

Social Emotional and Mental Health needs (SEMH)

What it might look like	Strategies to support
<p>A child who presents with greater social and emotional difficulties than most other children of their age which show themselves in ways such as:</p> <ul style="list-style-type: none">• Being withdrawn or isolated• Being disruptive and/or aggressive• Being unable to control or express emotions appropriate to their age• Difficulties in interacting with children and/or adults• Difficulties in attending to activities/tasks (some children may at a later stage receive a diagnosis of attention deficit hyperactive disorder, ADHD, this is generally not diagnosed in the early years) <p>The behaviour that you see may be due to one or more of the following factors:</p> <ul style="list-style-type: none">• Difficulties with learning• Difficulties with communication• Difficulties with interaction• Mental Health issues e.g. anxiety• Physical difficulties or conditions that are undiagnosed	<ul style="list-style-type: none">• Provide a comforting, quiet space to take the child to at times when they feel very worried or anxious. Help the child to know where this place is so that they learn to go there themselves.• Use individual and small group interventions to explicitly teach social skills and how to respond to feelings appropriately, e.g. Fun Time, small group story sharing times.• Use individualised 'Social stories' to help children learn a specific behaviour in social situations.• Have a consistent, familiar adult available to 'meet and greet' and spend time with the child at key times throughout the session such as coming into setting from home or coming into setting from playtimes.• Use photos and pictures to talk to the child about and label feelings and to check in with the child e.g. asking 'How do you feel today?'• Label emotions explicitly 'I can see that you look cross Suki, how can I help?'• Spend extra time observing the child to identify triggers and patterns of particular behaviours as well as times when the child is behaving 'well'. Use timed observations (e.g. observing the child at regular intervals) and A(antecedent) B(behaviour) C(consequence) charts to describe the behaviour clearly and note what happened before and after.• Use individualised reward systems, adapted to the child's age and developmental level and based on their likes and interests• Use calming language to de-escalate child's anxiety, keeping language as consistent as possible• Use 'first and then' language, 'First coat on, then outside'.• Ensure that all staff receive training and are aware of the effects of childhood trauma and attachment difficulties in order to become an 'Attachment Friendly Setting' (Early Years SEND training Offer)• Use comfort object from home to help the child feel secure, particularly going from one activity or place to another• Provide a change of scene and/or activity for the child and build in opportunities for the child to move around• Use Six stages of crisis model in order to recognise and respond to when a child is becoming increasingly upset.

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<ul style="list-style-type: none"> • Specific disorders e.g. ASD or ADHD • The effects of trauma, abuse or neglect • Attachment difficulties • Environmental factors such as housing or family circumstances <p>These behaviours may start suddenly, happen often, be intense and enduring as well as volatile and are likely to affect the child's learning.</p>	<ul style="list-style-type: none"> • Draw up and implement an individualised behaviour plan and/or Positive Handling Plan needed when a child has required a physical intervention once or more. Record things that work well in supporting the child on this, including what the adults should say as well as do • If you have had to hold the child because of their behaviour please talk to your Area SENCO about this. • Use enhanced behaviour communication systems between home and setting