



Specialist Inclusion Support Service
Annual Report for the academic year
2023-24
Social, Emotional and Mental Health
Team

Date: July 2024

Childrens Services and Skills Directorate | SEND 0 – 25 Service: Specialist Inclusion
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1. Staffing

Role	Full-time equivalent	Number of staff	Vacancies
Team Manager	1fte	1	None
Interim Assistant Team Manager (ATM)	1fte	1	None
Advisory Teachers	9.9 fte	12	Including 0.5 fixed term contract
Inclusion Support Practitioners	4	4	None
Play therapist	0.4fte	1	None
Refresh Team			
Teacher in charge	1 fte	1	
Class teacher	2 fte	2	
HLTA	1fte	1	
Play Therapist	0.4fte	1	
Inclusion Support Practitioner	2fte	2	
Teaching assistant	0.5 hrs	1	
Total	23.2	27	

Key points:

- 9 new members of the team joined throughout the year and have had successful inductions. Including 5 new advisory teachers (4.2 fte), 1 HN pathway Play Therapist (0.4fte), 1 HN ISP (1fte). Refresh Manager (1 fte) AND 1 Refresh HLTA (1fte)
- Interim ATM position made permanent for September 2024.
- 2 new advisory teachers joined the SEMH Team in January 2024 to increase capacity in the HN pathway.

2. Caseload Information

SISS SEMH Traded Service

Traded SEMH Team	No of children on caseload 2022-23	No of children on caseload 2023-24	No. of new children referred in 2022-23	No. of new children referred in 2023-24
SEMH Team	910	993	542	801

	Number with an EHCP	EHCP under assessment	Number at SEN Support	No SEN or not on COP	EHCP Ceased	Not Known
2022-2023	120	24	513	238	2	13
2023-2024	136	9	580	244	5	19

Provision Type	No. of provisions open during 22-23	No. of provisions open during 23-24
Observation, Consultation and Guidance	374	424
Full Assessment Report	26	23
Direct Work With Pupil	339	489
Monitoring and Advice	256	107
Group Intervention	42	35
Parent /Carer Support	3	4

Non Traded Pathways	No of children on caseload 22/23	No of children on caseload 23/24	Number with an EHCP 23/24	Number at SEN Support 23/24	New Referrals 23/24
SEMh HN Team	41	48	17	31	36
SEMh EHCP TEAM work	25	32	32	0	22
SEMh VIRTUAL SCHOOL	86	118	16	60	118

Demographics Traded Service Caseload

Break Down of Cases by Gender

Academic Year	Boys	% of cohort	Girls	% of cohort
2022-2023	606	66.6	304	33.4
2023-2024	620	62.4	373	37.6

Pupils per National Curriculum Year Group

	N	R	1	2	3	4	5	6	7	8	9	10	11
2022/23	13	44	74	86	99	115	132	123	36	48	53	50	29
2023/24	10	68	78	73	104	112	121	120	44	69	60	80	54
Difference	-3	+24	+4	-13	+5	-3	-11	-3	+8	+21	+7	+30	+25

Pupils per School Stage

Academic Year	Primary	Secondary
2022-2023	686	224
2023-2024	686	307
	0	+83

Ethnicity	National % * 23-24	Solihull L.A. % * 23-24	Pupils on SEMH Caseload % 23-24
Any other ethnic group	2.4	1.2	1
Asian - Any other Asian background	2.2	2.0	0.2
Asian – Bangladeshi	1.8	0.7	0.2
Asian – Chinese	0.8	3.4	0.7
Asian – Indian	4.0	5.7	1.41
Asian – Pakistani	4.6	6.1	1.51
Ethnicity	National % * 23-24	Solihull L.A. % * 23-24	Pupils on SEMH

		23-24	Caseload % 23-24
Black - Any other Black background	0.8	0.3	n/a
Black - Black African	4.8	1.5	0.6
Black - Black Caribbean	0.9	0.8	0.91
Mixed - Any other Mixed background	2.8	2.1	2.42
Mixed - White and Asian	1.7	2.3	2.52
Mixed - White and Black African	0.9	0.5	0.5
Mixed - White and Black Caribbean	1.6	4.2	7.65
Unclassified	1.7	1.3	3.22
White - Any other White background	7.2	2.9	1.01
White - Gypsy/Roma	0.3	0.1	0.2
White – Irish	0.2	0.6	0.2
White - Traveller of Irish heritage	0.1	0.1	0.4
White - White British	61.3	64.3	75.53

Pupils Attending a State Funded School

*Source: Department for Education School Census 2023/24

Key points:

- There has been a 9.3% increase in caseload this academic year compared to the previous academic year.
- Schools utilised the different provisions on offer including the levels of advice with a 11.75% increase in instances of written advice to schools. A 60.28% increase in observation, consultation and guidance written reports reflects the SEMH team emphasis for schools to opt for more in depth reports which include consultation with more stakeholders including parental and pupil voice allowing a more bespoke and accurate level of advice being formulated.

- 489 pupils benefitted from direct work from an advisory teacher, a 44.25% increase on last year which continues the upward trend of this type of support.
- The higher number of cases during the primary year groups reflects the greater number of primary schools that buy into the service, and this remains constant with the previous year. An increase of 37.05% in number of cases at secondary stage level reflected increase buy in of secondary schools and improved identification of SEMH needs in this age group.
- There has been a significant increase in referrals for Year 8, Year 10 and Year 11 pupils.
- There has been a notable increase in referrals at Reception stage. This could possibly be a result of increasing levels of SEMH needs linked to this age demographic having had reduced social interaction and development following the COVID pandemic. It may also be as a result of recognition of schools in the need for earlier intervention for these pupils and suggests schools are seeking increased guidance for this cohorts increasingly complex needs.
- Of the 993 children on the teams caseload this year, 244 (24.57%) were not on the code of practice. This continues to imply that these children had not received a graduated approach to identify and implement provision for their additional needs prior to being referred to the SISS SEMH Team. However, this was down from 26.15% last year so whilst still high, it suggests schools are improving their identification of young people with significant SEMH needs and recording this accordingly.
- The ethnicity of pupils on the SEMH team's caseloads largely reflects the wider Solihull school population. However, there appears to be an over representation in pupils with a White - Traveller of Irish heritage, Mixed White and Black Caribbean and White- White British ethnicity. The % population of pupils of White British ethnicity on the team's caseload is over 11% more than the % of White British pupils in the wider Solihull school's population. Further analysis of this data is required.

3. Key developments and achievements for 2023-24

1. Inducted 9 new staff and all staff consistently follow team processes.

This includes five new Advisory Teachers, one Inclusion Support Practitioner and a play therapist for the SEMH High Needs pathway joining the wider team, a Refresh Manager and High-Level Teaching Assistant.

The start of term team training was used to develop the teams understanding of team values, processes and subsequent team meetings have provided opportunities to review existing processes and new initiatives such as new report templates. There are clear processes in place for all pathways which are reviewed yearly. We have worked closely with the Business Support Unit to improve communication with parents and carers. All parent/carers now receive an acceptance letter once the referral is accepted and a summary of intervention or report at the end of the intervention/ provision.

2. Quality Assurance and moderation of written reports and review and develop assessment tools.

A review of Observation, Consultation and Advice reports (formally Level 2) was undertaken with new Quality Assurance procedures written and sampling of level 2 reports across all teachers. The long-term desired outcome of this is to improve the consistency of written reports given to schools which is accessed and highly regarded by schools and parent/carers and several external agencies including the EHCP team.

Immediate impact has been achieved through individual feedback to team members, team meeting to discuss findings and develop next steps and changes to written report templates.

Initial changes have included signposting to specific resources and programmes within guidance as well as advice for onward referrals to specific pathways. The template also has given greater clarity on how the specialist teachers have formulated their guidance following observations and consultations.

Furthermore, a review of current assessment tools was carried out and advice sought from the Educational Psychology service and assessment providers. There is now a streamlined array of tools available for teachers to utilise and a new emotional literacy tool has been purchased. Training was received in this area on the Team inset day.

The team revised their offer in relation to written advice and now offer either an observation, consultation and advice report or a full assessment report where a range of assessment tools and in-depth formulation are utilised.

3. To maintain wellbeing of the team

A team wellbeing action plan was reviewed with the team and implemented. Continued clinical supervision was provided for member of the High Needs pathway team from Phoenix Psychology service. Members of the Solihull Educational Psychologist Service have been secured to deliver supervision across the whole SEMH team next year which will support all

team members. Team meetings are scheduled and include a mixture of peer supervision, sharing of good practice, check ins as well as wider SISS updates.

4. Continuing professional development

Continuing professional development has focused on difficult conversations this year with all staff receiving in person and online training. One to one supervision sessions have adopted a coaching style approach where appropriate with agreed agendas driving the meeting content. Throughout the year the team have reflected on 'difficult conversations' using approaches developed in whole service training days. These approaches have been practised in peer supervision and through weekly focus emails.

In addition, as a result of formally gather feedback from the team and establishing CPD needs the team have received training on Speech Language and Communication needs, responding to the high levels of need in this area for children identified with SEMH. This work is currently being further developed to include developing guidance around behaviour and speech and language.

'Sharing meetings' continue to provide a sound source of ongoing CPD and sharing of good practice. Sessions on Restorative Approaches, Dialectic Behaviour Therapy (DBT), Declarative language, writing social stories and a joint peer supervision with the Autism team have provided excellent insight and developmental opportunities for the team. Additionally, some members of the team have developed their understanding of cognitive behaviour approaches and Drawing and Talking Therapy and have been able to embed this into their day-to-day practice.

5. SISS SEMH Primary Intervention Provision- REFRESH

The provision has now completed its second year as a cohort model with an offer of both a KS1 and KS2 groups. Staffing remained challenging with the departure of an experienced Higher level Teaching assistant and play therapist at different points throughout the year. However, we appointed replacements for both positions and had a period of stability with the same KS 1 and KS2 teacher throughout the Academic year and a new Head of Refresh of REFRESH Team in place to oversee the provision admission referrals and review meetings.

The Deputy Manager of Specialist Inclusion Support Service has also supported the development of the team working alongside the Head of the provision to offer advice and guidance in the development of team processes. The team have undergone training in Team Teach, Nurture - Theory and Practice, Attachment and Trauma Informed practice as well as a programme of professional development supporting their knowledge of SEMH.

6. To work with other teams and services to further develop commissioned work.

This year the team has worked closely with the Virtual School. In 2023/24 the SEMH team were commissioned by the Virtual School to deliver packages of support to all schools with more than 5 children who are looked after. There has been increased liaison with Virtual School officers with SEMH team members resulting in improved communication between

teachers and Virtual School staff in information sharing. The Assistant Team Manager from the SEMH team has worked with the Virtual School Headteacher to support the implementation of the Attachment Aware and Trauma informed programme in schools. We have developed a more accurate tracking of Virtual School referrals throughout the academic year and this information is shared with the Virtual School Headteacher on a termly basis. This work remains rewarding and impactful as evidenced in the Virtual School report found in the appendix and continue high level of commissioned work requested by the Virtual school.

The SEMH Team has continued to support pupils with EHCP plans who are either not attending placements, their placement is in jeopardy or are needing transition support. Improved processes and liaison with the EHCP service has taken place this year with a member of the team directly coordinating this pathway. Schools and the wider SEMH Team were able to request support directly from the team for children and young people with an EHCP identifying SEMH as their primary need. The EHCP officers have a greater understanding of the SEMH team role and several referrals direct from the EHCP team have now been received. Further development on this relationship is planned with a reciprocal arrangement of members from both teams presenting the team purpose and offer at respective team meetings. Both the Team Manager and Assistant Team Manager sit on EHCP panels throughout the year to offer SEMH input and expertise to the process. Again, the impact of this work can be found in the appendix.

Collaboration between the Inclusion Service and the SEMH Team has developed further this year. The Interim Head of Service for the Inclusion team delivered a session on the role of the Inclusion Team and the statutory guidance on school attendance and a member of the Inclusion team attended a team meeting to share Emotionally Based School Non-Attendance materials. Further work has been undertaken by a member of the SEMH team to develop these tools and will be delivered to the SEMH Team in September. The Assistant Team Manager of the SEMH team also met with the Inclusion Team to explain the work of the SEMH Team to further develop increase understanding and collaboration across the two services. In addition, the SEMH Team has supported the Inclusion Team to reintegrate pupils who had previously been excluded into a new mainstream school.

ADHD nurses have kindly attended a team meeting to explain their role and routes to referral and ADHD nurses have been supported by the SEMH team with their understanding of the graduated approach. In addition, the team have reflected on the observation protocol to ensure that our observations are congruent with the needs of the ADHD nurses when considering a pupil's presentation in class when ADHD under assessment.

Dr Rafi from the Connected Care Network launched the pathway to the team in the Autumn term. The team have continued to support referrals to this pathway and were involved in the soft launch in the North of Solihull before the pathway was rolled out across the borough.

7. To contribute to wider LA initiatives

The Team Manager engaged fully in supporting the Inclusion Team in developing the Single AP panel. Currently the team manager attends the fortnightly AP panel for both primary and secondary pupils. Referrals for the SEMH High needs pathway are now allocated at this panel as are Refresh referrals. The team manager has provided further information to panel members to increase their knowledge of the various SEMH pathways. Additionally, the team manager has supported the development of AP outreach offer from Apollo and linked this with the HN primary pathways.

The team manager continues to attend and engage in the Mental Health Schools Team locality meetings to support the continued development of this service and represents SISS at the school's health and well-being group.

The Team manager has supported the Health and Safety Team to develop risk assessment resources for schools to report/ support challenging/unsafe/dysregulated behaviour.

The team have continued to support the Head of SISS in the development and implementation of the Nurturing Schools Programme, with a specialist teacher supporting school staff on this programme and developing proposals for a nurture network.

The SEMH team has provided consistent support for the development and delivery of the trauma and attachment project in partnership with the Educational Psychology Service commissioned by the Virtual School.

8. Alternative Provisions

The team have continued to support all SEMH additional resourced provisions in the Local Authority through monitoring visits and delivering training and strategic support. In addition, Solihull Academy, Triple Crown Centre, Saturn Centre, Daylesford academy and Apollo all commission work from the SISS SEMH Team.

9. Measuring Impact

The team have continued to embed the use of Target Monitoring Evaluations (TME's) approach in direct work and developed the consistency of target setting through exploring this at team meetings. TME's have been developed for 228 cases, 95% of cases showed a positive impact. These measures form part of the 'promote good progress and outcomes by pupils' described in Teachers Standards and used in Teacher performance management.

4. Traded services

Number of schools purchasing SEMH team support in for 2023/24 through an annual Service Level Agreement (SLA)

	Primary	Secondary	Independent/ OOB	Total schools	Specialist settings/ AP	Total
22/23	52	9	1	63	3	66
23/24	53	11	4	70	7	75
24/25	54	10	3	67	9	76

Key points:

- Overall buy back from Solihull schools remains largely consistent over the past 5 years despite financial constraints on schools.
- For academic year 24/25 we will be supporting 54 out of 61 primary schools and 10 secondary schools out of 14. Gaining; 1 secondary school and 1 primary yet losing 2 schools 1 due to a change in MAT arrangements to support young people with SEMH needs and 1 a specialist provision.
- Currently supporting 85 % of mainstream schools in Solihull through traded services, a number which remains constant with last year.
- 10 schools purchased support mid-year and 2 who previously did not subscribe went on to purchase SLAs in 23/24.
- 16 existing primary schools and 3 Secondary increased their buy-back. 6 Primary and 3 Secondary have reduced their buy-back.
- Solihull Academy purchase support for all its' Solihull settings, including the main site, Apollo primary provision, Saturn Centre and Daylesford Academy.
- Castlewood Specialist SEMH school have purchased support for the first time.
- Total hours buy back sees very little variation to the previous year high levels. With 98 additional hours purchased across all primary schools. 125 hrs reduction in secondary hours, increase in 10 out of borough hours and 42 Alternative provision hours.
- 12 schools opted to buy in additional support within the year through a spot purchase; totalling 116 additional hours of support requested from the team mid-year.

5. Training

Course name	Delivered to:	Total number of participants trained	% graded course overall good or outstanding
Supporting children and young people with SEMH needs	Schools	12	100 %
Youth MHFA	Schools and Inclusion Service	8	100%
Nurture Groups in Schools	Schools	6	100%

Comments from delegates

YMHFA

I found the whole course so useful. I have learnt so much and so happy to of been able to attend the course (Haslucks Green primary school)

I thoroughly enjoyed the 2-day course and feel my confidence in this area has increased. I look forward to sharing this with my colleagues. (Solihull Academy)

It was interesting to learn about specific mental health conditions that are becoming more common in our young people, such as anxiety. I also found it really beneficial learning about psychosis as this is not something that is often discussed yet I have recently experienced families/adults with this mental health condition. It was helpful speaking to the Specialist Teacher and hearing examples of how to handle certain situations and guide to appropriate specialists. (Heart of England School)

- Discussing situations with other professionals
- Quality of handbook and references/links which can be used going forward
- Overview of different mental health conditions (Apollo Centre)

Supporting children and young people with SEMH needs

The practical scenarios and activities were great and very realistic. Thank you so much. Such a valuable day (Smithswood Primary)

Thank you for useful information and ideas (Fordbridge primary School)

PACE training- techniques we can use in the classroom with immaculate effort. A chance to discuss (Haslucks Green Infants)

Examples of declarative language acknowledging impact of staff well-being (Cheswick Green Primary)

Nurture Groups in Schools

Boxall profile, game ideas such as web of connection and understanding the basis of nurture, importance of selecting the pupils to support etc. The importance of the different elements of nurture, activities, surroundings, connection etc. (Alderbrook School)

Have already implemented ideas from the training! (Alderbrook School)

Thanks so much for the Nurture Training - it will help me improve practice in school and in the setting up of nurture groups next summer term. (Cranmore Infant school)

Small group, great knowledge and experience. (Forest Oak)

Training as part of traded hours

Course name	Delivered to:	Total number of participants trained	% graded course overall good or outstanding
Zones of Regulation	Fordbridge/ St Patricks COE Primary	31	100%
Emotion coaching	Bishop Wilson	28	100%
P.A.C.E.	Greswold Primary/ Bishop Wilson Primary/ Fordbridge	105	100%
Declarative Language	Monkspath Primary/ Coleshill Heath/ Streetsbrook Primary/ Early Years team and SENCO network	44	100%
Anxiety Workshop	Dorridge Primary/ Bentley Heath Primary/ Lady Katherine Leveson	112	100%
Beyond behaviour for Lunchtime Supervisors	Olton Primary	20	100%
Solution Circles for LSA	Marston Green Infants	6	100%

Parent anxiety workshop	Kingshurst Primary School	6	100%
An Introduction to DBT part 1	The Elms	5	100%
ADHD awareness	Windy Arbor/ Blossomfield	48	100%
Trauma and Attachment aware	Bentley heath primary School	17	100%
Beyond the behaviour- Anxiety	Kingswood Independent School	22	100%
Supporting children who are demand avoidant	Cheswick Green Primary School	14	100%
Beyond the behaviour	Olton Primary School	43	100%
Developing Emotional Resilience	Bishop Wilson Primary School	18	100%

Comments From Delegates

Very informative learnt lots! Good understanding of best practice (Olton Primary)
it was lovely to be included in this approach to training, not to be lectured but calmly taught
(Olton Primary)

Trainer was highly knowledgeable gave useful strategies to implement (Blossomfield
Infants)

Great knowledge and realistic at times to be useful in class. A reminder of good practice in
class (Blossomfield Infants)

Useful to have short videos and links to books resources etc (Kingswood Independent
School)

Breaking down the sectors of PACE in a good way and including examples (Greswold
Primary)

I found the resolution of challenging behaviour most beneficial and emotional coaching
tactics (Greswold Primary)

The Specialist teacher was engaging and insightful. She gave a good mix of theory, personal
experiences and ideas to take into the classroom. (Bentley Heath Primary)

Practical examples to use with staff/ children - research/evidence-based discussions and
information passed. (St Peters Secondary)

Useful strategies to use in the classroom to support ADHD children and all children. Also,
how ADHD is diagnosed (Windy Arbor Primary)

Helpful reminders about helping children with their behaviour+ useful strategies/
suggestions. Positive ways to improve ADHD children's self-esteem. (Windy Arbor Primary)

6. Evaluation of 2023-24

Feedback from ... school respondents:

Grading: 5 (very good) - 1 (very poor) with 3 being satisfactory.

Scores are rounded and so may not add up to 100%.

SEMH team	Quality of service received					Supported inclusion					Improved outcomes				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
SEMH Team 36 responses			8 %	19 %	72 %			17 %	19 %	64 %			25 %	14 %	61 %

When schools were asked what support they valued from the SEMH team the following quotes reflect the responses supplied.

- The SEMH teacher and the SISS team are very knowledgeable, caring and understanding of the young people they work with. They regularly see a variety of students with different needs and really provide a therapeutic and meaningful intervention with them. I really appreciate the weekly check in I have with the SEMH teacher in regard to strategies and updates with the young people we work with. The SEMH teacher will regularly bring new ideas and thoughts to the table to which we can implement in school.
- Direct work with pupils to help them support their SEMH needs both in and out of school. Assessments on pupils which have been used to support further referrals for the pupil. Direct contact with parents to help support them manage their child's SEMH needs in school. Good availability and willingness to deliver a range of 'services' to flexibly use time.
- The SEMH teacher has felt more than ever a champion of our school and our pupils. She has been a listening ear as we cope with ever growing numbers of children in need of more than a light touch of SEMH support. I don't think I would have lasted the year without her! We have also had a lot of support from the HN team which has also been extremely positive.
- The SEMH teacher has been an integral part of supporting the SEND students who struggle with their anxieties around basic things in school. He has also supported with children who have displayed aggressive behaviours following suspensions to regulate their emotions which has prevented students from being suspended again for the same behaviours.
- The knowledge and advice from the SEMH teacher have enhanced the provision at the school. Her interventions have positive outcomes and parental feedback is really strong. The SEMH teacher is always flexible and timely in her responses even when emailing her out of hours which is not an expectation. Her reports are clear and enable school to make appropriate referrals. She clearly cares about the children that she supports.

- Extremely pro-active, personable, and supportive approach from the SEMH teacher. The work he completes with key students has a marked impact on their outcomes and he is always open and happy to share avenues for further support or ideas to move students forward while out in lessons and around school.
- Good relationship with the teacher, flexibility from the team.
- Good availability and willingness to deliver a range of 'services' to flexibly use time.
- ADHD presentation and staff training, timely reports, joint parent meetings- partnership working, knowledge of our school and how we 'do' things for our children experiencing SEMH challenges, advice, and emails re; issues throughout the year- support.
- Our main teacher is very experienced and is a great support to the school. Liaises with the LA on our behalf when we have submitted requests for EHCPs etc.
- The SEMH teacher has forged excellent relationships with both students and staff this year. I have found his sessions with the students have been effective in terms of both identifying and supporting the SEMH needs of our targeted students. Feedback both verbally and in writing have been incredibly helpful. Parents have also fed back that the contact with the SEMH teacher has been incredibly valuable.

When asked what could be improved the schools gave the following responses.

- a) “What the SISS SEMH team to do is nothing short of magical. It would be highly useful for them to deliver some training on the kinds of things they do in their sessions and to know examples about what they talk about so that we can try and deliver it too to help more young people.”
- b) More hours
- c) More days
- d) More capacity or availability of ISP work or similar to provide direct support in school. Especially as access to external agencies is so difficult / wait times so long.
- e) Improved upfront communication and established outcomes and exit strategies.
- f) Team teaching ... showing exactly how to do it.
- g) More support for parents not out of the traded hours
- h) Wider range of up-to-date research-based approaches - often the same approaches offered.
- i) Keeping the same SEMH Teacher.
- j) We had a change of teachers through the year and another new person named for September, this makes things challenging as children get to know the staff and when doing direct work, it can take time to build a relationship before they feel comfortable discussing. Knowing they will have to do this next year again feels like a waste of our paid hours.

Response to feedback from schools

- a) There is a suite of training available to schools from the SEMH team which is detailed in the Service Level Agreement booklet. This includes training on P.A.C.E. and a range of approaches such as solution focussed working.
- b and c) Schools can purchase additional hours of support through spot purchase- however in order to recruit and plan staffing to meet demand, it works best if schools can plan ahead

and consult with the team before submitting their request for hours to determine the level of support needed.

d) The termly planning meeting is the best way of agreeing with the SEMH teacher where the resource can be best utilised. Inclusion support practitioners are commissioned to support the High Needs pathway and the EHCP pathway and are therefore not part of the traded service.

e) The use of Target Monitoring Evaluations (TME's) has enabled the team around the child to focus on their very specific needs of the child at that point and assign targets to the work the SEMH teacher may be involved in.

f) Team Teach training is currently delivered by other providers in Solihull. We are therefore unable to train and or deliver specific guidance around this approach.

g) There are existing services such as the parenting team available for families in Solihull, however, we do understand the value of a collaborative approach between home and school, and we are currently exploring how we can develop this approach. Last year Educational Psychology offered workshops for parents. There are now new family hubs in place and the SEMH team are working closely with the Connect Care Network

h) The team have an annual programme of CPD that is delivered half termly. Approaches used in direct work are bespoke to the needs of the child and the teacher and ISP will use the best fit for the child or young person's needs to optimise outcomes and engagement.

i and j) Whilst we endeavour to keep the same advisory teachers in school if the school request this, due to staff changes and variations in hours purchased in service level agreements sometimes changes in staffing is unavoidable. We do however, ensure there is a hand over of any open cases and all staff receive high levels of induction and are highly experience in working with pupils in SEMH.

Feedback from families 2023 – 2024:

Grading: 5 (very good) - 1 (very poor) with 3 being satisfactory.

*Scores are rounded and so may not add up to 100% * some responses from comments link to other services, but for validity of survey data we have still included.*

SEMH Team	1	2	3	4	5
35 responses			9%	23%	69%

When parents/carers were asked what support they valued from the SEMH team the following responses were supplied.

- The team taking the time out to check in with me and ask how xxx was doing when he was really struggling, and the school didn't know how to help him
- Tailoring of support for my child and the profound positive impact it has had on him
- The SEMH teacher has been a brilliant support to my son during the time that they have been introduced to each other, the SEMH teacher is attentive, informative and I feel that he definitely made the short time my son has spent at his school just that little bit more enjoyable and engaging. My son lights up when he sees his SEMH teacher in the mornings. The team have been very engaging and willing to intervene and action any issues raised with the school. Have offered guidance to support inclusion in external activities for my child.
- Excellent service. The SEMH teacher has built a positive relationship with our foster child and us. Gives really good support and has an accurate understanding of his needs. Helping us to access services and supporting school too. Provided support when I could not secure via other services.
- I valued the phone call to discuss my daughter beforehand. My child enjoys being able to discuss and choose what activities / support they receive.
- I cannot thank the SEMH teacher enough for the work he has done with both of my sons and myself this academic year. Having someone the boys can share issues with and then having him help them to voice these issues has been so beneficial to us. One of my sons has completed a transition plan with the SEMH teacher - the colleges we have showed have been so impressed.
- Again, I've valued how personal the support has been and how nothing is too much trouble.
- They have been a massive support to my daughter, putting her needs first unlike other teams in the local authority. They truly care about the children and families they work with, and their work reflects this. They have been creative, committed, and consistent with the services they have offered.
- For my son: He absolutely loves the inclusion support practitioner who comes out to do a 1:1 with him twice a week. She has been able to connect with my 'difficult to connect with child' incredibly well. For myself: the SEMH teacher has been so helpful in suggesting ways for myself (and his TAs) to communicate more effectively and assist in trying to get my son to be at school for more than 2 hours a day. The signposting to other services has also been very useful.
- Very supportive
- This is the only team that has reached out to me and supported my son and our family.
- My daughter really benefitted from having the 2:1 session with the SEMH teacher. Having the sessions held at school and with a fellow slightly older pupil, even though she didn't know them initially, was so helpful to put her at ease. My daughter said it was like having a therapy session and she could open up as to what's on her mind or what was troubling her every week. I noticed my daughter gained a bigger vocabulary

on her mental health, which is incredible given her age, and that will only help her in future as she grows to better understand and navigate herself being potentially neurodivergent. My daughter was upset that the sessions came to an end.

When parents and carers were asked what could be improved, the following responses were given.

- a) I'm not sure what support has been provided by the SEMH team if this is different from the support offered by school in general. Overall, I am very happy with the support that my child receives in school. Providing support as quickly as possible.
- b) Update on sessions - what we can be helping with at home (however my child has not long started to receive this support so not sure if there will be a follow up midway / towards end?)
- c) Communication is key to show the child that we are all working from the same page, I haven't spoken to anyone about changes at home, or behaviours, and I sometimes think at school they don't get when he is behaving that way.
- d) To be informed on how many sessions are to be expected, when sessions are to take place & frequency of sessions - my child's meetings seemed to be irregular & very limited. Although communication & feedback was provided this was only received as my child's was being 'signed off'.
- e) This is probably not practical, but having an SEMH team member based permanently in a school would be amazing.
- f) Give them more money and more staff so they can assist more pupils!
- g) More sessions per child as some of the sessions were weeks apart, so he could have one 2 hr sessions a week and then wait for another 2 weeks for the next session.

Response to feedback from parents.

Response to a, b, c, d

An area of development indicated by parents that they would like improved is levels of communication. It's important that parents are involved in the support their child receives from the SEMH Team and the team endeavour to make phone contact with parents when the pupil is referred. Reports and intervention summaries are sent out to parents when completed. We have attended several parents' evenings and information events this year. We will continue as a team to look at how we can make sure all parents are communicated with effectively and regularly.

Response to e, f, g.

We are a traded service and whilst we endeavour to support as many young people as we can the time, we spend in each school is dependent on the level of service the school has purchased.

While we understand the frustration of accessibility to local NHS mental health services the SEMH team are not a medical pathway. We do however work increasingly work more closely with our colleagues in Solar and the Mental Health in Schools Teams.

PART TWO– IMPACT OF TRADED SERVICE DIRECT WORK

The Target Measured Evaluation (TME) uses a simple scaling 1-10 of where the child is 'now' in relation to an agreed target and a best hope of where the child and team around the child hope to 'get to' after an agreed period of time (expected target). Progress is measured in steps on the scale. Two targets are usually set for a pupil.

228 cases of direct work had TME's set and evaluated. Schools and parents are involved in the target setting and review of targets this target setting is now embed into direct work. Whilst further work is in place to ensure improved target setting with schools including ensuring targets are S.M.A.R.T, it shows that most children make progress against their targets (95%).

Only 12 young people did not make progress during the intervention. The average steps of progress were 2.9 steps compared to 2.3 steps the previous academic year.

Direct work commonly has the following themes: anxiety reduction, self-esteem, managing emotions, managing relationships with adults and peer, managing distractions, expressing emotions, and managing transition.

Steps of progress for pupils receiving direct work from an SEMH Advisory Teacher

steps of progress	no. of pupil targets
0	12
0.5 - 1	35
1.5 - 2	54
2.5 - 3	131
3.5 - 4	40
4.5 - 5	24
5.5 - 6	11
6.5 - 7	6

Key Priorities for 2024/25

- To maintain wellbeing of the team.
- To develop the SEMH High Needs pathway to have an increased impact on the high level of secondary exclusions.
- Develop and maintain expertise within the team through a clear continued professional development plan.
- Remain updated with current Ofsted expectations and current pedagogy.
- Team to have a good understanding of impact of speech and language difficulties and communication quality first teaching and implement in advice and guidance and develop the use of the 'behaviour /SLCN toolkit' with the team.
- Development consistency of approaches to record pupil voice during and after intervention.
- Continue to develop Emotionally Based School Non-attendance Assess, Plan Do, Review cycle, collaborating with other services and develop training for schools to use these approaches.
- Contribution to Delivering Better Value (DBV) funded Nurturing Schools programme – establishment of Nurture leads groups and evaluate impact.
- Support Health & Safety Team to develop risk assessment /resources for schools to report/support challenging/unsafe/dysregulated behaviour
- PINS project – develop, refine training for identified topics/schools and evaluate impact.
- Develop local offer to include relevant information and resources.
- Continue to develop the use of coaching approaches/difficult conversations within the team through frequent updates using this approach in peer supervision.
- Implement the second phase quality assurance plan for written reports, advice and guidance and evaluate impact.

Case Studies

SISS SEMH TEAM CASE STUDY 1

Pupil's name:	xxxx
Date of birth:	
Current year group:	11
School/setting:	Alternative Provision
Name of specialist teacher:	Charlotte Challinor
Name of inclusion support practitioner	NA
Start date:	06.09.23

1. Reason for referral

- Regular incidents of verbal and physical aggression.
- Refusal to follow adult instructions.
- Unable to ask for help from adults.
- Not aware of his triggers to anger and unable to self-regulate his emotions.

2. Intervention plan

Direct work with an SEMH advisory teacher

- Weeks 1-3 – Relationship building, ideal self, aspirations, careers guidance to build aspirations.
- Weeks 4-6 – Self-esteem, self-identity, circle of control, zones of regulation, triggers to anger, emotions in the body.
- Weeks 7-8 – Dialectical Behaviour Therapy (DBT) skills from Distress Tolerance and Emotional Regulation.
- Week 9 – Support with transition.

School support

- Weekly communication with staff to follow up on progress and keep updated about incidents in centre.
- Contribution to Individual Pupil Profile targets and strategies.
- Sharing DBT resources to support with the continuation of work.
- Transition support with pupil and advice and guidance to centre.

3. Outcomes achieved

- Xxxx engaged well in the sessions and was always keen to attend.

- Xxxx was able to build and maintain a positive and trusted relationship with the SEMH teacher and the wider community in the centre. Xxxx was able to talk more openly about his feelings with trusted adults.
- Xxxx was able to make new friends with peers.
- Xxxx was able to reflect on incidents and be open and honest about situations that had happened at his previous school and outside of school, leading to his arrests.
- Xxxx is able to say how he was feeling using the scaling activity and described his anger as being felt in his stomach.
- Xxxx found it difficult to express how his actions have negatively impacted his mental health and felt that he didn't need support in this area.
- Xxxx is felt apprehensive about his move to a new school but talked positively about his future and hoped to gain experience in a trade through an apprenticeship.

Target Measured Evaluation (TMEs)				
Area of Work	Start score	Best hopes	End score	Points progress
Target 1 To be able to know how he is feeling and understand his triggers to anger.	2	5	7	5

4. Feedback

Pupil - "I have enjoyed the sessions. I am still nervous about starting at main site as I have liked being at Saturn. I will try to use some of the things you have taught me. I definitely don't think I will be that angry again. Thank you..."

School - "Xxxx has settled really well and is much more engaged with his learning. He has built some positive relationships and I think you have helped him learn some skills that will help him settle in his new setting..."

Home - "Thank you for all your support. Xxxx has definitely been more positive and a different person since starting at Saturn and working with you. Thank you for your regular updates..."

SISS SEMH TEAM CASE STUDY

Pupil's name:	XXXX
Date of birth:	XXXX
Current year group:	7
School/setting:	Marston Green Junior School
Name of specialist teacher:	Claire Kennedy
Name of inclusion support practitioner	N/A
Start date:	05.03.2024

1. Reason for referral

- Xxx levels of anxiety were significantly impacting upon his ability to sleep and concentrate in school during the Summer Term of Year 6. It was also beginning to impact upon Xxx attendance, which had always previously been excellent.
- Xxx was on the waiting list for 1:1 sessions with SOLAR but the school, family and Xxx felt that he needed some immediate support.

2. Intervention plan

SEMH advisory teacher

- Teach and rehearse cognitive behaviour approaches to manage / challenge anxious thoughts – using 'Panicosaurus' book as a starting point.
- Develop visual reminders of cognitive behaviour work and strategies for managing anxiety to use at school and at home.
- Develop and practice a range of cognitive and physiological strategies for managing anxiety.

Other services:

- Work covered and outcomes were shared with the SOLAR practitioner prior to him beginning 1:1 sessions with them.

School support

- A range of strategies were put into place to support Xxx in school. These included Learning Mentor support, motor breaks, learning aids, resistance band on his chair, sensory activities and time out of the classroom.

3. Outcomes achieved

- Xxxx sleep improved significantly. At the beginning of our sessions, he reported that he 'barely sleeps and he feels tired all of the time'. At the end of our sessions Xxxx reported that he was getting at least 6 hours sleep per night and was only waking once or twice in the night.
- Xxxx reported feeling less worried. Initially he felt that worries occupied his mind 70-80% of the time. At the end of intervention he felt that this had reduced to 40-50%.
- Xxxx felt that he was able to concentrate better in class because he felt able to manage smaller worries effectively. He found taking motor breaks particularly helpful in helping him to 'reset' when managing minor worries. Bigger worries remained harder for Xxxx to manage and these still sometimes impacted on his ability to concentrate.
- Xxxx attendance during the summer term of Year 6 was excellent. He felt confident about his SATs tests and was present for them all. He was already making plans with his family to overcome his anxiety about travelling to secondary school by train and had a generally positive outlook about this transition.

Target Measured Evaluation (TMEs)				
Area of Work	Start score	Best hopes	End score	Points progress
Target 1 To be able to utilise strategies to manage his anxious thoughts	4	6	7	3

4. Feedback

Pupil

Xxxx commented that he felt more positive because he was more confident that he had the 'tools' to manage his worries and he knows that he has lots of people to support him in school and at home.

Home

Email from Xxxx mother.

'We are so grateful for the work you have undertaken with Xxxx. He is more confident, regulates better, sleep is much better and he has so much more resilience. He has looked forward to your sessions every week and has come home every Tuesday full of energy ready to tell me what you've been doing. He has shown everyone his key ring that you have made and talks about it all the time. What you have done is wonderful, and I'll be forever thankful.'

Specialist Teacher Signature:



