

## Social, Emotional and Mental Health (SEMH)

### Definition

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 These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour.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

Schools and colleges should have clear processes to support children and young people, including how they will manage the effect of any disruptive behaviour so it does not adversely affect other pupils. The Department for Education publishes guidance on managing pupils' mental health and behaviour difficulties in schools.

### Indicators of difficulties

Children and young people with SEMH difficulties may display passive behaviours such as:

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| <ul style="list-style-type: none"> <li>• Withdrawn</li> <li>• Low mood</li> <li>• Lethargy/apathy</li> <li>• Anxiety</li> <li>• Avoiding risks</li> <li>• Low self-esteem</li> <li>• Unable to make choices</li> <li>• Can't accept praise</li> </ul> | <ul style="list-style-type: none"> <li>• Isolated</li> <li>• Unable to make and maintain friendships</li> <li>• Poor personal presentation</li> <li>• Failure to engage</li> <li>• Task avoidance</li> <li>• Lack of attention</li> <li>• Reluctant to speak</li> </ul> |
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Children and young people with SEMH difficulties may display active behaviours such as:

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| <ul style="list-style-type: none"> <li>• Challenging behaviours</li> <li>• Restlessness/over-activity</li> <li>• Non-compliance</li> <li>• Verbal or physical aggression</li> <li>• Impulsivity</li> <li>• Mood swings</li> <li>• Perceived injustice</li> </ul> | <ul style="list-style-type: none"> <li>• Difficulty adapting to changes</li> <li>• Disproportionate reactions to situations</li> <li>• Eating issues</li> <li>• Lack of empathy</li> <li>• Lack of personal boundaries</li> <li>• Absconding</li> <li>• Poor awareness of personal space</li> </ul> |
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# SEMH – Assess, Plan, Do, Review

## Effective Inclusive settings – Quality First Teaching

### Assess

- Is the pupil/ young person under achieving or do they have special educational needs (including social or emotional needs or mental health conditions)?
- Are there other factors such as EAL?
- Discuss concerns with learner, parents and ALL teaching staff
- Establish strengths and barriers to learning
- Observe in class and in less structured situations considering their ability to maintain concentration and to have effective social interactions
- Review attainment and progress data
- Look at scores from standardised tests e.g. spelling, reading, maths, other diagnostic assessment and consider whether frustration over their abilities could be a factor.
- Analyse the learner's work and learning style in all areas
- Check, attendance, health and safeguarding records. Are basic needs being met? Look for barriers to learning for example have their hearing and vision been checked? Would they benefit from a referral to the orthoptist at Warrington Hospital?
- Consider their social presentation and interactions with peers. Are these all within the 'normal' range?
- Review school processes for ensuring inclusive Quality First Teaching- ensure Social, Emotional and Mental Health is supported through strategies such as PSHE, School Council, SEAL, Circle time, Lunchtime Behaviour Plans etc.
- Review school processes for creating an inclusive school culture supported by positive and consistent behaviour management.
- Ensure staff are sufficiently skilled and utilise their skills such as de-escalation effectively. Ensure that they understand the need to model behaviour expectations

### Plan

- Involve the child/young person and parent/s in the process
- Use a learning assessment to ensure appropriately differentiated work and identify any gaps in learning are addressed
- Use the learner's and teacher's analysis of his/her learning style and needs to create an environment in which the learner can work
- Have high expectations for all learners
- Make use of flexible multi- method learning methods
- Ensure there is a consistent approach to behaviour management
- Use Halton's model behaviour plan to identify SMART targets for the child [here](#)
- Set a realistic review date. When working with SEMH needs, these may be every couple of weeks and should be no longer than 5 weeks

### Do

- Revisit the whole school Behaviour Policy, Anti-Bullying Policy- rules, rewards and sanctions. Ensure that these are being enacted consistently by staff and understood by the whole school community.
- Consider whether you're meeting the Equality Act (2010) with regard to making alterations to policy when necessary.
- Revisit your curriculum. Is it engaging and relevant for all pupils?
- Use the MHARS Framework (from Halton Health Improvement Team) to assess your school's current position with regard to mental health and wellbeing and to inform possible next steps.
- Use PHSE, SEAL, Circle Time, Peer message where appropriate

- Promote a positive ethos and inclusive culture through assemblies, school council and school newsletters
- Take into account the DfE document, Mental Health and Behaviour in Schools. Departmental advice for school staff (DfE, November 2018) See link below.
- Promote social, emotional and mental health during extra-curricular activities, school trips, lunchtime clubs etc.

### Review

- Analyse to ensure that implemented strategies been effective
- If it has then continue to support the learner through current systems
- Continue to liaise with parent /carer
- Give useful feedback to pupil to understand how best to improve
- If the learner has not made sufficient progress, as measured against other learners of the same ability and needs then consideration should be given to providing the learner with SEND Support

## Graduated Approach - SEND Support

Some children/young people will require time-limited interventions in addition to Inclusive Quality First Teaching; in order to secure effective learning and increase their rate of progress.

### Assess

- Consider all previous assessments and progress over time and any factors that could be creating a barrier to learning
- Undertake observations both in the classroom and during unstructured times of day:
  - Is the child displaying persistent difficulty in remaining on task?
  - Is the child seeking overly-frequent adult support?
  - Is the child persistently displaying low-level disruptive behaviours in order to garner attention?
  - Does the child show persistent signs of frustration and early indications of disaffection or disillusion?
  - Does the child have difficulty in forming and/or maintaining healthy relationships with peers?
  - Is their progress slower than anticipated in many areas of the curriculum?
  - Is the child often tearful or withdrawn?
  - Does the child show aggression towards staff or peers? Do the de-escalation techniques have any effect?
- Review the child's attendance. Are there any patterns to their attendance or punctuality?
- Discuss concerns with the learner/parents. Do parents report similar behaviours at home?
- Discuss concerns and strategies with ALL teaching staff and use intelligence to see if there is a pattern of challenges for certain members of staff.
- Use tools such a B-Squared to monitor progress
- Develop interventions to meet the needs of the child. This may be social interventions or academic interventions to meet need and increase self-esteem. Record assessments before and after these interventions to monitor success criteria.
- Complete a Boxall Profile
- Complete & analyse Goodman's Strengths and Difficulties Questionnaire [here](#)
- Undertake a risk assessment for the child. If they have had any FTEs, complete the CARE schedule and analyse the results to identify areas to focus work on.

- Consider whether staff sufficiently skilled or whether training or support would be useful. [HBSS](#) may be able to assist with this.
- Consult with your Educational and Child Psychologist
- Consider whether it is appropriate to apply for DTUF while building a bank of evidence towards an EHCP application

## Plan

- Involve the learner, parent/s in the process, understanding how they learn and what needs to happen to make progress
- Involve support services at a consultation level
- Use assessment to plan appropriately differentiated work and behaviour expectations and ensure any gaps in learning or behaviour maturity are addressed
- Create a suitable environment; making use of flexible and multi-method learning approaches
- Consider alternative ways of recording to enable pupils to demonstrate their learning
- Consider deployment of support ensuring everyone receives appropriate training and develops an understanding of the pupil's needs
- Ensure that there are opportunities for the learner to work independently
- There is a consistent approach to behaviour management
- Continue to use Halton's model behaviour plan to identify SMART targets for the child [here. Review this regularly with their learner and their parents. Ensure it is shared with all relevant staff.](#)
- The teacher, in consultation with the SENCO, pupil, parent and others involved, is responsible for:
  - Planning interventions (at a time when opportunities for whole class inclusion is not minimised);
  - Considering the time, support and resources required;
  - If necessary, planning differentiated activities, additional to and different from those of the class/group;
  - Setting appropriately challenging SMART targets based on age, prior attainment, and SEND/SEMH needs with clear expected outcomes;
  - Setting a review date.

## Do

- Ensure that all resources are available as specified in the plan.
- Planned structured programmes of small group support delivered by trained teaching staff (Teacher and/or Teaching Assistants)
  - It can be delivered within the whole class or in another part of the school
  - The class teacher should work closely with staff involved to assess impact
  - The class teacher remains responsible for ensuring and monitoring that learning progress is taking place
- Small group interventions or 1:1 interventions with positive role models and differentiated learning to ensure success and increase self-esteem, for example
 

○ Nurturing Talk	○ Activities to develop understanding and controlling of emotions
○ Silver SEAL	○ Anti-bullying interventions
○ Family Seal	○ Peer support systems/buddying
○ Circle Time	○ Restorative justice approaches
○ Socially Speaking	
○ Social Skills activities	
- Check that skills developed in small group or 1-1 are used back in class to reinforce and embed
- Ensure that time is made available for feedback and planning between staff
- Consider referral to an emotional health service for children and young people. Talk to an independent trained counsellor

## Review

- Continually review and analyse data
- Assess the impact of interventions and adapt/change interventions as appropriate
- Evaluate intervention to ensure teaching and learning has been effective
- If so, continue to support the learner with current systems
- Continue to engage with parents/carers
- Give useful feedback to the pupil to understand how to improve
- If pupil has not made sufficient progress as measured against other pupils receiving similar support then consider requesting advice from other services such as:
  - Consultation with the Educational and Child Psychology Service
  - Consultation with Halton Behaviour Support Service
  - Referral to Specialist Teacher Team
  - Speech and Language Therapy Service
  - Occupational Therapy Service
  - Positive Behaviour Support Team (if diagnosed with ASD)
  - CAMHS
- Gather annotated evidence of 'different to and additional from'

If progress is still limited it may be necessary to consider an application to the Local Authority for DTUF while you build your evidence for an EHCP application.

Halton Behaviour Support Service have put together further resources to bolster this Graduated Approach. It can be accessed [here](#).

### Whole School Behaviour and Discipline

The Head Teacher must publicise the school behaviour policy in writing to staff, parents and pupils at least once per year and also publish it on their website. It is good practice to involve the whole community in regular planned reviews of policy. Schools must also have a written statement of general principles about behaviour, drawn up by the governors and published on the school website.

Schools should continue to consider whether continuing disruptive behaviour is the result of unmet educational or other needs. The SENCO and others within the pastoral support team have an important role to play in joined up working.

Part-time timetables **should not** to be implemented to manage pupils with behavioural issues or used as a sanction, in these instances suitable support should be provided by the school. The school may use its power to direct a pupil off-site for education as an intervention to improve behaviour and this is set out in the Department for Education [Alternative Provision](#) statutory guidance. However, if an Educational Psychologist or other SEN or medical professional have recommended a reduction in school hours in order to support the SEMH or medical needs of the young person, this is acceptable. Written evidence of this recommendation should be attached to [this](#) document when it is sent to the LA.

Schools and early years settings might find the following documents useful:

[DfE Behaviour and Discipline in schools. Advice for head teachers and school staff \(DfE January 2016\)](#)

[Creating a Culture by Tom Bennett \(DfE, March 2017\)](#)

[Getting the Simple things right: Charlie Taylor Behaviour Checklists](#)

[Use of Reasonable Force- advice for head teachers, staff and governing bodies \(DfE, July 2013\)](#)

[HMCI commentary: managing behaviour research \(DfE, September 2019\)](#)

[Exclusions Guidance \(DfE, September 2017\)](#)

[School attendance \(DfE, November 2013\)](#)

[Working together to safeguard children - Safeguarding Guidance \(DfE, July 2018\)](#)

## **Mental Health and Behaviour**

It is the role of the SENCO to ensure colleagues understand how the setting identifies and meets pupils/young people's needs, provide advice and support to colleagues and liaises with professionals and support services as appropriate.

Early, appropriate intervention for pupils who demonstrate mental health problems can greatly improve their later outcomes by minimising disruption to their education and social relationships.

The culture and structures, as outlined in the setting's behaviour policy, can promote learners' mental health but if concerns do arise consultation with the setting's educational and child psychologist will help to determine if further action is necessary.

The following documents may prove useful:

[Promoting children and young people's emotional health and wellbeing: A whole school and college approach \(PHE, 2015\)](#)

[Mental health & behaviour in schools \(DfE, November 2018\)](#)

## **Graduated Approach - EHC assessment/Plan**

Most children and young people with SEMH will have their met from within school's resources, as many of these difficulties are situation specific and short term, or through the short-term Discretionary Top-up Funding (DTUF) for those with increased need. DTUF funding is accessed through a panel based process chaired by school staff alongside officers of the LA. Application paperwork can be accessed via SEN admin.

Having applied the graduated approach as previously described, including seeking advice or further advice from the Educational and Child Psychology Team, schools and setting may consider making an application for an EHC assessment/Plan for the very few children who continue to have severe and persistent difficulties.

Children with social, emotional and mental health difficulties within educational settings are those who frequently exhibit a pattern of inappropriate behaviour of such significant duration and severity that it impedes their access to learning and in, some cases, the access to learning of other pupils.

Their difficulties may result from physical or mental illness, sensory or physical impairment, psychological trauma, out of school factors or circumstances within educational settings.

Children with such difficulties may put barriers between themselves and their learning through inappropriate aggressive or withdrawn behaviour. In trying to cope with a range of emotional, social, environmental and personal situations they may show poor social skill development; low self-esteem; little experience of consistent guidance; limited skill in coping with frustration, anger and fear.

They may present behaviours which include serious and persistent physical or verbal threats to other children or staff, persistent withdrawn or irrational behaviour, extreme tantrum episodes, self-injury, difficulty joining in group/ class- based learning or social activities, severe social/emotional immaturity, longstanding fear of attending school, acute distress, high levels of anxiety etc.

Identifying children and young people as having a special educational need can be difficult in the absence of well-standardised, norm-referenced assessment procedures. Their assessment of need will be based largely on:

- Persistence over time
- Intensity/severity
- Duration
- Frequency
- Degree of inappropriateness

Further advice and support can also be found on the [Halton Local Offer, Graduated Approach and Strategy Toolkit](#)

[Advanced training modules and resources for teaching SEND pupils](#)