Leicester City Council Social Care & Education SEND Support Service (SENDSS)

Leicestershire County Council

Rutland County Council

Social, Emotional Mental Health (SEMH) Banding Descriptors DRAFT

These banding descriptors are a **best fit model** to provide guidance. A child or young person may have multiple areas of need and fit within multiple bands. In this case, use a best fit approach to apply a band.

Universal applies to what is Ordinarily Available within a mainstream setting, provision that a setting or school provide as part of their universal inclusive offer. Further guidance on Ordinarily Available can be found within Ordinarily Available: BERA documents.
Within this document IMP means Inclusive Mainstream Provision and BERA means Best Endeavours and Reasonable Adjustments.
(pale purple boxes within document)

When reading the descriptors, the banding level is **in addition to** the one before it, i.e., if considering the descriptors in banding 2, the descriptors within universal and banding 1 should also be considered.

UNIVERSAL **High-quality teaching for all, at all times, and OCCASIONAL / time limited interventions.**

Has a significantly greater difficulty in learning than the majority of others of the same age OR has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools.

The child or young person has been identified as requiring additional support and input due to an emerging need.

- Universal CPD is accessed by all staff and revisited regularly. (High quality teaching for all children and young people, including planning activities / tasks and using a range of strategies to support learning, attention and emotional regulation as suggested in the Best Endeavours and Reasonable Adjustments BERA / Ordinarily Available inclusive provision.
- Strategies to support in class provision (BERA Specifics) with some short term or smaller group interventions to close the gap e.g., Fresh Start, Speed Up.

Environment, Specialist facilities, materials and/or equipment

- Use of Widget symbols and words.
- Assisted Technology is used to support writing and reading e.g., typing programmes, reading software, pencil grips, writing slopes, colour overlays, accessibility features on devices.
- Software e.g., Word Shark, Timetables Rockstars. Accessibility settings to be personalised on shared devices and laptops.
- Access to electronic reading resources e.g., RNIB book share.
- Not reliant upon members of school staff to administer medication. An accessible toilet with appropriate changing and / or washing facilities. Furniture is accessible.
- Access routes into, out of and around the school/classrooms are accessible. Ensure that classrooms are calm, organised, and flexible learning environments.
- Ensure that equipment / resources are well organised, accessible, and labelled using words and pictures.
- Provide quiet / low distraction areas for individual and small group work (including listening activities, social skills groups, and language groups).
- Create comfortable, inviting spaces indoors and outdoors to encourage social interactions, indoors and outdoors.
- Make consistent use of visual systems, e.g., objects of reference, visual timetables, cue cards, task planners.

Maintain appropriate noise levels in the classroom. Consider seating arrangements, e.g., CYP with SLCN / VI seated closer to the teacher. rest/movement breaks, built into the day.

In line with the Graduated Approach, the Universal statements plus…

MB1 INTERMITTENT and/or short bursts of support e.g., Targeted TA support, at times throughout the day. (15-20 hours)

The child or young person who require a low level of support in mainstream. BEST FIT MODEL.
Two cycles of the graduated approach assess, plan, do, review have been carried out and are evidenced.
The child is being monitored more closely and professionals may have been consulted such as JPMs.

- School based assessments are used to baseline, create outcomes, and review CYP progress regularly.
- The CYP requires access to a visual and kinaesthetic curriculum at times, with lots of multi-sensory resources and planned access to specific activities designed to develop their cognition, communication, social interaction, emotional regulation, and self-help skills.

Environment, Specialist facilities, materials and / or equipment
Independently use a mobility aid to overcome their physical difficulties e.g., walking frame, power chair.
Be reliant upon named members of school staff to both access and administer medication. Only generic training needed.

In line with the Graduated Approach, the MB1 statements plus…

MB2 FREQUENT (21-25 hours)

The child or young person who require a medium level of support in mainstream. BEST FIT MODEL.

- Typically, pupils need frequent, additional time from a range of adults.
- Planning for teaching will incorporate advice from external professionals and/or referrals are in process where appropriate appropriate.
- There is regular, planned opportunities for small group work and/or 1:1 sessions.

Environment, Specialist facilities, materials and / or equipment

- May have sensory issues requiring specialist equipment and / or trained staff.
- Reliant on a member of staff to support in moving, positioning and personal care i.e., physically assisting during these.
- Reliant on members of school staff having specialist training to support medical needs.

In line with the Graduated Approach, the MB2 statements plus…

MB3 PERSISTENT/INTENSIVE (32.5 hours)

The child or young person who require the 'highest' level of support in mainstream. BEST FIT MODEL.
Typically, pupils need daily, additional time from a range of adults.
Planning for teaching incorporates advice from external professionals where appropriate.
DAILY opportunities for small group work and 1:1 sessions.
The CYP requires a visual and kinaesthetic curriculum with lots of multi-sensory resources and planned access to specific activities designed to develop their cognition, communication, social interaction, emotional regulation, and self-help skills with structured and targeted teaching.
Environment, Specialist facilities, materials and/or equipment (may go across bands and needs).
May have sensory issues requiring specialist equipment and/or trained staff.
Reliant on a member of staff to support in moving, positioning and personal care.
Requires support from one member of staff to transfer.
Reliant on members of school staff having specialist training to support medical needs on at least a daily basis.

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Universal Inclusive Provision (BERA)

	Need / Observations	Curriculum arrangements, Teaching approaches and strategies	Specific programmes & Activities
A **IMP** **BERA**	Progress through the National Curriculum may be affected by their social, emotional and/or mental health difficulties The child or young person has been identified as requiring additional support and input due to an emerging need. It may also be a child or young person with an enduring need that can be met through universal.	Embed positive practices across the school day such as restorative language, attachment friendly scripts, trauma informed practices. Routines are in place that encourage a positive welcome such as meet and greet and/or breakfast club. Named adult identified for pastoral support e.g., head of year. Clear boundaries, structures, and consequences. Time and space to calm including a designated safe space and timetabled sensory breaks. Positive Support Plan in place and reviewed. **The child or young person may require:** • a personalised visual timetable • individual mats, cushions, or clear seating plan to show where to sit, attention cues e.g., good listening/sitting cues and use of positive motivators and reward systems • support for transition and managing change to routines. • Adults who know, understand, and notice when the child or young person is beginning to dysregulate and offer support and check ins. • Adult to use a range of strategies to support co-regulation e.g., redirect attention, prompting, reassurance. • Frequent praise and positive reinforcement such as postcards home & personalised reward systems.	**(Specific Programmes & Activities)** Staff have received training on SEMH Needs and Behaviours e.g., attachment friendly practices, trauma informed practices, restorative approaches. **Interventions such as:** Meet and greet. Emotional check ins Circle time/RSA Positive People Friendship groups Relaxation and Mindfulness Zones of Regulation Access to small group support, e.g. SILVER SEAL, Circle of Friends, self-esteem group, mentoring. Individual or small group support for emotional literacy, e.g. recognising emotions 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
B **E2**	**The child or young person:** • may have several ACE's, which requires medium -term interventions to support (e.g. domestic abuse) being aware of Trauma triggers, and generational trauma. • has a decline in their attendance the strategies from universal support are no longer working and/or not attending some lessons. • is unable to self-regulate leading to short experience of stress. • Has difficulty forming and sustaining relationships with adults/peers • can recognise and communicate their needs with adult support. • may need concentration aids and support to access learning and maintain focus for periods of time that is age appropriate. • may withdraw or become stressed when faced with known tasks • Have difficulty with maintaining and directing attention, concentration, engagement, and participation in learning; this maybe as a result of fear of failure, or low self-worth. • Some connection seeking or avoiding behaviours, likely to be reliant on relationships with key adults or specific CYP. • May have poor view of self and/or low self-confidence, may be anxious and sometimes seek reassurance • Requires some support to develop and manage social relationships (e.g. developing social understanding and social skills)	**The child or young person may require:** • Group work to be planned and tailored to meet identified need and includes good role models. • Teaching effective problem-solving skills • Preparation for changes to activities/routines/staffing. • Oversight when moving between locations/classrooms. • Educational visits are planned well in advance, risk-assessed, and contingency plans are in place to meet the needs of the CYP, should they be needed and these are shared with staff • 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 short or longer term withdrawal from some activities, e.g. assemblies, specific non-core lessons. • More formal meetings/ conferences using Restorative Practices, to include parents/carers. • Targeted interventions to address self-harm, anxiety (including separation anxiety) • MARF- outside factors causing a barrier.	

	Need / Observations	Curriculum arrangements, Teaching approaches and strategies	Specific programmes & Activities
C **MB 1**	**The child or young person may:** • may have mental health needs including attachment difficulties leading to connection seeking or avoidant behaviours. They may impact on the ability to build and maintain successful relationships with adults and peers. • be aware of their difficulties and lack confidence and have low self-esteem. • poor view of self and/or low self-confidence and have a few techniques to support resilience, may be anxious and seek reassurance from adults and/or peers exhibit difficulty expressing feelings or needs and/or showing emotional distress, which subsides with adult support. • struggles to concentrate on adult-led activities and/or finds it hard to take risks with their learning. • have difficulties managing and sustaining relationships. • struggle to acknowledge or accept responsibility. • show signs of distress with new people, places, or events. • struggle with self-regulation and demonstrates occasional unsettled and/or disruptive behaviour such as aggression, outbursts and unsafe behaviours which may cause brief disruption to others and/or impact their ability to engage in learning. • may present as significantly withdrawn which in turn has an impact on the ability to engage in learning • have some difficulties related to level of concentration, engagement, and participation in learning. There may be a decline in the child's attendance, despite using strategies within universal. When reviewed there has been little or no increase in attendance and/or Occasional/intermittent non-attendance requires low level monitoring.	Progress through the National Curriculum is sometimes affected by their social, emotional and/or mental health difficulties **The child or young person:** • is able to access the curriculum with some low-level support. • can manage within the overall organisation and curriculum but who, on occasions require some low-level additional supervision and intervention over and above the class team e.g., ELSA. • may require structure and routine to reduce stress and anxiety. • may require adult support to settle into school or setting and transition. • may require regular adult support to self-regulate. • may require access arrangements for internal and external examinations. • may require support through solution- focused approaches from Inclusion Partnership, for staff working with the CYP. Risk assessments are in place alongside positive handling plans and behaviour support plans, including regular reviews. Personalised timetable introduced in negotiation with CYP, parents and staff using restorative practices and detailed in a SEND support plan. This may include temporary withdrawal from some activities. Adults working with the child or young person know, understand, and notice when the child or young person is beginning to dysregulate, and adults use diversion and distraction techniques. Educational visits are planned well in advance and risk assessments are in place, key staff have rehearsed possible scenarios and planned for moments of anxiety or dysregulation.	SEMH specific interventions such as anxiety gremlin, body mapping, drawing, and talking, ELSA and nurture groups Where CYP is working below age-related expectations, personalised literacy and numeracy programmes will be required to address gaps in learning. Interventions such as those in universal with an increase in duration and frequency.

D **MB 2**	**The child or young person:** • experiences frequent difficulties with regulating emotions. • regularly demonstrates distressed behaviours • that disrupt learning and staff may find challenging. • has moderate social, emotional and/or mental health difficulties with resulting behaviours that challenge and may cause disruption to others. • exhibits frequent unpredictable, unsettled and/or disruptive/risky behaviour that is likely to significantly impact on others or self. • Significant lack of some social skills, e.g. taking turns, working co-operatively, accepting the ideas of others • Poor view of self and/or low self-confidence, regularly anxious and often seeks reassurance from adults and/or peers • **Very poor view of self and/or low self-confidence, often anxious and regularly seeks reassurance from trusted adults and/or peers** • Persistent and frequent difficult within social relationships with peers • Social skill development and social understanding is significantly delayed for age There may be a decline in the child's attendance, despite using strategies within universal & band 1. When reviewed there has been little or no increase in attendance and/or frequent non-attendance requires monitoring.	Progress through the National Curriculum is significantly affected by their social, emotional and/or mental health difficulties **The child or young person:** • may access offsite alternative provision where appropriate for short term intervention with clear plan for reintegration. • Planning for unstructured time is in place. • requires frequent support to interact appropriately with peers including unstructured times. • requires adults working with them to know, understand and notice when they are beginning to dysregulate, a trusted adult is required to step in and de-escalate using positive behaviour management on a frequent basis. • has access to regular small group, differentiated learning. • has timetabled, regular opportunities to practice self-regulation using self-regulation tools specific to the child, this may include access to a calm space. • may require adults who have training and experience of working with children with complex emotional needs e.g., attachment and trauma. Risk assessments must be in place, alongside positive handling plans and behaviour support plans which include frequent reviews. Personalised timetable introduced in negotiation with CYP, parents and staff using restorative practices and detailed in a SEND support plan. This may include temporary withdrawal from some activities. Educational visits are planned well in advance and risk assessments are in place, key staff have rehearsed possible scenarios and planned for moments of anxiety or dysregulation.	Requires regular access to small groups interventions, meet and greet, emotional check-ins, body mapping, friendship groups, low level Cognitive Behavioural Therapy (CBT) based support. Specific social interventions to be planned into the week such as: Zones of Regulation, Social Thinking. Class teacher, Teaching Assistant and/or relevant key adult who has been trained to work with children with SEMH difficulties. Structured and planned sensory break/sensory circuits.

E **MB3**	There are increasing concerns around mental health, e.g., irrational fears, high levels of anxiety, hyper-vigilance, low mood, and self-harm **The child or young person:** • demonstrates distressed behaviours that disrupt learning and staff may find challenging. • experiences significant and persistent difficulties with regulating emotions. • struggles to engage with tasks, which could be perceived as demand avoidance or uncooperative behaviour throughout the school day e.g., work avoidance, refusal, or defiance. • Severe lack of some social skills, e.g. taking turns, working co-operatively, accepting the ideas of others • has very few positive relationships with peers and adults, has frequent disputes and fights and aggressive confrontations • Has an extremely poor view of self and/or low self-confidence, usually anxious and needs to seek constant reassurance from a trusted adult • May have chronic non-school attendance under constant monitoring • Behaviour is frequently a risk to self and others. • Regular difficulties which may involve impulsivity, unpredictability and confrontations with peers or adults which sometimes compromises the safety and health of themselves and others • Can struggle to comply with requests from anyone other than key trusted adults. • Mental health needs may cause the need to feel in control in order to feel emotionally safe.	Progress through the National Curriculum is persistently affected by their social, emotional and/or mental health difficulties Therapeutic approaches will be integral to curriculum delivery and used to support the emotional wellbeing of the CYP. **The child or young person:** • experiences daily significant and persistent difficulties with regulating emotions. • may access alternative provision or increased level of practical provision for short term intervention with a clear plan for reintegration. • requires time to explore and become familiar and comfortable with any new environments. • requires frequent adult intervention/support throughout the day to remain on task during learning activities. • Adults working with the child or young person know, understand, and notice when the child or young person is beginning to dysregulate, a trusted adult is required to step in and de-escalate using positive behaviour management techniques on a frequent, persistent basis. • A high level of direct adult support is required to interact appropriately with peers including during unstructured times. • Requires individually planned behaviour management programme with intensive individual support to ensure appropriate social engagement. • Need specific, individually planned elements of the curriculum in order to support behaviour. • Requires structured, planned strategies for unstructured times and social interactions.	The CYP may access alternative curriculum opportunities at KS4, e.g. ALPs/vocational/college/ work placements. requires therapeutic approaches accessed as and when needed, within a small group (1:3) or 1:1.