**Social, Emotional and Mental Health:** Definition, Presenting Needs & Recommended Interventions

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| **Social, Emotional and Mental Health** | **Definition:**  *CYP may experience a wide range of social and emotional difficulties which manifest themselves in many ways, affecting the child’s internal view of themselves and impacting on self-awareness, self-regulation, motivation, social skills and the ability to empathise with another. The child may have experienced trauma or had unmet needs, or their behaviours may reflect underlying mental health difficulties such as anxiety, depression, addictions, eating disorders or physical symptoms that are medically unexplained.*  *Persistent disruptive or withdrawn behaviours do not necessarily mean that a child or young person has SEN. Where there are concerns, there should be an assessment to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with communication or mental health issues.* | | | | |
| **Possible evidence that supports identified need**   1. Unmet needs in other areas have been taken into consideration and Early Help may be in place 2. Several APDR cycles (following the **Getting it Right / EBSNA** Pathways) show that the CYP requires an ongoing nurturing approach, alongside targeted intervention (e.g. social skills, anger management etc.) and/or regular therapeutic support (e.g. counsellor, play therapist, EP etc) 3. Advice may have been sought from an EP and/or Outreach, CAMHS, School Nurse to develop provision for the CYP 4. A Multi-Element Support Plan may be in place for the CYP 5. Information from a medical professional may indicate the CYP has a mental health condition such as anxiety, depression, attachment disorder, OCD etc. 6. Ongoing involvement of parents/carers and the CYP in the APDR cycle | | | | |
| **Approaches to assessing and unpicking needs**   * [Strengths and Difficulties Questionnaire](https://www.sdqinfo.org/) * Boxall Profile [Boxall (boxallprofile.org)](https://new.boxallprofile.org/) * Emotional Literacy (GL Assessment) * My Life in School Checklist * The Resiliency Wheel * [CYRM & ARM – Child and Youth Resilience Measure & Adult Resilience Measure (resilienceresearch.org)](https://cyrm.resilienceresearch.org/) * [The Stirling Children's Wellbeing Scale](https://app.mhpss.net/?get=393/sws_mov.pdf) * ABC Charts * Specialist support, advice and interventions e.g. Educational Psychologists (EPs) | | | | | Useful Links  [Getting it Right](http://www.educationalpsychologywolverhampton.co.uk/downloads/school%20resources/Getting%20It%20Right%20(final%20version).pdf)  [Nip in the Bud | Child Mental Health Resources for Parents and Teachers](https://nipinthebud.org/)  [Home - ADHD Foundation : ADHD Foundation](https://www.adhdfoundation.org.uk/) |
| **Social Emotional Mental Health**  **Presenting Needs A child or young person with social emotional mental health difficulties may present with some of the following behaviours/difficulties (not exhaustive)** | | | | | |
| * Experiencing difficulty in remaining on task, inattentive * Inability to follow instructions and routines * Presenting as significantly unhappy anxious or stressed * Seeking frequent adult support/attention * Frequent low-level disruptions * Failure to make the progress anticipated across many areas of the curriculum * Showing signs of frustration and early indications of disaffection or disillusion * Difficulty in making and maintaining healthy relationships with peers * Presenting as withdrawn or tearful * Poor or sporadic attendance * Vulnerable to bullying, manipulation or exploitation * Significant fluctuations in mood and increasing unpredictability over attitudes to learning tasks * Engage in bullying type behaviours * Uncooperative or defiant * Demonstrations of behaviour that challenges * Placing self or others at risk of harm * Frequent exclusions * Mental health difficulties (mild to moderate anxiety, low mood, low self-esteem, fear, mild to moderate self - harm) * Mental health disorders that are clinically significant (depression, psychosis, eating disorders, conduct disorders, generalised anxiety disorder, phobias, significant self-harming behaviours, ADHD)   REMEMBER: Only medical professionals should make a formal diagnosis of a mental health condition. Schools, however, are well-placed to observe children day-to-day and identify those whose behaviour suggests that they may be suffering from a mental health problem or be at risk of developing one. This may include withdrawn pupils whose needs may otherwise go unrecognised | | | | | |
| **Provision:** | | | | | |
| **Universal (High Quality Teaching)**   * Behaviour and wellbeing environmental checklist and Environment Action Plan (See the Getting it Right document) * SUMO - SUMO4Schools * Attachment Aware Schools * Mental Health First Aid - Training * Mindfulness * Restorative practice * Implementation of a whole school framework to support mental health and wellbeing * Positive Behaviour Support created through the Pastoral Team * Cyclic PSHE Curriculum focused on Statutory Relationships Curriculum * Clear whole school behaviour for learning policy, which is differentiated according to need and context (reasonable adjustments) * New or inexperienced staff have access to experienced colleagues who can support them with challenging behaviour * Assessments and monitoring of learning and social emotional wellbeing and associated behaviour * Differentiated and additional learning activities to engage and motivate * Flexible and creative use of rewards and consequences e.g. House Reward system used to catch them being good * Identify and build on preferred learning styles * Positive language to re-direct, reinforce expectations e.g. use of others as role models * Environmental adaptation e.g. social seating and proximity to teacher * Time out systems within the classroom * Increased structure, routine and guidance * Reward chart/system * SMART targets linked to need * Pupil and parent involvement * Regular home/school planner * A range of differentiated opportunities for social and emotional development e.g. friendship spots, circle time, Random Acts of Kindness * Reinforcement of expectations through visual prompts and role modelling good behaviour * Constructive feedback * CPOMs to record incidences and look for patterns and triggers * Peer supporters * Behaviour Support Officer available during playtimes * Structured lunchtime activities to support social skills | | **Evidence Based Targeted Interventions/Support**   * Circle of Friends * Counselling * Emotion Coaching * GRASP Programme * Sensory diet/snacks * Zones of Regulation * Social Use of Language Programme * WELL (Wellbeing and emotional literacy leader) * TEACCH approach * Restorative meetings and conferences * Social skills training * Lego – Build to express * Solution focused interventions * Cognitive Behaviour Therapy * Comic Strip Conversations and/or Social Stories * Talkabout * Nurture Group or small group intervention | | **Specialist/ Personalised**   * SENCO facilitates identification of hidden learning needs e.g. anxiety, depression or ADHD * Pastoral Support Plan for children who are at risk of disaffection and exclusion * Enhanced personalised provision e.g. social and health education programmes * Use of self-management programmes to develop skills, confidence and engagement * Personalised programmes for managing and controlling emotions and the resulting behaviour * Interventions such as art/play therapeutic approaches * Advice and guidance from outside agencies * Highly personalised curriculum and/or work experience placements and commission off-site alternative provision | |
| **Expected Outcomes**   * Whole school practice that is positive and restorative and aids resolution of conflict peacefully * Improved staff confidence in managing behaviour that challenges * A sense of belonging * Pupils that feel safe in school * Reduced risk-taking behaviour * Confident and resilient learners * Emotionally aware pupils who can self-regulate * Pupils with a positive perception of self * Positive engagement and participation in learning * Increased levels of independence within pupils * Improved concentration and attention * Positive social interaction and relationships with others resulting in improved friendships and relationships | | | * Able to work collaboratively and independently * Self-aware reflective learners * High aspirations of self and can-do attitude to achieving goals * Reduction in feelings of anxiety, fear, anger * Risk assessments and care plans that are co-produced with parents and the child. * Clear emergency procedures and care plans shared with staff, parents and pupil * Able to identify emotions that are both comfortable and uncomfortable * Better able to manage uncomfortable feelings such as anger * Good attendance * Positive educational and social outcomes * Accelerated progress and good levels of attainment * Improved emotional and mental health * Decrease in incidents of high level challenging behaviour leading to more participation | | |