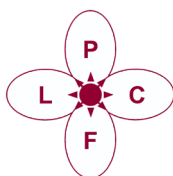# Social, Emotional and Mental Health (SEMH) Strategy for Lincolnshire 2023 - 2026

High quality inclusive education where children can enjoy good mental health and resilience

Co-produced in partnership with
Lincolnshire Parent Carer Forum

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How we will meet this challenge

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Introduction

What does the strategy aim to do?

The purpose of this Social, Emotional and Mental Health (SEMH) Strategy is to set out our aims and strategic direction over the next three years to ensure that children and young people in Lincolnshire are supported in their school settings to enjoy good mental health and wellbeing. This strategy sits alongside Lincolnshire's High Needs Strategy, Early Help Strategy and Early Childhood Strategy, and mirrors the commitment from partners in education, social care and health working together to establish an integrated school system where children and young people get the right health, care and education, in the right place, at the right time and are able to transition to adulthood and independence when they are ready to do so.

What is our SEMH strategic vision?

This strategy has been developed in partnership with a wide range of stakeholders, including young people, parents, health colleagues, early years' providers, schools and post-16 providers and local authority staff.

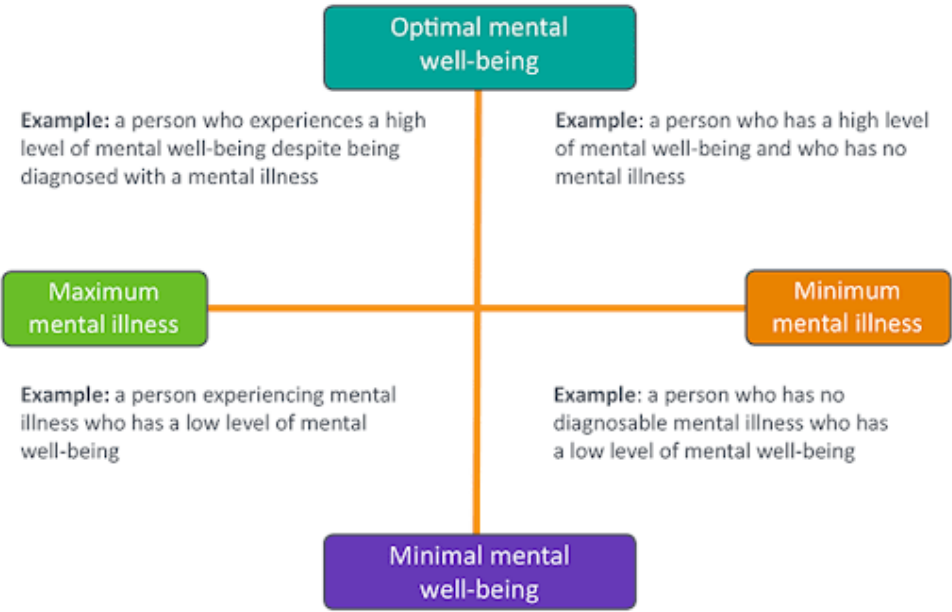Together, we have defined our strategic vision:

- A whole system strength-based approach so that children and young people in Lincolnshire are supported in their educational settings to enjoy good mental health and wellbeing.

- An embedded inclusive ethos within our educational settings so that children and young people get the right health, care and education, in the right place, at the right time, as close as possible to where they live. Where they feel they belong, are respected, hopeful and optimistic about their future.

- Application of early intervention to actively support children and young people's social, emotional, and mental health needs and prevent difficulties escalating and deteriorating so that they become dependent on specialist support, provision, and services.

- Access to the right provision and support at the right time through all stages of emotional health development that provides a continuum of provision that escalates and reduces in alignment with children and young people's needs.

- A shared understanding of social, emotional, and mental health for everyone involved with children and young people to enable them to promote resilience and emotional wellbeing within their work, practice, and support.

What is SEMH?

Social, Emotional and Mental Health (SEMH) is a broad term used to define a range of different needs that children and young people may have at any given time and the impact that these needs may have on their wellbeing and ability to learn. SEMH needs can be attributed to many different causes, some less obvious than others. Life experiences, genetic factors, environments all play a part and all need to be considered.

Children and young people may 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 behaviour. Emotional regulation, recognising and normalising emotions and the ability to manage stress, build resilience skills and understand others' emotions can affect children and young people's sense of wellbeing, access to the community, ability to solve problems and learn effectively. Over time this may lead to more serious, persistent concerns if unsupported. It is therefore vital we provide early support that give children and young people the skills and opportunities to interact with the world effectively and enable them to reach their full potential.

The Mental Health Continuum (below) shows the different positions children and young people can be in regarding their emotional wellbeing and mental health. Many emotional wellbeing difficulties do not require professional therapeutic intervention, but do require someone to work therapeutically with them; such as listening, empathy and emotional coaching.

Optimal mental well-being

Example: a person who experiences a high level of mental well-being despite being diagnosed with a mental illness

Example: a person who has a high level of mental well-being and who has no mental illness

Maximum mental illness

Minimum mental illness

Example: a person experiencing mental illness who has a low level of mental well-being

Example: a person who has no diagnosable mental illness who has a low level of mental well-being

Minimal mental well-being

Mental health in the context of SEMH means a diagnosable mental health condition or a set of symptoms that require professional support. If a child shows a normal negative response to an adverse situation, it does not mean they have poor mental health, just that their emotional wellbeing has been affected. This may, however, cause adjustments in a child or

young person's beliefs about the world and responses that may develop into mental health conditions if left unsupported.

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices.

How we think affects how we feel…	…Mental Health to Social Well-being
How we feel affects how we think…	…Emotional Well-being to Mental Health
How we feel affects how we interact…	…Emotional Well-being to Social Well-being
How we interact affects how we feel…	…Emotional Well-being to Social Well-being
How we think affects how we relate to others…	…Social Well-being to Mental Health
How we interact affects how we think…	…Mental Health to Social Well-being

National and Local Context

The special educational needs and disability (SEND) reforms in 2014 have brought about a number of positive changes. However, there continues to be disparity for children and young people with SEND and for those educated in alternative provision; resulting in their outcomes continuing to fall behind those of their peers. As set out in Lincolnshire's Higher Needs Strategy, one of the key aims of the government's SEND reforms was to promote high quality special educational needs (SEN) support in schools, enabling more children to have their needs met within mainstream education.

Lincolnshire has a higher percentage of pupils requiring SEN Support (12.6% against the national average of 12.0%) and a higher percentage of pupils with Education, Health and Care (EHC) plans (4.2% against the national average of 3.6%)[1].

Lincolnshire, as per the national picture, is seeing an increase in the number of children educated in special rather than mainstream schools. However, concerningly, we are seeing a significant discrepancy in relation to children with SEMH needs. The England average sees 0.2% more pupils with SEMH needs in mainstream primary schools and 5.5% more in mainstream secondary schools than Lincolnshire. There is a significant 10.8% higher percentage of pupils in Lincolnshire with SEMH needs in special schools (more than double) than the England average.   This is the first time, since the introduction of the SEND reforms, that the highest primary need in Lincolnshire's special schools is defined as SEMH; nationally, it ranks third behind Autistic Spectrum Disorder and Specific Learning Difficulty. SEMH as the primary need ranks second in independent sector placements in Lincolnshire behind Autistic Spectrum Disorder (38% v 46%). This is placing unsustainable pressure on our specialist settings.

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[1] DfE Local area SEND report England 2020/21

While there are areas of good practice taking place within our county (see Appendix A), the significantly higher number of pupils requiring specialist SEMH educational provision in Lincolnshire appears to indicate a lack of consistent high-quality targeted support within our mainstream settings. Despite Lincolnshire's significant investment in our special schools, these increased numbers of placements are placing unsustainable pressure on Lincolnshire's SEMH specialist provision.   It is also resulting in financial resources focusing on specialist provision, rather than the crucial application of high-quality mainstream provision with early evidence-based interventions to meet need and avoid the escalation and embedding of deteriorating SEMH needs.

As set out in Lincolnshire's High Needs Strategy, we know that the pandemic has increased hardship in a wide range of ways and that more children and young people will be growing up in stress-filled environments because of this, impacting on their capacity to meet age-related expectations. This strategy echoes the need for all adults interacting with vulnerable children and young people to understand how they can and must act as buffers against adversity, building resilience so that disadvantage need not become destiny.

This SEMH strategy sets out the systemic change in Lincolnshire that will support high quality strength based mainstream provision with the ability to meet the needs of the majority of our children with SEMH difficulties. Enabling our special schools to provide specialist provision at a time in a child's educational journey when required for those with more complex needs.

Children and Young People's Emotional Wellbeing and Mental Health Transformation

Alongside this strategy, a review of the emotional wellbeing and mental health services in Lincolnshire, that make up an integral part of our offer to children with SEMH difficulties, is being undertaken during 2022-23. This will inform a longer-term program of transformation to ensure that services are making best use of the workforce, funding, and other resources to meet the needs of children and young people across Lincolnshire. The review and subsequent transformation will focus on five key workstreams that cover the whole children and young people's emotional wellbeing and mental health pathway and spectrum of emotional and mental health need:

- **Mentally healthy communities and community assets**: to ensure children and young people stay healthy through public mental health promotion and prevention; by building resilience, creating mentally healthy communities and maximising community assets and support/advice (including online/digital).

- **Early intervention**: to ensure difficulties are identified early and all children and young people who need help, including those with complex needs, are able to access timely and effective support or advice at the right level, in school or in their communities.

- **Mental health support for Learning Disabled and Autistic children and young people**: children and young people with Learning Disabilities or Autism who are also suffering from mental illness are able to receive specialist care that is tailored and

able to meet their specific needs in the community and wrap around their lives, care and education and as they transition into adulthood.

- **Community specialist mental health support**: all children and young people who are suffering from mental illness are able to receive timely assessment and evidence-based treatment within their communities that wraps around their lives, care and education, including as they transition into adulthood.

- **Urgent and emergency mental health support**: responsive assessment and support for children and young people in mental health crisis available 24/7 in Lincolnshire's hospitals, communities or in the home, with appropriate treatment to avoid admission to specialist mental health units, facilitate prompt discharge or support transition.

How will we meet this challenge?

Underpinning philosophy

Key to this strategy is a clear and shared concept and definition of what we mean by inclusive education in Lincolnshire. The basis for this is set out by the Committee on the Rights of Persons with Disabilities (2016)[2] as:

- ➢ a fundamental right to education.

- ➢ a principle that values students' wellbeing, dignity, autonomy, and contribution to society.

- ➢ a continuing process to eliminate barriers to education and promote reform in the culture, policy, and practice in schools to include all students.

The collective understanding and assumption around inclusive education is that children are educated alongside their peers in a mainstream classroom for the majority of the school day. This forms the basis of this strategy.

Critically, inclusive education must not be confused with segregation, such as special units or classrooms or educated in isolation away from their peers for extended periods, or integration, where a child is placed in a mainstream setting with the expectation that they adjust. However, in Lincolnshire we are seeing significantly higher numbers of pupils with SEMH needs in special schools rather than accessing inclusive education. As identified in the government's SEND and Alternative Provision review this increased pressure on specialist provision is resulting in a number of pressures such as restricted capacity, with resources and focus being diverted from early intervention and effective, timely support in mainstream settings.

The aim of this strategy is therefore for all children to access timely, high quality, meaningful and robust inclusive education at their local mainstream setting with the right support and provision in place to enable this to happen. This will be achieved through a comprehensive and continuous transformation regarding inclusion, to change and drive forward cultural change and values across Lincolnshire. This will require us all to have high aspirations for all children, inclusive policies, flexible and accommodating curriculums within diverse classrooms, strong and supportive leadership, inclusive pedagogy, and high-quality support. This strategy sits alongside the strength-based approach in our work with children, young people and families and the social model of inclusion as set out in Lincolnshire's High Needs Strategy[3]. The aim is therefore to view inclusive education outside a deficit model that focusses on inadequacies. Instead, it will focus on existing successful inclusive support and practices that will be developed to remove barriers.
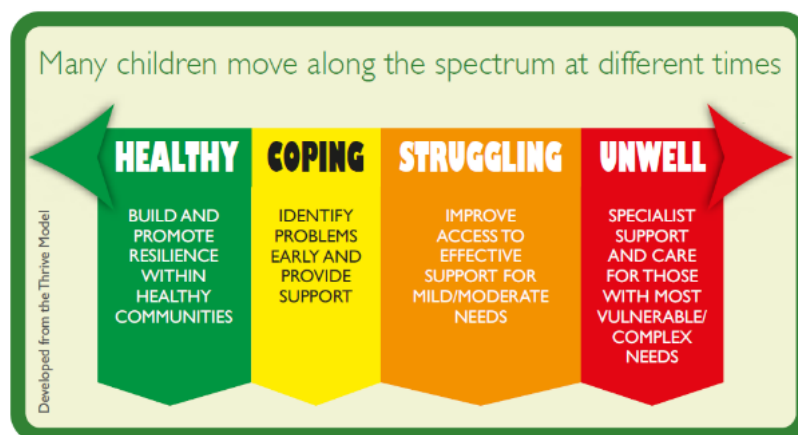
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[2] UN (2016) *General comment No. 4 – Article 24: Right to inclusive education*.
[3] Lincolnshire high needs strategy – About the strategy - Lincolnshire County Council

A Comparison Between
Deficit & Strength-Based Thinking

Deficit-Based Thinking	Strength-Based Thinking
Focus on What's Broken	Focus on What's Working
Overcoming Weakness	Emphasizing Possibilities
Problem Solving	Co Constructing
Externally Driven	Internally Driven
Short-Term Solutions	Sustainable Solutions
Dependent Relationships	Independent Relationships
Reliance on Expert Knowledge	Reliance on Personal Strengths
Reform and Transition	Transform and Invent
Highlight Past Failures	Highlight Past Successes
Predict & Control	Discovery & Surprise

While the aim of this strategy is for improved inclusive education, Lincolnshire acknowledges that at times a small number of children will require more specialist support and provision. However, the positive outcomes for children as a result of accessing inclusive education are well documented, leading to increased social, academic, employment and life opportunities (European Agency for Special Needs and Inclusive Education, 2018)[4]. While it is crucial for children to access specialist support as and when required, it is equally crucial for this to be part of a continuum of provision that builds emotional resilience and well-being. Enabling their return to mainstream provision that results in their improved and increased positive achievements and outcomes.

This strategy follows the principles within the THRIVE Framework[5], an integrated, person centred, and needs led approach to delivering mental health services for children, young people, and their families.

Many children move along the spectrum at different times

HEALTHY	COPING	STRUGGLING	UNWELL
BUILD AND PROMOTE RESILIENCE WITHIN HEALTHY COMMUNITIES	IDENTIFY PROBLEMS EARLY AND PROVIDE SUPPORT	IMPROVE ACCESS TO EFFECTIVE SUPPORT FOR MILD/MODERATE NEEDS	SPECIALIST SUPPORT AND CARE FOR THOSE WITH MOST VULNERABLE/ COMPLEX NEEDS

Developed from the Thrive Model

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[4] EASNIE (2018) *Evidence of the link between inclusive education and social inclusion: A review of the literature* (S. Symeonidou, ed.), Odense, Denmark

[5] THRIVE-Framework-for-system-change-2019.pdf (implementingthrive.org)

The Framework is needs-led with the emphasis placed on prevention and promotion of mental health and wellbeing through a multi-agency holistic focus that empowers children and their families through their active involvement in decision making. The Framework also recognises fluctuating mental health needs and the importance of early intervention and getting the right support at the right time that enables the development of robust mental health resilience.

As with Lincolnshire's High Needs Strategy, this strategy is not simply a response to financial and capacity pressures. It is underpinned by every child's right to access an education where barriers have been eliminated through meaningful inclusive culture, policy, and practice for all of Lincolnshire's children and young people.

Implementation

The Five Elements

1. Review of Alternative Provision in Lincolnshire:

Alternative Provision plays a crucial role in supporting a small number of children where behavioural or medical needs are presenting a barrier to learning. Their timely involvement through time-limited placements provides support to mainstream settings to enable them to provide inclusive education.

Schools will apply a fully inclusive ethos and strength-based approach to meeting children and young people's SEMH needs within their setting. This will include the use of Lincolnshire's Ladder of Behavioural Intervention as a supportive, evidence-based approach that will enable needs to continue to be met in local mainstream settings. Early intervention is key to avoid behaviours escalating or becoming embedded and schools will ensure proactive action is taken, accessing support from available services. Where there is a need for support from a placement at Alternative Provision, the setting will work closely with the Alternative Provision setting throughout the placement to support the focus and aim of a successful transition back to their school, making all necessary reasonable adjustments to enable this to occur.

To ensure the maximum positive impact of accessing Alternative Provision, we will review Lincolnshire's Alternative Provision to identify existing successful inclusive support and practices that are most effective in supporting inclusive education within our mainstream schools. The review will also inform how our Alternative Provision can best be developed to enable schools to remove barriers and improve targeted SEMH support and inclusion for our children and young people.

This will sit alongside the Government's plans within the SEND and Alternative Provision green paper and be reviewed as the green paper develops into updated legislation and guidance.

2. Development of Emotional Based School Avoidance (EBSA) pathway:

The EBSA Pathway was developed in September 2021 to support Lincolnshire's children who are missing school because of anxiety that is either rooted in or exacerbated by the school environment. The EBSA Pathway consists of a Pastoral Support Programme (PSP) that dovetails with the ATTEND resource from Brighton and Hove.

Schools will apply a meaningful EBSA Pathway and implement robust inclusive education practices that remove barriers and support children's return to their mainstream setting. The Pathway supports a holistic approach using a wide range of inclusive practices; for example, Early Help Assessment, Inclusion Toolkit, Healthy Minds Lincolnshire, Mental

Health Support Team. Schools will access the available support in a timely way and implement meaningful adjustments that enable barriers to be removed. Schools will also review and adapt policies and practice throughout their settings to address emotional based school avoidance as a long-term focus rather than in relation to individual children and situations as they occur. This will allow inclusive practice to be embedded that is proactive and anticipatory rather than a reactive response; further supporting early evidence-based interventions.

To support schools, we will evaluate and review the EBSA Pathway to support its development, building on and sharing successful practice. Short-term grant funding has been available for mainstream settings to access during the academic years 2021/22 and 2022/23. This will also be evaluated to establish what resources and provisions have been used to best effect, informing the support and training offer from commissioned services and maximise developments within settings to support sustainable inclusive practice.

The review of the Alternative Provision mentioned above will also encompass how Alternative Provision can most effectively support mainstream settings to meet children and young people's medical needs.

3. Embed and develop training / support offer:

There are a range of services available to support inclusive education. We will continue to develop and embed the range of expert advice, training and support that is available and aimed at developing inclusive educational practice and empowering schools to meet children's SEMH needs. Working with the range of agencies to ensure a focus on aligned multi-agency practice.

Schools will work with support services with the aim to develop an inclusive ethos and practice as a whole setting, alongside focused differentiation and adjustments for individual SEMH needs. Schools and agencies will ensure there is a focus on multi-agency strength-based and solution focused working to support children and young people. The support provided will focus on all working together to enable children to remain in their local mainstream setting as a result of proactive early inclusive intervention.

The SEND Workforce Development learning platform, commissioned in February 2022, will mirror the existing training platform provided by the Lincolnshire Safeguarding Children Partnership (LSCP), which has proved most successful in providing training, resources, and support to professionals. The delivery model will be implemented over four phases/three years. By summer of 2023 full sector-wide implementation will have taken place. We will ensure that the development of the learning platform provides schools with relevant advice, training and support that promotes emotional well-being and mental health resilience.

We have re-tendered the Behaviour Outreach Support Service (BOSS) with a key focus on their offer of support and training for mainstream schools.

The Mental Health Support Team (MHST) are a new service made up of Clinical Lead Practitioners and Education Mental Health Practitioners, designed to help meet the mental health needs of children and young people in schools and colleges. They work closely with Healthy Minds Lincolnshire and Child and Adolescent Mental Health Service (CAMHS). Healthy Minds Lincolnshire provides both public mental health promotion and prevention as well as early intervention, offering training and workshops to schools and colleges across Lincolnshire. We will work closely with NHS Foundation Trust to develop the MHST offer and delivery of provision.

We will continue to support schools to implement and embed the use of the assessment tool Valuing SEND to identify, articulate, and track children's holistic needs, outcomes and required support.

Lincolnshire's Inclusion Toolkit provides Special Educational Needs Co-Ordinators (SENCOs) and other professionals with high quality practical support which will guide and enhance their day-to-day practice. Schools will ensure the Toolkit is applied across all aspects of a child or young person's school day.

We will co-produce an audit tool that will support mainstream settings to review inclusive practice and inform action planning and priorities.

4. Transitions:

Transition puts enormous demands on children; socially, linguistically, emotionally, academically, and practically. A good transition can mean the difference between floundering and flourishing. Transition means change and becoming resilient and able to cope with change is a key life skill. Children need to feel safe and secure. Transition planning includes consideration of everyone involved, their actions and responsibilities, tools, techniques, contingency planning, and risk mitigation.

There are a wide and diverse range of elements to consider when planning and supporting transition. In addition to transition between schools at planned transition points, i.e., between early years settings and primary, infant, and junior, primary to secondary, secondary to post 16, there are other transition points that require robust planning to maximise success. This includes to and from educational settings, such as to and from Alternative Provision, from setting to setting as part of a managed move or between special and mainstream schools. It is also equally important to consider transition within a school day; between different staff, classrooms, intervention spaces, time out. Considering and proactively implementing effective support when the biggest need is potentially stability and trust.
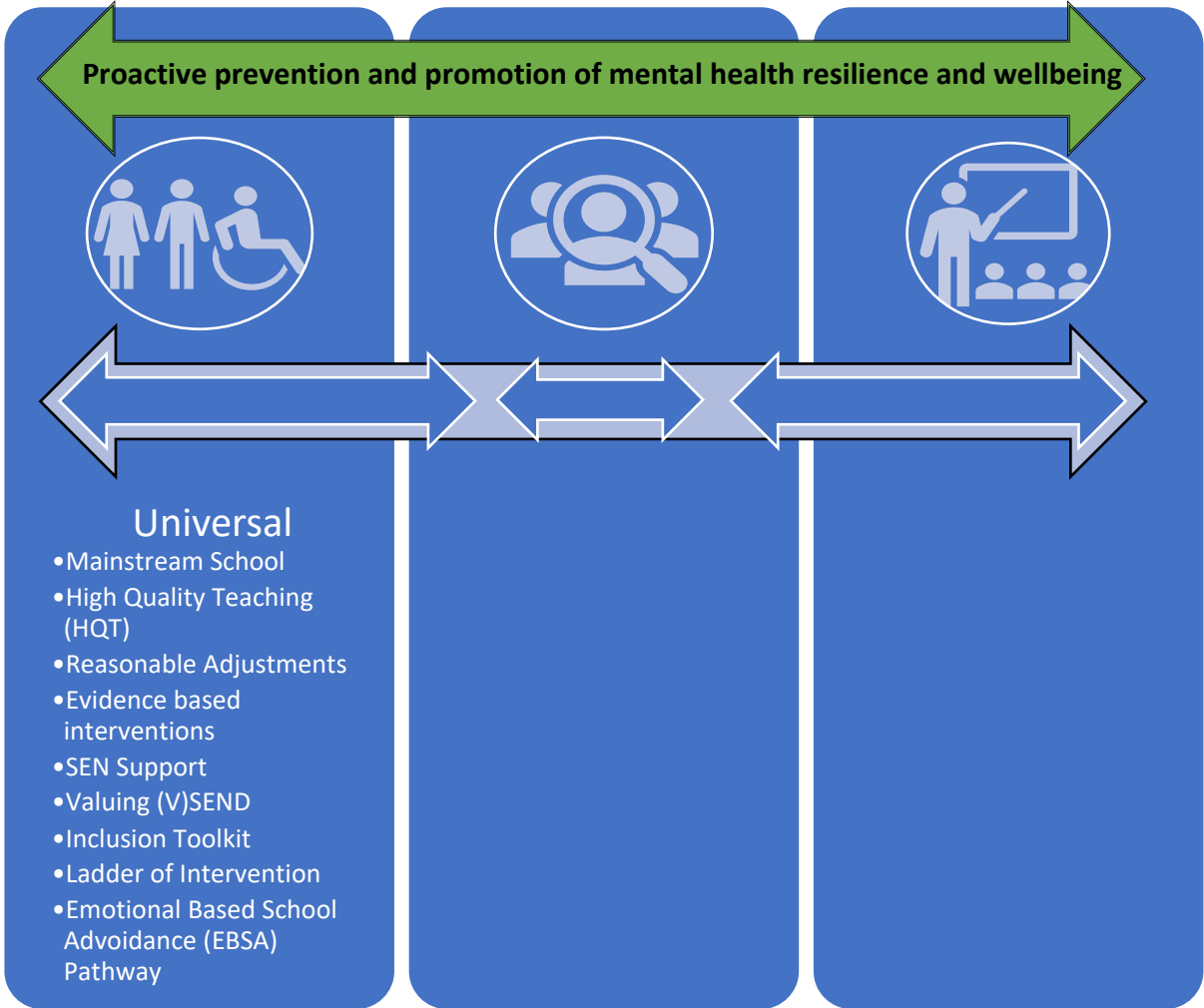
Schools will play an active lead role in supporting transitions through an open dialogue and promotion of relationship-building, involving families, and focusing on children and young people feeling safe and secure within their school.

Schools will actively work with other educational settings, agencies, and families to provide transition support that enables children and young people to move seamlessly back into mainstream school. Enabling children and young people to access the right support at the right time, while maximising their opportunities for achieving successful life outcomes by accessing their local mainstream school. This in turn will increase capacity within our specialist services that will enable specialist provision to be available at the point needed in a child or young person's journey.

We will review what is working as best practice in our mainstream settings and evaluate how this could be rolled out and developed wider. This will include the work that is taking place to support children to transition from a specialist setting back into mainstream schools. We will look at what enhanced provision in Lincolnshire could look like and how this could best support inclusive education.

We will develop a Transition Toolkit to support settings around transitions to and from their settings. This will link with the work taking place with the KYRA Teaching School Alliance and the rolling out of the Transition Protocol in Lincolnshire.

5. Provision used as a continuum of support:

Proactive prevention and promotion of mental health resilience and wellbeing

Universal
- Mainstream School
- High Quality Teaching (HQT)
- Reasonable Adjustments
- Evidence based interventions
- SEN Support
- Valuing (V)SEND
- Inclusion Toolkit
- Ladder of Intervention
- Emotional Based School Advoidance (EBSA) Pathway

Lincolnshire's Local Offer provides information around what support and provision is available and how to access this to support children and young people to access inclusive education to meet their SEMH needs. We will continue to expand and develop the Local Offer, building on the range of tools already available, such as Valuing SEND and Lincolnshire's Inclusion Toolkit, and widen these to include a Transition Toolkit and an Inclusion Audit Tool. Schools will access the available support and information and apply it in a meaningful way within their settings. The aim being a fully inclusive setting able to meet children and young people's SEMH needs rather than a means to achieve an end goal of accessing long term specialist provision.

Where it is identified that despite robust inclusive education practice alternative or specialist provision is necessary, mainstream schools will have access to services that enable them to be fully equipped and ready to support pupils' inclusion on their return following short term placements. Schools will access this provision in a meaningful and timely way with support services providing support, advice and training that empowers schools to be able to provide a fully inclusive education.

Reduced timetables will only be used in exceptional circumstances. They are a temporary measure, not a long-term solution, and should be part of careful planning with the child, parent and involved professionals that supports full time attendance.   Schools will ensure that where short-term use of a reduced timetable is appropriate, they are used within a solution focused approach and supports creative consideration of how a curriculum can be adapted effectively.

We will continue to review and consider data and evidence that informs around the support that settings require to enable them to fully embed and follow an inclusive ethos and practice.

How do we know our strategy is working?

- ✓ Availability and application of high-quality advice, guidance, and training for schools to meet children and young people's SEMH needs.

- ✓ A skilled, knowledgeable, and experienced workforce with the ability to promote and support children and young people's emotional wellbeing and resilience in schools.

- ✓ Application of appropriate early response to meet children and young people's SEMH needs through evidence-based strategies and interventions that impact positively on outcomes.

- ✓ Reduced suspensions and permanent exclusions from educational settings.

- ✓ Improved attendance for children and young people with part-time timetables only used temporarily as a short-term solution in very exceptional circumstances.

- ✓ A reduced reliance and demand on SEMH specialist support and provision, including specialist settings, alternative placements, and specialist mental health services.

- ✓ Children and young people's SEMH needs are met at their local mainstream educational setting with support tailored to their individual needs that enables them to make positive choices and to feel that they belong in their school and local community.

- ✓ Flexible, proactive, and coherent planning across transitions that provides children and young people and their families with the support and confidence they need as they move between the various phases and stages of education and, eventually, into adulthood.

How will we measure success?

We will work closely with the Lincolnshire Parent Carer Forum (LPCF) to ensure that children, young people, and their families co-produce developments and support us in evaluating progress towards milestones:

- ➢ The Local Offer is appropriate to meeting the current and future SEMH needs.

- ➢ Higher achievement among pupils with SEMH needs.

- ➢ Increased pupils accessing inclusive education in mainstream settings.

- ➢ Fewer pupils in segregated provision and long-term SEMH special school placements.

- ➢ Reduction in exclusions, children out of school and young people not in education, employment or training (NEET) population.

- ➢ Increased confidence in mainstream schools' ability to meet SEMH needs.

- ➢ A more highly trained workforce.

- ➢ Parental, pupil, and school staff feedback indicating they feel supported to access appropriate information, support, and provision to meet SEMH needs.

- ➢ Robust transition support that improves progression pathways and preparation for adulthood.

How will we keep this strategy under review?

We will monitor this strategy with involvement from relevant stakeholders to ensure that it continues to:

➢ meet changing needs.

➢ align with any developments to legislation.

➢ be attractive to children, young people, and their parents.

➢ be affordable within future funding allocations.

Implementation

Year 1

Area of Implementation	Responsible
Exclusion only used as last resort.	School
Meaningful use of Lincolnshire's Ladder of Behavioural Intervention.	School
Meaningful support from Alternative Provision with reasonable adjustments to support successful return transition.	School
Embedded use of VSEND and Lincolnshire's Inclusion Toolkit.	School
Meaningful use of EBSA Pathway.	School
Review and adapt EBSA policies and practice as whole school, proactive, evidence-based response.	School
Review and evaluate EBSA Pathway.	Local Authority
Embed new tendered Behaviour Outreach Support Service (BOSS).	Local Authority
Review of Alternative Provision in Lincolnshire.	Local Authority
Development of transition pathway from specialist settings back to mainstream.	Local Authority

Year 2

Area of Implementation	Responsible
Embed transition pathway and return to mainstream settings from specialist provision.	School
Reduced timetables used only in exceptional circumstances.	School
Development of audit tool to review inclusion practice and inform action planning and priorities.	Local Authority
Development of Transition Toolkit.	Local Authority
Development of Alternative Provision in Lincolnshire.	Local Authority
Development of EBSA Pathway.	Local Authority

Year 3

Area of Implementation	Responsible
Development of Lincolnshire's Local Offer.	Local Authority
Development of mental health support services with NHS Foundation Trust.	Local Authority
Development of SEND Workforce Development learning platform to support emotional wellbeing and mental health resilience.	Local Authority
Continuum of support embedded throughout school day.	School
Meaningful multi-agency working to meet SEMH needs.	School

Appendix A

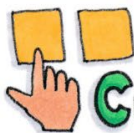| Area	Factors helping Inclusion
Stability *"Building the foundations from the bottom up"*	Stable home situation. Understand behaviour through the lens of being 'attachment aware' and 'trauma-informed'. Understanding the interacting factors which are pivotal in child development. School staff developing an understanding of resilience and the importance of wider protective / risk factors which can influence a child or young person's coping skills. Working closely with family. Advocating for the child or young person.
Mind-set *"We are more than teachers"*	Collective responsibility for special educational needs. Learning from one another. Educational provision adapts to the child or young person rather than them having to adapt to fit the school. Flexible personalised education. Addressing 'gaps' in learning. Positive, purposeful relationships between staff and children and young people. Mentoring / Coaching style. Graduated exposure to social activities. Giving of choice / autonomy. Demands added gradually.
Excellence in Practice *"We do, or one does"* *"We've done this before"*	Strong leadership – leading by example. Capturing voice of young person. Inclusion in meetings and in decisions. Where challenging behaviour is experienced, adults to be able to look beyond this behaviour and understand the communicative function of it. This understanding appears to lead to better resilience, when faced with these challenges.
Timings and Transitions *"I've arrived*	Timing right for pupil with carefully planned preparation. Good endings as well as beginnings. "We care" Reduced transitions inherent in school (e.g. primary-based model).

Area	Factors helping Inclusion
here to learn"	Access to emotional well-being / mental health psych-education programme.
	Change and adapt provision when needed to cope with children and young people's highs and lows.
Adaptive and Enabling Environments *"I like it here"*	Deviation from typical curriculum demands, focus on key skills (e.g., Emotional Literacy)
	Multiple strong relationships in school. Ultimately fostering strong school belonging.
	Adaptability: Changes made daily depending on mood upon arrival in school.
	Adopting more flexibility with regards to curriculum and pastoral support. This in turn, helps children and young people gain more of a sense of relatedness (connection), competence and autonomy (control).
	Unconditional positive regard.
	Creating feeling of success.
	Part of a second 'family'.
	Feeling of safety / No shame.

MY INCLUSION ABC'S

@kwiens62

ALL MEANS ALL

BEHAVIOUR IS COMMUNICATION

CHOICE

BE A BEHAVIOUR **D**ETECTIVE

EVERYONE STARTS TOGETHER

FAIR MEANS EVERYONE GETTING THEIR NEEDS MET

CHILD **H**ONOURING

GROWTH MINDSET

INDEPENDENCE

JOYFUL LEARNING

KIDS DO WELL IF THEY CAN

LEAD WITH STRENGTHS

MOVEMENT BREAKS

NEEDS BASED

OPEN MINDEDNESS

PLAN & **P**URPOSE

QUESTION UNEXPECTED BEHAVIOUR WHY? WHY NOW?

RELATIONSHIP

SELF **R**EGULATION

TASSISTIVE TECHNOLOGY

UNCONDITIONAL POSITIVE REGARD

UNIVERSAL DESIGN FOR LEARNING

VISUALS

FIRST THEN

WORDS MAKE **W**ORLDS

X-TRA PROCESSING TIME

THE POWER OF **Y**ET!

ZONE OF PROXIMAL DEVELOPMENT