

## Graduated Approach Tables

### Social, Emotional Mental Health-Level 1 & Wave 1

Impact on Learning-what are we seeing?	Response-What should we do next?	Strategies-What can we put in place?
<p>Observed <b>emerging</b> and/or <b>fluctuating</b> difficulties with some or all of the following:</p> <p><b>Relationship &amp; Interaction</b></p> <p>Difficulties with interpersonal communication or relationships, regularly reluctant to share materials or attention and/or participate in social groups. Can be over dominant.</p> <p>May not communicate feelings appropriately</p> <p>Is withdrawn and isolated, generally seeking too little or too much adult attention with limited or selective communication. Regularly appears on the fringe of activities</p> <p>Verbal challenges to peers or adults which do not cease with verbal intervention and requires adult intervention and/or time out from the situation</p> <p>Foreseeable signs of distress to usual social situations or activities, e.g. withdrawing, refusing, avoiding, lack of engagement that requires adult acknowledgement and a need for space or time out</p> <p>Teases/ provokes other children and young people.</p> <p>May lie and blame others for incidences.</p> <p><b>Response to School &amp; Classroom Expectations</b></p> <p>Involved in low level distractions which hinder own concentration and that of others due to a lack of social understanding, task avoidance and/or with intent to gain attention</p> <p>Behaviour that can be challenging and/or upsetting towards peers or adults, that is perceived to be intentional</p> <p>Some anti-authoritative behaviour</p> <p>Talks too much</p> <p>Interrupts teacher</p>	<p>Determine key areas of concern</p> <p>Consider further assessment under the following headings;</p> <p>Classroom / School environment</p> <p>Wider Environmental Factors – Family / community</p> <p>Behaviour – Extent, History, Pattern</p> <p>Strengths – Exceptions, What works?</p> <p>CYP skills – Academic and SEL</p> <p>CYP's belief and Psychological constructs, self</p> <p>–esteem, resilience</p> <p>Bio- Physical / medical (Including vision, hearing....)</p> <p>Discuss concerns/observations with parent(s)</p> <p>Obtain and record parental information and views</p> <p>Obtain and record child or young person's views</p> <p>Implement strategies</p>	<p><b>Make Changes to Learning Environment</b></p> <p>Consider seating and grouping of children and young people and adult influences.</p> <p>Consider the use of positive role models</p> <p>Make tasks short, with frequent breaks to support child or young person to achieve, thereby strengthening self-esteem and avoiding frustration if child or young person is struggling with tasks</p> <p>Monitor your own body language, facial expression and tone to project calm and consideration, avoiding aggression or agitation associated with frustration.</p> <p>Appropriate adjustments to light, space, temperature and noise.</p> <p>Ensure commands and instructions are clear</p> <p>Continually model desired behaviours</p> <p>Ensure work is appropriately differentiated in order the child or young person to feel a level of success.</p> <p><b>Encourage Behaviour for Learning</b></p> <p>Use child or young person's name when addressing them or gaining attention</p> <p>Utilise positive behaviour strategies, such as praising desired behaviour, separating behaviour from child or young person and reminding of expectations, e.g.</p> <p>Say what you want him or her to do, rather than what you don't</p> <p>Label the behaviour but not the child or young person</p> <p>Remind child or young person of a rule rather than telling them off, or make a point of praising a child or young person who is keeping the rule</p> <p>Remind child or young person of the consequences of the various behavioural choices</p>

<p>Struggles to start or finish tasks</p> <p>Struggles to follow class and school rules.</p> <p><b>Self / Emotional Regulation</b></p> <p>Difficulty in controlling own emotions, feelings of frustration or distress in response to social or environmental situation that requires a reflective response with the child or young person</p> <p>Anxiety and/or low mood impacting on ability to participate, engage and maintain attention requiring regular adult support and reassurance, which may be situationally dependent</p> <p>Some self-esteem and/or resilience difficulties leading to avoidance of new experiences/fear of failure</p> <p>Self-harming behaviours</p> <p>Over active or restless, struggles to remain in seat.</p> <p>Acts in an impulsive manner</p> <p>Poor personal organisation, may not have the correct equipment, may struggle to set work out correctly.</p> <p>May appear angry for no apparent reason.</p>		<p>open to them Make an effort to ‘catch the child or young person being good’ and praise them</p> <p>Have a range of simple, accessible activities that the child or young person enjoys to use as ‘calming’ exercise. Lesson planning ensure they are fun and engaging with a clear structure. Clear rules, routines and procedures in the classroom.</p> <p>The classroom has a calm, productive feel.</p> <p>Clear system of positive reinforcement is used throughout out the school day.</p> <p>Children and young people are aware when they have done something well. Praise / positive reinforcement occurs at least four times as much as highlighting negative behaviours.</p> <p>Direct steps are taken to build the relationship between teacher and the child or young person.</p> <p>Teacher differentiated by feedback and individualised instruction.</p> <p>High but realistic expectations are evident and understood.</p> <p>Making mistakes is seen to be alright and the classroom ethos conveys this.</p> <p><b>Build Social &amp; Emotional Learning</b></p> <p>Use available adults to model, coach and reinforce group work skills when the child or young person is working collaboratively with others</p> <p>Devise a private signal system to let the child or young person know when they are off task or behaving inappropriately</p> <p>Use a buddy or mentoring system with another child or young person</p> <p>Take steps to build child or young person’s self-confidence, for example:</p> <p>Provide opportunities to share interests and skills</p> <p>Give them responsibilities or ask the child or young person to help others</p> <p>Have them keep records of new things they learn and can do</p> <p>Photocopy good pieces of work for them to take home</p>
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<b>Evidence of Graduated Approach-How do we track and record progress and outcomes?</b>		
<p>Brief record of parental views (completed Discussion Form)</p> <p>Brief record of child or young person's views</p> <p>Collated assessment data</p> <p>Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)</p> <p>Brief record of any external support or contact (e.g. records of telephone conversation or emails)</p>		

**If "Impact on Learning" indicators remain and/or progress has not been made - Continue to Level/Wave 2**

## Social, Emotional Mental Health-Level 2 & Wave 2

Impact on Learning -what are we seeing?	Response-What should we do next?	Strategies-What can we put in place?
<p>Observed <b>persistent</b> and <b>moderate</b> difficulties with some or all of the following:</p> <p><b>Relationship &amp; Interaction</b></p> <p>Difficulties with interpersonal communication or relationships, regularly reluctant to share materials or attention, participate in social groups and distracts other children or young people, or self</p> <p>Is withdrawn and isolated.</p> <p>Generally seeking too little or too much adult attention, which may often be negative attention</p> <p>Struggles to / will not communicate feelings appropriately</p> <p>Avoidance of new experiences / fear of failure despite strategies and additional support described at 'Wave/Level 1'.</p> <p>Harmful or unsocial behaviour in different settings, which may be upsetting or pose a risk to self or others.</p> <p><b>Response to School &amp; Classroom Expectations</b></p> <p>Verbal aggression to peers or adults which is high frequency and sustained.</p> <p>High levels of disruption causing break down in group activities.</p> <p><b>Emotional Regulation</b></p> <p>Frustration and distress which may result in danger or damage to self, people or property Emotional responses that are not typical of the majority of the age group</p> <p>Reduced ability to acknowledge or accept responsibility for his/her own actions in a heightened emotional state</p> <p>Anxiety and/or low mood adversely affecting participation, engagement, inclusion and</p>	<p>Determine key areas of concern</p> <p>Consider further assessment under the following headings;</p> <p>Classroom / School environment</p> <p>Wider Environmental Factors – Family / community</p> <p>Behaviour – Extent, History, Pattern</p> <p>Strengths – Exceptions, What works?</p> <p>CYP skills – Academic and SEL</p> <p>CYP's belief and Psychological constructs, self –esteem, resilience</p> <p>Bio- Physical / medical (Including vision, hearing....)</p> <p>Record detailed planned changes as part of Assess, Plan, Do and Review</p> <p>Class teacher, HOI, parents and child/young person continue to liaise on a regular basis – minimum of 3 meetings with parents within a 12 month period If necessary:</p> <p>Obtain and record updated parents' views</p> <p>Obtain and record updated child or young person's views</p> <p>Implement strategies</p>	<p>Continue with any relevant strategies from Level/Wave 1, plus:</p> <p><b>Make Changes to Learning Environment</b></p> <p>As far as possible, take steps to increase stability and predictability of environment</p> <p>Provide safe area for child or young person to calm down or concentrate when required.</p> <p>Make tasks short, with frequent breaks.</p> <p>Use available adults to model, coach and reinforce group work skills when the child or young person is working collaboratively with others.</p> <p>Support maintaining focus in a nonconfrontational way at regular intervals using strategies such as using the child or young person's name, touching the desk in front of them or their book, passing post-its of instructions, using an agreed card system such as traffic lights.</p> <p>Individualised support that will include curriculum content, group dynamics, supported access to additional medical appointments.</p> <p>Access to sensory based therapies and work outs.</p> <p><b>Encourage Behaviour for Learning</b></p> <p>Implement an appropriate and individualised behaviour management programme</p> <p>Provide individual task lists to enable child or young person to complete tasks to deadlines and reduce anxiety and / or anger.</p> <p>Provide a plan and support for unstructured and / or transition times</p> <p>Devise a private system to let the child or young person know when they are off task or behaving inappropriately.</p> <p>Utilise nurture group ethos and strategy</p> <p><b>Build Social &amp; Emotional Learning</b></p>

<p>concentration levels in multiple situations and requiring sustained and recorded adult intervention and support</p> <p>Self-harming behaviours</p>		<p>Use appropriate emotional awareness and regulation workbooks or programmes within individual or a small group.</p> <p>Implement an individual or small group tailored social skills intervention</p> <p>Use an anger scale with the child or young person, such as 5-point anger scale</p> <p>Individual or small group use of low level emotional health interventions such as: relaxation exercises, safe place imagery, positive affirmations, thinking errors, positive events log, anxiety scale, worry charts, motivational rewards, celebration book etc.</p> <p>Give them responsibilities or ask the child or young person to help others.</p> <p>Have them keep records of new things they learn and can do.</p> <p>Provide opportunities to share interests and skills.</p> <p>Make communication skills and behavioural expectations a core focus – this should include ways to show you are listening.</p> <p>Teach good mental health strategies either through Social and Emotional, mindfulness or similar therapeutic activities to calm and clear the mind.</p> <p>Targeted behavioural modification programmes with family support and training.</p> <p>Provide Emotional Supports</p> <p>Child or young person is involved in identifying a member of staff who is able to carry out close liaison between home and school to ensure consistency across settings</p> <p>Use appropriate interventions from self-harm pathway on an individual basis such as: personal safety plan, self-harm passport etc.</p> <p>Photocopy good pieces of work for them to take home.</p> <p>Signpost young person to resources available e.g. recommended supportive websites.</p> <p>Use a buddy or mentoring system with another child or young person.</p>
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		<p>Trauma and grief therapy Specialist therapeutic interventions e.g. play therapy, art therapy, interest based activities that facilitate reflective practice etc.</p> <p><b>Multiagency approach</b> School work with medical staff to provide holistic package of care and intervention. Signpost parents to support for parents mental health</p>
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**Evidence of Graduated Approach -How do we track and record progress and outcomes?**

Individual Education Plan, which should include:

Record of parental views

Record of child or young person's views

Collated assessment data from a range of sources (e.g. class teacher and HOI)

Record of desired outcomes for child or young person

Record of implemented resources and strategies including resulting impact and progress (assess, plan, do, review cycles)

Log of meetings with parents - minimum of 3 meetings within a 12-month period to support assess, plan, do and review cycle  
Record of any external support, contact or advice, e.g., EP action plan

Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)

Additional documents (if relevant/appropriate for individual):

Behaviour log and/or records e.g. ABC forms/Tally sheets

Risk Assessment

**If "Impact on Learning" indicators remain and/or progress has not been made - Continue to Level/Wave 3**

## Social, Emotional Mental Health-Level 3 & Wave 3

Impact on Learning-What are we seeing?	Response-What should we do next?	Strategies-What can we put in place?
<p>Observed <b>persistent</b> and <b>significant</b> difficulties with the following:</p> <p><b>Relationship &amp; Interaction</b></p> <p>Withdraws or chooses not to participate in any interactions to a degree that requires continuing adult support within and outside the classroom context, e.g. a more personalised curriculum paying regard to specific areas of interest or strength and difficulty and differentiated appropriately.</p> <p>Difficulties in forming and maintaining reciprocal peer and adult relationships leading to significant social isolation and disengagement</p> <p>Verbal and/or physical aggression to peers or adults which does not cease with deescalation techniques and/or requires time out from the situation</p> <p>Will not communicate feelings appropriately. More likely to be communicated through negative behaviours.</p> <p>Child or young person displays apathy or desensitisation towards situations.</p> <p><b>Response to School &amp; Classroom Expectations</b></p> <p>Complete disengagement and withdrawal in a classroom setting requiring high levels of adult support to re-engage with and access learning.</p> <p>Anti-authoritative behaviour</p> <p>Consistent high levels of disruption</p> <p><b>Emotional Regulation</b></p> <p>Extreme emotional responses that are not age or situationally appropriate leading to an inability to engage with any formal learning situations and taking a significant amount of time and support to calm from risk taking behaviour that has the potential to harm.</p>	<p>Determine key areas of concern</p> <p>Consider further assessment under the following headings;</p> <p>Classroom / School environment</p> <p>Wider Environmental Factors – Family / community</p> <p>Behaviour – Extent, History, Pattern</p> <p>Strengths – Exceptions, What works?</p> <p>CYP skills – Academic and SEL</p> <p>CYP's belief and Psychological constructs, self –esteem, resilience</p> <p>Bio- Physical / medical (Including vision, hearing....)</p> <p>Record detailed planned changes on Assess, Plan, Do and Review documents.</p> <p>Class teacher, HOI, parents and child/young person continue to liaise on a regular basis – minimum of 3 meetings with parents within a 12month period If necessary:</p> <p>Obtain and record updated parents' views</p> <p>Obtain and record updated child or young person's views</p> <p>Continue to implement specialist advice</p>	<p>Continue with any relevant strategies from Level/Wave 2, plus:</p> <p><b>Make Changes to Learning Environment</b></p> <p>Develop a individualised whole school approach that provides a consistent reward and sanction structure</p> <p><b>Encourage Behaviour for Learning</b></p> <p>Implement an appropriately differentiated curriculum; this may incorporate a personalised/ alternative curriculum and/or timetable (facilitating SEMH skill development)</p> <p>Short term and focused alternative provision within school where appropriate</p> <p>Provide a safe and supervised area for calming and time away from triggers</p> <p>Adapt curriculum and allocated resources (adult support, or physical resources e.g. ICT or sensory items) to meet the individual SEMH needs</p> <p><b>Build Social &amp; Emotional Learning</b></p> <p>Use social stories to explore choices of actions and potential consequences</p> <p>Implement specific lessons in social interaction that cover conversation, meal-time etiquette, personal safety, manners etc. (It may be necessary to review facial expressions and body language as part of this). This should include giving and receiving compliments.</p> <p>Teach self-help strategies to minimise hypervigilance, such as not sitting next to or facing doors or windows, using noise cancelling headphones to block out sound etc.</p> <p>Use reflective practice to support positives and successes and develop a 'social toolkit'</p> <p>Use role play/verbal rehearsal before activities to reinforce behavioural expectations and reduce social anxiety</p> <p><b>Provide Emotional Supports</b></p>

<p>Positive handling is necessary to safeguard the child/young person and others</p> <p>Limited ability to acknowledge or accept responsibility for his/her own actions in a heightened emotional state</p> <p>Anxiety and/or low mood adversely affecting participation, engagement, inclusion and concentration levels in the majority of situations and requiring specific and targeted interventions. May already have referral to mental health service.</p> <p>Emotional functioning affected to a level where regular self-harm is occurring and necessitating specialist mental health services</p> <p>Difficulties in controlling own emotions and feelings of frustration or distress in response to social or environmental situations that requires emotional containment</p> <p>Self-harming behaviours</p>		<p>Discuss social boundaries for forthcoming activities explicitly to support social communication difficulties in preparation for events or changes to the normal school routine</p> <p>Provide access to appropriate key adult support</p> <p>Support of parents to understand mental health and guidance on appropriate techniques and skills to use</p> <p><b>Multiagency approach</b></p> <p>Specialist, collaborative, multiagency interventions which could for example include the use of specific specially trained staff to meet the individual needs Health professionals advice detailing interventions is implemented</p>
<p><b>Evidence of Graduated Approach-How do we track and record progress and outcomes?</b></p>		
<p>Record of parental views</p> <p>Record of child or young person's views</p> <p>Ongoing, collated assessment data from a range of sources (e.g. class teacher and HOI)</p> <p>Smaller, SMART targets for child or young person based on outcomes described in IEP</p> <p>Record of implemented and reviewed resources and strategies - including resulting impact and progress (plan, do, review cycles)</p> <p>Includes specific amounts (times and costs) – e.g. costed provision map</p> <p>May include intervention reflection sheets</p> <p>Log of meetings with parents - minimum of 3 meetings within a 12-month period to support assess, plan, do and review cycle</p> <p>Record of any external support, contact or advice (including reports or assessments) which has been implemented and reviewed</p> <p>Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)</p> <p>Additional documents (if relevant/appropriate for individual):</p> <p>Boxall Profiles</p> <p>Behaviour log and/or records e.g. ABC forms/Tally sheets</p> <p>Completed strengths and difficulty questionnaire (SDQ)</p> <p>Risk Assessment</p> <p>Reducing Anxiety Management Plan</p>		