SEND Partnership Project 3: Reflect and develop school behaviour practice that supports children and young people with Social Emotional Mental Health (SEMH) needs Project

A: Project Overview

When a child or young person presents with challenging or 'troubling' behaviours this may be due to unmet social and emotional mental health needs.

This has been acknowledged in several national documents such as the SEND Code of Practice:

"6.32 Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder." Department for Education & Department for Health, (2015)

Prevalence of SEMH needs can be high. According to The British Child and Adolescent Mental Health Surveys in 1999 and 2004, as many as 1 in 10 children and young people under the age of 16 have been found to have a diagnosable mental disorder.(*Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays).* Many other children and young people may also experience SEMH but have no formal recognition in terms of diagnosis or special educational needs categorisation.

Eleven West Sussex schools volunteered to engage in a reflective practice project to identify and develop effective ways of supporting pupils' social, emotional and mental health needs to reduce instances of challenging behaviour. This project report captures key findings and raises key questions for all schools to consider when reviewing their own behaviour policy and practices.

Summary of Project Activity

This was a short-term project and was approached through SENDCo learning sets with a facilitator. Each school was asked to focus on a specific child who had been demonstrating challenging / 'troubled' behaviour. The project was based on reflective practice, managed through action learning sets. The intended outcome was for schools to consider the correlation between children and young people with Social Emotional Mental Health (SEMH) needs and behaviour to inform school behaviour policy and practices.

January 2018	Project group (Headteachers, SENDCo's, WSCC Officer, Consultant and Parent/Carer representative) established and planned project approach
Feb-March2018	Schools collected information for case study based on template and questions provided (Appendix 1)
April 2018	SENDCos participated in facilitated Action Learning Set (Appendix 2 Learning Set Guidelines). Key themes were summarised by the facilitator.
May 2018	SENDCos wrote draft case study, and these were reviewed by the project group.
June – July 2018	Draft case studies and project review comments were used to draw out key themes and combine case studies in this project publication.

B. Children and young people in the case study

Eleven case studies were produced from a range of special, primary and secondary schools. Some of the children's initial presenting behaviours are described in this section. All names have been changed and parental permission has been given for their use. These presenting behaviours are considered as a form of communication indicating that the needs of the child/young person are not being met. This report encourages schools and professionals to take an enquiry-based approach as to why challenging behaviour occurs and to put into place support strategies to enable the child or young person to positively engage in his/her learning and school community. All children were considered to be on the SEND register.

Some of the range of behaviours included:

- physical and verbal aggression towards other children and adults
- refusing to do what was asked and challenging instructions
- constantly calling out and seeking attention from adults and / or peers
- being a whirlwind in the classroom, erratic and unpredictable behaviours
- being unable to follow adult directed activities
- on the surface presenting as polite, compliant and hardworking, achieving well in class and in assessments, while underneath the surface there is anxiety, insecurity and anger which can tip quickly into major meltdowns
- unusual behaviours e.g. cat-like behaviour when in school, hissing, spitting, scratching and trying to hide under tables and chairs
- refusal to speak to any of the adults within the school environment
- anxiety e.g. refusing to go into any of the school toilets, leading to soiling in class and further isolation from the other children
- limited knowledge of social cues and unsure of what to do when other children approach in the classroom.
- grabbing or attacking children in the playground
- inappropriate language, noises and gestures
- poor social skills and difficulty building friendships
- unable to focus on learning
- low self-esteem, poor self-image
- unhappy at school and at home

> **Project school reflections on why behaviours were happening**
>
> *"When I worry it makes everything seem louder and busier." Child view*
>
> *"X is missing lots of developmental building blocks because of early trauma and neglect in the first few years of life". School*
>
> *"On reflection, we think he may have become a scapegoat somewhat and he struggles to understand how friendship works and can become a victim himself" School*
>
> *"He was receiving negative feedback [from other students] which increased the spiral of social isolation"*
>
> *"X was unable to recognise the impact of his own behaviour – anxiety played a much bigger role then we all recognised initially" School*
>
> *"He is experiencing developmental trauma and is sensitive to being shamed" School*

Changes over time

The case studies collected retrospective information about the child's history since joining the school and reflected upon the effectiveness of support and behaviour approaches put into place by the school and its partners. The focus on discussion was on what had been successful and what could be done differently to inform future work with the focus child and for other children within the school. Many of the focus children have complex difficulties and although positive outcomes have been achieved for many (as evidenced in the case studies), for some on-going support will be required.

Many of the focus children were considered to be at high risk of exclusion. This was often avoided by schools putting in place effective strategies to support the children. Impact was measured by the noting of a variety of positive changes where, for example, the child or young person:

- settled in class, able to listen and respond appropriately
- was able to learn
- improved in self esteem and self confidence
- developed more positive relationships with other children and adults
- was able to meet age-related expectations academically (some children)
- was able to participate in class verbally e.g. elective mute moved from not talking to whispering to talking normally to children and adults
- demonstated reduced anxiety e.g. able to use the toilet, able to communicate needs, feeling of being 'safe'
- developed strategies he/she knows will help and which can be used in the future
- had fewer recorded incidents of challenging behaviour as recorded on incident logs
- volunteered to organise games for younger children at playtime and to show them how to play.

> **School reflections on changes that occurred as a result of the project**
>
> *"The school were willing to try new ideas and make accommodations"* Parent
>
> *"The discussions have definitely helped me, I feel like I can talk to someone"* Child
>
> *"He can now recognise his feelings"* School
>
> *"I know when I'm beginning to feel like I might start calling out"* Child

There was also a significant impact on the family in each of these case studies.

Parents and carers:

- understood more about their child's behaviour
- were more confident to support their child's emotional development and learning
- developed good relationships with the school and often a collaborative approach to the child learning was then adopted
- improved their relationship with their child

C. Key Findings / Recommendations

Throughout this reflective project, various key themes have been identified which helped to improve behaviour approaches within the schools. The themes are initially summarised below, with further details being provided in the next few pages.

1. **Trust and relationships** - Central to all the case studies was the need to build trust and honest relationships – with the child/young person, families, school staff and other services. Trust between the headteacher and the SENDCo, and between the SENDCO, staff and governors, was also important.

2. **Support for the family** – each case study highlighted how vital it is to work together with and support the family alongside working with the child.

3. **Whole School Approach** – the most successful interventions were based on the foundations of a strong whole school approach to working with children with SEMH. Where this ethos wasn't already in place, it became part of the project to create a whole school approach to social emotional and mental health.

4. **Intervention strategies** – many different intervention strategies were used. Sometimes these worked and sometimes they didn't, or they stopped working after a while. The important thing was to consider and reflect on the reasons behind the success or lack of success in the interventions and keep trying. It is important to use a range of strategies that have a positive impact on the child. One strategy may work on one day and not another, or work for one person but not another.

5. **SENDCo** – the success of the interventions was closely linked to the role of the SENDCo within the school and his/her determination and relentless desire to unravel the complexities of children who have SEMH.

6. **Relationship with other agencies** – this project highlighted how variable access could be to other agencies and services. At its best, access was timely and appropriate for the child and had a significant impact on the child, his/her family and the staff in the school.

7. **Strategic leadership and governance** – the support of the headteacher and governors ensured that even when there was a feeling of 'enough is enough', everyone persevered and continued to look for solutions that would enable the child or young person to be 'held' by the whole school community.

8. **Measuring and observing impact** – qualitative impact could be observed in changes of behaviour, self-esteem of the child, confidence of staff and, for some children, there was measurable impact on their learning.

1. Trust and relationships

- Good relationships and trust between all those involved was at the heart of making a difference for children and young people who have SEMH. Often this can take a long time and requires persistence from staff and an on-going ability to be available.
- The school staff found they needed to trust the process and themselves and recognised the importance of 'admitting if you've got things wrong or it could be better'. Remembering being 'only human … nobody sets out to do a bad job'.
- Staff needed to trust the expertise of the SENDCo and other agencies and recognise that sometimes it is the parents who are the 'experts' about their child and who can advise and support the school best.
- Building a relationship with the child or young person with SEMH has its challenges and those involved all need to support each other to do this.

2. Supporting the family

- Taking time to develop relationships with the family, to have family buy-in and trust, was essential in every case study.
- Often children with SEMH have a parent who may have specific needs themselves, or may also be vulnerable because of the challenges of living with the needs of their child who has SEMH. Consequently, there is a need to support the family and to work closely with other services. In the experiences of the schools, the outside support that the family needed wasn't always available.
- Parents developed expertise about their child's situation and often were able to pass on ideas, research findings and suggest strategies that could be used effectively in school.
- Be aware that children really can be different in different settings.

Project reflections

"It is very hard as a parent to tell people, especially those in a level of authority, that your child is doing things that are shocking" Parent

"School staff have realised the behaviour of X at school is not the same as at home and the enormous impact school has on his life" Parent

"When I was overwhelmed by X, the school immediately realised there would be an impact on her older sibling and was given support" Parent

"Mum is our unofficial parent advisor who is able to talk to parents who are finding their children challenging" School

- Parents may also be able to seek support directly from outside agencies.
- School can be a safe place for the family.
- Hold regular Team around the Family meetings, to share experience and practice.
- Often it was helpful if parents could use the same strategies as the school e.g. visual timetables

3. Whole School Approach

- **Training and development.** Adopt a 'Learning Together' whole school approach. Training for the whole school was essential when supporting children with SEMH and helped schools to see behaviour as a form of communication and to then ask the question 'What is the child communicating about his/her needs?' Schools in the project found that training and support provided by Beacon House and other services was very useful. E.g. ADHD Stop, Think Impulse Training.
- **Staff needed specific guidance and support** about how to approach children who have suffered trauma and who have other difficulties such as autism.
- **Cultural shift.** In some schools, staff needed support to shift how they viewed the child's behaviour: from seeing it as 'manipulative and controlling', to developing a therapeutic understanding and accompanying this with a more positive use of language. SENDCo and other staff modelling the use of language and strategies helped to shift staff culture. It was important to see challenging behaviour as an expression of needs not being met i.e. physical or emotional. In other words, behaviour as a form of communication – the child is not being naughty – his or her behaviour is telling us we haven't met his/her needs yet in an appropriate way and/or expectations are too high.

> **Project reflections**
>
> *"Develop your whole school policy so that it reflects the needs of developmentally traumatised children. The same sanctions and consequences do not work here – it would be good to see this recognised in the [behaviour] policy from the start. This would bring about a whole school change"* School
>
> *"We have learnt together what works for X, we all realised we would make mistakes but we have all learnt from them"* Parent

- **Consistency** across the school was integral to working effectively with the pupil. However, it was also important that the approach used with the pupil was personalised to meet needs. Staff sometimes needed to be 'given permission' to focus resources and support on the emotional needs of the child (rather than academic interventions) especially when the child or young person was not in a place where he/she was ready to learn.
- **Behaviour Policy** The whole school behaviour policy needed to reflect the needs of SEMH pupils – this could specifically include a reference to SEMH needs of pupils.
- **Transition** was often an issue both within the school day and the school year. There needed to be awareness that transition could present a challenge and that it needed to be planned for – ideally with the child and the family. In some situations, the class timetable needed to be reviewed and changes made to adapt to the individual child.
- Creation of an **action plan/risk assessment** enabled the whole school team to be consistent in approach and understanding of need.
- **Reflection** was essential - staff, parents, everyone needed to evaluate, reflect, think again. Sometimes behaviours regress. Keep trying – strategies don't always work first time.
- **Ethos**. Schools emphasised how important it was to accept that the child/family has challenges and is part of the **whole school community**. "They aren't going anywhere." The whole school can be part of giving the message to the child – we all like you/care about you. The expectation that reasonable adjustments and 'best endeavours' will be made to enable the child to succeed.

4. Intervention Strategies

(More information about some of these approaches can be found in the Resources appendix)

- The **complexity** of children's circumstances in the case studies often took some time to 'unpick'. This was particularly difficult where the child had moved schools, counties or countries.
- **Time** is needed to embed interventions and decisions can be challenging about how long to stay with intervention, when to move on and what next.
- **Routines, structure and clear expectations and boundaries** were essential.
- **One page profiles** which highlight what to try and what to avoid, so that all adults have an understanding of how to support that child, were found to be very useful.
- **Individualised personal support** is key. Consider 1:1/nurture group provision and a more personalised timetable both in and out of the classroom. Sometimes in a small school, finding the right person with the right skill could be a challenge. Be creative and involve parents, support staff and children to find a solution.
- The identification of **key workers** who were consistent in the lives of the children and young people was very important. In some schools the Learning Mentor was significant in supporting the learning and wellbeing of children in the project.
- Keep child safe (including from themselves). Establishing a **safe place** in the classroom or in the school is very important for containment, emotional regulation, therapeutic teaching, and for attachments to be established. Providing a tent, quiet area or a seat where they feel more secure may be useful so that the child or young person can easily go to a 'safe place'. Establishing a cue with the child may help to self-regulate and move to a safe place before things escalate.
- **Sensory areas and boxes** were created for children to feel free to release their sensory behaviours in a safe space. Here they were allowed to jump, flap, spin, crawl, or just lay around and when they were ready, return to learning.
- Plan **transition** carefully at all levels within the day, between home and schools, time of year and moving on to a new classroom or new school. Involve the child and the family.
- Working with class **peers** helps other children to be supportive e.g. circle time, emotional regulation.
- It is helpful to share strategies used in school with **families** e.g. mindfulness and relaxation techniques.
- Choose your battle! Tactically ignore certain behaviour – restorative response over punitive consequences ones. Whole school reward sanctions may not work – personalise it and involve the child in its design.
- **Restorative 'conversations'** were used as a response to harm or conflict. Staff had been trained to work with the children affected to share what had happened; what the impact had been on those involved: i.e. who was affected and in what ways; and what needs to happen to put things right or to make things better in the future.

Project reflections on the impact of interventions

"X grew in confidence" School

"Involvement in 'Circle of Friends' for another peer meant that they were pre-disposed to supporting their friends" School

The One Page Profile and Peer sessions increased her self-esteem and her trust that peers would be supportive" School

"X has a timeout space in school that she could escape to – this helped prevent melt-downs" School

All names have been changed to maintain anonymity and parent agreement has been obtained for all case studies.

One project school used a 'positive day book' to reflect, repair and move on – this daily unpacking at the end of the day enabled the child to know that each day was a 'fresh start'.

- Know the child and his/her triggers – pre-empt (this could be captured in a **behaviour log**). Listen to and watch pupils - What are they communicating to us?

- **Social Skills groups** of two to eight children, led by an adult helped to teach children how to interact appropriately with others their age including learning conversational, friendship and problem-solving skills and how to control emotions and understand other people's perspectives.

- **Social Stories™ and Comic strip conversations** were used to help children develop greater social understanding and stay safe.

- Recognise and acknowledge emotions. **Emotional regulation** was used to 'coach' children through situations that are difficult for them to handle and provide a supportive framework — "scaffolding" the behaviour you wanted to encourage until they can handle these challenges on their own. This was used as a whole school approach, whole class, small group or individually.

- **Mindfulness, CBT, Art Therapy, Learning Mentors** can all be useful strategies to support emotional regulation, including anxiety. Mindfulness can also be adopted as whole class approach to avoid singling the child out.

- Make use of a **'transitional / comfort object'** for the child to keep with them e.g. invisible thread between home and school.

- **Meet and Greet -** Touch base frequently. This might be the key worker, learning mentor, teaching assistant or other staff.

- Create a **playtime plan** – plan the session in advance with the child. E.g. bring in quickly at the end of playtime, establish peer buddies, quiet place, sensory toys

- **Praise**, but use carefully. 'Catch them being good'. Think positive comments – can you find '5 in a day?'

- Learning needs to happen in short bursts of time with **movement breaks** ('jobs')**.**

- A **Now/next board** helps to visually show small steps in learning and time sequence.

- The classroom environment can be confusing and distracting at a sensory level. **Planned sensory activities** – chewing, sucking, throwing a soft ball, and mindfulness/relaxation techniques may help.

- Ensure the child has adequate food and lots of water

- Talk with the child about what helps and **involve the child** in planning for change/transition/safe playtime

- **BLOB** scenes were used to encourage children to talk about their feelings, body language and experiences

- **Theraplay®** sessions were used to build and enhance attachment, self-esteem and trust in others. E.g. Sqiggle, balloon, bubble activities.

- **'Marvellous Me'** was used to build self-esteem

- **Chat mums** was used by another school to encourage the child to speak to their peers

- **Consider** how **existing resources** e.g. shops and karaoke machines can be used to support peer relationships and speech development.

- **Timers** can be used in various ways – to develop concentration, define transitions, build up routines etc.
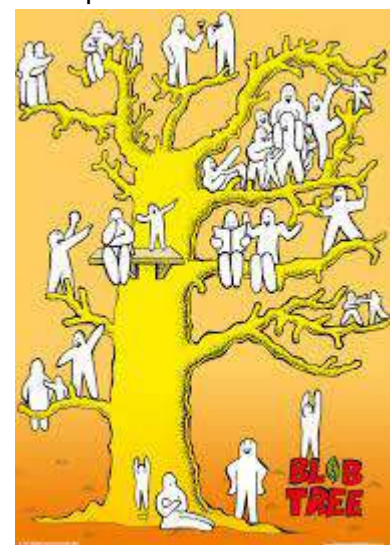
5. SENDCo (Special Educational Needs and Disabilities Co-ordinator)

- SENDCos found it helpful if they were able to have opportunities, either formal or informal, to discuss with another trusted person some of the complexities of working with children who have SEMH and

their families. This might be the Head Teacher, another staff member/team, governor, external supervision or professional telephone support.

- It was emphasised that SENDCos needed to be confident in what they believed. The SEN Code of Practice was a useful document to help shift staff attitudes when a particular classroom practice wasn't helpful for the child.
- SENDCos found it essential to be able to reflect, to stand back and re-assess situations. Sometimes this was with other staff or outside services.
- Sometimes staff were unsure how to best support a child with SEMH as the school hadn't experienced these challenges before, and so hadn't built up skills to deal with the complex situations that could often arise from the needs of the child. The SENDCo and support from other services helped to take away the fear for school staff, build up confidence and at times offer reassurance that their approach was right and to continue doing what they were already doing.
- All SENDCos involved in the SEMH Action Learning sets provided feedback that emphasised how useful the whole process had been - collecting the information for the case study, writing down information, reflecting before the learning set, presenting and answering questions in the learning set and sharing thoughts and feelings about the SENDCo role and the children being worked with.. It was highly valued by all participants and their schools.

6. Relationship with other agencies

- It was helpful when outside agencies were able to have the 'hard conversations' with the parents, especially if the parents had mental health needs e.g. Team around the Family (TAF) meetings. There were often many services involved with the families e.g. Children's services, IPEH, housing, CAHMS, GP. For other families it was a challenge to involve other services. At times the form filling for this involvement became 'overwhelming' for the school.

- **Early Help Plans** were not always viewed as helpful by some of the schools, particularly where the school's perception was that they were doing much of the work themselves. Schools did recognise this this was changing as Termly Conversations are developing in practice.
- The importance of using other agencies and professionals to share the workload was recognised.

- **The West Sussex Continuum of Need / Threshold guidance** helped staff identify a child's level of need and to consider whether additional support may be necessary. This included the Continuum of Need windscreen and its indicators which then enabled schools to know which referrals should be made to which agencies. These tools were used to support conversations with other professionals and to guide professional decisions.
- **The West Sussex Local Offer** was used to look for information about other agencies and services. Some schools found that it was helpful to use google as the search engine to help pin-point information within The Local Offer site
- Many of the lessons learnt from drawing together information about the case study focused on contacting agencies sooner and taking actions sooner.

7. Leadership and Governance

- Governors need **training** to help them to understand the complex needs of SEMH pupils and what the school is trying to work through and achieve. Without this, governors can sometimes be inclined to talk about exclusion as being the best and only option. Some governors may also benefit from training to understand the **impact** of developmental trauma.
- Governors need to be supported in their understanding that the school's **Behaviour policy** (for which they are responsible) does reflect the SEMH needs of pupils.
- The **SEND Governor** needs to be involved and can report back to the Governing Body as to **progress** being made – this should include information on the **holistic progress** of the child such as emotional regulation, self-confidence of children, rather than just their academic progress. The SEND Governor may benefit from training on e.g. the impact of attachment and developmental trauma on pupils and how schools can help to provide the safe and secure environment in which they can then thrive.
- Governors and whole school staff need **regular updates** and training to ensure that they are familiar with **current guidance and recommendations regarding SEMH**. This needs to include **Quality First Teaching** and the use of **The Graduated Approach.**
- More schools are now including the funding of external supervision for staff who are working with children and young people who have SEMH, e.g. group supervision with an EP for learning mentors, individual supervision for SENDCos and Headteachers.
- All staff, including teaching assistants, lunchtime supervisors and office staff need to have a clear understanding of what **good inclusive practice** looks like in school.
- It is vital that a **shared ethos** of supporting pupils with SEMH is insisted upon by school leaders. It is the school leaders' responsibility to ensure that Governors and whole school staff, from teachers to lunchtime supervisors, have an understanding of that shared ethos.

8. Measuring and Observing Impact

Impact - Impact can be measured using raw progress data and qualitative data through feedback from staff, parents and pupils, as well as looking at pupils' work. Observing changes and amending a "Live" risk assessment helps progress to be tracked. Changes in staff and governor attitudes can also be monitored and captured. It is often hard to see the impact when you are in the thick of it all. It is important to look for, notice and celebrate even the smallest of improvements and changes….it certainly takes time to bring about long-lasting changes….you have to remember that whilst you may do all the hard work, the impact may come years later!

Case notes - Always keep a chronology of events and meetings (preferably not in paper form) to refer to in future. This is particularly important to capture actions and key people involved. This is also useful for reflecting upon practice.

Observation - ABC-C charts (available from the Educational Psychology Service) can be used to analyse what the child's behaviour is communicating. These can be completed for a limited period as part of a reflection process- for example, up to two weeks.

Date	A - Antecedent What happened prior to the behaviour?	B- Behaviour What did the behaviour look like? What happened?	C - Consequence What happened immediately after the behaviour?	C- Communicative Function What was the pupil trying to communicate with the behaviour?

Measurement - Record significant behaviours with dates and times and or comments. This could take the form of a chart, log or diary- whatever works best for what you want to capture.

Devise your own **scaling** based on 'Strengths and Difficulties' questionnaires tailored to fit with your particular setting.

Name: _____ My _____ Scale			
Rating	Looks like	Feels like	I can *try* to
5			
4			
3			
2			
1			

From *The Incredible 5-Point Scale: The Significantly Improved and Expanded Second Edition*, by Karl Dunn Buron and Mitzi Curtis. AAPC Publishing © 2012.; www.aapcpublishing.net. Used with permission.

Karen's Voice Scale

5	Way too loud!
4	loud
3	talking
2	whispering
1	no talking

idea from: *The Incredible 5- Point Scale*, by Buron, Kari Dunn and Curtis, Mitzi, 2003

D.   Questions to consider when reviewing your school Behaviour Policies and Practices

- How does the school behaviour policy address **barriers to learning** including those for children and young people with social, emotional and mental health (SEMH) difficulties?
- How does the school's behaviour policy and practices address the **needs of children** who may be experiencing less obvious difficulties (e.g. anxiety, social isolation, emotional based school avoidance) as well those who demonstrate challenging behaviours?
- How does your school **identify underlying SEMH concerns** that impact on pupil behaviour?
- How does your school's behaviour policy and practices attempt to **reduce all forms of exclusions**, including the internal exclusions which prevent a child from being educated with their peers?
- How is the **knowledge of staff, parents and children** used to reduce exclusions and inform the school's behaviour policy and practices?
- Is the behaviour policy **clearly written** and produced so that all parents, children and staff understand and agree with it?
- How does the school's behaviour policy and practices **promote positive behaviour outside of the class**, for example lunchtime, before and after school?
- What **impact** does your schools behaviour policy and practices have across the school curriculum?
- How are the **discussions** around the best ways to support individual children and young people used to inform teaching and learning for all and wider school policies and practice?
- How is the **impact of interventions** measured? Does this include improvements in self (self-worth, self-esteem, self-regulation) and relationships with others as well as in engagement in learning?
- Which **exclusion reports** are regularly shared with staff, governors and parents? Do they include temporary, permanent, formal or informal exclusion data?
- How do the school's behaviour policy and practices encourage adults (and children) to **share the difficulties** they may be experiencing and support each other to develop strategies that prevent conflict with and between children?
- How is **expertise shared** within and across schools and between school and parents?
- How is information around managing emotions and the impact that this can have on behaviour **shared with children and young people**? Is this effective for children with social and communication needs?
- How are **parent carers** engaged in **dialogue** (for their individual child and as a whole school approach) in managing behaviour when their child is experiencing SEMH difficulties?
- Does your policy comply with the **Equality Act 2010** 'It is unlawful for a school to discriminate against a pupil by treating them unfavourably because of their disability.' The school is expected to make **reasonable adjustments**. The 'test of reasonableness' should be applied in each situation where a reasonable adjustment may need to be made.
- How is **transition** considered in your policy for pupils with SEMH e.g. within the school day, within the year and from one year/school to the next?

Appendix 1. SEMH Case study (template and questions)

Pupil details (brief outline of anonymous pupil)	
Setting:	When joined setting:
Year group:	Class size:
Gender:	Agencies involved:
Specific Diagnosis:	Previous placement if relevant:
EHCP or intervention level:	Other:

Background

Summary of issues/behaviours that need to be addressed (What?)

Summary of change needed (Why?)

What whole school approaches were already established?

What actions were taken/Interventions used (How?)

Analysis of outcomes: what worked well and why and time scales of change.

Reflection: What might you have done differently for staff/parents/pupil knowing what you know now?
Questions to support the gathering of information for the case study

What challenges did you face?
What solutions did you put in place?
Which solutions were successful and why?
Which solutions weren't as successful and why?
Have you changed the learning environment? In what way?
Were there particular strategies for improving experiences before and after school, in the playground, during assemblies, at transition times during the day and when moving on to the next year?
Barriers to learning? How have you overcome these?
What would you do differently knowing what you know now?
Who else helped? What other agencies were involved and how did they contribute?
How were the parents supported/involved?
What was the attitude of other children? How did they help?
What kind of training/CPD did you need to provide for staff?
What are the Parent/carer views? Have their views changed over time?
What is the child's view? Have their views changed over time?
What are the staff views? Have their views changed over time?
How will you measure the outcomes? How did you establish a baseline? Did you use any of the following measures; Scaling, Strengths and difficulties questionnaire, behaviour logs, record of involvement with outside agencies/parents? Other?
What will you do next?

Appendix 2 - Action Learning Sets (Guidelines for the SEMH Project)

What is an Action Learning set?

An Action Learning Set provides a structured way of working in a small group that is designed to help us learn from what we do and listening to others so that we can improve practice as a result.

What does it look like?

A typical Action Learning Set will consist of 5-6 people, who meet with a facilitator to explore together a specific theme, problem or idea. Their learning is shared in a supportive, confidential environment.

How will the Action Learning Set work?

For this project the facilitated Action Learning Set will meet once only to discuss their case studies of children who have Social, Emotional or Mental Health (SEMH) difficulties. It will be a three-hour session with a refreshment break.

Prior to the Action Learning Set - the participants will gather information about their focus child and bring their notes to the learning set.

During the Action Learning Set – there will be a planned and an open session. During the 'planned' session each participant will have an opportunity to present a summary of their case study followed by questions from the other participants for clarification, moving into reflective and analytical questions. During the 'open' part of the session there will be an opportunity to draw out some common threads from the case studies discussed.

After the Action Learning Set - the participants will write a draft case study to be presented in writing to the project group for editing. The participants will then complete a final draft for sharing across the county at an event in the Autumn Term 2018.

Appendix 3 Resources and Useful Links

General Background

- Transforming children and young people's mental health provision: a green paper

  https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper

- Mental health and behaviour in schools

  https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2

- Behaviour and discipline in schools

  https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/488034/Behaviour_and_Discipline_in_Schools_-_A_guide_for_headteachers_and_School_Staff.pdf

- This Tom Bennett doc is probably a good useful document in terms of whole school practice as well as Charlie Taylor's checklist

- Creating a Culture: How school leaders and optimise behaviour – Tom Bennett
  https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/602487/Tom_Bennett_Independent_Review_of_Behaviour_in_Schools.pdf

- Charlie Taylor's checklist

  https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/571640/Getting_the_simple_things_right_Charlie_Taylor_s_behaviour_checklists.pdf

- Promoting children and young people's emotional health and wellbeing - Guidance for head teachers and college principals on the 8 principles for promoting emotional health and wellbeing in schools and colleges.
  https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing

- The relationship between speech and language and SEMH is described here with some useful resources
  https://www.rcslt.org/clinical_resources/SEMH/Overview

- A transition project for anxious students was undertaken by Babcock via Devon LA, in the summary they refer to the Anxiety Based School Avoidance website which is on the Babcock website

  www.babcock-education.co.uk/idp/absa

- There are some useful documents in the school / student parent folders here.

  http://www.babcock-education.co.uk/ldp/v.asp?folderid=126386&schoolid=&sname=&all=&uid=&dosearch=&deptid=&level1=&level1id=&level2=126374&level2id=126374&level3=126386&level3id=126386&rootid=2344&depth=3&nextlevel=126386&branch=3#3

- This is the project report and summary (in case of interest).

http://www.babcockeducation.co.uk/ldp/content_view.asp?did=308954&backto=u_search3.asp&curpage=&search=transition

- A summary of the project is also available here:

  http://www.babcockeducation.co.uk/ldp/content_view.asp?did=308955&backto=u_search3.asp&curpage=&search=transition

- Index for Inclusion: a guide to school development led by inclusive values. Tony Booth and Mel Ainscow.

  http://www.indexforinclusion.org/introducingtheindex.php

- Mental Health and Behaviour in Schools, DFE, November 2018
  https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools__.pdf

Autism

http://www.autism.org.uk

Social Stories

https://carolgraysocialstories.com/

http://www.autism.org.uk/professionals/teachers/myworldhub/socialstories.aspx#

Emotional Regulation

https://www.weareteachers.com/emotional-regulation/

https://childmind.org/article/can-help-kids-self-regulation/

https://www.parentingforbrain.com/self-regulation-toddler-temper-tantrums/

https://www.kidsmatter.edu.au/mental-health-matters/social-and-emotional-learning/anger/explaining-self-regulation

West Sussex

http://www.westsussexscb.org.uk/professionals/working-together/west-sussex-continuum-of-need-threshold-guidance/

https://westsussex.local-offer.org/

The EBSA toolkit can be found here:
https://westsussex.local-offer.org/information_pages/460-emotionally-based-school-avoidance

The graduated approach can be found here:

https://westsussex.local-offer.org/information_pages/340-social-emotional-and-mental-health-semh-in-schools
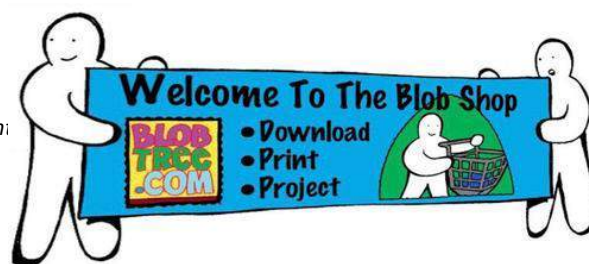
A direct link to the SEMH page (or the graduated approach document) is here
https://westsussex.local-offer.org/information_pages/340-social-emotional-and-mental-health-semh-in-schools

Self Esteem

- **Marvellous Me**

All names have been changed to maintain anonymity and p...

https://marvellousme.com/

- **Blob Tree**
  https://www.blobtree.com/

- **Theraplay®** is a child and family therapy for building and enhancing attachment, self-esteem, trust in others, and joyful engagement.

  https://www.wp.theraplay.org/uk/

- The **ELSA** (Emotional Literacy Support Assistant) project was originally developed within Southampton then Hampshire by Sheila Burton, Educational Psychologist. It was designed to build the capacity of schools to support the emotional needs of their pupils from within their own resources. It recognises that children learn better and are happier in school if their emotional needs are also addressed.

  https://www.elsanetwork.org/

Tourettes

www.tourettes-action.org.uk

http://www.sheffkids.co.uk/adultssite/pages/onepageprofilestemplates.html

https://www.nhs.uk/conditions/tourettes-syndrome/

https://www.gosh.nhs.uk/medical-information/search-medical-conditions/tourette-syndrome/tourette-syndrome-information-pack

From Timid to Tiger – A Treatment Manual for Parenting the Anxious Child, Sam Cartwright

ADHD

- **Social Skills Training e.g.** STOP THINK DO is a social skills programme for use in schools with children who have emotional–social–behavioural difficulties that affect their ability to make friends. It is designed as a classroom curriculum for children to prevent such difficulties arising.

Adoption

https://educationandadoption.wordpress.com/2018/02/12/how-can-schools-become-attachment-and-trauma-friendly-places/

https://pivotaleducation.com/category/podcast/

https://www.edutopia.org/article/7-ways-calm-young-brain-trauma-lori-desautels

https://www.bravehearteducation.co.uk/lp/gift/tp-2/

https://www.familiesonline.co.uk/blog/battling-the-system-a-child-with-education-needs

http://www.emotionaldevelopment.co.uk/

https://www.adoptionuk.org/news/adopted-children-receive-extra-support-school

Assessment Tools for SEMH:
- Boxall profile (Nurture Group network) www.nurturegroups.org
- Thrive https://www.thriveapproach.co.uk
- Emotional Literacy assessment and intervention (7-11 NFER Nelson) www.nfer.ac.uk/index.cfm
- Strengths and Difficulties questionnaire (Dr. Goodman) www.sdqinfo.org

- P.A.S.S Pupil Attitudes to Self and School (W3 Insights) www.glassessment.co.uk/products/pass-pupil-attitudes-self-and-school
- Emotional needs Achieving behaving and learning in Education (ENABLE)
- Early years Behaviour Checklist 2-5 years (NFER Nelson)
- CISS Coping in Schools Scale- Challenging Behaviours in Mainstream Schools, David Fulton
- Sleuth-The Behaviour Tracking System https://schoolsoftwarecompany.com
- The Emotional Competence Framework KS2/3 http://www.snipnewsletter.co.uk/pdfs/downloads/emotional_competence.pdf
- Behaviour Audit download www.snipnewsletter.co.uk
- www.youngminds.org.uk
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf
- https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2
- http://www.youngminds.org.uk/assets/0002/2182/PSHE__2015__Preparing_to_teach_about_mental_health_and_emotional_wellbeing.pdf

Appendix 4 Acronyms

SEMH	Social Emotional Mental Health
ADHD	Attention Deficit Hyperactivity Disorder
ADD	Attention Deficit Disorder
SEND	Special Educational Needs and Disabilities
SEN	
SENDCo	Special Educational Needs and Disabilities Co-ordinator
YR	Year Group
TAF	Team around the family
CAMHS	Child and Adolescent Mental Health Services
GP	General Practitioner
LBAT	Learning and Behaviour Team
EP	Educational Psychologist
SALT	Speech and Language Therapy/Therapist
EHP (EHCP)	Education Health Care Plan
TA	Teaching Assistant
KS1	Key Stage 1
PL	Pastoral Leader
ESU	Engagement Support Unit
HLTA	Higher Level Teaching Assistant
CBT	Cognitive Behavioural Therapy
DfE	Department of Education
INCO	Inclusion Co-ordinator
CPD	Professional Development
LSA	Learning Support Assistant
PPA	Planning, Preparation and assessment
PEI	Pupil Entitlement Investigator
ASD / ASC	Autistic Spectrum Disorder/Condition
DMP	Dance Movement Psychotherapy
SLT	Senior Leadership Team
MASH	Multi Agency Support Hub
HT	Head Teacher
SAT's	Statutory Assessment test
CAP	Christians Against Poverty
MHFA	Mental Health First Aid
P.A.C.E.	Parents Against Child Sexual Exploitation
CIN	Child in need
PE	Physical Education