**Taken from the SEND Code of practice**

Behaviour, emotional and social development

7:60 Children and young people who demonstrate features of emotional and behavioural difficulties, who are withdrawn or isolated, disruptive, and disturbing, hyperactive and lack concentration; those with immature social skills; and those presenting challenging behaviours arising from other complex special needs, may require help or counselling for some, or all, of the following:

* flexible teaching arrangements
* help with development of social competence and emotional maturity
* help in adjusting to school expectations and routines
* help in acquiring the skills of positive interaction with peers and adults
* specialised behavioural and cognitive approaches
* re-channelling or re-focusing to diminish repetitive and self-injurious behaviours
* provision of class and school systems which control or censure negative or difficult behaviours and encourage positive behaviour
* provision of a safe and supportive environment.

7:61 The LA will need to consider, on an individual basis, whether these interventions can be provided through School or whether the LA needs to undertake a statutory assessment.

When completing the documentation schools should note the questions relate to what we at Social, Emotional, Mental Health Support (POS) would consider is good practice in terms of the SEMH Graduated Response.

These lists are not exclusive and school may have done other interventions and assessments that do not appear of this documentation. It is simply a guide to help schools to self-assess and to offer us some insight into why school feels ‘stuck’ or unable to progress the situation without support.

As this is a Graduated response the sections are cumulative and we would expect school to have completed most of not all of Stage 1 before moving onto Stage 2 etc.

However, POS do recognise that sometimes pupils experience sudden onset trauma or Social, Emotional, Mental Health Difficulties (SEMHD) which means that school will not have had sufficient time to follow a graduated response but these cases are few and infrequent.

In this type of situation, it may be more prudent just to give the POS Team Manager a call and explain what has happened and seek advice this way.

If staff are struggling to complete the forms or simply would like to talk through a situation again, please feel free to ring and the team will do our best to support you.

**NB: School must ensure the parent has given written permission for the POS support/ intervention**

If you need help with a parental permission form, please contact POS who can supply one.

The POS Team Manager Sal Qureshi can be contacted by email: s.qureshi@kingslandschool.org

**Pupil information/ data**

|  |  |
| --- | --- |
| Information source | details |
| Registered name of child |  |
| preferred name by which s/he is known |  |
| Date of Birth:  |  |
| Year Group:  |  |
| Unique Pupil number (UPN)  |  |
| School:  |  |
| SEND status:  |  |
| Ethnicity:  |  |
| Main Contact/s in school for this pupil  |  |
| names and roles of staff completing the checklist  |  |
| Date checklist was completed |  |

|  |  |
| --- | --- |
| Service involvement | Yes / No  |
| Occupational Therapy (OT)  |  |
| Speech and Language Therapy (SALT)  |  |
| Quality and Effectiveness Support team (QEST)  |  |
| Educational Psychology service (EP)  |  |
| Virtual School for Children Looked After (CLA) |  |
| Early Help  |  |
| Children’s Social Care (CSC)  | CLA/ CIN/ CP/ NONE  |
| Other  |  |

| **Other relevant information**  | details |
| --- | --- |
| **main areas of concern:** |  |
| Exclusions within last twelve months – number and dates |  |
| **Background information** including any information pertinent to the case think about specific learning difficulties, ill health, social / emotional blocking factors, developmental trauma etc |  |
| **Outcome of the referral**What is school looking for in terms of support from POS? |  |

| 1. **Stage getting advice – Moving from universal to selected support (Ithrive – Getting help)**
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| **Graduated Response checklist** | **Rationale for stage of the Graduated Response** | **If yes details and dates****What was the impact?****If not why not?** |
| Has school identified the underlying cause to the SEMHD or presenting behaviour including ruling out any learning difficulties that might be presenting as challenging behaviour? | *Lots of cases of challenging behaviour have their roots in unidentified and unmet learning needs stemming from dyslexia, memory, and cognition difficulties. Sometimes ruling these out first and planning appropriate access / differentiation can lead to improved behaviour* |  |
| Has the SENCO been consulted / collaboratively with staff, to determine what is and isn’t working in relation to this child’s inclusion?What was their advice at this stage? | *Taken from the SEND Code of Practice* *4:16* *The SENCO should take the lead in further assessment of the child’s particular strengths and weaknesses; in planning future support for the child in discussion with colleagues; and in monitoring and subsequently reviewing the action taken.* |  |
| Has school has trialled interventions at universal and possibly selected support This should be recorded In a support plan *(plan do, review, and evaluate)* | *SEND CoP - 6.45 In identifying a child as needing SEND support the class or subject teacher, working with the SENCO, should carry out a clear analysis of the pupil’s needs. This should draw on the teacher’s assessment and experience of the pupil, their previous progress and attainment, as well as information from the school’s core approach to pupil progress, attainment, and behaviour.* *It should also draw on other subject teachers’ assessments where relevant, the individual’s development in comparison to their peers and national data, the views and experience of parents, the pupil’s own views and, if relevant, advice from external support services. 6.46*  |  |
| Has school held a Person-Centred planning meeting (PCP)?*(plan do, review, and evaluate)* | *PCP enables the school to engage with parents at the earliest opportunity. Holding this type of meeting helps school to discuss what is and is not working well for the pupil, in terms of their inclusion.* *This should always be the first step in the Graduated Response.* |  |
| How many PCR’s has school now held?What is school most concerned about in terms of what is not working?*(plan do, review, and evaluate)* | *SEND CoP - 6.44 Where a pupil is identified as having SEND, schools should take action to remove barriers to learning and put effective special educational provision in place. This SEND support should take the form of a four-part cycle through which earlier decisions and actions are revisited, refined, and revised with a growing understanding of the pupil’s needs and of what supports the pupil in making good progress and securing good outcomes. This is known as the graduated approach. It draws on more detailed approaches, more frequent review, and more specialist expertise in successive cycles in order to match interventions to the SEND of children and young people.* |  |
| Has school created and used a one-page profile which helps the various members of staff to have easy access to the needs and ways they can support the inclusion of the CYP in their classroom and elsewhere around the school. | *One-page profiles are a simple and versatile tool that capture and summarise key information about the person. Information is structured under headings that enable everyone to understand what is important to the person and how best to support them.* *Person centred planning tools can help you to build and review a One Page Profile. There are many different formats to suit a child or young person’s preferences:*  |  |

|  Stage 2. Cause for concern - Moving from selected to targeted support (Ithrive - getting help) |
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| Graduated Response checklist | Rationale for stage of the Graduated Response | If yes give details of personnel, advice, and dates of involvement/ reports etcWhat was the impact of his support?If not why not? |
| Has school has widened the circle of support and involved /trialled and reviewed advice from L.A advisory teams e.g., EHWB Team, POS, QEST, EP. etc*(plan do, review, and evaluate)* | *SEND CoP - Involving specialists 6.58 Where a pupil continues to make less than expected progress, despite evidence-based support and interventions that are matched to the pupil’s area of need, the school should consider involving specialists, including those secured by the school itself or from outside agencies.* *6.59 Schools may involve specialists at any point to advise them on early identification of SEND and effective support and interventions.* *A school should always involve a specialist where a pupil continues to make little or no progress or where they continue to work at levels substantially below those expected of pupils of a similar age despite evidence-based SEND support delivered by appropriately trained staff. The pupil’s parents should always be involved in any decision to involve specialists.* |  |
| Has school has widened the circle of support and involved /trialled and reviewed advice from Early Help, CSC etc*(plan do, review, and evaluate)* | *SEND CoP - 6.21 Persistent disruptive or withdrawn behaviours do not necessarily mean that a child or young person has SEND. 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. If it is thought housing, family or other domestic circumstances may be contributing to the presenting behaviour a multi-agency approach, supported by the use of approaches such as the Early Help Assessment, may be appropriate. In all cases, early identification and intervention can significantly reduce the use of more costly intervention at a later stage.* |  |
| Has school (where appropriate) brought in medical advice i.e., from SALT / OT/ Healthy Young Minds etc and reviewed the impact of the advice*(plan do, review, and evaluate)* | *SEND CoP - 7:66 Consultation and open discussion between the child’s parents, the school, the school doctor or the child’s general practitioner, the community paediatrician and any specialist services providing treatment for the child will be essential to ensure that the child makes maximum progress. Such collaboration should also ensure that the child is not unnecessarily excluded from any part of the curriculum or school activity because of anxiety about their care and treatment.* |  |
| Has school has started an application for a statutory assessment.  | *SEND CoP - Requesting an Education, Health and Care needs assessment* *6.63 SEND support should be adapted or replaced depending on how effective it has been in achieving the agreed outcomes.* *Where, despite the school having taken relevant and purposeful action to identify, assess and meet the SEND of the child or young person, the child or young person has not made expected progress, the school or parents should consider requesting an Education, Health and Care needs assessment (see Chapter 9).* *To inform its decision the local authority will expect to see evidence of the action taken by the school as part of SEND support.* |  |

| Stage 3. Pupil at risk of exclusion (P.A.R.E) – When targeted support is not working  (Ithrive - getting more help) |
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| Graduated Response checklist | Rationale for stage of the Graduated Response | If yes details and datesWhat was the impact?If not why not? |
| Has the school utilised more bespoke SEMHD assessment tools and used the analysis from these assessments to inform planning?*(plan do, review, and evaluate)* | *SEND CoP - 6.38 …..the teacher and SENCO should consider all of the information gathered from within the school about the pupil’s progress, alongside national data, and expectations of progress. This should include high quality and accurate formative assessment, using effective tools and early assessment materials. For higher levels of need, schools should have arrangements in place to draw on more specialised assessments from external agencies and professionals.* |  |
| Has school has created, reviewed, and evaluated a risk assessment and Care and Support Plan?*(plan do, review, and evaluate)* | *Challenging and unsafe behaviour is stressful for all involved and how we as adults respond when children communicate in this manner can be a key factor in the outcome of inclusion v exclusion.**The ability of staff to respond effectively to the needs of the people they care for depends on us having time to reflect, understand and plan our responses and using a Care and Support Plan as a framework helps in this process.*  |  |
| Has school has escalated all issues where support plans / other agency advice is not working as planned? *(plan do, review, and evaluate)* | *Taken from mental health and Behaviour in schools – Govt advice 2018 - 4.10 It is important that schools commission appropriately qualified and experienced external providers, as this will provide assurance they are properly trained, supported, professionally supervised, insured, and working within agreed policy frameworks and standards, and accountable to a professional body with a clearly articulated complaints procedure.* |  |
| Has school considered the possibility of a Managed Move?( secondary schools only ) | *Taken from Oldham Secondary Schools Managed Moves Protocol 2018**Criteria for a Managed Move**Circumstances where a Managed Move would be appropriate.*1. *If the school’s pastoral strategies have been tried and failed (see Appendix B)*
2. *If a student is a persistent non-attender (attendance 85% or below) over a prolonged period of time, and the school have made every effort to support the student*
3. *If a student has had 2 or more disciplinary placements at partner schools for similar issues*
4. *If a student has had fixed term exclusions or is experiencing difficulties which appear to be leading towards fixed term exclusion*
5. *A student is seeking an in-year transfer to a new school and meets the criteria 1, 2 or 3 above*
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| 4. Pupil at Risk of permanent exclusion (P.A.R.E. PLUS) - Targeted intervention PLUS(Ithrive - getting risk support) |
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| Graduated Response checklist | Rationale for stage of the Graduated Response | If yes details and datesWhat was the impact?If not why not? |
| Has school held a \*PARE PCR?*(plan do)* | *A PARE PCR is a problem-solving meeting attended by parents school plus reps from a range of Education, Health and Care settings plus the LA Inclusion and SEND support Teams including QEST and EP Teams. It is designed to try to prevent the PEX* *NB there is a form that school is asked to complete and circulate in advance of the meeting. This form can be accessed via the Inclusion Team at the Council.*  |  |
| Has school has trialled and evaluated a PSP?*(plan do, review, and evaluate)* | *A Pastoral Support Plan (PSP) is a school led intervention to help to maximise the inclusion of the most at-risk pupils i.e., those vulnerable to permanent exclusion.* *It offers a school or setting the opportunity to create a highly personalised plan using person centred planning approaches.**It is used primarily to look at times of success, blocks to learning thus improving access and reducing environmental stress.**A PSP ideally should be used for no longer than 16 weeks ( this is optimum time to plan do and evaluate the impact of the intervention)* |  |
| Has school considered the possibility of a Fresh Start ( primary schools only ) | *Taken from OLDHAM PRIMARY ‘FRESH START TRANSFER PROTOCOL’**2019**‘Fresh Start’ transfers between schools first appeared in DfE Circular 10 99 as a possible intervention to be used in a child’s pastoral support program and/or to avoid permanent exclusion.* *The Circular makes it clear that such a move must be with the agreement of the child’s parent/carer(s), therefore requests will not be considered without signed agreement.* |  |