

Social, Emotional and Mental Health Wave 2

Assess

- Ensure the continuation of QFT is in place.
- Ensure staff are aware of, and are following, the whole school behaviour policy.
- Discussion with parents and staff to share concerns, contribute to assessment and inform planning and ensure pupil voice work is undertaken.
- Observe the pupil at different times in the day to identify patterns in behaviour and triggers.
- Careful consideration of information gathered e.g. behaviour logs, ABC charts/STAR analysis etc. to better understand need.
- Assess whole class behaviour management strategies being used and identify any personalisation needed.
- Carry out SEMH specific assessments analyse results with school/family (e.g. SDQ, Boxall Profile, home visits).
- Assess training needs of staff working with the child e.g. understanding of attachment, ADHD, anxiety etc.
- Record the above on an EHA including the impact of the interventions for specific difficulties.

- Plan interventions for specific difficulties with the child and their family and record these on the EHA.
- Plan staff training and staff development around meeting the needs of children with SEMH (e.g. Emotion Coaching and MindEd website resources).
- Where possible plan to avoid any identified triggers and where this is not possible agree how the pupil will be supported at these times.
- Ensure clear reward and sanction policies are in place for the class and differentiated appropriately for the pupil.
- Plan, where possible, to teach key SEMH skills e.g. resilience, self-esteem, social skills & emotional regulation through PSHE lessons.
- Ensure the classroom provides an inclusive and supportive ethos for children with SEMH.
- Consistent behaviour management strategies between home and school.
- Consider plans for unstructured times of the day including the use of adult supported opportunities or peer led activities.
- Explicitly plan to improve the pupils emotional vocabulary and understanding through small group work.

Plan

SEN Support (provided via schools own resources)

Review

- Review impact and appropriateness of agreed whole class and small group strategies and record on the EHA.
- Review triggers and any particularly difficult times of the school day.
- Review impact of any staff training completed.
- Identify and celebrate any progress made by the child since the development of this plan.
- Identify any ongoing, or new and emerging, needs.
- Review any new information gathered e.g. behaviour logs, ABC charts, assessments etc.
- Update and amend pupil passport.
- Identify whether further referrals to specialist services for targeted intervention is required. (CAMHS/Fort Alice/BSCIP/BSS/EPS).
- Plan next steps with the child/young person/ parents (step down, further Assess, Plan, Do, Review cycle, request for EHCNA).

- These are suggested interventions but please refer to the Schools SEN Information Report for further details.
- Implement any changes to behaviour management strategies and classroom environment needed.
- Implement whole class/ group work relating to identified needs i.e. PSHE lessons, emotional literacy work, emotion coaching, peer mediation, playground pals/buddy system etc.
- Ensure children are given opportunities to practice, and are prompted to apply any strategies taught during whole class/small group work to everyday situations.
- Staff to access any training identified as useful and implement knowledge/strategies acquired during the training to everyday teaching.
- Implement plans for unstructured times of the day.
- Regular liaison between class teacher, SENCO and parent.
- Ensure all positive behaviours and attempts to apply new skills are recognised and descriptive praise is given in a timely manner.
- Make a pupil passport detailing strengths and needs so all staff are aware of the support that needs to be in place.

Do

Social, Emotional and Mental Health Wave 3

Assess

- Ensure that there are no underlying difficulties impacting on the child's behavioural presentation e.g. speech and language difficulties or learning needs.
- More detailed assessment of SEMH needs by an external support service e.g. BSS/EPS etc.
- Assess information/reports to identify any hot spot lessons or times of the day and new triggers etc.
- Assess any risk to the child's safety and wellbeing and consider whether an individualised risk assessment, or positive handling plan/training crisis management plan is required.
- Assess whether any whole class reward systems and/or the curriculum need to be personalised.
- Consider the need for individual targeted interventions related to specific identified areas of need.
- Ensure pupil voice is elicited
- Consider whether Alternative Provision would be beneficial/is needed, including using a part time AP placement to enrich the curriculum offer for a Key Stage 4 pupil
- Consider whether wider support available in Bolton e.g. via the Thrive Alliance, or on line resources such as the Be Kind to My Mind website or Kooth may be helpful

- Plan strategies identified in advice from appropriate external agencies e.g. BSS/EPS/CAMHS.
- Jointly develop with parents any risk assessments/crisis management plans/positive handling plans needed.
- Plan any targeted individual or small group interventions for example anger management work or targeted work on anxiety management or social skills development etc.
- Plan any adaptations needed to the pupils timetable to take account of particular 'hot spots'.
- Careful consideration of staff deployment to support the child at particular times for particular purposes.
- Identify a 'safe space' that can be accessed with pre agreed protocol and recovery strategies.
- Plan individualised and personalised reward systems (if appropriate).
- Explicit plans/programmes to further develop emotional literacy skills e.g. using resources such as therapeutic stories, and starring the anger/anxiety/depression gremlin etc.
- Ensure all provision is underpinned by the 6 key nurture group principles – see page 57

Plan

SEN Support (provided via schools own resources)

- Close liaison with parents and external agencies and ongoing discussions with the child/YP to understand pupil voice.
- Review the impact of specific interventions and consider next steps.
- Review and monitor the child's presentation throughout the school day and at home.
- Identify and celebrate any progress made by the child since the development of this plan.
- Identify any ongoing, or new and emerging, needs.
- Review how the 6 principles of nurture are being used to underpin practice and are embedded to ensure best practice.
- Update and amend pupil passport.
- Identify whether further referrals to specialist services for targeted intervention (CAMHS/Fort Alice/BSCIP/BSS/EPS) are needed.
- Plan next steps with the child/young person, parents (step down, further Assess, Plan, Do, Review cycle, request for EHCNA).

- Implement strategies and advice from appropriate services e.g. BSS/EPS/CAMHS etc.
- Implement specific interventions and programmes identified.
- Ensure any risk assessments/positive handling plans/crisis management plans are well understood by those working with the child and consistently followed.
- Prepare any safe space required and implement associated protocols and calming/recovery strategies.
- Deploy staff as identified to meet the needs of the child.
- Consistently implement any personalised reward systems.
- Ensure the 6 principles nurture are used to guide practice and understand the child's presentation.
- Ensure all positive behaviours and attempts to apply new skills are recognised and descriptive praise is given in a timely manner.
- Ensure any additional assessments requested to rule out any underlying needs contributing to the child's presentation are carried out and the results shared with all involved.

Do

Review



The Six Principles of Nurture

1. Children's learning is understood developmentally

A nurturing approach involves staff responding to children not in terms of arbitrary expectations about 'attainment levels' but in terms of the children's developmental progress. The response to the individual child is 'as they are', underpinned by a non-judgemental and accepting attitude.

2. The classroom offers a safe base

The organisation of the environment and the way the group / class is managed contains anxiety. A nurturing approach offers a balance of educational and domestic experiences aimed at supporting the development of the children's relationships with each other and with the staff. Learning is organised around a structured period of time with predictable routines. Great attention is paid to detail; the adults are reliable and consistent in their approach to the children. A nurturing approach involves an educational provision making the important link between emotional containment and cognitive learning.

3. Nurture is important for the development of self-esteem

A nurturing approach involves listening and responding. Everything is 'verbalised' with an emphasis on the adults engaging with the children in reciprocal shared activities e.g. play / meals / reading / talking about events and feelings. Children respond to being valued and thought about as individuals, so in practice this involves noticing and praising small achievements.

4. Language is understood as a vital means of communication

Language is more than a skill to be learnt, it is the way of putting feelings into words. Children often 'act out' their feelings as they lack the vocabulary to 'name' how they feel. A nurturing approach views the informal opportunities for talking and sharing, e.g. welcoming the children into the group / class being as important as the more formal lessons teaching language skills. Words are used instead of actions to express feelings and opportunities are created for extended conversations or encouraging imaginative play to understand the feelings of others.

5. All behaviour is communication

This principle underlies the adult response to the children's often challenging or difficult behaviour. 'Given what I know about this child and their development what is this child trying to tell me?' Understanding what a child is communicating through their behaviour helps staff to respond in a firm but non-punitive way by not being provoked or discouraged. If the child can sense that their feelings are understood this can help to diffuse difficult situations. The adult makes the link between the external / internal worlds of the child.

6. Transitions are significant in the lives of children

A nurturing approach helps the child make the difficult transition from home to school. However, on a daily basis there are numerous transitions the child makes, e.g. between sessions and classes and between different adults. Changes in routine are invariably difficult and should be minimised as far as possible.

Social, Emotional and Mental Health

Relevant information, resources, links and on-line training

- Inside I'm Hurting; practical strategies for supporting pupils with attachment difficulties in school - Louise Michelle Bomber
- Attachment in the Classroom; The links between children's early experience, emotional wellbeing and performance in schools - Heather Geddes
- What about me? Inclusive strategies to support pupils with attachment difficulties make it through the school day - Louise Michelle Bomber
- Settling to learn; settling troubled pupils to learn and why relationships matter in school - Louise Michelle Bomber and Dan Hughes
- Emotion coaching resources - <https://www.emotioncoachinguk.com/>
- Starving the Anger Gremlin for Children Aged 5-9: A Cognitive Behavioural Therapy Workbook on Anger Management - [Kate Collins-Donnelly](#)
- Starving the Anger Gremlin: A Cognitive Behavioural Therapy Workbook on Anger Management for Young People - [Kate Collins-Donnelly](#)
- Starving the Anxiety Gremlin for Children Aged 5-9: A Cognitive Behavioural Therapy Workbook on Anxiety Management - [Kate Collins-Donnelly](#)
- Starving the Anxiety Gremlin: A Cognitive Behavioural Therapy Workbook on Anxiety Management for Young People - [Kate Collins-Donnelly](#)
- Think good, feel good; a CBT workbook for children and young people – Paul Stallard
- The whole brain child – Dan Siegel and Tina Payne Bryson
- SEMH Toolkit of evidence based interventions to promote the inclusion of children with SEMH needs - https://www.babcockldp.co.uk/babcock_ldp/Educational-Psychology/Downloads/Resources/SEMH-Toolkit-of-Evidence-Based-Interventions-to-Promote-the-Inclusion-of-CYP-with-SEMH-needs-contents.pdf
- Child Trauma Academy Youtube channel has presentations on brain development, trauma and resilience & developmentally appropriate interventions for children.
- Boxall profile (Nurture Group network) www.nurturegroups.org
- Strengths and Difficulties questionnaire (Dr. Goodman) www.sdqinfo.org

SEMH Free On-line CPD for School Staff

SEMH	http://www.advanced-training.org.uk/
Behaviour	https://www.classcentral.com/course/managing-behaviour-for-learning-6272
Managing behaviour for learning	https://www.futurelearn.com/courses/managing-behaviour-for-learning
An introduction to classroom management	https://prosperoteaching.com/quiz/classroom-management/
ADHD, concentration and SEMH	http://www.humansnotrobots.co.uk/p/resources-hub.html?m=1
ADHD	https://www.futurelearn.com/courses/understanding-adhd http://www.adhdcontinuum.com/free-adhd-online-courses/#.Xm-ZMaj7RPZ
Mental Health	https://www.minded.org.uk/ https://mindup.org/ https://www.brooksgibbs.com/
Behaviour, bullying and mental health	https://selby.ac.uk/adult-skills/distance-learning-courses/?fbclid=IwAR3x2_8kAIHgHPRR-kAQFBLKZ7Pmi-BxNbAo7p22vPKGf6H79TaXFX_qiBA
Understanding depression and anxiety	https://www.open.edu/openlearn/health-sports-psychology/health/understanding-depression-and-anxiety/content-section---learningoutcomes
Introduction to attachment disorder	https://prosperoteaching.com/quiz/an-introduction-to-attachment-disorder/

School Age Descriptors for Social, Emotional and Mental Health Difficulties

AREA	PLACE	PLACE PLUS	HIGH NEEDS BLOCK	
Social and Emotional	<ul style="list-style-type: none"> Is able to maintain co-operative relationships with school staff. 	<ul style="list-style-type: none"> Is unable to maintain co-operative relationships with some staff. 	<ul style="list-style-type: none"> Is unable to maintain co-operative relationships with most staff most of the time. 	<ul style="list-style-type: none"> Has major difficulty relating to adults in all contexts i.e. home, school and clubs
	<ul style="list-style-type: none"> Has good peer relationships. Can work or play co-operatively with peers. 	<ul style="list-style-type: none"> Peer relationships are shifting and unsustainable. Lacks reciprocal friendships. Has few social skills; has difficulty listening, sharing, co-operating with peers and will sometimes need appropriately trained adult supervision to work/play co-operatively in a group. 	<ul style="list-style-type: none"> Is generally non-communicative with peers or relationships are clearly and persistently exploitative (in either direction). Requires close supervision and prompting to work/play in a small group by appropriately trained personnel. 	<ul style="list-style-type: none"> Is unable to engage in peer relationships due to lack of understanding, awareness or interest even with high levels of 1:1 supervision from appropriately trained personnel. Work or play is severely restricted by inability to co-operate in a small group even with high levels of 1:1 supervision from appropriately trained personnel.
	<ul style="list-style-type: none"> Demonstrates appropriate responses feelings and actions. 	<ul style="list-style-type: none"> Has some difficulty demonstrating appropriate emotional responses to others. 	<ul style="list-style-type: none"> Displays daily strong, non-verbal or verbal expressions of emotion. Exhibits anxious, stressed or avoidance behaviour on a daily basis. 	<ul style="list-style-type: none"> Strong, non-verbal or verbal expressions of emotion are more frequent than daily. There is an inability to connect cause and effect of own and others' actions. Emotional state prevents engagement with teacher or task even in a 1:1 or small group situation.
	<ul style="list-style-type: none"> Is involved in appropriate social activities. 	<ul style="list-style-type: none"> Sometimes engages in unsafe, risky, antisocial behaviour independently or with peers. 	<ul style="list-style-type: none"> Engages in unsafe, risky, antisocial behaviour, independently or with peers on a daily basis. Sometimes invades personal space of others and/or hits out at peers or adults. 	<ul style="list-style-type: none"> Engages in unsafe, risky, antisocial behaviour either independently or with peers, more frequently than daily. Daily invades personal space of others and/or hits out at peers or adults.

AREA	PLACE	PLACE PLUS	HIGH NEEDS BLOCK	
Mental Health Behaviour	<ul style="list-style-type: none"> • Accepts boundaries and generally follows behavioural expectations of the school. • Has a repertoire of social problem solving approaches that are used across contexts. • Able to reflect on their life/successes/difficulties 	<ul style="list-style-type: none"> • Clinical diagnosis of an underlying mental health need/disorder but this is well managed either through the use of appropriate strategies or medication. • Sometimes challenges adult authority inappropriately. • Sometimes disrupts the learning of themselves and others through low-level inappropriate behaviours, e.g. talking, making noises, tapping pen, interrupting whole class delivery but will respond to adult reminders. • Fewer than 3 SDQ scores fall into the borderline range 	<ul style="list-style-type: none"> • Clinical diagnosis of an underlying mental health need/disorder for example anxiety, depression, conduct disorder, ADHD, attachment disorder, schizophrenia or bipolar disorder that impacts on learning, friendships, and well-being and prevents or hinders access to a mainstream teaching and learning environment for between 50-75% of the week • Clinical diagnosis of an underlying mental health need/disorder results in behaviours that challenges adult authority inappropriately on a daily basis. • Clinical diagnosis of an underlying mental health need/disorder results in the daily disruption of the learning of self and others through inappropriate behaviours across a range of situations but responds to intensive intervention from an adult with whom the child has a positive relationship. • At least 3 SDQ subscale scores fall into the 'borderline abnormal' range. 	<ul style="list-style-type: none"> • Clinical diagnosis of an underlying mental health need/disorder for example anxiety, depression, conduct disorder, ADHD, attachment disorder, schizophrenia or bipolar disorder that significantly impacts on learning, friendships, and well-being and prevents or hinders access to a mainstream teaching and learning environment for more than 75% of the week • Clinical diagnosis of an underlying mental health need/disorder resulting in daily exhibits extremes of demanding, challenging, unpredictable behaviour e.g. throwing equipment/furniture, kicking doors. • Clinical diagnosis of an underlying mental health need/disorder resulting in inconsistent and unpredictable responses to intensive intervention from appropriately adults with whom he/she has a positive relationship. • SDQ scores within the 'abnormal' range

AREA	PLACE	PLACE PLUS	HIGH NEEDS BLOCK	
Mental Health/Self-Esteem	<ul style="list-style-type: none"> • Has a positive view of themselves in the learning situation e.g. is confident in situations involving the possibility of failure or criticism and is able to adapt to change. 	<ul style="list-style-type: none"> • Poor self-esteem in relation to some areas of learning: <ul style="list-style-type: none"> - Occasionally makes self-deprecating comments. - Sometimes avoids tasks perceived as difficult e.g. pushes work away. - Sometimes defaces work. 	<ul style="list-style-type: none"> • Poor self-esteem in relation to most areas of learning: <ul style="list-style-type: none"> - Makes self-deprecating comments daily. - Avoids tasks perceived as difficult daily. - Repeatedly defaces work • Evidence of regular and sustained self-harm e.g. cutting or eating disorders. 	<ul style="list-style-type: none"> • Poor self-esteem in relation to all areas of learning: <ul style="list-style-type: none"> - Makes self-deprecating comments more frequently than daily. - Avoids tasks perceived as difficult more frequently than daily. - Repeatedly defaces work - Evidence of regular and sustained self-harm e.g. cutting or eating disorders, requiring specialist professional intervention.