conflict. • Unable to manage daily routines which leads to total withdrawal. • Seeks out attachment to adults or peers indiscriminately, including strangers. • Struggles to forge friendships. • Does not like praise. • Contact with other children is rare, even if supported by an adult. • Does not seem to trust adults or peers. • Does not talk to adults or peers, even if they are familiar.
KS1 and 2	*Active Behaviours* • Is a flight risk. • Constantly interferes in the activities of others, causing distress. • Resists or erupts when an adult attempts to direct activity. • Reacts negatively to praise or perceived criticism. • Does not respond appropriately in social situations e.g. smiles when reprimanded. • Has emotional outbursts or loses their temper/tantrums throughout the day. • Has rapid changes in mood, seemingly without cause. • Craves attachment to adults but resists or rejects opportunities to build trusting relationships. • Frequently refuses to complete work in class. • Frequently challenges teachers verbally and has instances where they challenge teachers physically. • Is a frequent perpetrator of bullying or intimidation and may seem to persecute some children. • Displays little empathy or consideration of the feelings of others. • Demonstrates limited negotiation skills. • Displays inappropriately sexualised behaviour. *Passive Behaviours* • Freezes in the face of difficulty or conflict. • Unable to manage daily routines which leads to total withdrawal. • Seeks out attachment to adults or peers indiscriminately. • Struggles to forge friendships. • Contact with other children is rare, even if supported by an adult.

	Social Emotional and Mental Health Difficulties: Enhanced
	Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:
	• Is unable to learn or participate in school life as a result of being the target of intimidating behaviours. • Does not talk willingly to adults or peers, even if they are familiar. • Appears to feel unsafe in some contexts. • Withdraws from praise. • Avoids taking risks in their learning and/or reluctant to engage with new experiences. • Quietly avoids doing any work in class. • Withdraws from efforts to engage in conversation. • There are significant concerns about attendance.
KS3 and 4	*Active Behaviours* • Is a flight risk and/or absconds from school or home. • Frequently unsettled and disruptive behaviour in class. • Concentration is not as expected for their chronological age. • Frequently loses their temper. • Frequently has significant difficulty in maintaining co-operative relationships with a range of adults. • Challenges teachers in a verbally aggressive way. • May engage in a number of disruptive behaviours to avoid completing work. • Refuses to complete work in class but will back down eventually. • Frequently has significant difficulty in maintaining co-operative relationships with peers and rarely sustains positive friendships. • May be a frequent perpetrator of bullying or intimidation. • Displays little empathy or consideration of the feelings of others. • Shows no value for work or possessions. • Unlikely to respond to positive peer approval or pressure. • Struggles to take turns, work co-operatively or accept the ideas of others. • Displays inappropriate sexualised behaviour. • Engages in risk-taking or self-harming behaviours with little care for the consequences. • Struggles to make appropriate positive choices. • Responds negatively to perceived criticism or praise. • Engages in anti-social behaviour both in and outside school. *Passive Behaviours* • Will freeze in the face of difficulty or conflict. • Organisation is not as expected for their chronological age. • Appears to find it difficult to build trusting relationships with adults. • May quietly avoid completing work. • Avoids drawing attention to themselves. • May be a frequent victim of bullying or intimidation. • Has no regular group of friends and appears on the edge of activities. • Contact with their peers, outside of adult directed activities, is rare. • Shows changes in their presentation e.g. possessions, eating, toilet habits or hygiene. • Avoids taking risks in learning and/or reluctant to engage in new experiences. • Is uncomfortable when being praised. • Presents themselves poorly, taking little care in appearance or hygiene, for example.

Social Emotional and Mental Health Difficulties: Enhanced	
Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:	
	• May be a school refuser or is frequently absent from school. • Is rarely engaged in school life and shows very little attachment to their school and its community. • Seems emotionally absent.

Social Emotional and Mental Health Difficulties: Targeted	
Pupil's Presentation	Pupils experience difficulties arising from **profound** needs that impact on their academic and developmental progress and may be impacting on the learning of others. It is increasingly likely that this is linked to events or unmet needs in their life which are impacting their wellbeing and behaviour in school. Schools must complete a holistic assessment to identify co-occurring difficulties that require additional support. School must provide evidence that the pupil's difficulties are impacting them in most contexts in their life and there is evidence that provision has been offered from previous levels. Pupils in this level will meet most of the bullet points and are identified as 'significantly at risk'. **Social** Pupils may: • Display significantly delayed social skills relative to their chronological age. • Exhibit prohibitive difficulties in forming healthy attachments. • Show virtually no interest in forming relationships with peers or adults unless it is in relation to having their own needs met. • Seem to have very little understanding of how to respond appropriately in social situations. • Experience total social isolation as a result of their difficulties. • Experiences high levels of bullying or intimidation or have created an identity as a perpetrator of bullying or intimidation. • Demonstrate little or no empathy for others. • Display attachment seeking behaviours that are mostly negative. • Is resistant to developing trusting relationships with others. **Emotional** Pupils may: • Display significantly delayed emotional development relative to their chronological age. • Seem unpredictable or display rapid changes in mood, sometimes without a clear trigger. • Be unable to cope with daily routines. • Be completely dependent on reassurance from preferred adults. • Be unable to comply with adult direction or accept adult support. • Refuses to take personal responsibility for their own actions and/or the effect of their actions on others. • Struggle to accept praise and/or perceived criticism. • Have no self-esteem and/or self-confidence. • Have no resilience. • Fail to see a positive future for themselves. • Display significant difficulties with understanding and regulating their emotions in all or a vast majority of contexts. • Display significant difficulties with understanding or predicting the emotions of others. • Show no regard for the impact of their actions on others. • Display a total disregard for their own or others' safety. **Mental Health** Pupils may: • Exhibit persistent emotional or behavioural needs that communicate ongoing challenges with wellbeing and mental health. • Be actively engaged in self-harming behaviours. • Raise significant concerns around eating. • Have a diagnosed developmental, mental health or psychiatric need. • Be significantly struggling with their identity.

Social Emotional and Mental Health Difficulties: Targeted	
Curriculum	At this stage, the pupil is likely to require specialist provision with mainstream links, where appropriate. The pupil will need a highly individualised curriculum developed with consideration to the outcomes of a holistic assessment of need. This curriculum should be developed, and progress reviewed with input from a multi-agency team.
Additional Support	*As previous levels, with the possible addition of:* • Opportunity to access alternative qualifications such as ASDAN, BTEC or functional skills. • Placement in a specialist provision with expertise in supporting pupils with SEMH. • A high level of adult supervision to ensure the safety of the pupil and/or others. • Support is provided for families through referral to appropriate agencies, if they are not already involved. • There is regular, ongoing multi-agency involvement in supporting and reviewing the pupil's progress. • Holistic approach to provision to include therapeutic support for the pupil and their parent/carer. • Opportunities to increase emotional literacy. • Access to calm spaces • Key worker allocated to support relational practice. • Access to an alternative emotional literacy tool such as the Zones of Regulation. • Risk assessments are in place for onsite and offsite activities and are routinely updated. • Opportunities for success and the development of self-esteem are woven into their day

Social Emotional and Mental Health Difficulties: Targeted	
Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:	
EYFS	*Active Behaviours* • Is a significant flight risk. • Attempts at play will be disruptive to others or likely to cause distress. • Will display inappropriate behaviours in social situations. • Challenges with emotional regulation will result in frequent outbursts throughout the day. • Unpredictably challenging behaviours that appear to have no identifiable cause. • Frequent negative attachment-seeking behaviours but resists adult comfort and attention. • Prone to lashing out when their needs are not met. • Inability to follow adult direction. • Inappropriate use of language. • Healthy attachment to adults or peers is rare. • Seeks to dominate and control in a variety of contexts. *Passive Behaviours* • Freezes in the face of difficulty or conflict. • Is withdrawn, • Seeks out attachment to adults or peers indiscriminately, including strangers. • Cannot forge friendships. • Does not like praise. • Contact with other children is rare, even if supported by an adult. • Does not seem to trust adults or peers. • Does not talk to adults or peers, even if they are familiar.
KS1 and 2	*Active Behaviours* • Is a significant flight risk. • Persistently interferes in the activities of others, causing distress. • Resists or erupts whenever an adult attempts to direct activity. • Reacts negatively to praise or perceived criticism. • Does not respond appropriately in social situations e.g. smiles when reprimanded. • Has emotional outbursts or loses their temper/tantrums throughout the day. • Has rapid changes in mood, seemingly without cause. • Craves attachment to adults but resists or rejects opportunities to build trusting relationships. • Refuses to complete work in class and/or will engage in a variety of highly disruptive behaviours to avoid work. • Challenges teachers and peers verbally and physically. • Is a perpetrator of bullying or intimidation and may persecute others. • Displays very little empathy and completely disregards others' feelings. • Displays no awareness of risk. • Reasonable force is often necessary to safeguard the child or others. • Displays highly inappropriate sexualised behaviour. • There are contextual safeguarding concerns, including criminal (CCE) or sexual exploitation (CSE). *Passive Behaviours* • Freezes in the face of difficulty or conflict.

	Social Emotional and Mental Health Difficulties: Targeted
	Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:
	- Is withdrawn. - Seeks out attachment to familiar and unfamiliar adults or peers indiscriminately. - Is unable forge friendships. - Contact with other children is rare, even if supported by an adult. - Is unable to learn or participate in school life as a result of being the target of intimidating behaviours. - Does not talk willingly to adults or peers, even if they are familiar. - Appears to feel unsafe in some contexts. - Withdraws from praise. - Avoids taking risks in their learning and/or reluctant to engage with new experiences. - Does not engage in any work in the classroom. - Completes very little work in a supported learning context. - Withdraws from efforts to engage in conversation. - Is a school refuser or is rarely at school.
KS3 and 4	**KS3 and KS4** *Active Behaviours* - Is a significant flight risk. - Extremely demanding behaviour which raises safety issues for themselves and others. - Reasonable force is often necessary to safeguard the child or others. - Resists or erupts whenever an adult attempts to direct activity. - Reacts negatively to praise or perceived criticism. - Has major difficulty in controlling their temper. - Has rapid changes in mood, seemingly without cause. - Unable to maintain positive relationships with adults or peers most of the time. - Will resort to violence in the face of conflict. - Challenges teachers and peers verbally and physically. - Is a perpetrator of bullying or intimidation and may persecute others. - Displays very little empathy and completely disregards others' feelings. - Refuses to complete work in class and/or will engage in a variety of highly disruptive behaviours to avoid work. - Displays no awareness of risk. - Reasonable force is often necessary to safeguard the child or others. - Displays highly inappropriate sexualised behaviour. - There are contextual safeguarding concerns, including criminal (CCE) or sexual exploitation (CSE). *Passive Behaviours* - Freezes in the face of difficulty or conflict. - Is withdrawn. - Seeks out attachment to familiar and unfamiliar adults or peers indiscriminately. - Is unable forge friendships. - Contact with other children is rare, even if supported by an adult. - Is unable to learn or participate in school life as a result of being the target of intimidating behaviours.

Social Emotional and Mental Health Difficulties: Targeted
Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:
- Does not talk willingly to adults or peers, even if they are familiar.   - Appears to feel unsafe in some contexts.   - Withdraws from praise.   - Avoids taking risks in their learning and/or reluctant to engage with new experiences.   - Does not engage in any work in the classroom.   - Completes very little work in a supported learning context.   - Withdraws from efforts to engage in conversation.   - Is a school refuser or is rarely at school.

Social Emotional and Mental Health Difficulties: Specialist	
Pupil's Presentation	Pupils will have **profound and complex needs** that are prohibitive to their developmental or academic progress. It is likely that this is linked to events or unmet needs in their life which are impacting their wellbeing and behaviour in school. Schools must complete the level assessment to identify co-occurring difficulties that require additional support. School are able to provide evidence that their difficulties are impacting the pupil in all contexts in their life and there is evidence that provision has been offered from previous levels. Pupils in this level will meet most of the bullet points and are identified as significantly 'at risk'. **Social** Pupils may: • Display significantly delayed social skills relative to their chronological age. • Exhibit prohibitive difficulties in forming any healthy attachments. • Show virtually no interest in forming relationships with peers or adults unless it is in relation to having their own needs met. • Seem to have no understanding of how to respond appropriately in social situations. • Experience total social isolation as a result of their difficulties. • Experiences high levels of bullying or intimidation or have created an identity as a perpetrator of bullying or intimidation. • Demonstrate little or no empathy for others. • Display attachment seeking behaviours and over-reacts when it is given. **Emotional** Pupils may: • Display significantly delayed emotional development relative to their chronological age. • Seem unpredictable or display rapid changes in mood, often seemingly without a clear trigger. • Be unable to follow daily routines. • Be completely dependent on reassurance from preferred adults. • Struggle to comply with adult direction or accept adult support. • Very rarely take personal responsibility for their own actions and/or the effect of their actions on others. • Struggle to accept praise and/or perceived criticism. • Have very low self-esteem and/or self-confidence. • Have very low levels of resilience. • Fail to see a positive future for themselves. • Display significant difficulties with understanding and regulating their emotions in most contexts. • Display more significant difficulties with understanding or predicting the emotions of others. • Show little or no regard for the impact of their actions on others. • Be unable to regulate their risk-taking behaviour in response to known consequences. **Mental Health** Pupils may: • Exhibit persistent emotional or behavioural needs that communicate ongoing challenges with wellbeing and mental health. • Show serious self-harming behaviours. • Raise significant concerns around eating. • Have a diagnosed developmental, mental health or psychiatric need. • Be significantly struggling with their identity.

Social Emotional and Mental Health Difficulties: Specialist	
Curriculum	At this stage, the pupil is likely to require specialist provision with adults trained in trauma informed practice, de-escalation, attachment theory, ACEs and restorative practice. • Tailored curriculum with a reduction or adaption to the academic content based on the child's capacity to engage as well as their cognitive ability. • A personalised SEND curriculum is in place to support the pupil's acquisition of social and self-help skills. • Support to engage and interact with the local community. • Access to life skills to support independence. • Learning should also incorporate opportunities to build resilience in an environment where mistakes area a part of learning. • Access to therapeutic support such as counselling, play therapy of CBT, to support the development of their emotional literacy. • Pupil is educated in a high staff-to-pupil ratio.
Additional Support	*As previous levels plus:* • Secure premises with restrictions on movement and interaction. • Highly specialised assessment of need. • Admission to medical unit. • Respite care. • Multi-Agency Public Protection Arrangements (MAPPA) • Trained key worker or mentor to support the development of secure attachment behaviours • Input from mental health professionals such as CAMHS. • Flexible classroom structure which allows access to break out spaces and regular movement breaks. • If progress is made, access to mainstream should not be ruled out. • Regular behaviour analysis to inform practice and adapt provision. • Regular communication with parents/carers. • Integrated care plan between all stakeholders. • Detailed risk assessments. • Support is available for their families (parenting courses, home visits, coffee mornings and sign posting to other services). • Regularly reviewed risk assessments (including for off-site activities) • Regular reviews of academic and emotional progress. • Termly multi-agency review meetings.

Social Emotional and Mental Health Difficulties: Specialist	
Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:	
EYFS	*Active Behaviours* • Is a significant and frequent flight risk. • Resists adult support or intervention. • Shows no understanding of the consequences of behaviour or actions. • Resists physical contact. • Constant extreme behaviour of concern. • Behaviour is unpredictable and often without a clear trigger. • Appears to disregard safety of self and others.

	Social Emotional and Mental Health Difficulties: Specialist
	Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:
	• Serious self-injurious behaviour. • Requires frequent restrictive physical intervention for their safety and/or safety of others. • Relationships with peers and adults are rarely positive or rational. • Unable to develop healthy attachments. • Social contact with others is frequently inappropriate. *Passive Behaviours* • Shows little/no desire in exploring toys. • Avoids eye contact. • Withdraws from physical contact. • Freezes in the face of difficulty or conflict. • Is emotionally withdrawn. • Does not like praise. • Seeks out attachment to adults or peers indiscriminately, including strangers. • Cannot forge friendships. • Shows no desire to interact with peers. • Does not seem to trust adults or peers. • Does not talk to adults or peers, even if they are familiar.
KS1 and 2	Active Behaviours • Is a significant, frequent flight risk. • Persistently causes distress to other children. • Resists or erupts whenever an adult attempts to direct activity. • Has extreme emotional outbursts or loses their temper/tantrums throughout the day, seemingly without cause. • Has rapid changes in mood, seemingly without cause. • Craves attachment to adults but resists or rejects opportunities to build trusting relationships. • Engages in highly disruptive behaviour whenever in class. • Frequently challenges teachers and peers verbally and physically. • Is a perpetrator of bullying or intimidation and may persecute others. • Has no appropriate social contact with others. • Displays no empathy and completely disregards others' feelings. • Displays total disregard for their own or others' safety. • Reasonable force is frequently necessary to safeguard the child or others. • Behaviours are seriously self-injurious. • Displays highly inappropriate sexualised behaviour. • There are contextual safeguarding concerns, including criminal (CCE) or sexual exploitation (CSE). Passive Behaviours • Freezes in the face of difficulty or conflict. • Is withdrawn. • Seeks out attachment to familiar and unfamiliar adults or peers indiscriminately. • Is unable forge friendships. • Does not want contact with other children, even if supported by an adult. • Is unable to learn or participate in school life as a result of being the target of intimidating behaviours. • Does not talk to adults or peers, even if they are familiar.

	Social Emotional and Mental Health Difficulties: Specialist
	Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:
	• Appears to feel unsafe in most/all contexts. • Withdraws from praise. • Refuses to take risks in their learning and/or engage with new experiences. • Does not engage in any work in the classroom or in a supported learning context. • Withdraws from efforts to engage in conversation. • Is a school refuser or is rarely at school. •
KS3 and 4	*Active Behaviours* • Is a significant flight risk and regularly absconds from school and/or home. • Extremely challenging behaviour which raises safety issues for themselves and others. • Reasonable force is frequently necessary to safeguard the child or others. • Resists or erupts whenever an adult attempts to direct activity. • Reacts negatively to praise or perceived criticism. • Shows no ability to self-regulate and control emotional outbursts. • Has frequent rapid changes in mood, seemingly without cause. • Unable to maintain positive relationships with adults or peers. • Will resort to violence in the face of conflict. • Frequently challenges teachers and peers verbally and physically. • Is a perpetrator of bullying or intimidation and may persecute others. • Displays no empathy and completely disregards others' feelings. • Refuses to complete any work in any context and/or will actively disrupt. • Displays no awareness of risk. • Reasonable force is frequently necessary to safeguard the child or others. • Displays highly inappropriate sexualised behaviour. • There are contextual safeguarding concerns, including criminal (CCE) or sexual exploitation (CSE). *Passive Behaviours* • Freezes in the face of difficulty or conflict. • Is withdrawn. • Seeks out attachment to familiar and unfamiliar adults or peers indiscriminately. • Is unable forge friendships. • Displays no desire to engage with peers, even if supported by an adult. • Is unable to learn or participate in school life as a result of being the target of intimidating behaviours. • Does not talk to adults or peers, even if they are familiar. • Appears to feel unsafe in all/most contexts. • Withdraws from praise. • Will not take risks in their learning and/or engage with new experiences. • Does not engage in any work in the classroom or a supported learning context. • Will not engage in conversation. • Is a school refuser or is rarely at school.