



Reading Graduated Response to SEND

5-16y

SEMH

Reviewed April 2021

To be read in conjunction with:

- SEND Mainstream Guidance. Supporting children and young people who have special educational needs and disabilities (SEND) in mainstream Early Years providers, schools and Post-16 settings. November 2016
- Ordinarily Available document (to be reviewed August 2020)
- Banding Document
- <https://www.gov.uk/government/collections/statutory-guidance-schools>
- “Mental health and behaviour in schools” - Revised November 2018
- Therapeutic Thinking Schools training information and resources

SOCIAL EMOTIONAL AND MENTAL HEALTH DIFFICULTIES

For some children and young people, difficulties in their emotional and social development can mean that they require additional and different provision in order for them to achieve.

What are Social, Emotional and Mental Health Difficulties?

Children and young people who have difficulties with their emotional and social development may have immature social skills and find it difficult to make and sustain healthy relationships or regulate their feelings and emotions. These difficulties may be displayed through internalising behaviours (eg: becoming withdrawn, depressed, anxious or isolated) or externalising behaviours (eg: acting out in challenging, disruptive or dangerous ways). Both internalising and externalising behaviours can be equally significant indicators of distress.

A wide range of mental health problems might require adjustments to be made in school. These can manifest as difficulties such as problems of mood (anxiety or depression), problems of conduct (oppositional defiance and more severe conduct problems including aggression), self-harming, substance abuse, eating disorders or physical symptoms that are medically unexplained. Some children and young people may have recognised disorders such as attention deficit disorder (ADD), attention deficit hyperactive disorder (ADHD), attachment disorder, autism or pervasive development disorder, an anxiety disorder, or, more rarely, schizophrenia or bipolar disorder. The Government Guidance document “Mental health and behaviour in schools” (November 2018) clearly states: “As set out in Chapter 6 of the statutory SEND 0-25 years Code of Practice 2015, schools need to be alert to how mental health problems can underpin behaviour issues in order to support pupils effectively.... They also need to be aware of their duties under the Equality Act 2010, recognising that some mental health issues will meet the definition of disability.”

Certain types of SEN increase the likelihood of mental health problems, children with autism or learning difficulties are significantly more likely to experience mental health problems. Children in need, children looked after by the Local Authority and children previously looked after, are more likely to have SEN and to experience the challenges of social, emotional and mental health problems. Risk factors are cumulative, children exposed to multiple risks such as social disadvantage, traumatic experiences, family adversity and cognitive or learning difficulties are much more likely to develop conduct disorders or behaviour problems. In order to promote positive mental health, it is important that the school have an understanding of the protective factors that can enable pupils to be resilient when they encounter problems and challenges.

Conversely, SEMH difficulties do not necessarily mean that a child or young person has a SEN and should not automatically lead to a pupil being registered as having SEN. However, consistent disruptive or withdrawn behaviours can be an indication of unmet SEN, and where there are concerns about behaviour;

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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.

All children and young people progress at different rates and their social, emotional and mental health needs can change over time. It is important to understand what is a reasonable expectation for a particular child or young person to achieve, taking into account their particular context.

Therapeutic Thinking Schools

Therapeutic Thinking Schools (TTS) approach is Brighter Futures for Children's (BFFC) / Reading's approach to Behaviour and Inclusion - it is at the heart of the Education and SEND Strategy. Evidence from other LA's using the approach demonstrates a reduction in exclusions and use of physical interventions to manage behaviour as a result of using this approach. All schools in Reading are able to access training in the approach and the Local Authority strongly encourages them to do so.

Therapeutic approaches to behaviour mean that:

- School policy and the day to day practice in schools provides experiences that create sustained *positive feelings* within all children (regardless of their experiences of trauma, disability, difficulty and or neuro type).
- *Equity* is promoted over equality – whereby all children are *given the positive experiences they need* to succeed, rather than treating all children the same regardless of need.
- Behaviour is *analysed* to understand the feelings and motives driving the behaviour.
- Everyone involved in supporting a child to understand the drivers of dangerous or difficult behaviour and be consistent in how they manage children who are showing distress or anxiety through internalising or externalising behaviours.
- Approaches need to be underpinned by a clear *therapeutic* behaviour policy. A therapeutic behaviour policy does not use behaviourist approaches (use of reward and punishment / sanctions to manipulate and control behaviour).
- Schools do not use public methods of tracking behaviour that risk creating negative feelings – students cannot publically see the judgement of staff.
- Therapeutic plans are used to give clear and specific direction to staff regarding what to do to manage individual pupils where additional differentiation is needed (over and above the whole school behaviour policy).
- Group dynamics are used to plan provision and distribute resources so that all children within a cohort are given the support they need.
- Exclusion is linked to management of risk (protective consequence) and not used as a punishment, sanction or discipline measure.
- All BFFC staff whose role is to advise schools will be familiar with, and give advice that is in line with this approach.

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A Graduated approach to SEMH

As outlined in the Government Guidance document “Mental health and behaviour in schools” (November 2018): “A school’s approach to mental health and behaviour should be part of a consistent whole school approach to mental health and wellbeing. This should involve providing a structured school environment with clear expectations of behaviour, well communicated social norms and routines, which are reinforced with highly consistent consequence systems. This should be paired with an individualised graduated response when the behavioural issues might be a result of educational, mental health, other needs or vulnerabilities....”

To make it less likely that difficulties will arise or become more severe, schools will need to develop and maintain:

- Clear policies relating to Social, Emotional, and Mental Health (SEMH), Teaching and Learning, Health and Safety, Safeguarding and SEND, signed by staff, and available on the school website and accessible via the Local Offer.
- Inclusive & effective teaching and learning across the curriculum
- Fully inclusive school ethos which is understood and shared by all stakeholders
- “Differentiation for behaviour” should be embedded in the schools inclusive ethos
- A positive learning environment which recognises behaviour as a communication of a pupil’s emotional state
- Robust curricular, pastoral and behaviour support arrangements
- Systems that develop, maintain and value relationships and the views of all stakeholders
- It is important that exclusion is only ever linked to management of risk (protective consequence) and not used as a punishment, sanction or discipline measure. For example: A child may receive a fixed term exclusion after an incident of homophobic bullying long enough for a plan to be created that protects victims when the child returns and to put in place educational consequences to reduce the likelihood of a recurrence of that behaviour, not used simply as a punishment.

Schools will employ a variety of approaches to maximise the engagement and achievement of all children and young people within their provision maps. These arrangements apply to all children and young people and are not part of the special educational provision. Schools’ pastoral care arrangements should ensure that students are able to discuss any health-related and other problems with a trained member of school staff, a relevant health professional, educational psychologist, education welfare officer, counsellor or other relevant professional.

For some students, quality first teaching and in class scaffolding will not be enough to meet their SEMH needs. Schools may need to employ additional strategies and seek advice from external agencies. Further information on the graduated approach is given below. The access point for additional support at Stage 1 and Stage 2 must be needs-led, dependent on the level of intervention required. For many young people, it may be appropriate to provide support at Stage 1 initially. However, the needs of a few young people may be such that they require intervention at Stage 2 without having accessed support at Stage 1.

STAGE 1 PROVISION FOR SOCIAL, EMOTIONAL AND MENTAL HEALTH	
<i>Normal school entitlement for pupils provided from Element 1 (Universal) Age Weighted Pupil Unit (AWPU)</i>	
IMPACT OF SEMH NEEDS ON LEARNING Indicators may include a child or young person who despite whole school support: Continues to require frequent adult prompting to remain on task. Continues to need support to make and sustain appropriate relationships with adults and/or peers. Displays frequent unpredictable responses to a range of situations e.g. anxiety, anger, unhappiness. Has difficulties expressing their point of view verbally and/or talking about their feelings without intervention. This includes refusal to speak. Engages in attention seeking behaviour and regularly seeks approval from adults and peers. Continues to show signs of being withdrawn and may need encouragement to take part in activities. Signs of emotional turbulence (for example unusual tearfulness, withdrawal from social situations). Signs of selective mutism. May occasionally be unpredictable or destructive. May be withdrawn or behaviour may hinder their own concentration or that of others.	
PROVISION - Quality Teaching Strategies/Specialised Adaptations	
Quality Teaching Strategies/Specialised Adaptations All children benefit from good quality Wave 1 Teaching. This includes high quality teaching which is scaffolded and personalised to meet the needs of the majority of children and young people. Special educational provision is underpinned by high quality teaching and is compromised by anything less. Within Wave 1 teaching some children may, at times, be taught in small groups or in a one-to-one situation to support their learning. Lessons should be planned to address potential areas of difficulty and to ensure that there are no barriers to every pupil achieving. Teachers carefully explain new vocabulary; use lively, interactive teaching styles and make maximum use of visual and kinaesthetic approaches as well as auditory / verbal learning. These need to be carefully matched to pupil needs and abilities. <i>Additional intervention and support cannot compensate for a lack of good quality teaching.</i>	
Assessment, Planning and Review Stage 1 - Initial assessment When a young person is initially identified as needing support, it is necessary to obtain a baseline assessment of those difficulties that are causing concern so that the effectiveness of any intervention can be evaluated. Baselines should give clear ideas of the frequency and severity of any difficulties. Behaviour	

should be described using non-judgemental, accurate descriptions and do not “over describe” or “under describe” the behaviour. At all stages during the graduated response, attempts should be made to analyse and understand the feelings and motivations that drive behaviour so that interventions follow logically from this.

Useful tools at this stage *could include* the use of:

- Checklists
- Observations
- Assessments eg Boxall Profile; SDQ; Risk Assessments (see appendix),
- Analysis tools such as: anxiety analysis, therapeutic tree, subconscious and conscious behaviour checklists.
- Young person’s views
- Advice sought via a Mental Health surgery (with EP / PHMW). This may be done in general terms (eg: without naming the child or making a formal referral).

Children and young people at Stage 1 require support which is additional and different to the support normally available within the school environment. The indicators for intervention at Stage 1 would be based on concerns, underpinned by evidence and analysis, that despite receiving scaffolded learning opportunities, a child or young person makes little or no progress over a sustained period of time.

Schools will have a clear behaviour policy that provide clear instructions for staff on how to respond to prosocial, difficult or dangerous behaviour and this is fully integrated into school systems to support positive behaviour management.

Baseline information of particularly significant behaviours will be collected in order to inform strategies for intervention and evaluation.

An Individualised Plan provides which focuses on the promotion of positive feelings / experiences and therefore the development of appropriate behaviours and the reduction of inappropriate behaviours.

Pupil progress and the effect of interventions will be measured over time (i.e. through the Boxall profile / SDQ / Individual SMART targets and goals.).

Effects of all interventions will be considered holistically, i.e. in relation to the outcomes for the child, family and school.

The child/young person’s behaviour will be observed in a range of contexts.

Progress will be systematically and regularly monitored to establish the effectiveness of the intervention. Reviews will take place at least each half-term.

A Team Around the Child (TAC) meeting may be called to inform holistic planning.

Grouping for Teaching Purposes

Curriculum is clearly differentiated and adapted to meet the child/young person’s needs.

Grouping strategies used flexibly, taking into account group dynamics, to make best use of available staff and space, to enhance learning and access to the curriculum.

Small group programmes using evidence based interventions.

School based individual or group pastoral support sessions focussing on the educational consequences of behaviour to support the child to respond in more prosocial ways.

Work and intervention are focused on particular aspects/modules from school based SEAL programme or similar, as appropriate.

Personalised learning programmes are implemented.

Curriculum and Teaching Methods

Responses to antisocial behaviour for all students are to either protect or to teach. How can I keep people safe? What does the child need to learn? How are we going to teach them? These are educational and protective consequences which follow logically from the behaviour causing a concern.

Responses to behaviour do not include pointlessly taking things away or imposing meaningless activities or limits to freedoms.

Use of de-escalating techniques (e.g. Bill Rogers / adopted scripted language such as Positive phrasing and Limited choices). All communication is carefully considered and where needed staff are using agreed scripts).

Conflict resolution programmes.

Consideration of alternative means of accessing the curriculum (e.g. ICT).

Devoting additional time to activities which address the child/young person's difficulties using specific teaching methods/programmes e.g. Circle of Friends approach, cognitive behavioural approaches, social skills programmes, emotional regulation techniques, self-esteem/self-confidence programmes etc.

Tasks may need to be differentiated by level/outcome/pitch/pace and grouping to match learning needs, concentration level, interest and motivation.

Additional pastoral support, Human and Other Resources

Access to a key worker adult or peer mentor on a regular basis – building in opportunities to talk.

Making use of SEN Personal Advisors / Mental Health surgeries to help reduce barriers to learning that are behavioural, emotional and/or social.

The child / young person may have flexible access to a base within school where support is available, e.g. LSU nurture provision / safe quiet space to spend breaktimes, etc.

Implementation of support programmes to address child/young person's specific needs.

The child/young person may be supported via a Buddying/peer mentoring scheme.

Use of counsellors / learning mentors if school has access to this type of support.

Targeting existing resources in the classroom with children/young people who are experiencing SEMH. Consider the needs of identified groups (safe learners, internalisers, externalisers) and differentiate to ensure therapeutic outcomes for each learner.

Deploying additional support specifically for one or more children/young people in the class.

Help in adjusting to school expectation and routines.

Making use of pupil support within the class group (e.g. cross age peer support)

<p>Parent's/Carers and Young Person participation</p> <p>The child/young person will be fully involved in the assessment process and in the planning of subsequent interventions. Parent's / Carers will be encouraged and supported to work together with the school. They will be an integral part of the process of assessment, intervention and target setting.</p> <p>School should work with the child and parent carers to identify triggers, experiences and underlying emotions, and identify a plan to get the necessary help.</p> <p>Child/young person and parental involvement in the programme is clearly defined.</p> <p>Self evaluation encouraged and developed.</p> <p>Students' self-assessment routinely used to set individual learning targets.</p> <p>Parent/Carer engagement and involvement are positively and actively promoted from the earliest opportunity.</p>
<p>Training and Advice</p> <ul style="list-style-type: none">• Enhancing the skills level and knowledge of human resources through targeted and specific training.• All RBC Head teachers and schools are strongly encouraged to attend and apply the Therapeutic Thinking Schools training. This then needs to be cascaded to all staff working in their school so that staff can apply the tools and techniques in their everyday practice.• Staff training needs with regards to child/young person's social, emotional and behavioural development are addressed and information passed to other staff and parents, as appropriate.
<p>School to School support</p> <p>Including observations, joint training, consultation and outreach.</p>
<p style="text-align: center;">STAGE 2 PROVISION FOR SOCIAL, EMOTIONAL AND MENTAL HEALTH <i>Provided from school's delegated budget Element 2 (Notional Special Educational Needs budget)</i></p>
<p style="text-align: center;"><u>When move to Stage 2?</u></p> <p>After at least 2 reviews at Stage 1, a few children or young people may not be making expected progress towards the targets set. These children and young people would be considered for Stage 2 intervention. The period of time covered by this review process would normally be approximately six months, but during this period or towards the end of this period, schools or colleges should consult with relevant support services to consider the nature of the difficulty and appropriate Stage of additional support. If a child or young person's behaviours escalate quickly, in spite of appropriate strategies being in place, it may be appropriate to shorten the review cycle. Progress indicators should be measured against baseline information after targeted intervention has been implemented and monitored as part of the evaluation process.</p>

IMPACT OF CONDITION ON LEARNING

Despite receiving an individualised programme and/or concentrated support the young person:

- Has social, emotional and/or mental health difficulties which substantially and regularly interfere with their own learning or that of the class group.
- Continues to make little or no progress despite interventions designed to improve aspects of their social, emotional and/or mental health development.

The difficulties experienced may include:

- Remaining off task despite significant adult support.
- Displaying unusual, harming or dangerous behaviour to self or others.
- Experiencing a significant level of rejection by peers leading to an increase in social isolation.
- A high level of dependency and may have significant difficulties relating to their peer group.
- Frequent and prolonged mood swings.
- Evidence of significant unhappiness, anxiety, stress or dissatisfaction which is affecting learning and may lead to period of absence from school.
- persistent emotional or behavioural difficulties that have not been ameliorated by differentiated learning opportunities or by the behaviour management techniques usually employed by the school,
- very poor concentration and significant difficulties accessing curriculum
- High levels of anxiety which make it difficult to remain in the classroom.

PROVISION - Quality Teaching Strategies/Specialised Adaptations Stage 1 plus:

Assessment, Planning and Review

Regular monitoring and reviewing of programmes and strategies as advised by outside agencies.

Parent /carer involvement in programmes is particularly desirable. All agencies should work together to ensure that parental involvement is achieved wherever possible.

Baseline recording of particularly difficult or significant behaviours *should* be made in order to analyse and understand the behaviour to inform interventions and protective / educational consequences.

Useful tools at this stage may include:

- Checklists
- Observations
- Assessments eg Boxall Profile; SDQ; Risk Assessments.

- Analysis tools such as: anxiety analysis, therapeutic tree, subconscious and conscious behaviour checklists (or other equivalent, evidence based behavioural analysis tool).
- Young person's views.
- A risk assessment may be helpful in informing appropriate interventions depending on presenting behaviours/areas of concern.
 - An assessment of cognitive functioning and speech and communication if problems are persisting - in recognition of the high numbers of CYP with learning and/or language difficulties.
 - Pastoral Support Plans (PSPs) may be set following consultation with external professionals such as staff from specialist settings, Behaviour Support staff, educational psychologists, and professionals from the CAMHS. A Pastoral Support Plan is a school-based intervention to help an individual student understand and manage their feelings and behaviour and should be drawn up for any student who needs extra support in managing their behaviour, has had a fixed term exclusion, or whose behaviour has deteriorated.
- Careers Advice involvement if concerns re NEET.
- Successes will be celebrated.
- A therapeutic plan (or equivalent) should be used for pupils whose behaviour frequently victimises others in the dynamic or regularly causes significant harm to themselves; requires a high level of staff support; where the behaviour is dangerous. A Therapeutic Plan would incorporate / be informed by many of the above strategies.
- Therapeutic plans must be underpinned by analysis and will not be effective unless underpinned by a therapeutic behaviour policy that gives staff clear, unambiguous instructions around how to respond to behaviour.

Curriculum and teaching methods

As above, plus:

Implementation of programmes and strategies as advised by relevant outside agencies.

Wave 3 intervention as part of a small group (e.g. Silver set SEAL materials, Dinosaur Programme, social skills programmes, etc.).

Clear communication throughout the school

Management system with weekly updates;

Appropriate behaviour and expectations are taught alongside the academic curriculum.

Consideration should be given to the use of IT, audio visual support, 'time out' to support a scaffolded curriculum for a student who has difficulties in engaging in traditional methods of curriculum delivery.

Grouping for Teaching Purposes

Continued access to small group support within class and outside the classroom environment, as appropriate to child/young person's needs, with a focus on skills development, resilience and coping strategies.

Individual support from an appropriate adult within class, as appropriate

<p>Group work supported by relevant outside agencies.</p> <p>Increased flexibility re curriculum e.g. “small garden”. A small garden is a different experience that may be required when the emotional needs of a student cannot be met in the “Big Wide World” of the classroom. A small garden is appropriate where inclusion in the classroom causes frequent and intense negative feelings for the individual, or where a protective consequence is required to prevent the behaviour of the student from victimising others or causing distress. A small garden can include: teaching in a separate location within the school (individually or within a smaller group), at specific times, and / or taking part in a different task or activity. Small garden are planned, proactive and should be targeted towards situations where the student is unable to cope in the whole class environment – based on analysis.</p>
<p>Additional pastoral support, human and other resources</p> <p>These could include the strategies included in SEAL</p> <p>Continued access to supporting adults within school and support programmes up to 12 hours.</p> <p>Continued access to a base within school where support is available.</p> <p>Involvement of outside agencies as appropriate to the child/young person’s needs, e.g. Schools Link Project, individual Counselling, Therapeutic Groups, Behavioural Support team, Educational Psychologists (EPs) Primary Mental Health Workers (PMHWs) the Child and Adolescent Mental Health Services (CAMHS) as needed.</p> <p>Where environmental factors (eg: housing, family or other domestic circumstances) may be contributing to the presenting behaviour, a multi-agency approach may be appropriate. This might involve Educational Welfare Officers (EWOs) Family Workers (FWs), Social Care, Youth Workers etc...</p> <p>Support during times / lessons / activities in the school day where it is identified (based on analysis) that the student is more likely to experience difficulties.</p> <p>Social support groups weekly;</p> <p>Individual support through daily mentoring by a skilled adult;</p> <p>Peer support strategies at key times;</p> <p>Nurture groups;</p> <p>Positive support</p> <p>Emotional regulation techniques.</p>
<p>Training and advice</p> <p>Specific training and advice for school staff and parents/carers as advised by outside agencies.</p> <p>Outside agency support to model strategies and approaches and to inform practice.</p>
<p>Parents / carers and Pupil Participation</p> <p>Continued partnership with parents/carers to ensure consistency between home and school.</p> <p>Child/young person continues to be involved in process of assessment, setting up interventions and targets.</p>

Regular liaison between school, parents/carers and outside agencies working with the family
Parent / carers are informed about Parent Partnership services.
Parent's / carers may be directly involved in interventions within school, e.g. Family SEAL materials/parenting groups, alongside school interventions or may have involvement from other agencies (e.g. Family Support Workers, Family Liaison Officers, etc.).
All parties will attend relevant TAC/multi-agency meetings or similar, communicating effectively to ensure the child/young person receives joined up support.
School should work with the child and parent carers to identify triggers, (be that being bullied, bereaved, PTSD, anxiety, learning difficulties etc) and identify a plan to get the necessary help.
Student and parent involvement in the plan will be clearly defined.

School to School support

Including observations, joint training, consultation and outreach.

Social, Emotional and Mental Health EHC Needs Assessment

When move to EHC Needs Assessment?

After at least 2 reviews at Stage 2 of Assess, Plan, Do Review, Some children and young people may display difficulties of an extreme nature that require a higher level of resourcing than is reasonable for the school to provide over a sustained period of time. In these cases, evidence will be judged on the degree to which emotional or behavioural needs have an effect on:

Risk of harm (to self and others in the dynamic)

Teacher attention and time.

Access to the curriculum for the child or young person.

The degree and complexity of these behaviours for any child or young person will need to be measured against:

The inappropriateness of the behaviour (partly with regard to the age of the child or young person and to the context in which the behaviour occurs):

Frequency

Intensity

Duration

Persistence over time.

Before applying for a statutory assessment (EHC Needs assessment) before an EHC assessment, schools must have done all they can to identify the triggers for the child's behaviour and to plan for the safe inclusion of the child. This will have included the involvement of external professionals and implementation of their advice, in depth analysis of behaviour, planning which aims to maximise positive feelings and experiences, responses to behaviour that are consistent and include protective and behavioural consequences, attempts to restructure resourcing to safely include the child.

<u>Emotional and Mental Health – Pupil Characteristics</u>		
Stage 1	Stage 2	EHCP assessment
<p>Indicators may include a child or young person who despite whole school support:</p> <p>Continues to require frequent adult prompting to remain on task.</p> <p>Continues to need support to make and sustain appropriate relationships with adults and/or peers.</p> <p>Displays frequent unpredictable responses to a range of situations e.g. anxiety, anger, unhappiness.</p> <p>Has difficulties expressing their point of view verbally and/or talking about their feelings without intervention. This includes refusal to speak.</p> <p>Engages in attention seeking behaviour and regularly seeks approval from adults and peers.</p> <p>Continues to show signs of being withdrawn and may need encouragement to take part in activities.</p> <p>Signs of emotional turbulence (for example unusual tearfulness, withdrawal from social situations).</p> <p>Signs of selective mutism.</p> <p>May occasionally be unpredictable or destructive.</p> <p>May be withdrawn or behaviour may hinder their own concentration or that of others.</p> <p>Difficulty following rules and challenging authority.</p>	<p>Despite receiving an individualised programme and/or concentrated support the young person:</p> <p>Has social, emotional and/or mental health difficulties which substantially and regularly interfere with their own learning or that of the class group.</p> <p>Continues to make little or no progress despite interventions designed to improve aspects of their social, emotional and/or mental health development.</p> <p>Remaining off task despite significant adult support.</p> <p>Highly withdrawn, anxious or significant low mood.</p> <p>Displaying unusual, harming or dangerous behaviour to self or others.</p> <p>Experiencing a significant level of rejection by peers leading to an increase in social isolation.</p> <p>A high level of dependency and may have significant difficulties relating to their peer group.</p> <p>Frequent and prolonged mood swings.</p> <p>Evidence of significant unhappiness, anxiety, stress or dissatisfaction which is affecting learning and may lead to period of absence from school.</p> <p>Persistent emotional or behavioural difficulties that have not been ameliorated by</p>	<p>Indicators will include:</p> <p>Appropriate support over a period of not less than 12 months and this support has included in depth analysis of behaviours leading to a therapeutic support plan or equivalent intervention programme.</p> <p style="text-align: center;">And</p> <p>There is a demonstrable and significant effect on pupil progress over time despite appropriate advice being taken and appropriate support being provided by the school.</p> <p style="text-align: center;">And</p> <p>The young person’s behaviours within the classroom are regularly disruptive and unpredictable.</p> <p style="text-align: center;">And</p> <p>Evidence has being collected and recorded over a period of at least 12 months to show that the young person’s behaviours are qualitatively different from that of his/her peers and there is a lack of significant response despite appropriate intervention to address the identified difficulties.</p> <p style="text-align: center;">Or</p> <p>All involved agree that a sudden and serious deterioration in young person’s presentation has taken place requiring a high level of support on a consistent basis.</p> <p>In addition to the above the school or college should be able to demonstrate that:</p>

	<p>differentiated learning opportunities or by the behaviour management techniques usually employed by the school.</p>	<p>Relevant outside Agency support has been accessed as necessary, with advice being acted upon and regularly reviewed.</p> <p>Outcomes are clearly evaluated and modified as appropriate to address young person's needs. The child or young person's behaviours within the school require a consistently high level of support and is greater than would reasonably be expected from the school's allocated SEND budget or the college's Element 2 budget. Where a child or young person has been permanently excluded from one school s/he must have had a period of no less than 3 months in the next one, with appropriate advice being sought.</p>
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