

Policy Document Control

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Owner	School
Lead Contact	Rob Hamilton
Linked Governor	Dan Lord

Social, Emotional, Mental Health Policy

Introduction

The Department for Education (DfE) recognises that “in order to help their child succeed, schools have a role to play in supporting them to be resilient and mentally healthy.”

The World Health Organisation’s definition of mental health and wellbeing “a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community.”

Pupils with SEMH 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 These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviours. These sometimes reflect underlying mental health difficulties such as anxiety and depression, self-injury, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other pupils may have disorders such as attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD) or attachment disorder.

‘Behaviour’ was removed as a distinct SEND Category for the 2014 Code of Practice, under the assumption that undesirable behaviour is a communication of unmet need in one or more of the categories of SEND (i.e. broad areas of need – Social Emotional and Mental Health needs, Communication and interaction needs, Cognition and Learning needs or Sensory and/or Physical Needs).

Pleckgate understands that ‘behavioural difficulties’ could be an indication of an unmet need in one or more of the categories of SEND. We also understand that ‘behavioural difficulties’ do not necessarily mean that a child or young person has a possible mental health problem or special educational need. Negative experiences and distressing life events can affect mental health in a way that brings about temporary changes in a young person’s behaviour.

As stated in the Safeguarding and Child Protection policy, and in order to meet the varied SEMH needs of our pupils, Pleckgate promote a nurturing, caring, supportive environment in which each individual is valued and respected. We have high expectations that every pupil succeeds, aspires, believes and acts. Pleckgate recognises that all children and young people need the foundation of positive mental health to benefit fully from all of the opportunities available to them.

Everyone experiences life challenges that can make us vulnerable. At times, anyone may need additional support to maintain or develop good mental health. The mental health of children and young people, adults in schools, parents and carers and the wider whole school community will impact on all areas of development, learning, achievement and experience. All children and young people have the right to be educated in an environment that supports and promotes positive mental health for everybody. All adults have the right to work in an environment that supports and promotes positive mental health for everybody. Pleckgate is committed to raising awareness, increasing understanding and providing a place where all children and young people feel safe, secure and able to achieve and experience success and well-being.

Aims of the SEMH policy

- To recognise our responsibilities in supporting students with mental health and wellbeing needs.

- To provide a consistent approach that means the school environment and school ethos all promote the mental health of the whole school community.
- To acknowledge healthy relationships, underpin positive mental health and have a significant impact.
- To increase the level of awareness and understanding amongst staff and parents/carers of issues involving the mental health of young people, in particular with low self-esteem, self-harm, emotional regulation, anxiety, depression, loss and bereavement.
- To detect and address problems in the earliest stages where they exist in thinking and attitudes to self/image, self-esteem and self-control.
- To implement the appropriate level of support in school available to students with mental health issues and also in partnership with outside health agencies and child support groups.
- To continue to promote positivity around mental wellbeing.
- To reduce the stigma associated with mental health.
- To ensure all staff is alert to their responsibility to ensure the wellbeing and welfare of all students, progress and achievement in school depends on this.

At Pleckgate we will provide:

A mentally healthy environment which has:

- A clear and agreed ethos and culture that accords value and respect to all.
- A commitment to being responsive to children and young people's needs.
- Clearly defined mental health links in school policies.
- Clear guidelines for internal and external referrals.
- Strong links with external agencies to provide access to support and information.
- A named lead for mental health promotion with the expectation that there is support and involvement and an ethos that 'mental health is everyone's business'.

A mentally healthy environment is where children and young people:

- Have opportunities to participate in activities that encourage belonging.
- Have opportunities to participate in decision making.
- Have opportunities to celebrate academic and non-academic achievements.
- Have their unique talents and abilities identified and developed.
- Have opportunities to develop a sense of worth through taking responsibility for themselves and others.
- Have opportunities to reflect.
- Have access to appropriate support that meets their needs.
- Have a right to be in an environment that is safe, clean, attractive and well cared for.
- Are surrounded by adults who model positive and appropriate behaviours, interactions and ways of relating at all times.

A mentally healthy environment where staff:

- Have their individual needs recognised and responded to in a holistic way.

- Have a range of strategies that support their mental health, e.g. a provision 'Mental Health First Aider' a named person to speak to, signposting etc.
- Have recognition of their work-life balance.
- Have the mental health and wellbeing of the staff reviewed regularly.
- Feel valued and have opportunities to contribute to decision making processes.
- Celebrate and recognise success.
- Are able to carry out roles and responsibilities effectively.
- Are provided with opportunities for CPD both personally and professionally.
- Have their unique talents and skills recognised and opportunities are provided for development.
- Have time to reflect.
- Can access proactive strategies and systems to support them at times of emotional needs in both the short and long term.

A mentally health environment where parents/carers:

- Are recognised for their significant contribution to children and young people's mental health.
- Are welcomed, included and work in partnership with schools and agencies.
- Are provided with opportunities where they can ask for help when needed.
- Are signposted to appropriate agencies for support.
- Are clear about their roles and expectations of their responsibilities in working in partnership with school.
- Opinions are sought and valued and responded to.
- Strengths and difficulties are recognised, acknowledged and challenged appropriately.

A mentally healthy environment where the whole school community:

- Is involved in promoting positive mental health.
- Is valued for the role it plays in promoting positive mental health.
- Contributes towards the ethos of the school.

A healthy learning environment provides opportunities that promote positive mental health through:

- The standard curriculum and extended provision, e.g. whole school nurturing approach, Mental Health First Aid (MHFA), ELSA, PSHE, Wellbeing activities and play, nurture, differentiated learning activities, individual timetables, parents/carers events, challenging stereotypes, etc.

The implementation of the policy for promoting positive mental health in schools:

- Will give school a cohesive and co-ordinated approach to mental health.
- Should underpin all policies and practices currently used in schools.
- Will raise awareness as to how the whole school community can look after their own.
- Mental health and that of others.
- Will help to de-stigmatise mental health.
- Will support people and provide opportunities that enable everyone to reach their potential.
- Will strengthen relationships and provide opportunities for different ways of working.
- Will provide foundations for life-long learning.

- Will promote and strengthen resilience throughout the whole school community and empower every to face life's challenges.
- Integral to this is our recognition of equal responsibility to vulnerable staff, student and their parents/carers and those with Protected Characteristics (Equality Act, 2010).
- To promote positive mental health.

The promotion of positive mental health for children and young people is everyone's responsibility.

Rationale

Pleckgate aims to provide a whole school approach to SEMH, which is essential to ensure consistency and effectiveness for all students.

We aim to include:

- High quality in class support – all members of staff are responsible for the emotional wellbeing of students.
- A whole school nurturing approach – support and opportunities for social and emotional development.
- Communicating with parents positively and realistically to create a partnership approach to their child's emotional health and wellbeing.
- Liaison with appropriate agencies to enlist advise and/or support (e.g. School Nurse, ELCAS, Clinical Psychologist, Educational Psychologist).

Additional practices to promote wellbeing and positive mental health include:

- A school Council with elected membership which represents all year groups, that meets every term.
- A reward system which recognises positive behaviour, personal and academic achievement, effort and other achievements.
- Rewards, achievement certificates are awarded as reinforcement and encouragement.

Supporting Students with Mental Health at Pleckgate

1. Identification

- 1.1. A staff team that knows every student well and can spot where poor or unusual behaviour may have a root cause that needs addressing.
- 1.2. Effective use of data so that changes in students' patterns of attainment, attendance or behaviour are noticed and can be acted upon.
- 1.3. Weekly staff briefing/bulletin.
- 1.4. Weekly safeguarding meetings.
- 1.5. Half Termly pupil progress meetings. Pleckgate Wellbeing group.
- 1.6. SLT safeguarding agenda

Any staff member who is concerned regarding the mental health and wellbeing of a pupil should follow the Mental Health First Aid Flow Chart (Appendix 1) to support decision making. Staff should refer concerns to the Provision Leader and/or SEMH Lead Teacher (Rob Hamilton).

If any member of staff feels the pupil is in immediate danger of harm, then normal safeguarding procedures should be followed (see Safeguarding Handbook) including a referral to the relevant Designation Safeguarding Lead (DSL).

If the student has seriously self-harmed then staff should follow the normal procedures for medical emergencies, including alerting Reception so that their appropriate first aid can be given and if necessary contacting the emergency services for admission to hospital.

All concerns will be a standing item on the weekly safeguarding agenda, half termly safeguarding meetings.

Following written referral, the SEMH /Lead Teacher will follow guidance outlined within the MHFA Flow Chart (Appendix 1).

2. Support (includes):

- 2.1. A whole school approach to promote the emotional health and wellbeing of all students.
- 2.2. Clear policies on behaviour, bullying, SEND and nurture.
- 2.3. Culture within the school that values all students, allows them a sense of belonging and makes it possible to talk about problems in a non-stigmatising way.
- 2.4. Continuous professional development for all staff.
- 2.5. Strengths and Difficulties Questionnaire (SDQ) to help judge whether individual students might be suffering from a diagnosable mental health problem in accordance with DfE Mental Health and Behaviour in Schools Guidance, 2015
- 2.6. Referral to Provision Leader and SEMH Lead Teacher for early intervention programmes of support (See Appendix 1 – MHFA Flow Chart).
- 2.7. Mental Health First Aid (MHFA) and wellbeing activities.
- 2.8. Half termly 'Safeguarding' meetings to identify and monitor support strategies for students.
- 2.9. Peer mentoring.
- 2.10. Working with outside agencies to provide interventions for students with mental health problems (e.g. ELCAS, Clinical Psychology, Child Psychology, Educational Psychology, Community Paediatrician).
- 2.11. Referral to East Lancashire Child and Adolescent Services (ELCAS).
- 2.12. Early intervention is paramount to success. All interventions and approaches will be recorded on 'pupil profiles' and monitored as part of the school assess-plan-do-review process (for further details please see SEND policy).

Supporting staff who are working with students with mental health issues

Pleckgate acknowledges that staffs who are working closely with distressed students exhibiting mental health problems/issues can themselves be placed under emotional strain.

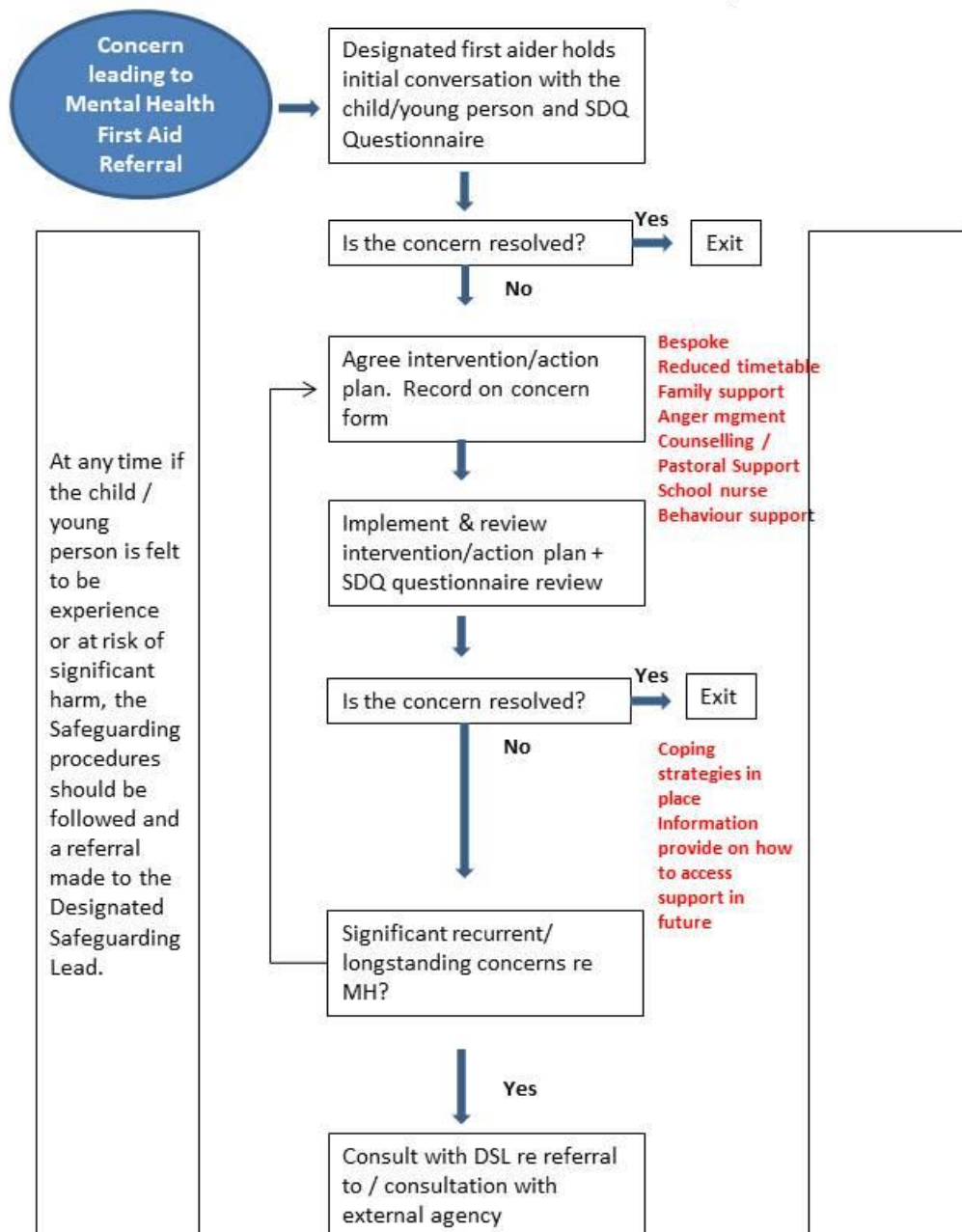
All staff are welcome to approach their line manager or other senior leaders where appropriate.

SEMH Policy should be read in conjunction with:

- SEND Policy
- Behaviour Policy

- Safeguarding Policy
 - PSHE Policy
 - Equality Policy
- Appendix 1 – MHFA Flow Chart

Mental Health First Aid Pathway



Appendix2 – A graduated response to SEMH (*SEMH Strategy)



Appendix 3

Difficult events that may have an effect on students

Class teachers and TAs see their students on a daily basis. They know them well and are well placed to spot changes in behaviour that might indicate a problem. The balance between the risk and protective factors set out above is most likely to be disrupted when difficult events happen in students' lives. These include:

- Loss or separation – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict breakdown that results in the child having to live elsewhere, being taken into care or adopted
- Life changes – such as the birth of a sibling, moving house or changing schools during transition from primary to secondary school or secondary school to sixth form.
- Traumatic events such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.
- Pleckgate aims to offer support to students at such times intervening well before mental health problems develop.

Identifying children with possible mental health problems

Behavioural difficulties do not necessarily mean that a child or young person has a possible mental health problem or a special education need (SEND). Consistent disruptive or withdrawn behaviours can, however, be an indication of an underlying problem. Pleckgate is well-placed to observe students 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.

Self-Harm

Self-harm encompasses a wide range of issues including eating disorders, self-injury and drug/alcohol misuse. This policy focusses primarily on the cause, effect, preventative measures and supportive steps against self-injury although clearly in some cases issues may be interlinked with behavioural or other aspects covered under the broader definition of self-harm. If you are in any doubt as to your role and responsibilities (see the Safeguarding Policy).

Self-Injury

Self-injury is a coping mechanism. An individual harms their physical self to deal with emotional pain or to break feelings of numbness by arousing sensation. Self-injury is defined as any deliberate, non-suicidal behaviour that inflicts physical harm on your body and is aimed at relieving emotional distress. Physical pain is often easier to deal with than emotional pain, because it causes 'real' feelings. Injuries can prove to an individual that their emotional pain is real and valid. Self-injurious behaviour may calm or awaken a person. Self-injury only provides temporary relief; it does not deal with the underlying issues. Self-injury can become a natural response to the stresses of day-to-day life and can escalate in frequency and severity.

Self-injury can include but is not limited to, cutting, burning, banging and bruising, non-suicidal overdosing and even deliberate bone-breaking. Self-injury is often habitual, chronic and repetitive self-injury tends to affect people for months and years. People who self-injure usually make a great effort to hide their injuries and scars and are often uncomfortable about discussing their emotional inner or physical outer pain. It can be difficult for young people to seek help from the NHS or from

those in positions of authority, perhaps due to the stigma associated with seeking help for mental health issues. Self-injury is usually private and personal and it is often hidden from family and friends. People who do show their scars may do so as a reaction to the incredible secrecy, and one should not assume that they are 'inflaming' their scars on others to seek attention, although attention may well be needed. Risk factors include, but are not limited to:

- Low self-esteem.
- Perfectionism.
- Mental health issues such as depression and anxiety
- The onset of a more complicated mental illness such as schizophrenia, bi-polar disorder or a personality disorder.
- Problems at home or school.
- Physical, emotional or sexual abuse.

It is important to recognise that none of these risk factors may appear to be present. Sometimes it is the outwardly happy, high-achieving person with a stable background who is suffering internally and hurting themselves in order to cope. As noted above, there may be no warning signs, but some of the things below might indicate that a student is suffering internally which may lead to self-injury.

- Drug and / or alcohol misuse or risk taking behaviour.
- Negativity and lack of self-esteem.
- Out of character behaviour.
- Bullying other pupils.
- A sudden change in friends or withdrawn from a group.
- Physical signs that self-injury may be occurring.
- Obvious cuts, scratches or burns that do not appear of an accidental nature.
- Frequent 'accidents' that cause physical injury.
- Regularly bandaged arms and/or wrists.
- Reluctance to take part in physical exercise or other activities that require a change of clothes.
- Wearing long sleeves and trousers even during hot weather.

What self-injury is not

Like any behaviour, self-injury may be used to attract attention, but this is not usually the focus of chronic, repetitive self-injury. If self-injury is being used in order to gain attention, one must look to find the reasons as to why someone is in such dire need of attention. It could be there is a problem at home, or issues of bullying, and they feel that no-one is listening or hearing them. Self-injury is not about seeking attention, a way of fitting in or a response to music, films or the emo or gothic culture. Prejudices and perceptions may lead people to believe they 'know' that self-injury is linked to a certain demographic or background, but each person is unique and will have found self-injury by their own route and rely on it at times of stress due to the release and relief it offer them.

Suicide

Although self-injury is non-suicidal behaviour and relied on as an attempt to cope and manage, it must be recognised that the emotional distress that leads to self-injury can also lead to suicidal thoughts and actions. It is therefore of the utmost importance that any concerns or particular incidents of self-injury are taken seriously and reported in accordance with the Safeguarding Policy to allow for the underlying issues to be thoroughly investigated and the necessary emotional support given, in order to minimise any greater risk. Any mention of suicidal intent should be reported immediately.

Roles and Responsibilities of all Staff

Pleckgate will, where appropriate, make a referral to Children's Services where it has concerns regarding a child's wellbeing/mental health. All members of staff should be familiar with the following information to support the identification of a potential self-harm/injury issue and the necessary steps to take where there are concerns:

- Avoid dismissing a student's reasons for distress as invalid.
- Encourage students to be open with you and reassure them that they can get the help they need if they are willing to talk.
- Don't make promises that can't be kept regarding confidentiality.
- Avoid asking a student to show you their scars or describe their self-injury.
- Avoid asking a student to stop self-harming – you may be removing the only coping mechanism they currently have.
- Report the matter to a designated key member of staff as you become aware of the problem and inform the student that you are doing this.

DATE OF HEALTH ASSESSMENT.....

Date of Last Dental Check:...../...../.....

Date of Next Opticians Check:...../...../.....

Strengths and Difficulties Questionnaire

P 4-16

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months.

Child's Name

Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

DATE OF HEALTH ASSESSMENT.....

Date of Last Dental Check:...../...../.....

Date of Next Opticians Check:...../...../.....

Overall, do you think that your child has difficulties in one or more of the following areas:
emotions, concentration, behaviour or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Mother/Father/Other (please specify:)

Strengths and Difficulties Questionnaire

S11-17
FOLLOW-UP

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you **over the last month**.

Your Name

Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others (food, games, pens etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

Since coming to the clinic, are your problems:

Much worse	A bit worse	About the same	A bit better	Much better
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has coming to the clinic been helpful in other ways, e.g. providing information or making the problems more bearable?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over the last month, have you had difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes-minor difficulties	Yes-definite difficulties	Yes-severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

- Do the difficulties upset or distress you?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with your everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do your difficulties make it harder for those around you (family, friends, teachers etc.)?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your signature

Today's date

Thank you very much for your help

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Inclusion Panel meetings



- Regular contact between pastoral & SEND
- Shared understanding of the students in each year group who have SEND
- Joint approach to supporting the removal of barriers

Four broad areas of need in the SEND code of practice



Pleckgate
HIGH SCHOOL

Communication and Interaction	Cognition and Learning	Social, Emotional and Mental Health Difficulties	Sensory and/or Physical Needs
<ul style="list-style-type: none"> Speech, Language and Communication Difficulties ASD including Autism and Aspergers 	<ul style="list-style-type: none"> Moderate Learning Difficulties (MLD) Specific Learning Difficulties (SLD) Profound Multiple Learning Difficulties (PMLD) Specific Learning Difficulties (SpLD) including Dyslexia, Dyscalculia and Dyspraxia 	<ul style="list-style-type: none"> Anxiety Depression Self-harming Substance Misuse Eating Disorders Physical symptoms which are medically unexplained Attention Deficit Disorder (ADD) Attention Deficit Hyperactive Disorder (ADHD) Attachment Disorder (AD) 	<ul style="list-style-type: none"> Visual Impairment (VI) Hearing Impairment (HI) Multi-sensory Impairment (MSI) Physical Disability

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Strategies to reinforce with staff



Pleckgate
HIGH SCHOOL

Social, emotional and mental health difficulties

- Consistently apply classroom/school rules for behaviour
- Pair students with positive peer to model good behaviour for learning
- Incorporate turn taking cooperative learning activities in lessons
- Give one instruction and one task at a time
- Focus on student's strengths, talents and interests and use positive praise where appropriate
- Defuse confrontation, change the subject, or give classroom responsibility
- Have a quiet, distraction free area of the classroom
- Develop some anger management strategies – count to 10, use of stress ball
- Use non-verbal cues to deal with the minor, disruptive behaviour
- Develop resilience, prepare for change in routines
- Make teacher expectations very clear

Aspire & Believe. Act & Succeed.

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