

Special Educational Needs: Banding Descriptors

Social, Emotional and Mental Health (SEMH) Difficulties

Introduction

In Barking and Dagenham, we believe that students with SEND should be educated as close to mainstream as possible. This means that we are committed to ensuring that all students 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 banding descriptors for Social Emotional and Mental Health (SEMH) needs provide a tool that will support the identification of:

- the student'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 student's chronological age.

Guidance Notes

Where a student 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.

Band Levels

The bands provide an approximate guide to the level of additional support likely to be needed in a mainstream setting for the student's needs to be effectively met.

Each band identifies:

- A description of the way a student may present at each level.
- Curriculum adaptations that schools should consider.
- Additional support strategies that may enable the student to engage with learning and school.
- Passive and active behaviours that may be symptomatic of SEMH needs.
- Case studies to support moderation of banding assessments.

Review of Progress

A review should be held at least every term for any student assessed as having SEND, with or without an EHCP. This review should be held in collaboration with the student, their family and any other agencies involved in supporting the child/family. It will enable schools to ensure there is full consideration of the range of factors that might contribute to the student's difficulties.

Statutory Assessment

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

Curriculum Responsibility

Many students 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.

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: Band A (Universal)	
Student's Presentation	<p>Students experience low level/frequency difficulties. These may be linked to events or unmet needs in their life which have a temporary impact on their wellbeing or behaviour. Schools must complete a holistic assessment to identify co-occurring difficulties that require additional support.</p> <p>Social Students may: <ul style="list-style-type: none"> • have immature social skills relative to their chronological age. • exhibit some difficulties in forming healthy attachments. • struggle to form and sustain relationships with peers or adults. • experience some social isolation. </p> <p>Emotional Students may: <ul style="list-style-type: none"> • have immature emotional regulation relative to their chronological age. • have signs of low self-esteem and/or self-confidence • have low levels of resilience. </p> <p>Mental Health Students may: <ul style="list-style-type: none"> • exhibit changes in their emotional or behavioural responses that indicate issues with wellbeing. • exhibit emotional or behavioural responses which are communicating issues with wellbeing. </p>
Curriculum	<p>Students can be supported in mainstream through High Quality First Teaching with timely and appropriate support/interventions.</p> <p>Schools will have conducted an assessment of the whole child to identify:</p> <ul style="list-style-type: none"> • areas of strength • interests and motivators • areas for development with • small-step targets to support progress in priority areas • specific learning activities that support the child to experience success in meeting their targets. <p>Lesson planning should consider the student's developmental stage and barriers to learning and provide appropriate support and scaffolds to enable the student to engage.</p> <p>Depending on the nature of co-occurring difficulties, individual programmes of learning will need identified opportunities to develop:</p> <ul style="list-style-type: none"> • self-esteem and self-confidence • co-operative play skills • turn taking and sharing • ability to make choices • emotional regulation strategies • an emotional vocabulary • speech, language and communication skills • communication skills • literacy skills • numeracy skills • resilience.
Additional Support	<ul style="list-style-type: none"> • Trauma-informed training has been provided to all staff and they understand what it means for their practice.

Social Emotional and Mental Health Difficulties: Band A (Universal)

- All adults involved in teaching or supporting a student are trained in co-regulation strategies to support the development of emotional regulation.
- Assessment considers the full range of needs with the aim of identifying additional support needed to target co-occurring needs.
- Class teachers take the lead in implementing strategies to support the student.
- Co-production is at the heart of the individual plan for learning; children and parents/carers are fully involved in assessment, as well as planning and reviewing their curriculum.
- A student passport (or similar) identifies key strategies that work to support the individual - *What helps me?* - and strategies that do not work – *What doesn't help me?* It includes strategies for their co-occurring needs, where appropriate. This is developed in collaboration with the student and their family and shared with all adults who are involved in working with or supporting the student. This should be updated in response to emerging information about the individual.
- Curriculum plans include specific activities to support development at home.
- Adult support is sensitive and timely so as to avoid the student becoming over-reliant.
- There will be a **number of** ‘emotionally available adults’ identified to support the student.
- Where necessary, there are specific opportunities to support the development of relationships with peers.
- Behaviour is tracked and monitored so patterns or trends can be identified early and addressed.
- Students are supported to learn how to communicate their feelings and needs in appropriate ways.
- Students are supported to develop resilience in a culture which is supportive of learning from our mistakes.

Social Emotional and Mental Health Difficulties: Band A (Universal)	
Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:	
EYFS	<p><i>Active Behaviours</i></p> <ul style="list-style-type: none"> • Finds it difficult to settle when left by a parent/carer. • May grab or throw objects or toys. • Struggles to share. • Shows inappropriate physical behaviour towards other children. • Play is boisterous and may cause upset. • Struggles to maintain concentration in a larger group. • Responses to unfamiliar situations can be unpredictable. • May become distressed when an activity ends. • Seeks out vulnerable children to dominate. <p><i>Passive Behaviours</i></p> <ul style="list-style-type: none"> • Withdraws from activities not of their choosing. • Plays alongside their peers. • May struggle to access and return equipment or resources without support. • Allows others to dominate their play. • May find it difficult to make choices. • Can be reluctant to talk to less familiar adults or those they have not built a trusting relationship with.
KS1 and 2	<p><i>Active Behaviours</i></p> <ul style="list-style-type: none"> • Calling out, wandering around the room, inappropriate talking to other students. • Limited concentration that leads to disruption. • Some refusal to comply with adult instructions. • Appears rude or unnecessarily challenging of authority. • Over-reacts to problems, causing upset to themselves and others. • Has temper tantrums when they cannot communicate their needs effectively. • Finds it difficult to settle when left by a parent/carer • Struggles to work/play co-operatively with peers. • Limited concentration in a large group or on tasks they don't find engaging which leads to disruption. • May get distressed when an activity ends. <p><i>Passive Behaviours</i></p> <ul style="list-style-type: none"> • Struggles with organisation. • Limited concentration that leads to failure to complete tasks. • Difficulties with problem solving. • Joins in with preferred activities. • Limited concentration in a large group which leads to withdrawal. • May find it difficult to make choices. • Undervalues their own work or possessions. • Can be reluctant to talk to less familiar adults or those they have not built a trusting relationship with.
KS3 and 4	<p><i>Active Behaviours</i></p> <ul style="list-style-type: none"> • Unsettled and possibly disruptive behaviour in class which may lead to exclusions. • Limited concentration in class or in tasks that are not engaging to them which leads to disruption.

Social Emotional and Mental Health Difficulties: Band A (Universal)

Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:

- Occasionally loses their temper (in a younger child, we would classify it as a tantrum) when they cannot communicate their needs effectively.
- Occasionally struggles to maintain co-operative relationships with staff or peers, particularly where they do not have a secure relationship.
- Will refuse to complete work or challenge teacher requests but will back down.
- Frequently involved in minor arguments with peers or 'falling out' with friends.
- Struggles to take turns, work co-operatively or accept the ideas of others.

Passive Behaviours

- Does not seem to value their own work or possessions.
- Appears dependent on peer approval.
- Limited concentration in class or in tasks that are not engaging to them which leads to withdrawal.
- Does not have a regular group of friends.
- Can be reluctant to talk to less familiar adults or those they have not built a trusting relationship with.

CASE STUDIES BAND A

Pupil Profile

Student 1

Year 11



Behaviours Observed:

- Since the summer term of Y10, there has been an increasing withdrawal in most lessons, which has included falling asleep on the desk and refusing to speak to staff.
- Poor concentration in learning activities and work is incomplete in most subjects of concern.
- Regular requests to leave these lessons, most commonly to go to the toilet.
- A withdrawal from friendship group and increasingly seen alone in stairwell between PE and Music at break/lunch.
- There are currently no concerns about online activity or activities outside of school.

Needs:

- Seems to have 'shut down' and is largely unresponsive to questions about what is going on, even with trusted adults.
- Parents report that they are sleeping for extended periods; they will often go to sleep when they come home from school at 4pm and be very difficult to get up in the morning, so are often late for school.

Strengths:

- Has acknowledged that something has changed.
- Will sometimes seek out the learning mentor or form tutor at break/lunch to sit quietly in corner of room.
- There are no concerns with completion of work in Art or English, although they do not engage with other students and are less communicative with teachers but will answer questions about learning, although not as part of whole class discussions.
- Predicted grades for Art and English remain unchanged.
- They will engage in activities of interest to them with the family at the weekend.

Curriculum:

- Form tutor to liaise with class teachers to identify what learning content is being missed. This will be shared with the learning mentor.
- Learning mentor to identify (an) appropriate Y12 peer mentor(s) who can provide support at break and lunch times to go over learning content from lessons. Completed work will be passed to class teachers.
- Class teachers to focus on positive achievement and identify strategies for improving any areas of development. This will be shared with the learning mentor.
- There will be fortnightly reviews of progress led by the form tutor.
- Academic Resilience programme with learning mentor during PSHE.

Additional Support:

- Form tutor to organise weekly catch-up sessions with parents and to liaise closely with the Head of Year and SENCO.
- Parents to continue monitoring online activity.
- Form tutor to co-produce a pupil passport with Student A and their family to identify what will help and what doesn't help.
- Pupil passport to be shared with all teaching staff at meetings convened by form tutor.
- Form tutor will liaise with teaching staff to review progress.
- Counselling support to be offered.
- Parents to seek health advice via the GP.



Pupil Profile

Student 2
Year 5
SEMH - Band A

Behaviours Observed:

- Can struggle to maintain task focus.
- Can struggle to emotionally regulate.
- Is easily distracted and involved in distracting others.
- Can refuse to follow instructions from less familiar members of staff.
- Can occasionally shout out inappropriately.
- Works/plays alongside peers at times and displays some inappropriate interactions.
- May unintentionally hurt others with language or behaviour.

Needs:

- Working at Y3 level in reading and writing skills.
- Sometimes requires support to stay focused and on task.
- Sometimes requires support for self-regulation.
- Requires support to develop social skills.
- Sometimes requires additional support to understand behaviour policies.
- Consistent approach in the way staff use language (scripted).

Strengths:

- Has built a trusting relationship with Family Support Worker and Learning Mentor.
- Responds to co-regulation strategies with trusted adults.
- Takes a lead role in social skills group.
- Responds well to daily literacy intervention group and can follow prompts to use skills taught in class.
- Enjoys responsibility as Play Leader for Yr R; she is calm and sensitive to the children's needs.

Curriculum:

- Access to Y5 curriculum with differentiation to support below-expected literacy skills.

Additional Support:

- Daily literacy programme in small group.
- Clear use of language with visual supports to support understanding.
- Use of co-regulation strategies when displaying signs of emotional dysregulation.
- Praise and positive reinforcement for desired behaviours.
- Access to key worker for daily check-ins and weekly 1:1 mentoring session.
- Supported opportunities to practice social skills with good role models.
- Support for play and lunchtimes, particularly on days when showing signs of emotional dysregulation.
- Given responsibility of Play Leader for Yr R on Mondays and Wednesdays.
- Family Support Worker to maintain weekly contact with the family.
- Regular meetings with key staff and family to review progress.
- Access arrangements to be provided for assessments.

Social Emotional and Mental Health Difficulties: Band B (Universal Plus)	
Student's Presentation	<p>Students experience low-medium level/frequency difficulties over a sustained period. This may be linked to events or unmet needs in their life which are impacting their wellbeing and behaviour. Schools must complete a holistic assessment to identify co-occurring difficulties that require additional support.</p> <p>Social Students may: <ul style="list-style-type: none"> • display immature social skills relative to their chronological age. • exhibit difficulties in forming healthy attachments. • experience difficulties in responding to social situations. • experience some social isolation. </p> <p>Emotional Students may: <ul style="list-style-type: none"> • have immature emotional development relative to their chronological age. • be reliant on adult reassurance. • have signs of low self-esteem and/or self-confidence. • have low levels of resilience in some contexts. • display some difficulties with understanding and regulating their emotions in particular contexts. </p> <p>Mental Health Students may: <ul style="list-style-type: none"> • exhibit emotional or behavioural responses that communicate their challenges with wellbeing and mental health. • may show some emerging signs of self-harming behaviour. </p>
Curriculum	<p><i>As previous band with the possible addition of:</i></p> <ul style="list-style-type: none"> • Curriculum planning which carefully considers the student's developmental stage. This may require an additional adult in the classroom to provide capacity for individual or small-group instruction. • In order to support successful reintegration where withdrawal from individual subjects becomes necessary, there is a clear plan to: <ul style="list-style-type: none"> - address and prevent gaps in learning - rebuild relationships if they have been affected. • A personalised programme to focus on building healthy attachments. • Specialist support to process the impact of trauma. • Individualised arrangements for unstructured times in the school day, like break or lunch, monitored by trusted, familiar adults. • Careful consideration of where the individual curriculum plan can include 'wider opportunities to succeed', particularly if the student is struggling to engage with and make progress within the formal curriculum. • A sensory curriculum to target specific sensory needs which may be developed with advice from an appropriate specialist, such as an OT or Inclusion Adviser. • There is a clear focus on the student's aspirations for the future, which is not limited to career choices, with the aim of helping them to develop a positive sense of how what we do today will help to determine our future.resilience.
Additional Support	<ul style="list-style-type: none"> • <i>As previous band with the possible addition of:</i> • Students will have a personalised behaviour or stress management plan that is developed in collaboration with them and their family. • Behaviour or stress management plans will identify key triggers and early signs of emotional dysregulation so that adults are able to intervene early

Social Emotional and Mental Health Difficulties: Band B (Universal Plus)

	<p>and prevent crisis.</p> <ul style="list-style-type: none">Students who present a risk of harm to themselves or others will have an individual risk assessment. This is shared with the student and their family so they understand:<ul style="list-style-type: none">what control measures will be put in place;what behaviours are likely to require positive handling;what techniques would be used;and why positive handling may be necessary as a last resort.The risk assessment will be updated with the student and their family in response to changes in behaviour.Behaviour/stress management plans and risk assessments are shared with all staff involved in working with the student.Advice will be sought from appropriate professionals such as EPS, SaLT, OT, CAMHs Hot Clinics, Rapid Response, specialist staff in additional resourced provisionsStudents with co-occurring speech, language or communication needs will have specific, identified strategies, such as the Zones of Regulation, that support them to communicate their feelings and needs effectively.Additional support in the classroom where the student is struggling to engage or access an age-appropriate curriculum.Planned opportunities to build healthy attachments with adults and/or peers through activities which have meaning to them.Where students have individual or small-group interventions, the curriculum and key strategies are shared with all staff involved in supporting them so they can encourage generalisation of skills.
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Social Emotional and Mental Health Difficulties: Band B (Universal Plus)	
Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:	
EYFS	<p><i>Active Behaviours</i></p> <ul style="list-style-type: none"> • Presents as a flight risk. • Unable to play alongside another child without interfering upsetting or intimidating others' play. • Restless or aimless, unable to concentrate on their own without adult support. • Clings to familiar/personal objects and is resistant to having them taken away. • Unable to cope with new or conflict situations without distress. • May have regular tantrums or upsets and take time to calm down. • Cannot resolve problems and may over-react, causing disturbance to others. • Frequently seeks adult attention, approval or reassurance. • Seeks out vulnerable children to dominate. • May show inappropriate sexualised behaviour. <p><i>Passive Behaviours</i></p> <ul style="list-style-type: none"> • Freezes in the face of difficulty or conflict. • Play on their own with little attention to others. • Unable to make choices independently of an adult, such as deciding which toy to play with or activity to do. • Lacks confident, has low self-esteem leading to reluctance to take part, withdrawal or avoidance. • Appears emotionally vulnerable. • Passively allows other to dominate their play. • Does not talk to less familiar adults or those they have not built a trusting relationship with.
KS1 and 2	<p><i>Active Behaviours</i></p> <ul style="list-style-type: none"> • Presents as a flight risk. • Unable to work or play alongside others without interfering, upsetting or intimidating them. • Seeks out vulnerable children to dominate. • Disrupts the learning of others by making inappropriate noises or remarks. • Difficulties in staying focused on task. • Over dependent on familiar/personal objects and is resistant to having them taken away. • Unable to manage new or conflict situations without adult or peer support. • Finds it difficult to manage transitions or changes in routine. • May have regular tantrums or upsets and take time to calm down. • May show inappropriate sexualised behaviour. <p><i>Passive Behaviours</i></p> <ul style="list-style-type: none"> • Freezes in the face of difficulty or conflict. • Carries out own activity, paying little attention to others. • Passively allows others to dominate their play. • Limited ability to make choices without peer or adult support. • Appears emotionally vulnerable. • Lacks confidence, shows low self-esteem and needs support to build positive relationships with adults or peers. • Does not talk to less familiar adults or those they have not built a trusting relationship with.

Social Emotional and Mental Health Difficulties: Band B (Universal Plus)	
Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:	
KS3 and 4	<p><i>Active Behaviours</i></p> <ul style="list-style-type: none"> • Presents as a flight risk. • Frequently unsettled and disruptive behaviour in class. • Concentration is not as expected for their chronological age. • Has regular instances of losing their temper or appear to tantrum. • Has difficulty in maintaining co-operative relationships with adults or peers they have not built trust with. • Displays intimidating or bullying behaviour. • May show signs of substance abuse. • May show inappropriate sexualised behaviour. <p><i>Passive Behaviours</i></p> <ul style="list-style-type: none"> • Freezes in the face of conflict or difficulty. • Organisation is not as expected for their chronological age. • Passively allows others to dominate activities. • Limited ability to make choices without peer or adult support. • Appears emotionally vulnerable. • Lacks confidence, shows low self-esteem and needs support to build positive relationships with adults or peers. • Is often a victim of bullying or intimidation. • Does not talk to less familiar adults or those they have not built a trusting relationship with. • May show changes in their presentation e.g. possessions, eating, toilet habits or hygiene.

CASE STUDIES BAND B



Pupil Profile

Student 4

Year 3

SEMH - Band B

Behaviours Observed:

- Will require prompting to stay focused when not a topic/task of direct interest.
- Will regularly engage in low-level disruption which may impact the learning of others.
- May refuse to follow instructions when relationships not established.
- Will run out of the classroom.
- Uses inappropriate language and can be unpleasant to others.
- Finds it difficult to work/play alongside others without intimidating them.
- Needs adult support to manage conflict.

Needs:

- Immature social skills and difficulties responding appropriately in social situations.
- Difficulties with forming healthy attachments.
- Can be socially isolated by peers as a result of behaviours.
- Immature emotional development.
- Some difficulties with emotional regulation unless with trusted adults.
- Struggles with following the whole-school behaviour policy.

Strengths:

- Is kind and caring towards people he has a bond with.
- Has established good relationships with Y3 teacher, TA and 2 children in his class.
- Responds positively to praise.
- Showing an increasing awareness of other's needs.

Curriculum:

Following the Y3 curriculum with the addition of:

- support at break and lunchtimes to facilitate co-operative play.
- implementation of the 'Zones of Regulation' to support self-regulation.

Additional Support:

- A stress management plan for social interaction.
- Use of a sand-timer to identify how long he needs to focus for.
- Flexible seating which looks to provide opportunities to work with peers who provide good role models of social interaction and emotional regulation.
- Use of Social Stories to support him to understand the effect of his social behaviours on others.
- Supported opportunities to develop social skills in context e.g. adult-facilitated activities at break and lunchtimes.
- Implementation of the 'Zones of Regulation' at school and home to support self-regulation.
- Closed choices offered: 'This' or 'this'.
- Praise and positive reinforcement when he makes positive choices.

Pupil Profile

Student 3

Year 8

Cognition and Learning - Band B

SEMH - Band B



Behaviours Observed:

- Unsettled and low-level disruptive behaviour in lessons - more frequent where strong relationships are not established with the class teacher.
- In these lessons, they are also more likely to 'tantrum' or lose their temper in response to perceived criticism or discipline.
- Has greater difficulty in maintaining co-operative relationships with adults they do not trust or peers they deem to be 'weaker' than them.
- Struggles to maintain concentration in lessons with greater literacy demands, particularly if the expectation for independent reading and writing is longer than ten minutes.

Needs:

- Reading standard score of 78 – low range.
- Numeracy – working at Y4 standard.
- SaLT assessment – moderate difficulties with receptive and expressive language.
- Known ACEs.
- Immature social skills and difficulties responding appropriately in social situations.
- Difficulties with forming healthy attachments.
- Can be socially isolated by peers as a result of intimidating behaviours.
- Low self-esteem, self-confidence and resilience.
- Immature emotional development.
- Some difficulties with emotional regulation unless with trusted adults.
- Difficulties with fine motor.

Strengths:

- Good sense of humour.
- Is kind and compassionate with people they trust.
- Will engage with advice and support from peer role models they trust.
- Has strong relationships with parent, oldest and youngest siblings.
- Passionate about sports and very able in this area.
- Has a good general knowledge in topics of interest: football, basketball, athletics, cooking, music and Stranger Things.
- Engages well with learning activities when steps to success are clearly modelled and manageable.

Curriculum:

Y8 curriculum with the addition of:

- Targeted daily reading programme with BM at 8.30 daily.
- Placement in the supported Maths set.
- Access to weekly counselling.
- Access to coaching for success programme when counselling concludes.

Additional Support:

- IEP used to support planning for learning activities.
- Personalised stress management plan shared with all staff.
- Form tutor to provide identified staff with support in building attachment.
- Form tutor to contact family with weekly update: use model of 3 positives to 1 target for development.
- All behavioural sanctions to be implemented with support of form tutor.
- Training for teachers from counsellor to support development of co-regulation strategies.
- TA support (as part of the group) in English, Science and Humanities.
- Access to a laptop for longer reading and writing activities. Reminders may be needed for acceptable usage and to use 'Read Aloud' function.
- Restorative justice approach will be used by Form Tutor where behaviour has intimidated or threatened adults or peers.
- Extra time to be provided for all assessments with a reader for instructions and scribe for longer writing tasks. Formal assessment to be conducted in Y9.

Social Emotional and Mental Health Difficulties: Band C	
Student's Presentation	<p>Students experience moderate level/frequency difficulties. This will likely be 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. Schools are able to provide evidence that behaviours are 'weekly' and there is evidence that needs have been supported through universal provision. Students in this band will meet a number of the bullet points.</p> <p>Social</p> <p>Students may:</p> <ul style="list-style-type: none"> display some delay in social skills relative to their chronological age. exhibit moderate difficulties in forming healthy attachments. experience difficulties in responding appropriately in social situations. experience social isolation as a result of their difficulties. experience bullying or intimidation or be a perpetrator of bullying or intimidation. demonstrate limited awareness of the needs of others. display some attachment seeking behaviours. find it difficult to trust others. <p>Emotional</p> <p>Students may:</p> <ul style="list-style-type: none"> display some delay in emotional development relative to their chronological age. be reliant on adult reassurance. struggle to comply with adult direction. struggle to take responsibility for their choices. struggle to accept praise and/or perceived criticism. have low self-esteem and/or self-confidence. have low levels of resilience. struggle to see a positive future for themselves. display difficulties with understanding and regulating their emotions in particular contexts. display difficulties with understanding or predicting the emotions of others. <p>Mental Health</p> <p>Students may:</p> <ul style="list-style-type: none"> 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. show signs that they may be struggling with their identity.
Curriculum	<p><i>As previous bands with the possible addition of:</i></p> <ul style="list-style-type: none"> A personalised curriculum which is appropriate to their developmental stage and which enables them to make progress and experience success. A personalised therapeutic curriculum where key strategies are shared with all adults involved in supporting the child so they can encourage generalisation of strategies and skills. Clearly identified opportunities for inclusion that build a sense of belonging in the school community.
Additional Support	<p><i>As previous bands with the possible addition of:</i></p> <ul style="list-style-type: none"> Where students are placed in an alternative short-term provision, mainstream schools will maintain strong links that will ultimately support successful transition back to their setting.

Social Emotional and Mental Health Difficulties: Band C

- Specific advice or assessment by specialists such as SaLT, EPS, OT, SEMH specialist teachers, Mental Health specialists.
- Opportunities to 'check in' with a trusted adult to ensure the student is in an emotional state which means they are ready to learn.
- Personalised opportunities to engage in a meaningful activity which may open up channels to communicate about their feelings or challenges with a trusted adult.
- Flexible adult response is available at times of difficulty to prevent escalation of problems.
- A withdrawal space with access to trusted adults, which the student is able to access when they are feeling emotionally dysregulated and may escalate into crisis.
- Where sanctions must be applied through the school's behaviour policy, there is also a planned opportunity for reflection and rebuilding of relationships to support the student learn from their mistakes and develop their understanding of how boundaries keep everyone physically and emotionally safe.
- Schools may consider an application for additional funding to support children at risk of exclusion.
- There is close monitoring of school attendance so concerns can be addressed swiftly.
- Staff training in solution-focused approaches to support effective working through the challenges.

Social Emotional and Mental Health Difficulties: Band C	
Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:	
EYFS	<p><i>Active Behaviours</i></p> <ul style="list-style-type: none"> • Presents as a flight risk. • Unable to play alongside another child without interfering upsetting or intimidating others' play. • Restless or aimless, unable to concentrate on their own without adult support. • Clings to familiar/personal objects and is resistant to having them taken away. • Unable to cope with new or conflict situations without distress. • May have regular tantrums or upsets and take time to calm down. • Cannot resolve problems and may over-react, causing disturbance to others. • Frequently seeks adult attention, approval or reassurance. • Seeks out vulnerable children to dominate. • May show inappropriate sexualised behaviour. <p><i>Passive Behaviours</i></p> <ul style="list-style-type: none"> • Freezes in the face of conflict or difficulty. • Play on their own with little attention to others. • Unable to make choices independently of an adult, such as deciding which toy to play with or activity to do. • Lacks confident, has low self-esteem leading to reluctance to take part, withdrawal or avoidance. • Appears emotionally vulnerable. • Passively allows other to dominate their play. • Does not talk to less familiar adults or those they have not built a trusting relationship with.
KS1 and 2	<p><i>Active Behaviours</i></p> <ul style="list-style-type: none"> • Presents as a flight risk. • Struggles with managing familiar routines and may act out. • Resists adult direction, personalised prompts or routines. • Seeks attachment with adults • Is unable to engage with or use adult support positively. • Challenges adults in a verbally aggressive manner and rarely backs down. • Challenges students and has aggressive confrontations that are difficult to resolve. • Makes the learning environment unsafe through their intimidation of others. • Responds negatively to perceived criticism or praise. • Engages in risk-taking behaviours with little care for the consequences. • Struggles to make appropriate choices. • Displays inappropriate sexualised behaviour. <p><i>Passive Behaviours</i></p> <ul style="list-style-type: none"> • Freezes in the face of difficulty or conflict. • Unable to follow personalised prompts and routines. • Appears to feel unsafe in some contexts. • Is unable to learn or participate in school life as a result of being the target of intimidating behaviours. • Appears uncomfortable when praised. • Avoids taking risks in their learning and/or reluctant to engage with new experiences.

Social Emotional and Mental Health Difficulties: Band C	
Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:	
	<ul style="list-style-type: none"> • Does not talk to less familiar adults or those they have not established a trusting relationship with. • Emotional or mental health difficulties may be affecting school attendance.
KS3 and 4	<p><i>Active Behaviours</i></p> <ul style="list-style-type: none"> • Presents as a flight risk. • 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 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 behaviours with little care for the consequences. • Struggles to make appropriate positive choices. • Responds negatively to perceived criticism or praise. <p><i>Passive Behaviours</i></p> <ul style="list-style-type: none"> • 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. • Does not talk to less familiar adults or those they have not established a trusting relationship with. • Emotional or mental health difficulties may be affecting school attendance.

CASE STUDIES BAND C

Pupil Profile

Student 4

Year 10

SEMH - Band C



Behaviours Observed:

- May require prompting to stay focus and stay on task.
- May be challenging and non-compliant to certain adults.
- May use some inappropriate language in certain lessons or with certain adults.
- May require prompting to follow instructions from certain staff.
- May display disruptive and/or inappropriate behaviour in certain lessons, which may unsettle other students.
- May struggle to emotionally regulate in certain contexts and in these situations, will go into 'fight' mode.
- At times, there are inappropriate interactions with peers or does not interact at all.
- At times, displays behaviours associated with bullying.

Needs:

- Can be socially isolated as a result of social behaviours.
- Difficulties in developing trusting relationships with adults and peers.
- Struggles to use appropriate strategies to self-regulate.
- Struggles to see their own emotional triggers.

Strengths:

- Has formed trusting relationships with some staff, notably form tutor, SENCO and Deputy Head.
- Is willing to reflect on behaviour with support and identify where they could have done something differently.
- Has accepted that they may need additional support to explore their emotions.
- Parents work in close partnership with the school.

Curriculum:

Following a KS4 curriculum with the addition of:

- a 1:1 programme during registration with the learning mentor to explore feelings, needs and strategies that may work to express them more effectively.

Additional Support:

- Stress management plan identifying key triggers shared with all staff with a clearly defined set of responses for signs of emotional dysregulation and correcting behaviours.
- Daily reflection with form tutor to celebrate success and identify what strategies they could have used in response to challenges during the day.
- Learning mentor and form tutor to work together to refine daily 1:1 programme of reflection and celebration.
- Form tutor to provide support in effective co-regulation strategies for subject teachers.
- Form tutor to maintain contact with home, on at least a weekly basis.
- Individual staff to email/speak to the form tutor regarding any information to be shared with parents.
- Advice to be sought through CAMHs Hot Clinic and further action to be taken on basis of advice.



Pupil Profile

Student 5

Year 2

SEMH - Band C

Behaviours Observed:

- Struggles to manage familiar routines, if it is not something they want to do. Behaviour is often disruptive at these times and unsettling to other children.
- Is non-compliant and resistant to less-familiar adults, most notably at lunchtime and during PPA cover lessons.
- Uses inappropriate and offensive language which is inconsistent with what would normally be expected at this age.
- Will go into 'flight' mode in the face of conflict.
- Is not able to play with other children.
- Emotionally immature social interactions with peers such as snatching objects or pushing them out of the way to get to something they want.
- Prefers to be in the company of class teacher or class TA at play and lunchtimes, becoming highly distressed if this is not possible to accommodate.

Needs:

- Has 3 known ACEs.
- Is socially isolated as a result of behaviour.
- Has not developed appropriate skills to play with others.
- Needs to develop healthy attachments.
- Has limited strategies for emotional regulation.
- Is making below expected academic progress as a result of refusal to engage in activities they do not want to do.

Strengths:

- Has formed a bond with class teacher and class TA.
- Is developing an emotional vocabulary.
- Is able to engage in structured play activities with peers for up to 5 minutes, if supported by class teacher or TA.
- Parent is open to support and willing to engage in Family Thrive

Curriculum:

Following a Yr 1 curriculum, planned by the class teacher and supported by the class TA, with the addition of:

- structured play activities supported by a SEND-trained midday assistant at lunchtimes.
- social skills intervention with HLTA, following SaLT assessment. Key objectives and strategies to be shared with class teacher, TA and midday assistant so they can support generalisation of skills.
- a programme to develop emotional vocabulary so they can be supported to use more appropriate words to express negative emotions or emotional dysregulation.

Additional Support:

- Family Thrive sessions with Thrive Practitioner.
- Referral to Early Help.
- Visual timetable, along with a 'now' and 'next' board and sand timer to be used to support transitions between activities and engagement. Length of time they are expected to concentrate for should be achievable and increased incrementally in response to consistent success.
- Class teacher to implement a reward jar with a button awarded for each activity they engage in for the time specified. On Friday lunchtimes, they can trade their buttons for an activity with the class teacher/class TA and two peers of their choice.
- A transition programme to support them to be able to engage with the SEND-trained midday assistant at lunchtime.
- Begin individual transition programme for Y3 at the start of the summer term.
- Referral for SaLT and ADHD assessment.

Social Emotional and Mental Health Difficulties: Band D	
Student's Presentation	<p>Students experience difficulties that are having a significant impact on their academic and developmental progress and will be impacting on the learning of others <i>when behaviours are active</i>. 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 bands. Students in this band will meet a number of the bullet points and are identified as being more 'at risk'.</p> <p>Social</p> <p>Students may:</p> <ul style="list-style-type: none"> • 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. <p>Emotional</p> <p>Students may:</p> <ul style="list-style-type: none"> • 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. <p>Mental Health</p> <p>Students may:</p> <ul style="list-style-type: none"> • 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	<p>A personalised curriculum which:</p> <ul style="list-style-type: none"> • seeks to build the student's sense of belonging within the school community. • is delivered/supported by appropriately qualified and/or skilled staff.

Social Emotional and Mental Health Difficulties: Band D	
	<ul style="list-style-type: none"> • supports them to build healthy attachments with emotionally available adults. • is appropriate to the student'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 student'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	<p><i>As previous bands with the possible addition of:</i></p> <ul style="list-style-type: none"> • Consideration of the need for assessment for an EHC Plan. • A referral to CAMHs. • A solution-focused approach to removing barriers that may be impacting on the student'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). • Students will need high levels of support from emotionally-available adults to overcome their difficulties. • A daily debrief for staff involved in supporting the student, 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 student may be at risk of criminal or sexual exploitation, referrals have been made to appropriate agencies.

Social Emotional and Mental Health Difficulties: Band D	
Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:	
EYFS	<p><i>Active Behaviours</i></p> <ul style="list-style-type: none"> • 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. <p><i>Passive Behaviours</i></p> <ul style="list-style-type: none"> • 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	<p><i>Active Behaviours</i></p> <ul style="list-style-type: none"> • 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. <p><i>Passive Behaviours</i></p> <ul style="list-style-type: none"> • 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: Band D	
Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:	
	<ul style="list-style-type: none"> • 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	<p><i>Active Behaviours</i></p> <ul style="list-style-type: none"> • 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. <p><i>Passive Behaviours</i></p> <ul style="list-style-type: none"> • 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.

CASE STUDIES BAND D

Pupil Profile

Student 6

Year 9

SLCN - Band B and SEMH - Band D



Behaviours Observed:

- May require prompting with regard to focus, staying on track and engagement.
- May be challenging towards adults, which can lead to disruption and, at times, becomes verbally aggressive.
- May use some inappropriate and offensive language when he is emotionally dysregulated.
- May become non-compliant or volatile if needs are not met.
- On occasions, he is a perpetrator of bullying.
- Finds it difficult to build sustainable peer and adult relationships.
- On occasions, demonstrates some inappropriate sexualised behaviours with female peers.

Needs:

- Has not developed age-appropriate social skills.
- Is socially isolated as a result of social behaviours.
- Is making limited progress in academic subjects.
- Has difficulties with expressive and receptive language.
- Has low self-confidence, self-esteem and levels of resilience.
- Is hypervigilant, particularly in less familiar contexts or with new adults.
- Family functioning is a concern.

Strengths:

- Has represented the school in athletics and came first in the 100 and second in 200 metres in recent borough-wide competition.
- Can focus and complete activities when they are modelled for him and broken down into small steps.
- Has engaged well with TA support and the Speech and Language Therapist.
- Is keen to pursue a career in sports coaching.

Curriculum:

Following the Y9 curriculum with the addition of:

- TA support in classes for English, Maths, Science, Humanities.
- the Literacy Skills for Secondary programme during morning registration.
- Talk About for Teens group during PSHE.

Additional Support:

- a stress management plan, developed with student 6 and family, to identify key triggers and what works to de-escalate quickly and effectively.
- an AIM3 assessment to support development of a programme for potential risks around Harmful Sexual Behaviour.
- ongoing support from SaLT to refine Communication Passport and identify further classroom-based strategies to support language needs.
- Objectives and strategies from Talk About for Teens shared with all staff so they can support generalisation of skills.
- Training for all subject teachers in Low Arousal Approach and co-regulation strategies.
- Report to the Inclusion Hub at the end of the day for mentoring, initially focusing on daily report card. Stress management plan will be updated and shared with staff in response to any useful information identified in these sessions.
- Weekly contact with home to celebrate achievements against targets.
- Encouragement to attend lunchtime table tennis club regularly.
- SENCO to work with PE Dept to find a local running or athletics club.
- SEND to work with PE Dept to identify a local sports coach who can meet with him to explain routes into this career.
- SENCO and Work Experience Co-ordinator to explore possibility of sports-related placement for WEX in Y10.



Pupil Profile

Student 7
Year 4
SEMH - Band D

Behaviours Observed:

- A late in-year admission in Y4 who is still struggling to settle into class routines and form friendships.
- Has attended two previous schools; the family have moved around as a result of unstable housing.
- The immigration status of the family is currently uncertain and they have no recourse to public funds.
- Struggling to manage daily routines so will often leave the classroom to seek out the Deputy Head.
- If the Deputy Head is unavailable, will seek out older sibling.
- Does not willingly speak to any adult, except the Deputy Head, or to peers.
- Struggling to engage in any learning activities but it is difficult to assess whether this is as a result of wider C&L needs, EAL/SLCN or emotional needs.

Needs:

- One parent is struggling with mental health needs and on a waiting list for support.
- The family have experienced significant levels of trauma and the children have experienced a number of ACEs.
- The family have significant financial instability and currently live in temporary housing which is not big enough for their needs.
- Student 7 is exhibiting persistent signs of ongoing challenge with wellbeing/mental health.
- Unhealthy over-dependence on Deputy Head and older sibling.
- At breakfast club and lunchtimes, they will eat excessively.
- Receptive and expressive language is not developing as expected, considering length of time in the UK.

Strengths:

- Has formed a significant bond with Deputy Head.
- Attends school willingly every day.
- Family are open to support and honest about their ongoing challenges.

Curriculum:

Highly personalised curriculum, developed and monitored by SENCO and class teacher and delivered by HLTA, targeting early learning goals in literacy and numeracy.

Supported inclusion in art, PE and music with Y4 class.

Additional Support:

- Planned opportunities to build relationship with class teacher and HLTA, supported by Deputy Head.
- Weekly review meeting with parents, class teacher and SENCO to identify what is working.
- Referral to CAMHS Hot Clinic with view to referral for mental health support.
- Referral to EPS and SaLT to discuss best way forward with assessment of needs.
- Seek appropriate support for family, initially through Early Help and RAMFEL referrals.
- Structured opportunities to build relationships with supportive class peers, including at play and lunchtimes.
- Carefully planned transition to Y5 to begin in April, initially focused on building relationship with class teacher.

Social Emotional and Mental Health Difficulties: Band E	
Student's Presentation	<p>Students 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 student in most lessons/contexts and there is evidence that provision has been offered from previous bands. Students in this band will meet most of the bullet points and are identified as 'at risk'.</p> <p>Social</p> <p>Students may:</p> <ul style="list-style-type: none"> • 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. <p>Emotional</p> <p>Students may:</p> <ul style="list-style-type: none"> • 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. <p>Mental Health</p> <p>Students may:</p> <ul style="list-style-type: none"> • 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: Band E	
Curriculum	<p>At this stage, the student will be displaying significant difficulties in managing the demands of mainstream provision, unless supported by skilled, specialist staff.</p> <p>The curriculum will need to be developed with consideration to all previous bands but provision will need to be able to accommodate a highly individualised approach to learning, personal, social and emotional development.</p>
Additional Support	<p><i>As previous bands with the possible addition of:</i></p> <ul style="list-style-type: none"> • 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 student and/or others.

Social Emotional and Mental Health Difficulties: Band E	
Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:	
EYFS	<p><i>Active Behaviours</i></p> <ul style="list-style-type: none"> • 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. <p><i>Passive Behaviours</i></p> <ul style="list-style-type: none"> • 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	<p><i>Active Behaviours</i></p> <ul style="list-style-type: none"> • 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. <p><i>Passive Behaviours</i></p> <ul style="list-style-type: none"> • 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.

<h3 style="text-align: center; color: red;">Social Emotional and Mental Health Difficulties: Band E</h3>	
Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:	
	<ul style="list-style-type: none"> • 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	<p><i>Active Behaviours</i></p> <ul style="list-style-type: none"> • 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. • 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. <p><i>Passive Behaviours</i></p> <ul style="list-style-type: none"> • 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: Band E
Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:
<ul style="list-style-type: none">• 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.

CASE STUDIES BAND E

Pupil Profile

Student 8

Year 9

Cognition and Learning Needs - Band C and SEMH - Band E



Behaviours Observed:

- Frequently unsettled and disruptive behaviour in class..
- Struggles to concentrate in lessons and distracts others or disrupts the learning.
- Shows no value in learning activities or work.
- Will not engage in interventions or accept support in class.
- Frequently loses their temper, particularly in response to perceived criticism or sanction.
- Challenges staff in a verbally aggressive way and has, on rare occasions, become physically threatening towards male staff.
- Struggles to make appropriate positive choices, even when given closed options.
- Engages in anti-social behaviour both in and out of school.
- Has had 5 suspensions this year.

Needs:

- Having struggled to transition, student 8 was identified as having unmet learning needs in relation to cognition and learning in Y7.
- He has a reading age of 8.2 years.
- He had, and has maintained, an 'anti-school' attitude.
- He will not engage in interventions to target his difficulties and does not welcome support. As a result, he is struggling to access the Y9 curriculum, except in music.
- He has affiliated himself with negative peer influences and has always had a preference for older students. Now there are concerns about his affiliations outside of school.
- Parents feel that they have lost all control; he does what he wants and will be out late at night.
- He has been assessed by the SaLT and has moderate difficulties in receptive and expressive language.

Strengths:

- He is in the school band and performed in assemblies and various celebration events.
- He has a good relationship with the music teacher.
- He would like to pursue a career in music, although he feels this is unlikely.
- He has a good relationship with an older female cousin who is able to reason with him.

Curriculum:

Currently following the Y9 curriculum with appropriate differentiation but the school is exploring a more specialised offer for Y10 to increase chances of success and ensure he is prepared for post-16.

Additional Support:

- A stress management plan, developed with student 8 and family, to identify key triggers and what works to de-escalate quickly and effectively.
- SENCO to provide class teachers with ongoing support for differentiation of learning activities.
- Training in Low Arousal Approaches for all class teachers.
- Referral to YARM in response to out-of-school concerns.
- SENCO to seek advice from Inclusion Adviser and/or the PRU with regard to supporting mainstream inclusion.
- SENCO to contact the Future Youth Zone and arrange an opportunity to visit to try out music facilities with student 8.
- Encouragement to maintain attendance at lunch-time music clubs.
- Music teacher has volunteered to provide weekly mentoring session - time to be confirmed.
- an assessment for exam arrangements although he has been provided with supervised rest breaks in all assessments in KS3.
- Weekly contact with home to celebrate achievements against targets.
- Parents to complete Triple P Teen and then review with SENCO.



Pupil Profile

**Student 9
Year 6
SEMH - Band E**

Behaviours Observed:

- Has emotional outbursts and loses his temper throughout the day.
- Displays limited ability to apply emotional regulation strategies.
- Frequently refuses to complete work in class.
- Frequently challenges teachers verbally.
- Persecutes children he perceives to be weaker than him.
- Displays little empathy for others.
- Seems unable to regulate risk-taking behaviour so it is difficult to take him off site with other children.
- Had previous success in Behaviour Recovery ARP in Y4 so reintegrated at start of Y5. However, he has significantly regressed since start of Y6.

Needs:

- Father was incarcerated when student 9 was in Y5 and he refuses to talk about it.
- He is one of three children and younger sibling has significant medical needs.
- Family have current and historical involvement with social care.
- Needs support to develop self-regulation and appropriate social skills.
- He is a reluctant writer.

Strengths:

- Was successful in Behaviour Recovery ARP in Y4 so reintegrated at start of Y5.
- Has previously shown ability to self-regulate and develop positive relationships with peers and adults.
- He was making expected progress in Maths and Reading in Y5.

Curriculum:

Following Y6 curriculum with the addition of:

- Check-in with Family Support Worker at the start of every day.
- Designated 1:1 support from the Thrive Practitioner.
- Access to a laptop to complete extended writing tasks.

Additional Support:

- Individual risk assessment, developed with Student 9, which is reviewed in response to any incidents.
- Referral to EPP to request placement at SEMH ARP for the remainder of Y6. Student 9 will need targeted therapeutic provision and further assessment to support transition to appropriate placement in KS3.
- Support from SEMH specialist to develop appropriate curriculum and further strategies to support current needs.
- Time out card which enables him to go to the DSL or Family Support Worker if he recognises he may escalate into crisis.
- All adults to follow pre-agreed script when it appears he is escalating into crisis.
- Referral to CAMHs following advice of professionals at CAMHs Hot Clinic. In the interim, it has been agreed he will have access to counselling while CAMHs assessment is being completed. Counsellor will liaise with CAMHs to support assessment.
- Exam arrangements for KS2 SATs, specifically alternative accommodation for assessments and supervised rest breaks.
- DSL to continue to liaise with social care and maintain regular contact with home. Relevant information will be shared with SENCO, Family Support Worker and class teacher.
- Regular professionals' meetings organised by the DSL.
- DSL to discuss support from Family Thrive with parent.
- Access to lunchtime support group to mitigate against negative incidents at play and lunchtimes.

<h3 style="text-align: center; color: red;">Social Emotional and Mental Health Difficulties: Band F</h3>	
Student's Presentation	<p>Students 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 student's difficulties are impacting them in most contexts in their life and there is evidence that provision has been offered from previous bands. Students in this band will meet most of the bullet points and are identified as significantly at risk'.</p> <p>Social</p> <p>Students may:</p> <ul style="list-style-type: none"> • 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. <p>Emotional</p> <p>Students may:</p> <ul style="list-style-type: none"> • 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. <p>Mental Health</p> <p>Students may:</p> <ul style="list-style-type: none"> • 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.

Social Emotional and Mental Health Difficulties: Band F	
	<ul style="list-style-type: none"> • be significantly struggling with their identity.
Curriculum	<p>At this stage, the student is likely to require specialist provision with mainstream links, where appropriate.</p> <p>The student 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.</p>
Additional Support	<p><i>As previous bands, with the possible addition of:</i></p> <ul style="list-style-type: none"> • Placement in a specialist provision with expertise in supporting SEMH students. • A high level of adult supervision to ensure the safety of the student 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 student's progress.

Social Emotional and Mental Health Difficulties: Band F	
Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:	
EYFS	<p><i>Active Behaviours</i></p> <ul style="list-style-type: none"> • 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. <p><i>Passive Behaviours</i></p> <ul style="list-style-type: none"> • 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	<p><i>Active Behaviours</i></p> <ul style="list-style-type: none"> • Is a significant flight risk. • Persistantly 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). <p><i>Passive Behaviours</i></p> <ul style="list-style-type: none"> • Freezes in the face of difficulty or conflict. • Is withdrawn. • Seeks out attachment to familiar and unfamiliar adults or peers indiscriminately.

<h3 style="text-align: center; color: red;">Social Emotional and Mental Health Difficulties: Band F</h3>	
Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:	
	<ul style="list-style-type: none"> • Is unable 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. • 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	<p>KS3 and KS4</p> <p><i>Active Behaviours</i></p> <ul style="list-style-type: none"> • 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). <p><i>Passive Behaviours</i></p> <ul style="list-style-type: none"> • Freezes in the face of difficulty or conflict. • Is withdrawn. • Seeks out attachment to familiar and unfamiliar adults or peers indiscriminately. • Is unable 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. • Withdraws from praise.

Social Emotional and Mental Health Difficulties: Band F

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.
- 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.

CASE STUDIES BAND F

Pupil Profile

Student 10

Year 7

Cognition and Learning - Band D, SLCN - Band C and SEMH - Band F



Behaviours Observed:

- Struggles to form trusting relationships with adults or peers.
- Experienced total social isolation in previous setting.
- Positive handling was frequently required in previous setting for her safety and that of others.
- Has very little ability to manage socially unless it is a familiar setting and familiar people where she feels comfortable.
- Appears to have little empathy for anyone except mum, younger sister, her niece, her current form tutor, the learning mentor and one TA.
- However displays negative attachment seeking behaviours.
- Can exhibit rapid changes in mood.
- Struggles to manage any changes in expected routine.
- Cannot see a positive future for herself.
- Can display complete disregard for her own safety.
- Concerns around eating which are being monitored by paediatric team.

Needs:

- Student 10 has complex needs in the areas of C&L, SLCN and SEMH.
- She is significantly below expected developmentally and academically.
- Family have ongoing involvement with social care.
- All children in the family have experienced complex trauma.
- Very low self-confidence, self-esteem and extremely low levels of resilience.
- No healthy attachments to peers.

Strengths:

- Need for positive handling has reduced over time in response to more therapeutic approaches to behaviour management.
- Is beginning to show some ability to self-regulate when supported by trusted adults.
- Fewer incidents of running around the building.
- Is beginning to engage in preferred activities in lessons.
- Is hugely empathetic when she develops strong bonds with adults.

Curriculum:

A personalised therapeutic and academic curriculum, targeted at an appropriate developmental stage.

Additional Support:

- An individual risk assessment and stress management plan.
- A half-termly professionals' meeting to review progress and plan next steps.
- Form tutor will contact home every day to celebrate success however small and, when necessary, identify one area for improvement.
- Weekly SaLT sessions and implementation of targeted strategies to support language development in other contexts.
- Weekly counselling sessions to explore feelings and needs.
- 1:1 breakfast session with form tutor to assess emotional state at the start of the day. When she is going to be unable to manage her day, she will work with LSU team on her personalised programme.
- She is to be supervised at all times, including transitions between lessons.
- Close, unobtrusive monitoring of her eating habits.
- A 'now' and 'next' board with a visual timetable to support transition between activities and lessons.
- Use of sand timers to show her how long she needs to focus in lessons, with positive reinforcement when she achieves or exceeds expectations. The time limit should be comfortably achievable based on her emotional state at the time and consider what she has previously been able to manage.
- Use of ear defenders when she is struggling to manage noise.
- Peer mentoring from X in Y11 to provide a positive female role model.
- Support to develop her resilience by ensuring expectations of learning and social interaction are in tune with her emotional state.
- Referral for ADHD assessment.



Pupil Profile

Student 11
Year 3

Cognition and Learning - Band F, SLCN Band D and SEMH - Band F

Behaviours Observed:

- Is a significant flight risk.
- Prone to violent, emotional outbursts.
- Has limited ability to play with peers.
- Frequently challenges adults and peers physically.
- Fixates on individual children and then will persecute them.
- Engages in self-harming behaviours when distressed.
- Positive handling is often necessary to safeguard him or others.

Needs:

- Has a diagnosis of disordered expressive and receptive language.
- Social and emotional development significantly below age related expectations.
- Very limited ability to self-regulate.
- Has limited ability to communicate his feelings and needs.

Strengths:

- Has built a good relationship with the speech and language therapy assistant and his class teacher.
- Is beginning to use emotions board to show how he is feeling.
- Is beginning to use communication board to indicate when he is hungry or tired.
- Parent is beginning to trust colleagues at the school have their son's best interest at heart.

Curriculum:

Following a semi-formal curriculum, personalised where necessary.

Additional Support:

- Individual risk assessment and stress management plan.
- Review of individual risk assessment immediately following any incidents, particularly if positive handling was required.
- Close supervision at all times so any emotional dysregulation can be swiftly managed, using de-escalation strategies on stress management plan.
- Highly structured and predictable routine for his day and activities within it.
- Transactional supports to be used as directed by SaLT assessment and review.
- Refer to OT for full assessment of needs.
- Daily 1:1 session with the speech and language therapy assistant, following a programme designed by the SaLT.
- Class teacher to contact parent every day to share progress against individual targets and celebrate success.
- All strategies to support emotional regulation and communication to be shared with parent so they can implement at home.
- Half-termly professionals' meeting to review progress and set new targets.

Social Emotional and Mental Health Difficulties: Band G	
Student's Presentation	<p>Students will have profound and complex needs that is 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 banding assessment to identify co-occurring difficulties that require additional support. Schools are able to provide evidence that their difficulties are impacting the student in all contexts in their life and there is evidence that provision has been offered from previous bands. Students in this band will meet most of the bullet points and are identified as significantly 'at risk'.</p> <p>Social</p> <p>Students may:</p> <ul style="list-style-type: none"> • 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. <p>Emotional</p> <p>Students may:</p> <ul style="list-style-type: none"> • 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. <p>Mental Health</p> <p>Students may:</p> <ul style="list-style-type: none"> • 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: Band G	
Curriculum	<i>As band F</i>
Additional Support	<p><i>As previous bands plus:</i></p> <ul style="list-style-type: none"> • Secure premises and restrictions on movement and interaction. • Highly-specialised assessment of need. • Admission to medical unit. • Respite care. • Multi-Agency Public Protection Arrangements (MAPPA)

Social Emotional and Mental Health Difficulties: Band G	
Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:	
EYFS	<p><i>Active Behaviours</i></p> <ul style="list-style-type: none"> • 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. • 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. <p><i>Passive Behaviours</i></p> <ul style="list-style-type: none"> • 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	<p><i>Active Behaviours</i></p> <ul style="list-style-type: none"> • 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). <p><i>Passive Behaviours</i></p> <ul style="list-style-type: none"> • Freezes in the face of difficulty or conflict. • Is withdrawn.

<h3 style="text-align: center; color: red;">Social Emotional and Mental Health Difficulties: Band G</h3>	
<p>Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:</p>	
	<ul style="list-style-type: none"> • Seeks out attachment to familiar and unfamiliar adults or peers indiscriminately. • Is unable to 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. • 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	<p><i>Active Behaviours</i></p> <ul style="list-style-type: none"> • 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). <p><i>Passive Behaviours</i></p> <ul style="list-style-type: none"> • Freezes in the face of difficulty or conflict. • Is withdrawn. • Seeks out attachment to familiar and unfamiliar adults or peers indiscriminately. • Is unable to 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.

Social Emotional and Mental Health Difficulties: Band G

Symptomatic behaviours, which are having an impact on the child, their functioning and relationships, may include:

CASE STUDIES BAND G

Pupil Profile

Student 12

Year 10

SEMH - Band H



Behaviours Observed:

- Shows serious self-harming behaviours.
- Can present a safety risk to others, if feeling threatened.
- Rejects all efforts to form a relationship from either adults or peers.
- Has very low self-esteem, self-confidence and levels of resilience.
- Can seem unpredictable as will exhibit rapid changes in mood where it is not always easy to identify the trigger.
- Cannot see a positive future for himself and there are concerns about suicidal ideation.

Needs:

- His mother passed away when he was in Y8 after a long illness.
- His father works out of the country and returns every few months.
- Along with a younger brother, he is currently in the care of his paternal grandparents who are struggling to manage his needs.
- Struggles to engage in any exploration of his feelings and needs.
- Has limited strategies to cope with his negative emotions.
- Shows great difficulty in experiencing enjoyment in activities or experiences.
- Rejects efforts to form relationships.

Strengths:

- He was assessed as achieving 'at greater depth' in reading, writing and Maths in Y6.
- He initially shared his suicidal thoughts with his grandfather.
- Grandparents are fully engaged in working with professionals.

Curriculum:

Access to a limited KS4 curriculum which includes GCSE English, Maths and Science.

A highly personalised therapeutic curriculum to support him to deal with his experiences of loss.

Additional Support:

- An individual risk assessment and stress management plan.
- His risk assessment is reviewed in response to ALL incidents concerning his, or other's, safety.
- A half-termly professionals' meeting to review progress and plan next steps.
- Form tutor will contact home every day to celebrate success however small and, when necessary, identify one area for improvement.
- Ongoing support and advice from CAMHs. Grandparents have been advised that he will be considered for an in-patient facility if he continues to present at A&E in relation to self-harming behaviour.
- SENCO to explore what support can be provided for grandparents and younger sibling through other agencies.
- A targeted programme specifically designed to help him consider aspirations for the future.



Pupil Profile

Student 12
Year 4

Cognition and Learning - Band D, SLCN - Band D and SEMH - Band G

Behaviours Observed:

- Persistently causes distress to other children.
- Has extreme emotional outbursts throughout the day.
- Has unhealthy attachments to class teacher and two children.
- Has no appropriate social contact with other children.
- Displays total disregard for her own or others' safety.
- Displays highly inappropriate sexualised behaviour.

Needs:

- Diagnosed with fetal alcohol spectrum disorder and global developmental delay.
- Has some hearing impairment but does not require the use of the hearing aid.
- Food consumption needs to be monitored as she does not respond to feeling full and will eat until she is sick.
- Is LAC with no contact with birth family.

Strengths:

- Has built a good relationship with current foster carers.
- Is beginning to respond to Zones of Regulation and can identify if she is in the blue or green zone.
- Is now coming into school more willingly every day.

Curriculum:

Following a semi-formal curriculum, personalised where necessary, with additional opportunities for:

- art therapy to explore her feelings
- a language and communication programme delivered by the speech and language therapy assistant.

Additional Support:

- Individual risk assessment and stress management plan.
- Review of individual risk assessment immediately following any incidents, particularly if positive handling was required.
- Close supervision at all times so any emotional dysregulation can be swiftly managed, using de-escalation strategies on stress management plan.
- SENCO to seek advice from EP with regard to a programme to target inappropriate sexualised behaviour.
- Highly structured and predictable routine for her day and activities within it.
- Personalised visual timetable with a 'now' and 'next' board to support transitions between activities.
- Other transactional supports to be used as directed by OT assessment.
- Implementation of a sensory diet as directed by the OT.
- Regular review from HI specialist teacher and SaLT.
- Class teacher to contact carers every day to share progress against individual targets and celebrate success.
- All strategies to support emotional regulation and communication to be shared with foster carers so they can implement at home.
- Termly PEP meeting to review progress and set new targets with the addition of an interim review meeting with school-based professionals and foster carers.