Children working below ARE

Core Offer/Graduated Response

SEMH

Assessment Point 1

Adapted – Sept 2025

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The SEMH Graduated Response has been created in direct alignment with CC-Behaviour-Policy-253.docx , reflecting our shared belief that *excellent behaviour and emotional wellbeing go hand in hand*. Together, these documents form a unified and proactive framework to identify emerging needs and provide personalised support at the *right time and in the right way*.

By embedding the principles of our school rules—**Be Safe, Be Respectful, Be Ready**—the Graduated Response expands our commitment to inclusion, emotional literacy and timely intervention. It ensures staff have clarity, consistency, and confidence when responding to Social, Emotional and Mental Health (SEMH) needs.

When used together, these tools:

- ✔ Strengthen early identification of SEMH needs
- ✔ Support evidence-informed dialogue with families and agencies
- ✔ Provide a graduated, tiered approach to support and intervention
- ✔ Champion relational practice and restorative approaches
- ✔ Clarify escalation routes for persistent or complex needs

We ask all stakeholders to engage with both the **SEMH Graduated Response** and the **Positive Behaviour Policy** consistently and accurately. Their joint application amplifies impact; making our support timely, thoughtful, and transformative for every child.

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All children are individual, learn at differing rates and time are entitled to fair access to the available resources. If a child is not making adequate progress, assessment over will give information about the type of difficulty they may be experiencing and the most effective interventions to implement.

What all pupils should be getting:

Quality first teaching – Do/Plan

- Assemblies to explore Trust/School Values CHILDREN
- Adult's desire to have an in-depth knowledge of the class needs and backgrounds in order to develop emotional currency within the classroom
- Create a relationally consistent and positive learning environment and atmosphere based on mutual respect
- Exploration of collaborative class/school rules which are displayed, referred to regularly and used to praise correct behaviours
- Adults and children have high expectations for learning behaviours and involvement
- Individualised praise for correct behaviours to support first attention being given to best conduct
- Clear and consistent routines embedded and visually displayed for the class
- Pinch points identified and 3 step routines used to minimise
- Class visual Behaviour Tracker which allows for positive and negative movement. Praise in public, Reprimand in private (PIP, RIP)
- Adults use structured interventions (Scripts) to remind children of expectations and shared rules
- Use of Class visual emotion board displaying a range of emotions that have been introduced/explored by the children
- Access to Worry Monster.
- Encouraging pupil voice through surveys and class discussions
- Co-creating classroom expectations (3Bs) or regulation plans with pupils
- Reflective spaces in books or class journals to process thoughts safely – Worry Monsters
- Educated on calming strategies – Zones of Regulation
- Access Time to Talk areas.
- Circle times
- PSHRE curriculum
- Teachers meet and greet at key time throughout the day.
- Effective and consistent communication and shared expectations from all school staff.
- Leadership opportunities throughout school offered to increase pupil self-esteem.
- Regular use of Zones of Regulation to help children identify and name their feelings
- Emotion check-ins at key times of the day (e.g. start of lessons, post-break)
- Opportunities to explore emotions through stories, role-play, and circle time

Assess/ Review:

- Data levels
- Arbor Records
- Attendance
- PPM meetings termly

	SCAFFOLDING & CATCH UP	INTERVENTION & STRATEGY PLAN	SEND SUPPORT There is evidence that teachers have made reasonable adjustments to include and meet the needs of the pupil within the classroom. There is evidence that the leadership team are fulfilling their whole school responsibilities in relation to SEND.	EXTERNAL SEND SUPPORT If a child is increasingly decreasing at data shots with levels or is consistently not achieving PLP targets you will be moving to evidence for additional support past school.

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Assess	**SDQ** (Strengths and Difficulties Questionnaire) Useful for picking up mild emotional or peer difficulties even if the total score is below threshold. -**SDQ Scores of 0-10** in the borderline range can indicate emerging issues needing light-touch support. **Teacher observations: Observational Markers might be:** -Low-level but chronic avoidance behaviours (e.g. task avoidance, hiding during transitions). -Relational fragility (e.g. struggles to navigate peer disagreements without escalation). -Somatic complaints (e.g. frequent minor ailments linked to emotional discomfort). -Delayed emotional development compared to cognitive peers. **Arbor** Records indicate behavioural changes are beginning to form.	-**Evidence Me** – capturing positive behaviour interactions -**SDQ** (Strengths and Difficulties Questionnaire) Useful for picking up mild emotional or peer difficulties even if the total score is below threshold. -**SDQ Scores of 11-14** in the borderline range can indicate emerging issues needing a more structured and supportive approach -**BPVS** check to be completed (receptive language) and results shared with Subject Leader to support planning. Visual Stress Check -**Persistent Absenteeism:** Attendance below 90%, especially if patterns are linked to anxiety, emotional dysregulation, or school refusal. -**Frequent Late Arrivals:** Especially when habitual and paired with signs of distress or avoidance. -**Unexplained Absences:** Absence codes that lack clear medical or safeguarding justification. -**Parental Withdrawal Requests:** E.g., repeated early pickups or reluctance to attend specific school events. – noise increasing or a change in routine. **Arbor** Records indicate behavioural changes are beginning to become more frequent.	Please repeat the following standardised tests before PLP meetings to aid target setting: • Talc – Deb Willshaw • BPVS – consider if a SALT referral for 'language' would be needed. • Eye checks and hearing checks to be completed • **SDQ** (Strengths and Difficulties Questionnaire) • Useful for picking up mild emotional or peer difficulties even if the total score is below threshold. -**SDQ Scores:** -Total score **15-17** (high/very high range) -Emotional or Conduct subscales frequently flag concerns -High impact scores **(2)** suggest significant functional disruption -**Arbor Records:** Frequent and escalating behaviour incidents, even with behaviour plans in place **Continue to monitor Persistent Absenteeism:** Attendance below 85%, especially if patterns are linked to anxiety, emotional dysregulation, or school refusal. **ABC charts** continue **EIBC charts -** implement **Timed Observation** – SENDco to complete **Evidence Me** – capturing positive behaviour interactions linked to PLP targets	Please repeat the following standardised tests before PLP meetings to aid target setting: • Executive Functioning- D.Willshaw • BPVS • Continue SALT if referred for language • SEND/ Inclusion Hub support – referral • EP support • **SDQ** (Strengths and Difficulties Questionnaire) • Useful for picking up mild emotional or peer difficulties even if the total score is below threshold. -**PASS (Pupil Attitudes to Self and School)** Focuses on pupil voice—low scores in areas like confidence in learning or feelings about school can imply SEMH fragility. -**SDQ Scores:** -Total score **18-40** (high/very high range) -Emotional or Conduct subscales frequently flag concerns -High impact scores **(3-10)** suggest significant functional disruption **Exclusion history** (internal or external) for emotional or behavioural responses

				Individual Risk Assessments identifying 'medium/ high' risks **EIBC/**– along with any personalised tracking i.e. Part Time Timetable review sheets and contracts.
Plan/ Do (This approach is a child-centred approach, please use your teacher judgement to unpick exact need. The steps listed are standard but please feel free to carry out anything specific to your child)	-Incorporating social stories and comic strip conversations to model positive interactions -Explicit teaching of friendship skills and turn-taking - Access to sensory tools (e.g. fidget items, ear defenders, weighted cushions)	Staff to complete the following course: https://nationalcollege.com/webinars/secret-agent-tactics-manage-behaviour-primary -Intervention planning clinic with Mental Health Leader - **TSP** to be generated to aid specific scaffolding required. Consider the following to add in detail to aid the child: -**Individual Regulation Plan**: Co-created with the pupil, outlining triggers and strategies. - **Key Adult Attachment**: Daily check-ins, co-regulation support, and emotional coaching. **Alternative Recording Methods**: Use of voice notes, drawing, or adult scribing. **Positive Reinforcement Systems**: Tailored to the child's motivators and strengths. **Peer Mentoring or Buddy Systems**: To foster connection and reduce isolation **Regular Parent Communication:** Strength-based updates and shared strategies. **Staff CPD:** On trauma-informed practice, attachment, and SEMH differentiation **ABC monitoring** – look for patterns in behaviours. Add details that would support this for example Trauma triggers noted: e.g., anniversaries, family contact, specific topics or environments/ Times of the day – noise increasing or a change in routine.	- National College – tailored CPD to be recommended linked to identified need of child i.e. PDA/ Attachment/ School based refusal -Child added to the **SEND** register as **SEND** support - Attend **SEND PPM** to discuss main areas of concern -Start Assess Plan Do Review process- 6 weekly review as standard. -Ensure that the 'do' section of the PLP is very clear and details exactly the provision to aid progress **Refer to outside agencies for support:** -Speech and Language -Deb Willshaw – PhaB/ TALC testing -internally complete BPVS -EPATT -CAMHS -AIT traded service (if accepted onto the assessment pathway) -AIT take up referral (if full diagnosis has been received) -Refer to **CFLP SEND Hub** to discuss provision and evidence gathering if first cycle has limited impact on progress. **EIBC –** monitoring behaviours and social interactions over a 6-week period. (Behaviour is escalating, unpredictable, or emotionally charged. -Use to understand how and why a child dysregulates, not just what happened.	-Attend SEND PPM to discuss main areas of concern -Start Assess Plan Do Review process- 4 weekly review clinics to take place for these children to review progress and to adapt where needed. -Ensure that the 'do' section of the PLP is very clear and details exactly the provision to aid progress and external support. -contact the SEND Helpdesk within your district to gain advice from LA -**Refer into CFLP Send Hub** for advice around specific SEMH need based on evidence gathered -**Refer into SEND and Inclusion Hub** for support where recommended at the CFLP Hub -ensure recommendations from agencies are implemented and reflected into PLP plans (Autism Inclusion Team/ Outreach). -Begin to complete 'Red Questions' and refer to Graduated Responses Toolkit to guide next steps. - create a costed provision map that demonstrates full use of SEND notional budget (£6000) link this to the additional interventions and support work that is taking place for this child to show need for EHcNA/ EAPDR.

		Ensure that ABC monitoring is reflective and used to aid on-going TSP generation. Attendance Officer support where there are frequent late arrives/ attendance concerns. -referral to emotional support ie WAVEs -Consideration of Early Help support i.e. Gingerbread	-To plan bespoke regulation strategies or trauma-informed responses. **Attendance Officer** support where there are frequent late arrives/ attendance concerns. **Tier 3** Early Help Referral offered to families	CPI training to be completed by key members of staff
Review	-PPM termly - HoS -4 week stop and review – plan for next steps	-Mental Health Leader made aware in order to monitor intervention progress and support writing of -targeted strategy plan -PPM termly - HoS	-6 weekly review with SENDco (SEND PPM) -Daily progress checks -Evidence Me parent share progress over time towards PLP target. -PLP meetings with parents – as targets are achieved.	-4 week clinic review with SENDco -6 weekly SEND PPM meetings - review cost of provision to aid progress against notional budget (£6000) Consider EAPDR/EHCNA following advice from the CFLP SEND hub.
Responsibility	Class Teacher	Class Teacher MH Lead/ Inclusion Lead	Classteacher SENDCo	Classteacher SENDCo
Communication	Send SEMH Letter 1 home along with Specific Learning Pack	Send SEMH Letter 2 home along with Specific Learning Pack	Send SEMH Letter 3 to invite parents in for a PLP meeting to discuss the plan for progress. Ensure a learning pack is ready to be sent home during the meetings to aid progress.	Parents will be invited in for meetings with external agencies if agreed to refer. Please ensure you liaise and gain permissions before committing. Parents invited to PLP reviews
SEMH	**DA / No progress**	**DA / No progress**	**DA / No progress**	**DA / No progress**
Year groups	**Year groups**	**Year groups**	**Year groups**	**Year groups**
Y1				
Y2				

Y3				
Y4				
Y5				
Y6				

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