Social, Emotional, Mental Health Descriptors (SEMH)

The children and young people to whom this guidance relates will present with a range of features of social, emotional, and mental health difficulties which impact on their learning and social inclusion. Individual pupils may display a range of these features which will vary in severity and intensity and which change over time. It is not expected that any pupils will match all the descriptors listed below.   The descriptors may be used to support the identification and assessment of the needs of an individual pupil. It is imperative that the school has an inclusive environment and culture and demonstrates that each pupil's needs are of paramount importance. The voice of the pupil and family must be identified at an early stage and support given by the school and other agencies to the family to enable them to support outcomes and their child at home.

From September 2019 OFSTED will introduce a 'behaviour and attitudes' judgement which will assess whether leaders are creating a calm and orderly environment, where bullying is tackled effectively by leaders when it occurs.

As the severity of mental health difficulties increases, the impact on the child's functioning and ability to access educational environment and activities increases as they move through the thresholds'.

Social

CYP may:

- Be socially vulnerable, withdrawn, or isolated within their peer group.
- Have delayed social skills or may not have had the opportunity to develop resilience and positive social and emotional skills needed within a whole school environment.
- Follow some but not all school rules/routines in the school environment.
- Have difficulties in social interactions/relationships with both adults and peers.

- Have difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance.
- Struggle to maintain positive relationships with peers and adults.
- Be slow to develop age-appropriate self-care skills due to levels of maturity or degree of learning difficulties.
- Struggle to engage, be abusive towards staff and peers, may present as disengaged with the curriculum and routines of the school.
- Damage property.

Emotional

Pupil may:

- Show signs of stress and anxiety and/or difficulties managing their emotions
- Have difficulty identifying their emotions or triggers and may need support to self-regulate or self-regulate through self-harm or anti-social ways.
- Have fluctuating moods which might indicate depression or boredom, or heightened states such as excitement or hyperactivity, and be unable to prevent these from affecting their ability to positively socially interact with their peers.
- Exhibit crises which may be one off, prolonged, or regular responses to anxiety, or they may be learned responses to undesired or stressful situations.
- Be at risk of leaving the school premises or absconding during the school day.
- Show patterns of stress or anxiety related to a specific context or a specific time of the day, week or time of year.
- Have difficulties expressing empathy or be emotionally detached.
- Engage in high risk-taking activities both at school and within the community.

- Seek to be in control in situations.
- Be over-friendly or withdrawn with strangers which may elevate risk of exploitation.
- May use sexualised language or behaviours inappropriate to age and/or context.

Mental Health

Pupil may:

- Be unpredictable and may exhibit patterns of behaviour that impact on learning and inclusion.
- Be disruptive or overactive and lack concentration in the classroom setting.
- Be under assessment for mental health difficulties; acute anxiety or attachment needs may have been identified.
- Have a tendency to hurt others, self or animals.
- Have issues around identity and belonging.
- Experience acute anxiety, fear, isolation, bullying or harassment.
- Present with self-harming behaviour.
- Have attempted suicide or present with suicidal ideation.
- Engage in persistent substance abuse.

Presenting behaviour may also include:

- A preference for own agenda and reluctance to follow instruction.
- Presenting with different behaviour with different members of staff.
- Patterns of regular school absence.
- Disengaged from learning and significantly under-performing.
- Verbally and physically aggressive.
- May be preoccupied with hunger, illness, lack of sleep which may indicate neglect.
- May be identified as at risk of Child Sexual Exploitation via a CSE matrix.

The school will need to demonstrate that the provision, systems, and training that are in place are effective in meeting the needs of pupils with SEMH. Consistency of approach in supporting positive behaviour is essential. Communication between staff and joint strategies in a behaviour/personalised plan must be in evidence. The school must have a graduated response to working with pupils with SEMH so that needs are met preventing escalation.

Threshold Descriptors Overview

Threshold 1 Mild	**MILD** • Identified as presenting with some low-level features of social, emotional and mental health needs. • May sometimes appear isolated, have delayed social skills, be occasionally disruptive in the classroom setting, be overactive and lack concentration. • May follow some but not all school rules/routines around behaviour in the school environment. • May experience some difficulties with social /interaction skills. • May show signs of stress and anxiety and/or difficulties managing emotions on occasions.
Threshold 2 Mild - Moderate	**MILD – MODERATE** Difficulties identified at Threshold 1 continue/worsen and there has been no significant measured progress despite quality first teaching and Threshold 1 interventions being in place, implemented over time and reviewed regularly. • SEMH difficulties continue to interfere with CYP social/learning development across a range of settings and CYP does not follow routines in school consistently. • May have continued difficulties in social interactions/relationships with both adults and peers, including difficulties managing a range of emotions. • May have become socially and emotionally vulnerable, withdrawn, isolated, and unpredictable patterns of behaviour that impact on learning may be beginning to emerge. • May show patterns of stress/anxiety related to specific times of the day, week, time of year. • May have a preference for own agenda and be reluctant to follow instructions. • May have begun to experience short term behavioural crises.

Threshold 3 Moderate	**MODERATE**
	Difficulties identified at Threshold 2 continue/worsen and there has been no significant measured progress despite quality first teaching and Threshold 1 and 2 interventions being in place, implemented over time and reviewed regularly.
	• SEMH difficulties interfere more frequently with CYP's social/learning development across a range of settings and CYP has increasing difficulty in following adult direction without prompting.
	• May have more sustained difficulties in social interactions/relationships with both adults and peers, including difficulties managing a range of emotions.
	• Remains socially and emotionally vulnerable, withdrawn, isolated, and susceptible to unpredictable patterns of behaviour that impact on learning.
	• Patterns of stress/anxiety related to specific times of the day have become more common.
	• May have a preference for own agenda and may be reluctant to follow instructions.
	• Short-term behavioural crises have become more frequent and are more intense.
Threshold 4a Significant	**SIGNIFICANT**
	Continues to present with significant and persistent levels of social, emotional and mental health difficulties which are now more complex, and which necessitate a multi-agency response.
	• Does not have the social and emotional skills needed to cope without frequent adult support.
	• Increasing difficulties with social interaction, social communication and social understanding which often impact on classroom performance.
	• Is increasingly isolated and struggles to maintain positive relationships with adults or peers.
Threshold 4b Significant	**SIGNIFICANT**
	Continues to present with significant and persistent levels of social, emotional and mental health difficulties which continue to be complex and long term, and which necessitate a continued multi-agency response.
	• Does not have the social and emotional skills needed to cope without adult support for a significant proportion of the school day.
	• Significant and increasing difficulties with social interaction, social communication and social understanding which consistently impact on classroom performance.
	• Is isolated and struggles to maintain positive relationships with adults or peers.
	• Careful social and emotional differentiation of the curriculum essential to ensure progress with learning.
	• Complex Needs identified.

Threshold 5 Severe	**SEVERE**
	Severe and increasing social, emotional and mental health difficulties, often compounded by additional needs, and requiring provision outside the mainstream environment, which may include:
	• Moderate/severe learning difficulties
	• Mental health difficulties
	• Acute anxiety
	• Attachment issues
	• Patterns of regular school absence
	• Incidents of absconding behaviour
	• Disengaged from learning, significant under-performance
	• Verbally and physically aggressive
	• Reliant on adult support to remain on task
	• Struggles with change – both to routines and relationships
	• Regular use of abusive language
	• Engaging in high-risk activities both at school and within the community
	• Difficulties expressing empathy, emotionally detached, could have tendency to hurt others, self or animals
	• Issues around identity and belonging
	• Needing to be in control, may display bullying behaviours (victim & perpetrator)
	• Difficulties sustaining relationships
	• Over-friendly or withdrawn with strangers, at risk of exploitation
	• Evidence of sexualised language or behaviours which are not age appropriate
	• Slow to develop age-appropriate self-care skills due to levels of maturity or degree of Learning Difficulties
	• Physical, sensory, and medical needs that require medication and regular review
	• Complex needs identified

Threshold 6	PROFOUND	
Profound	Continuing profound and increasing social, emotional and mental health difficulties, often compounded by additional needs and requiring continued provision outside the mainstream environment, including: • Significant challenging behaviour . • Requiring a range of therapeutic interventions or referral to specialist support services (CAMHS, YOS). • Unable to manage self in group without dedicated support. • Preoccupied with hunger, illness, lack of sleep which may indicate neglect. • Presents as anxious, controlling or with bullying behaviours which may indicate a need to be in control in order to feel safe. • Consistent use of abusive language. • Involved in substance misuse either as a user or exploited into distribution/selling.	• Poor attendance, requires high level of adult intervention to bring into school, even with transport provided. • Refusal to engage, extreme abuse towards staff and peers, disengaged, wilfully disruptive. • Regular absconding behaviour. • Significant damage to property. • Requiring targeted teaching in order to access learning in dedicated space away from others. • Health and safety risk to self and others due to increased levels of agitation and presenting risks. • Sexualised language and behaviour which is not age-appropriate. • Identified at risk of Child Sexual Exploitation (CSE.) • Complex needs identified.
Threshold 6 **Profound**	Continued long term and complex social, emotional and mental health difficulties, necessitating a continued multi-agency response coordinated as annual, interim or emergency SEND review and met in specialist provision. Needs likely to include: • Self-harming behaviour. • Attempted suicide. • Persistent substance abuse. • Extreme sexualised language and behaviour sexually exploited.	• Extreme violent/aggressive behaviour • Significant mental health issues. • Long term non-attendance and disaffection. • Regular appearance in court for anti-social behaviour/ criminal activity. • Puts self and others in danger. • Frequently missing for long periods. • Complex needs identified.

Threshold 1 - Social, Emotional and Mental Health Needs

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
Low level social, emotional and mental health difficulties which mildly affect curriculum access. May have difficulties with some or all of the following: • Complying with adult direction. • Following classroom routines. • Responding appropriately to social situations. • Forming and sustaining relationships with peers. • Delayed social/ emotional skills e.g., difficulties with turn-taking, reciprocal attention, sharing resources etc. • Some social isolation e.g., tends to play alone. • Low-level anxiety in social situations. • Feeling sad or down.	Assessment will continue as part of typical school and class assessments. • Monitoring of the CYP's response to feedback, change in routine or environment. • Assessment for learning opportunities can be used to record observations and assessment of behaviour/ anxiety levels. • Consideration of the CYP's learning style, including active engagement activities. • Information from the CYP regarding their views using person-centred approaches. • Observations by Teacher/ Teaching Assistant /Key Stage Coordinator. • School is proactive in identifying individual needs and monitors that action is taken. • SENDCO may initiate more specific assessments and observations if required. • SEMH training for all staff.	The teacher is held to account for the learning and progress of the CYP in the mainstream class. • Quality First Teaching meets the needs of all CYP including those with SEMH needs. • Flexible teaching groups. • Some differentiation of activities and materials. • Differentiated questioning. • Use of visual, auditory and kinaesthetic approaches. • Awareness that a CYP may need more time to complete tasks and that equality of access may mean that they need to do some things differently (chunking). • Resources and displays that support independence. • Routine feedback to CYP. • Environmental consideration to classroom organisation, seating and group dynamics. • Clear reward and consequence systems that are referred to and used consistently. • Rules and expectations consistent across all staff.	The school can demonstrate an inclusive ethos that supports the learning and wellbeing of all children and young people. • Positive whole school attendance ethos. • The wider curriculum promotes positive examples of diversity. • Well-planned and stimulating PSHE/ Citizenship curriculum, differentiated to needs of cohort/class. • Anti-bullying is routinely addressed, and CYP are confident in reporting incidents. • Emotional literacy materials and interventions available for staff use in the classroom. • Provision of planned opportunities to learn and practice social and emotional skills during structured activities. • Restorative Practice approaches. • Educational visits are planned well in advance and take into account the needs of all CYP. • Close links with Parents/ Carers.	The CYP's SEMH needs can be managed in a mainstream class within an inclusive setting, with differentiation of task and teaching style: • Regularly updated policies for SEND, Behaviour and Anti-bullying. • Regularly monitored inclusion policies are implemented consistently and underpin practice. • Stimulating classroom and playground environments. • Access to 'quiet areas' in school. • The school employs additional adults to support the needs of all CYP e.g., Midday Supervisory Assistants (MSAs), Family Support Worker. • All staff have received training in managing SEMH needs and understanding how to support CYP effectively. • Staff are familiar with current DfE guidance. • The child is likely to be part of unnamed consultations or consultations about groups of children with their link EP. • Staff access LA training to keep informed of meeting CYP needs. • Designated time allocated to TAs for planning and liaison with teachers.

Threshold 1 - Social, Emotional and Mental Health Needs *continued*

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
		• Use of different teaching styles. • Clear routines that are followed consistently e.g., when lining up, moving to and from the carpet, tidy up time, transitions, etc. • Nurturing classroom approaches offering CYP opportunities to take on responsibilities e.g., class monitors, prefects, school council reps.		• Use of playground buddies, peer mediators, peer mentors. • Lunchtime clubs. • 'Social and Emotional Learning through Circle Time' curriculum (Primary). • Staff access support e.g., via solution-focused conversations/supervision. • Time to establish liaison with parents/ carers in line with school procedures e.g., parent consultation evenings. • Staff 'meet and greet' their CYP daily. • Structured system in place to support internal transitions. • Early years learning journals at foundation stage.

Threshold 2 - Social, Emotional and Mental Health Needs

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
Low / medium level ongoing social, emotional and mental health difficulties which are **mild and moderate**. These may affect curriculum access. • May have a preference to follow own agenda. • Difficulties following adult direction e.g., regular incidences of non-compliance/ uncooperative behaviour. • Difficulties with self-regulating e.g. emotional outbursts, hyperactive, impulsivity, mood swings, feeling anxious/worried. • Difficulties with appropriate learning behaviour e.g., sustaining attention and concentration, motivation to engage with work-related tasks. • Low self-esteem and low general resilience. • May experience difficulties responding to social situations, leading to social isolation from peers e.g., may be fearful or anxious in new situations. • Hiding under furniture. • Delayed social skills affecting ability to establish and maintain friendships. • Reliance on adults for reassurance. • Difficulties forming relationships with adults. May crave adult support at times or may avoid and reject. • Problems sleeping.	**As Threshold 1 plus:** • More detailed and targeted observation and assessment relating to Support Plan formulation and intervention choice. • Observations by SENDCO/ Pastoral Lead. • CYP involved in setting and monitoring their own SMART targets for individual provision map and review. • Parents/carers involved regularly to support targets at home. • Behaviour records analysed to consider triggers and patterns. • Close monitoring to identify 'hot spots'. • School may consider an unnamed surgery with HINT. • School may consider a referral to the EBSA Team.	• Information about CYP needs/difficulties is shared with relevant staff (support plan and meetings). • Sharing of advice on successful strategies and targets e.g., use of visual supports, developing organisational skills. • Classroom teaching assistance is targeted towards support for specific tasks/settings, based on agreed SMART targets. • Personalised reward systems covering targeted lessons/ activities. • Careful consideration of group dynamics within class. • Careful consideration of preferred learning style and motivational levers for the CYP when differentiating.	• Access to small group support e.g. nurture group, Lego Therapy, Circle of Friends, self-esteem group. • Group work to be planned and tailored to meet identified need and to include good role models. • Teaching effective problem-solving skills. • Individual or small group support for emotional literacy e.g., recognising emotions. • Learning tasks differentiated by task and outcome to meet individual needs. • Preparation for changes to activities/routines/ staffing. • Supervision when moving between locations/classrooms. • CYP encouraged to participate in extracurricular actives. • Educational visits planned well in advance and contingency plans in place to meet the needs of the CYP, should they be needed. • Opportunities for small group work based on identified need. • Time-limited intervention groups. • Opportunities for creative play activities, drama etc. • A dedicated safe space for the CYP to use when dysregulated. • Key adult to be allocated to the CYP to provide a safe base in school.	The child or young person's SEMH needs require flexible use of additional support from within school resources: • Support/advice from SENDCO/ Pastoral Lead. • Personalised programme with SMART targets reviewed and updated regularly. • Additional adults routinely used to support flexible groupings. • Access to targeted small group work with class Teaching Assistant. • Access to intervention group work with Teaching Assistant, Learning Mentor, ELSA (Emotional Literacy Support Assistant) or NPSLBA trained staff where appropriate – not all schools have this. • Additional adults (Teaching Assistant) for focused support during unstructured times e.g., lunchtime supervision/ targeted extra-curricular activities. • Access to a quiet area for 'chill-out' time. • Access to visual cues/ timetable if needed. • Access to in-school support base (e.g., Nurture Group) if available. • Staff access targeted LA training. • Consultation with support services. • Home-school communication book. • Time for scheduled meetings with parents / carers on a regular basis. • Self-regulation strategies such as wobble cushion, stress balls and tanglers.

Threshold 3 - Social, Emotional and Mental Health Needs

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
Frequent and **persistent** difficulties with social, emotional and mental health difficulties which will **moderately** affect curriculum access. • Incidences of non-compliant and uncooperative behaviour e.g. refusal to work, disrupting the learning of others. • Difficulties self-regulating e.g. frequent emotional or aggressive outbursts, sexualised language, excessive periods of anxiety, mood swings, unpredictable behaviour, which affect relationships. • Challenging behaviour requiring a range of therapeutic interventions or referral to specialist support services (Mental Health Services, Youth Offending Service). • Inappropriate responses to fears and worries. • Significant self-esteem issues affecting relationships and behaviour patterns. • Low levels of resilience when faced with adversity. • Learning is affected CYP unmet SEMH needs, e.g. CYP disengaging, may destroy own / others' work, use work avoidance strategies, concentration very limited.	Support plan with assess-plan-do-review cycles implemented. Outcomes agreed and monitored with CYP and parents/carers. • Consideration of Family Early Help Assessment. • Consider further specialist assessment • 'Round Robins' to relevant staff to gain overview of behaviour to inform planning. • Pastoral/Teaching Assistants/SENDCO are routinely included in planning to ensure their input is effective. • Behaviour records updated daily and analysed to consider frequency, duration, triggers/patterns etc. in order to plan appropriate strategies. • Consultation and assessment with HINT and Educational Psychologist. • Proactive assessments of potentially tricky situations to inform adaptations to learning environment.	• Specific intervention (1:1 or small group) to support SEMH areas of need. • Use of key-working approaches to ensure the CYP has a trusted adult to offer support during vulnerable times. • Personalised reward systems known to all staff in school who have contact with the CYP, implemented consistently across the curriculum. • Regular/daily small group teaching of social skills. • Individualised support to implement recommendations from support services. • Visual systems in place: prompt cards, behaviour plans, risk assessment, diaries.	• Teaching style adapted to suit CYP's learning style e.g. level/pace/ amount of teacher talk reduced, access to practical activities. • Personalised timetable introduced in negotiation with the CYP, parents/ carers and staff. This may include temporary withdrawal from some activities e.g. assemblies, specific non-core lessons. • Alternative curriculum opportunities at KS4 e.g., vocational/ college/work placement. • Time-limited intervention programmes with staff who have knowledge and skills to address specific needs, may include withdrawal for individual programmes (e.g., understanding anger, therapeutic stories) or targeted group work (e.g. FRIENDS).	The CYP is struggling to cope with aspects of his/her local mainstream school, requiring increasing levels of individual additional support from within school resources and a multi-agency approach: • School is offering provision that is additional to and different from that of peers. • School feel direct involvement of support services would be beneficial. • Access to 1:1 support for re-tracking, mentoring, motivational approaches etc. • Additional individual support for tricky situations and 'hotspots', in line with risk assessments. • Access to small group support outside mainstream classes. • Involvement of an EP in consultation/ assessment/planning and review. • Sustained access to intervention group work with Teaching Assistant, Learning Mentor, ELSA (Emotional Literacy Support Assistant) or NPSLBA trained staff where appropriate – not all schools have this. • Personalised timetable providing access to a Teaching Assistant / mentor staff for up to 12.5 hours per week. • Formal behaviour monitoring systems to log and analyse incidents daily in order to review and modify strategies.

Threshold 3 - Social, Emotional and Mental Health Needs *continued*

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
• At risk of low-level offending or anti-social behaviour. • Difficulties socialising with peers and adults e.g., lack of empathy, victim or perpetrator of bullying. • Presents with low mood or refuses to communicate for periods of time. • Difficulties forming and sustaining quality relationships with adults. • Risk of isolation or becoming socially vulnerable. • Struggling with bereavement issues, feelings of guilt. The CYP's SEMH needs may co-exist with other needs.	• Use of formalised assessments such as Boxall, PASS and Thrive. • Careful planning and review of needs at transition, including effective liaison e.g., starting school, transfer to secondary or Post-16/19 provision.		• More formal meetings/ conferences using Restorative Practices, to include parents/carers. • Educational visits planned well in advance and risk assessments in place as appropriate and shared with key staff.	• Internal exclusion/'time-out' facilities • Specialist Staff Training (e.g., Positive Handling programmes /Team Teach). • Advice from support services e.g., Mental Health Services, Social Care, Educational Psychologist, School Wellbeing Worker, Behaviour Support Worker, Youth Services. • Allocation of appropriate space for professionals to work with the CYP, taking into account safeguarding issues. • Multi-agency support to plan and review interventions. • Access to time-limited short- term interventions in Alternative Hubs (not PRU). • Signposting parents/carers to parenting courses or offering access to drop-ins. • Home-school communication book. • Time for formal meetings with parents on a regular basis. • Weekly mindfulness/individual wellbeing sessions. • Sensory processing approaches.

Threshold 4a - Social, Emotional and Mental Health Needs

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
Frequent and persistent difficulties with social, emotional, and mental health difficulties which will **significantly** affect curriculum access. • Challenging behaviour requiring a continuous range of therapeutic interventions or referral to specialist support services (Mental Health Services, Youth Offending Service). • Incidences of non-compliant and uncooperative behaviour e.g., refusal to work, disrupting the learning of others. • Difficulties self-regulating e.g., frequent emotional or aggressive outbursts, sexualised language, anxiety, mood swings, unpredictable behaviour, which affect relationships. • Significant self-esteem issues affecting relationships and behaviour patterns. • Emerging concerns around mental health e.g., self-harm, irrational fears, risk-taking, and substance misuse. • Low levels of resilience when faced with adversity.	• Specialist assessments e.g., HINT, Educational Psychologist, Primary Mental Health Worker, Youth Offending Team. • Involvement of educational and non-educational professionals as part of assess, plan, do, review cycle. • Risk assessment to identify dangers and need for additional support. • Use of formalised assessments, e.g. Boxall, PASS and Thrive. • Personalised transition planning is prioritised (e.g., Rec/Y1, Y6/Y7, Y9, Y11/ Post-16/19). This will include a transition plan in Y9-14, updated on a regular basis.	• The class/subject teacher remains accountable for the progress of the CYP. • Identified individual support across the curriculum. • Specific interventions (1:1 or small group) to support SEMH areas of need. • Use of key-working approaches to ensure the CYP has a trusted adult to offer support/ withdrawal during vulnerable times. • A designated safe space that the CYP can use with support when dysregulated. • Personalised reward systems known to all staff in school who have contact with the CYP, implemented consistently across the curriculum.	• Teaching focusing on both learning and social-emotional curriculum / outcomes throughout the school day. • Targets informed by specialist assessment. • Regular/daily small group teaching of social emotional and behaviour skills. • Teaching style and tasks are adapted to suit the CYP's learning style e.g., level/ pace/amount of teacher talk reduced, access to practical activities. • Personalised timetable introduced in negotiation with CYP, parents and staff. This may include temporary withdrawal from some activities. • Alternative curriculum opportunities at KS4 e.g., ALPs/vocational/college/ work placements. • Formal meetings/ conferences using Restorative Practices, to include parents/ carers.	The CYP is struggling to cope in a local mainstream setting, requiring considerable individualised support / resources above the delegated SEN budget. A multi-agency approach is needed. • Pastoral Leader and/or SENDCO provides support to Teacher and Teaching Assistants and takes responsibility for arranging appropriate CPD and quality assuring the learning experience. • Access to 1:1 support within school for re-tracking, mentoring/ coaching, motivational approaches, understanding anger etc. • Additional individual support in line with risk assessments, incl. unstructured times. • Access to small group support outside mainstream classes. • Personalised timetable providing access to a suitably trained Teaching Assistant / mentor . • Formal behaviour monitoring systems to log and analyse incidents daily in order to review and modify strategies. • Time to discuss, develop and review individual reward systems and report cards. • Internal exclusion/'time-out' facilities. • Specialist Staff Training (e.g., Positive Handling programmes/ Team Teach).

Threshold 4a - Social, Emotional and Mental Health Needs *continued*

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
• Learning is affected by unmet SEMH needs, e.g. CYP disengaging, may destroy own/others' work, may use work avoidance strategies, concentration very limited . • Change in attendance patterns that requires in school interventions. • Difficulties socialising with peers and adults e.g., lack of empathy, victim or perpetrator of bullying. • Presents with low mood or refuses to communicate for periods of time. • Risk of isolation, exploitation or becoming socially vulnerable. • Inability to cope with day-to-day problems or stress. • Significant tiredness. The CYP's SEMH needs may co-exist with other needs.	• Specialist assessments e.g., HINT, Educational Psychologist, Primary Mental Health Worker, Youth Offending Team. • Involvement of educational and non-educational professionals as part of assess, plan, do, review cycle. • Risk assessment to identify dangers and need for additional support. • Use of formalised assessments, e.g. Boxall, PASS and Thrive. • Personalised transition planning is prioritised (e.g., Rec/Y1, Y6/Y7, Y9, Y11/ Post-16/19). This will include a transition plan in Y9-14, updated on a regular basis.	• Time-limited intervention programmes with familiar staff who have knowledge, skills and experience to address CYP's specific needs; may include withdrawal. • Individualised support to implement recommendations from relevant professionals.	• Educational visits planned well in advance and risk assessments in place, key staff have rehearsed possible scenarios. • Support through solution-focused approaches, for staff working with the CYP. • Where the CYP is working below age-related expectations, personalised literacy and numeracy programmes will be required to address gaps in learning associated with SEMH needs. • Careful social and emotional differentiation of the curriculum essential to ensure access to the curriculum and progress with learning. • Consideration to access arrangements for internal and external examinations.	• Direct involvement from support services e.g., Educational Psychologist in reviewing progress. • Therapeutic intervention e.g., family therapy/ counselling/ play therapy/ art therapy if appropriate. • Non-educational input e.g., YOT, and Keyworkers from the Local Area Teams to re-engage in education/training • Multi-agency support to plan and review interventions. • Time and appropriate space for joint planning with CYP, parents carers, staff and other agencies to facilitate 'Team Around the Family' (TAF) approach. • Additional 'off-site' provision may be required to supplement and enrich school-based learning e.g., vocational/practical or college/work placements within timetable. • Support for parents/carers through access to targeted evidence.

Threshold 4b - Social, Emotional and Mental Health Needs

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
Significant frequent and persistent behavioural and emotional difficulties which will **severely** affect curriculum access. These difficulties require multi-agency support. • Daily incidences of non-compliant and uncooperative behaviour which are long-lasting and frequent e.g., refusals to work, defiance, leaving classroom/school site on a regular basis. • Learning is affected by unmet SEMH needs, e.g. CYP disengaging, destroying own or others' work, work avoidance strategies, unable to show level of concentration. • Difficulties socialising with peers and adults e.g., lack of empathy, victim or perpetrator of bullying. • Increased risk of exclusion, exploitation, radicalisation, isolation or becoming socially vulnerable. • Increasing concerns around mental health e.g., self-harm, irrational fears, risk-taking, substance misuse. • Changes in eating habits. • Poor personal hygiene. • Experiences phobias. • Difficulties with self-regulating e.g., intense emotional or aggressive outbursts/uninhibited/unpredictable outbursts. • Increasing concern around mental health e.g., self-harm, irrational fears, risk-taking, substance misuse. • The CYP does not have the social or emotional skills needed to cope without adult support for a significant proportion of the school day.	• Use of resources for measuring impact of interventions. • Use of formalised assessments, e.g. Boxall, PASS and Thrive. • May consider referral for an Education, Health and Care Needs assessment if appropriate. • Personalised transition planning is prioritised (e.g., Rec/Y1, Y6/Y7, Y9, Y11/ Post-16/19). This will include a transition plan in Y9-14, updated on a regular basis.	• Time-limited targeted intervention programmes with familiar staff who have knowledge, skills and experience to address CYP specific needs, which may include withdrawal. • Individualised support to implement recommendations from relevant professional. • Specialist provision in mainstream may be appropriate for part of the week.	• Formal meetings/ conferences using Restorative Practices, to include Parents/ Carers. • Personalised curriculum - CYP may be disapplied from some aspects of the curriculum. • Daily access to staff with experience and training in meeting needs of SEMH CYP. • Educational visits planned well in advance and risk assessments in place, key staff have rehearsed possible scenarios. • Support through solution-focused approaches, for staff working with the CYP . • Where the CYP is working below age-related expectations, personalised literacy and numeracy programmes will be required to address gaps in learning associated with SEMH needs. • Consideration of access arrangements for internal and external examinations.	• Time to discuss, develop and review individual reward systems and report cards. • Internal exclusion/'time-out' facilities. • Specialist Staff Training (e.g., Positive Handling programmes/Team Teach). • Direct involvement from support services e.g., Educational Psychologist in reviewing progress. • Therapeutic intervention e.g., family therapy/ counselling/play therapy/ art therapy if appropriate. • Non-educational input e.g., Youth Offending Service, and Keyworkers from the Local Area Teams to re-engage in education/training. • Multi-agency support to plan and review interventions. • Time and appropriate space for joint planning with the CYP , parents/ carers, staff and other agencies to facilitate 'Team Around the Family' approach. • Additional 'off-site' provision may be required to supplement and enrich school-based learning e.g.,5 vocational/ practical or college/work placements within timetable. • Access to time-limited Alternative Provision facilities. • Consideration to a 'managed move'. • Support for parents/carers through access to targeted evidence-based parenting programmes.

Threshold 5 - Social, Emotional and Mental Health Needs

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
Significant complex, frequent and persistent SEMH needs with an accumulation of layered needs, which could include mental health, relationships, learning, communication and sensory. This includes: • Lack of resilience when faced with challenge or criticism. • Can be verbally or physically aggressive. • Levels of aggression pose serious risk to self and others. • High levels of anxiety affecting daily functioning, thoughts of self-harm. • Constant hyper-vigilance, severe mood swings and panic attacks. • Learning is affected by unmet SEMH needs, e.g. destroying own or others' work, deteriorating relationships with peers and adults, lack of empathy, remorse, use of violence. • Poor attendance, requiring some level of additional external intervention to in school. • May hurt others, self or animals. • Is reliant on adult to remain on task.	• Specialist assessments ongoing e.g., Educational Psychologist, CAMHS etc. • Long-term involvement of educational and non-educational professionals as part of EHCP Needs assessment and review process. • Multi-agency assessments indicate that needs are highly complex and require a very high level of support – formal diagnosis pathway to be considered/ identified. • Risk assessment to consider risks to self and others. • Personalised transition planning is prioritised (e.g., Y6/Y7, Y9, Y11/ Post-16/19). This will include a transition plan in Y9-14, updated on a regular basis.	• Identified highly skilled individual support across the curriculum. • Specific interventions (1:1 or small group) to support SEMH areas of need and address targets and outcomes within support plans or EHCP if applicable. • Use of key-working approaches to ensure the CYP has a trusted adult to offer support/withdrawal during vulnerable times. • Personalised reward systems known to all staff in school who have contact with the CYP, implemented consistently across the curriculum. • A dedicated safe space that the CYP can use with support when dysregulated. • Individualised support to implement recommendations from relevant professionals. • Time-limited intervention programmes with familiar staff who have knowledge, skills and experience to address the CYP's specific needs, to include withdrawal for personalised support.	• Multi-Agency Interventions. • Daily small group teaching of social skills and personalised PHSE programme e.g., risky behaviour, Sex and Relationships Education, life skills. • Teaching style/tasks are highly differentiated to suit the CYP's learning style. • Personalised pathway is a priority to re-engage with education. • Alternative curriculum opportunities at KS4 e.g., ALPs/ vocational/college/ work placements. • Where CYP is working below age-related expectations, personalised literacy and numeracy programmes will be required to address gaps in learning associated with SEMH needs. • Consideration to access arrangements for internal and external examinations. • More formal meetings/ conferences using Restorative Practices, to include parents/ carers. • Support through solution-focused approaches and regular supervision for staff working with the CYP.	• CYP requires specialist environment. • The CYP's SEMH needs present a considerable challenge to highly skilled staff. • Access to 1:1 support from experienced staff for mentoring/ coaching, motivational interviewing, conflict resolution, self-harm etc. • Additional individual support in line with risk assessments. • Class sizes to be small enough to allow teaching and support to be differentiated and personalised. • Personalised timetable providing access to Teaching Assistant support as specified in support plans or EHCP if applicable. • Formal behaviour monitoring and management systems to log and analyse incidents daily in order to review and modify strategies. • Time to discuss, develop and review individual reward systems and sanctions. • Specialist Staff Training including Positive Handling programmes/Team Teach – development of risk management plans. • Direct involvement from support services e.g., Educational Psychologist. • Therapeutic intervention e.g., counselling/ family therapy/play therapy/art therapy if available. • Non-educational input e.g., Keyworkers from the Local Area Teams to re-engage in education or training, helping the CYP to plan for the future. • Involvement from voluntary sector to address needs re substance misuse, self-harm, sexual exploitation.

Threshold 5b - Social, Emotional and Mental Health Needs

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
Severe and increasing SEMH difficulties often compounded by additional needs and requiring provision outside the mainstream environment. The CYP's behaviour is worrying, unpredictable and/or severely disrupting the learning of self and others. • Extreme risk-taking behaviours e.g. arson, self-harm, sexualised behaviour, criminal activity, use of weapons, substance misuse. • Verbally and physically aggressive. • Increased risk of exclusion from Alternative Provision settings or intervention settings. • Levels of aggression pose extreme risk to self and others. • Sexualised language and behaviours inappropriate to age. • Fully reliant on adult support to stay on task. • Slow to develop age-appropriate self-care skills due to level of maturity or degree of learning difficulties. • No sense of belonging to positive familiar relationships/positive role models. • Disengagement and isolation from school. • Often missing from home or school.	• Multi-agency assessments indicate that needs can only be met in specialist placement.	• The CYP is accessing specialist provision where appropriate. • Small class groups with high teacher: CYP ratio and high levels of support to access curriculum.	• Specialist teaching focusing on both learning and social-emotional curriculum / outcomes throughout the school day. • Targets and outcomes informed by Annual Review/EHCP.	• Resources required from specialist provision, which may include time-limited personalised tuition. • Specialist support, alongside a multi-agency approach is essential. • Access to Alternative Provision facilities.

Threshold 6a - Social, Emotional and Mental Health Needs

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
Profound and increasing SEMH difficulties, often compounded by additional needs and requiring continued provision outside the mainstream environment, including: • Significant challenging behaviour requiring a range of therapeutic interventions or referral to specialist support services (Child and Adolescent Mental Health Service, Youth Offending Service). • Unable to manage self in group without dedicated support. • Preoccupied with hunger, illness, lack of sleep, which may indicate neglect. • Presents as anxious, controlling, or with bullying behaviours which may indicate a need to be in control in order to feel safe. • Involved in substance misuse either as a user or exploited into distribution/selling. • Poor attendance, requiring high levels of additional external intervention to in school. • Refusal to engage, extreme abuse towards staff and peers, disengaged, wilfully disruptive. • Significant damage to property. • Requires targeted teaching in order to access learning in dedicated space away from others. • Health and safety risk to self and others due to increased levels of agitation. • Sexualised language and behaviour inappropriate to age; identified at risk of Child Sexual Exploitation. • Constantly missing from home or school. • Detachment from reality (delusions) paranoia and hallucinations.	• Specialist assessments e.g., by Educational Psychologist, CAMHS, Forensic Psychology, Youth Offending Team, etc. • Long-term involvement of educational and non-educational professionals as part of statutory assessment, EHCP and Annual Review processes. • Ensure that the Outcomes in the EHCP are addressed when planning the individuals' curriculum and support. • Regular risk assessments to consider risks to self and others. • Target CYP social skills, empathy and managing behaviour whilst staying safe in school and community. • All professionals agree that the CYP needs can only be met with additional resources in specialist placement. • Personalised transition planning is prioritised (e.g., Y6/Y7, Y9, Y11/Post-16/19). This will include a transition plan in Y9-14, updated on a regular basis.	• The CYP is on roll of specialist provision. • School placement may be fragile. • Identified highly skilled individual support required throughout the school day. • Despite small class groups, with high teacher: CYP ratios and high levels of support to access curriculum, withdrawal of the CYP on a regular basis still needed to ensure safety of the CYP and others. • Use of key-working approaches to ensure the CYP has a trusted adult to offer support/withdrawal during vulnerable times. • Personalised reward systems known to all staff in school who have contact with the CYP, implemented consistently across the curriculum. • Personally, tailored time-limited intervention programmes with staff who have knowledge, skills and experience to address the CYP's specific needs.	• All of the previous. • Requires additional / enhanced levels of highly skilled staff to re-engage and motivate the CYP.	• The CYP is struggling to cope in specialist provision, despite specialist support and high staffing ratios. • The CYP requires a higher ratio of staff support within specialist provision due to high level of risk and vulnerability presented by the CYP. • Staff may need additional solution-focused supervision to increase resilience. • Additional resources are required to avoid the need to seek an out of area/residential placement. • The CYP may be returning from an out of area specialist placement. • Small class groups with high teacher: CYP ratio and high levels of support to access curriculum.

Threshold 6b - Social, Emotional and Mental Health Needs

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
Complex, frequent and persistent SEMH needs. • Behaviour is unpredictable and dangerous, with intense episodes of emotional and/ or challenging behaviour, high levels of anxiety making daily life extremely difficult and severely disrupting the learning of self and others. • SEMH needs may be compounded by co-existing difficulties. • The CYP is extremely vulnerable and there are safeguarding issues to consider due to acute levels of mental health concerns and increased risk-taking behaviours or 'sabotage' of situations/ placements. • Self-harm and/or suicide ideation. • Evidence of depression, OCD, eating disorders such as anorexia. • Insomnia.	EHCP is complete and CYP has been assessed as needing enhanced specialist provision Assessment will be an ongoing process to determine progress in learning, and also: • Development of social skills, empathy, managing own behaviour and emotions, staying safe in school and in the community. • Involvement from a range of specialist professionals in place, such as Mental Health Services, Educational Psychologist, Youth Offending Service. • Multi-agency work continues, and continual assessment to feed into the cycle of annual reviews. **Planning** • EHCP and appropriate short-term targets. • Risk assessment will describe procedures to keep safe the CYP, other staff and CYP, and property. There will be an assessment of the risk of absconding and procedures described to manage such an eventuality. • Planning meetings will include parents/carers and are multi-agency. A multi-agency approach, including educational and non–educational professionals, is essential.	• CYP is on roll at special school. • CYP offered one to one support from an adult for some of the school day. • There will be a greater ratio of adults to CYP and staff will have specialisms in managing CYP who present with challenging behaviours.	• Provision is within a specialist environment with appropriate staff/ student ratios. • Continued daily access to staff with experience and training in meeting the needs of CYP with SEMH.	• Personalised to the specific needs of the CYP. • Advice available from relevant specialist services. Additional teams will include any of the following multi-agency Interventions: • Drug and Alcohol Team • Police • Health • Youth Offending Team • Mental Health Services • Educational Psychologist • Social Care / Early Help • Community Support Worker • Family Intervention • Careers advice • Youth Service • Voluntary Sector Organisations

Threshold 7 - Social, Emotional and Mental Health Needs

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
CYP experience all of the above but within a non-maintained educational or residential placement (Out of Area). This may include provision for identified Health and Social Care needs, including therapeutic input from specialists. Cases will be known to the Local Authority and subject to joint commissioning arrangements via Joint Panel. Continued long term and complex social, emotional, and mental health difficulties, necessitating a continued multi-agency response co-ordinated as annual, interim or emergency SEND review and met in specialist provision. Difficulties likely to include: • Extreme Self-harming behaviour • Attempted suicide. • Persistent substance abuse • Extreme sexualised language and behaviour, sexually exploited. • Extreme violent/aggressive behaviour • Significant mental health issues • Long term non-attendance and disaffection • Regular appearance in court for anti-social behaviour/criminal activity • Puts self and others in danger. • Frequently missing for long periods • Psychosis • Schizophrenia	EHCP is complete and CYP has been assessed as needing enhanced, or more secure specialist provision. Assessment will be an ongoing process to determine progress in learning, and also: • Development of social skills, empathy, managing own behaviour and emotions, staying safe in school and in the community. • There will be involvement from a range of specialist professionals in place, such as Child Adolescent Mental Health Service, Educational Psychologist, and Youth Offending Service. • Multi-agency work continues, and continual assessment to feed into the cycle of annual reviews. **Planning** • EHCP and appropriate short-term targets. • Risk assessment will describe procedures to keep safe the CYP, other staff and CYP, and property. There will be an assessment of the risk of absconding and procedures described to manage such an eventuality. • Planning meetings will include parents/carers, and are multi-agency.	• CYP is on roll at special school. • This could be out of area and/or residential special school. • CYP offered one to one support from an adult for some of the school day. • There will be a greater ratio of adults to CYP and staff will have specialisms in managing CYP who present with challenging behaviour.	• Provision is within a specialist environment with appropriate staff/pupil ratios. • Continued daily access to staff with experience and training in meeting the needs of CYP with SEMH.	• Personalised to the specific needs of the CYP. • Advice available from relevant specialist services. Additional teams will include any of the following multi-Agency Interventions: • Drug and Alcohol Team • Police • Health • Youth Offending Team • CYPS • Educational Psychologist • Social Care / Early Help • Community Support Worker • Family Intervention • Careers advice • Youth Service • Voluntary Sector Organisations

Social, Emotional and Mental Health: PfA Outcomes and Provision				Primary and Secondary
PfA Outcomes and Provision				
Year Group	**Employability/Education**	**Independence**	**Community Participation**	**Health**
Reception to Y2 (5-7 years)	Child is able to interact with peers and begin to form friendships to support emotional wellbeing.	Child is able to show awareness of independent living skills (cooking, cleaning, DIY) and will extend and develop these through real world play Child is able to access the dining hall alongside peers, following social routines in relation to seating and turn taking, and will be able to make appropriate choices in relation to meals.	Child is able to interact with peers and begin to form friendships with peers to support emotional wellbeing. Child is able to maintain positive emotional wellbeing through participation in team games, after-school clubs and weekend activities. Child is able to begin to identify bullying in relationships and will be able to seek adult support.	Child is able to attend necessary dental, medical and optical checks following parental direction and supervision. Child is able to cooperate with self-care and personal hygiene routines with prompting and adult support as required. Child has the support and strategies required to promote resilience and emotional wellbeing.
Y3 to Y6 (8-11 years)	Child is able to interact with peers, making and maintaining friendships with others to support emotional wellbeing. Child is aware of structures in place to support social and emotional wellbeing and will access these as required. Child is able to show awareness of different feelings and emotions and with support will identify and apply appropriate strategies to manage these.	Child is able to maintain friendships with peers and access community-based clubs/after school clubs to promote independence and emotional wellbeing. Child has the social skills necessary to facilitate participation in sleepovers and residential trips. Child is able to manage their feelings and emotions, accessing support to apply strategies as appropriate.	Child is able to maintain friendships with peers to support emotional wellbeing and avoid isolation. Child is able to begin to identify bullying within relationships and will be able to identify support and strategies to manage this. Child is able to manage social and emotional responses to change. Child is aware of strategies and precautions to remain safe online.	Child is able to understand physical changes associated with the onset of puberty and will manage these appropriately, with support as required, maintaining social and emotional wellbeing. With support, child is able to access strategies to manage any emotional or mental health needs associated with their physical or mental health conditions/diagnoses.

PfA Outcomes and Provision

Year Group	Employability/Education	Independence	Community Participation	Health
Y7 to Y11 (11-16 years)	Young person has acquired the necessary social skills in order to interact with employers, clients and peers within the workplace within the context of work experience, voluntary work or part-time employment. Young person is able to form friendships in the context of education or employment to facilitate emotional wellbeing. Young person is able to be aware of structures in place to support social and emotional wellbeing and will access these as required. Young person is able to show awareness of different feelings and emotions and, with support, will identify and apply appropriate strategies to manage these.	Young person has an awareness of boundaries and social conventions with respect to different relationships and social situations, including online. Young person is begin to show awareness of potential abusive and exploitative behaviour in others and with support and guidance will be able to make safe choices. Young person will begin to make choices to include money, food, exercise, opportunities to socialise, form relationships with others, to support the development of confidence and emotional wellbeing.	Young person is able to maintain friendships with peers to support emotional wellbeing and avoid isolation. Young person is able to maintain positive emotional wellbeing through participation in community based activities and socialisation with peers within the community in accordance with their own personal choices. Young person has an awareness of boundaries and social conventions within a range of relationships and social contexts, including online. Young person is able to show increased awareness of the bigger picture and will build resilience to support emotional wellbeing.	Young person has an understanding of sex education and the social and emotional implications of intimate relationships. The young person has strategies and resources to support them to maintain positive mental health and emotional wellbeing. The young person is able to understand the social and emotional implications of spending too much time on electronic devices and will recognise the importance of sleep and 'down time' in supporting social and emotional health and wellbeing. Young person is able to access strategies and support, as required, to manage any emotional of mental health needs associated with their physical or medical health conditions/diagnoses.
Provision	Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the School Age Thresholds Guidance: Communication and Interaction, SLCN and Autism.			