HEADTEACHER
UPDATE

Supporting children with SEMH needs

Why are primary schools seeing more social, emotional and mental health needs in their pupils and what can we do about it? In this Best Practice Focus, *Ali Williams* looks at how we can support these vulnerable children to make progress and thrive. He looks at school culture, building relationships, behaviour, managing crises, family engagement and more. He offers practical ideas as well as 20 self-evaluation questions for primary school leaders

Social, emotional, and mental health needs

Ali Williams

...is assistant headteacher at Foxfields Academy in Leicestershire, an SEMH special school which is part of Community Inclusive Trust. This article was written while Ali was in his previous role of vice-principal at Willowbrook Mead Primary Academy in Leicester, part of The Mead Educational Trust. Read his previous articles for Headteacher Update via www.headteacher-update. com/authors/ali-williams

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Social, emotional, and mental health needs (SEMH) refer to a broad array of SEN based on a child's difficulty regulating emotions and behaviour. The term was created by the 2014 *SEND Code of Practice* and replaced the use of "social emotional behaviour difficulties".

The change was designed to encapsulate the direct correlation between mental health problems and the way they can be communicated through behaviour and actions (for a useful overview, see Routledge, 2021). Children with SEMH can show signs of:

- Disruptive or anti-social behaviour.
- Crises or tantrums.
- Frustration and uncooperative behaviour.
- Anger or verbal and physical threats/aggression.
- Being depressed or withdrawn.
- Anxiety and self-harm.

There is no one thing that causes SEMH and each child's needs and their development of SEMH will be different. Life experiences can play a significant role, in particular the impact of adverse childhood experiences (ACEs).

Depending on how you define them, ACEs are thought to affect, to a lesser or greater degree, almost half the UK population (YoungMinds, 2018). More tellingly for our purposes, 9% are thought to have experienced at least four different ACEs (Bellis et al, 2014).

The mental health charity YoungMinds defines ACEs as: "Highly stressful and potentially traumatic events or situations that occur during childhood and/or adolescence. They can be a single event or prolonged threats to and breaches of the young person's safety, security, trust, or bodily integrity." (YoungMinds, 2018).

According to the Robertson Trust (2023), the toxic stress caused by childhood trauma can affect healthy brain development. ACEs can lead to an inability to recognise and manage different emotions alongside an increased chance of developing mental health problems, such as anxiety or depression.

It is also widely accepted that attachment difficulties can lead to the development of SEMH needs (Wright et al, 2023). It is thought that children with such needs are often slower to reach key developmental milestones with play and learning. Furthermore, the Wright et al (2023) study discusses the correlation between attachment difficulties and severe family adversity (financial difficulties, domestic violence, parental substance misuse and ill-health) as well as previous trauma for the caregivers – thus highlighting the impact SEMH can have on families for generations.

Elsewhere, children with neuro-developmental needs such as autism and ADHD or other learning needs may also present with SEMH, especially if their primary SEN is missed or unmet.

What is clear is that SEMH needs arise from many different factors. This highlights why managing SEMH in schools and understanding the "need" and the "behaviour" is becoming increasingly challenging and is leading to higher numbers of SEMH pupils requiring specialist support.

Indeed, between 2021/22 and 2022/23, the number of children with Education, Health, and Care Plans (EHCPs) or on SEN Support with SEMH as their primary need increased from 258,000 to 284,000 (DfE, 2023).

Increasing SEMH

We know that SEMH needs are increasing, but why?
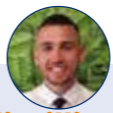
Covid

In 2017, NHS research concluded that 12.1% of 7 to 16-year-olds had a probable mental health condition. In 2023, the same study judged that this figure has now risen to 20.3%. For pupils aged 8, 9, and 10, the figure is 15.7% (see *Headteacher Update*, 2023).

This would suggest that Covid has had a negative impact on the mental health of our pupils. Of course, it isn't that simple. A number of studies, including the NHS research, has found that although there was a negative impact reported by some of the population, others reported a positive influence.

What is clear, however, is that children with diagnosed SEN or SEMH were affected disproportionately by the Covid lockdowns (Ofsted, 2021).

Panchal et al (2021) reported that pupils with neuro-developmental disorders (autism, ADHD) had a higher prevalence of emotional symptoms following lockdowns than children without

(42% vs 15%). Furthermore, children with ADHD showed inflated conduct problems and children with autism displayed decreased pro-social behaviours.

These children already had a diagnosis of SEN/SEMH prior to the pandemic, but the impact of their needs not being fully or properly met for a substantial period of time caused an increase in severity.

It would be reasonable to say that children who may have been ably supported in mainstream education prior to Covid now require more specialist support.

As this problem affected our whole population it is no wonder that there is now unprecedented demand being placed on external agencies such as CAMHS. If these services aren't easily available then needs continue to worsen and children, families and schools are left unsupported for longer.

For example, 403,000 children are currently on the waiting list to be seen by a consultant paediatrician and 18,000 have been waiting for more than a year (RCPCH, 2023).

Headteacher Update reported recently (2022) that there has been a 54% increase in the number of under-18s undergoing mental health treatment or waiting to start care – from 272,000 in 2020 to 420,000 in February 2022. At the end of June 2023, this figure had reached 432,000 (NHS, 2023).

Cost of living

I do not need to tell you that the cost of living crisis is having a negative impact on disadvantaged families. Official figures state that 4.2 million children are living in relative poverty (household income below 60% of the median after housing costs). This is 29% of all UK children. Of these, 2.7 million are living in "deep poverty" – families below 50% of the median. Furthermore, 21% of children who live in relative

poverty are also living in food insecure households (DWP, 2023).

There is much research showing links between living in poverty and the mental health and wellbeing of children. One study found that by the age of 11 children living in poverty are four times more likely to develop mental health problems (Morrison Gutman et al, 2015).

While family economic circumstances and parental mental wellbeing have the greatest impact on children in their early years (Joyce et al, 2022), there is significant evidence connecting poverty, deprivation, and economic inequality to the mental and physical health of young people of all ages (Morrison Gutman et al, 2015).

There is also growing evidence, according to the Robertson Trust, of an association between deprivation and ACEs and that the risk factors "cluster together in the lives of the most disadvantaged young people" (2023).

Given the lived experiences of our children over the past few years, is it any surprise that there is an increase in SEMH?

Early identification and misdiagnosis

I wrote last year in *Headteacher Update* about SEMH in key stage 1, which I believe go largely unseen (Williams, 2023a). I analysed Department for Education (DfE) data for different areas of need across key stages in the last three academic years, comparing the percentages of children with autism, SEMH, and speech, language, and communication needs (SLCN).

The data is clear: SEMH is not diagnosed early and yet by the end of primary school it is the most prevalent need.

So what is happening? Does SEMH suddenly appear in key stage 2? Do we misdiagnose in key stage 1? Do assessments for identifying

SEMH work less well in key stage 1? Or are we slow to see the signs?

I think the truth is that SEMH is prevalent in key stage 1 but is simply easier to spot in key stage 2.

We typically associate SEMH with indicators such as an ADHD diagnosis or aggressive behaviours. Of course, we see these indicators in key stage 1, but they are less common.

Missing these needs at an early age inevitably leads to inappropriate interventions and therefore an escalation of need. This issue is acknowledged in the SEND Green Paper (DfE, 2022), which states that the current SEND framework is built around a cycle of late intervention.

Supporting SEMH pupils

Over the past few years, I have been fortunate to achieve some success with SEMH provision. Every one had culture and relationships at its heart.

Behaviour and relationships

Schools aren't made up of pupils who simply "behave". Pupils must want to behave; they need to invest in the people asking them to. This only happens through positive relationships.

SEMHs are often communicated through behaviour – it is the sign of an unmet need (Bates, 2021). As practitioners it is our job to work out what is really being said. What does the chair being thrown tell us? What is the refusal first thing in the morning saying? What is actually being said when they tell us to "fuck off"?

As special school head Sarah Barlow said when she wrote in these pages: "I believe that SEMH behaviour is mostly about seeking a relationship with adults through attention – so let us make it positive attention." (Barlow, 2019).

Building positive relationships takes time. It takes time because

relationships are built on a foundation of trust. When we have trust we can be honest and open. For vulnerable pupils this is integral to their success in school. With our most vulnerable it is the key to unlocking academic success. Adults are no different. We work harder for those who invest in us, those who give us their time, who are kind, caring and listen.

I often hear the phrase "you should respect adults" – but respect is earned through how we conduct ourselves and how we treat those around us. In my experience, vulnerable/SEMH pupils value this more than any others. Often they lack role models to show them what respect and positive interactions look like. It is our responsibility to be those role models and build those relationships.

And it is more powerful if these relationships come through a whole-school culture...

School culture

"If you answer the 'why', then the 'what', the 'how' will soon follow." (Humphrey & Hughes, 2021).

I think it is easier to craft culture within a special school environment. Staff have made a conscious choice to work with SEMH; there is motivation to support the children – that is their "why". We see this in schools all the time. There are always teachers who have a passion for dealing with SEMH or behaviour.

However, SEMH is increasingly prevalent. There is a greater need for all teachers in all schools – especially in disadvantaged areas – to become experts. This cannot happen without a meaningful "why". When we interview for new staff for our provisions it is the first question we ask. We are looking for someone who shows commitment to the same values and beliefs that we share, especially when supporting challenging behaviour.

When we share their "why", we have their "purpose" and a shared purpose creates "commitment" (Grant et al, 2007). Communicating our shared "why" is vital to creating this culture and maintaining this commitment: "When a team's members know why they are doing something, beyond mere personal gain, they perform at a higher level." (Humphrey & Hughes, 2021).

> *The data is clear: SEMH is not diagnosed early and yet by the end of primary school it is the most prevalent need*

Within schools we talk a lot about values – they are often plastered on our website and painted on walls. But are these lived? "Values must be seen, not just written," (Whittaker, 2021) and this ultimately comes from the leadership. The values in your school should be what drives your school forward, what determines staff and pupil behaviour. So what values do we need to support SEMH and respond to challenging behaviour?

Kindness

The most important value to have when working with children with SEMH and our most vulnerable in schools is kindness.

Dr Karen Treisman (2020) tells us that "every interaction is an intervention". Every interaction can be positive or negative, making a positive difference or hindering a pupil's progress. As such, the quality of those interactions is vital – they simply must be kind.

In his book *The Kindness Principle* (2021), Dave Whittaker tells us: "Kindness can mean being tough and fair – exposing frailties and weaknesses but doing it with warmth and compassion. To remain kind in difficult and challenging environments takes courage and strength."

Unconditional positive regard

Whittaker also speaks about "unconditional positive regard", an approach that is credited to psychologist Stanley Standal (1954) and which states that for a person to "grow" they need an environment with acceptance, genuineness, empathy, and openness.

I have seen first-hand the positive impact that unconditional positive regard can have on school culture and, more importantly, pupils. *The Kindness Principle* explores this concept at length and is worth reading.

The approach has been misconstrued as being "soft". But this is to misunderstand – we can hold the same high expectations in a way that also attempts to understand behaviour while building strong, meaningful relationships in the process. The four aspects of unconditional positive regard help to break this down further.

Acceptance: Every child needs to feel part of something. To achieve a feeling of acceptance we have focused on our language and interactions. When we see challenging behaviour it is easy to become frustrated, but shifting the focus to what is being communicated and letting the child know you care helps to break down barriers: "I can see you are angry, but I care about you, and I want to help." We back this up with our actions – restorative conversations, playing their games to help them know you care, greeting them in the morning with a smile. This leads us to…

Genuineness: This is heavily linked to our purpose and our "why". If you genuinely want to help children with SEMH then your kindness and desire to understand their behaviour will feel genuine.

This must be modelled by leaders. As a leader, be genuine in your interactions, be real, be more than a head or a deputy to these children. If you say you will play football with them at lunch, don't let them down. If you say you'll get new pencils for their classroom, do it. If you say you care and want to understand their behaviour, find a way to do this.

While trying to understand a pupil's behaviour it is important to show…

Empathy: Whittaker (2021) talks about not feeling sympathy for
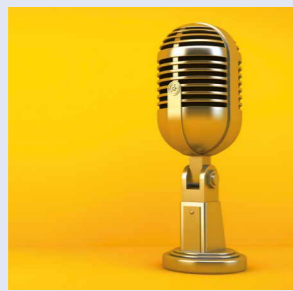
children but using empathy to put yourself in their shoes.
● How would you behave with that level of trauma?
● How would you behave if the classroom felt that overwhelming?
● What if you struggled to retain focus for long periods of time?

Think about how you would want to be treated. I am not saying this is easy. Dealing with SEMH and challenging behaviour can be difficult and there will be days when you don't want to "be kind" – but unconditional positive regard means that we always try to be our ideal self, even when it is difficult.

Openness: This links with the idea of being genuine. Being real. Share things about yourself with pupils. Children with SEMH and those with ACEs need you to be more than a teacher; they need you to be personable and relatable. Be honest with your team, too, when things are getting tough and more support is needed. If those around you have the same approach then this will enhance your practice. It is easier to achieve all this if everyone else around you is living it as well. This is why culture is so important. I am passionate that these ideas are the bedrock for supporting SEMH whether in a specialist setting or a mainstream classroom.

Motivation

So a whole-school or classroom culture based around values, kindness and relationships is vital, but considering motivation for the child is also key if they are to succeed without reliance on adults.

As such, the ideas and practices of self-determination theory should be considered by schools, including how these can be used to support growth beyond the school walls.

Self-determination theory grew from the ideas of Richard Ryan and Edward Deci (2000). It states that people tend to be driven by a need to grow and gain fulfilment: "Self-determination theory suggests that people can become self-determined when their needs for competence, connection, and autonomy are fulfilled." (See Cherry, 2022)

Therefore, if our school culture supports the SEMH of children, then focused work around motivation could unlock the

potential to take these children further.

Deci and Ryan (1985) believe that people are naturally directed towards growth. Moreover, their theory focuses less on external rewards (money, prizes) and instead on internal motivation. In order for the theory to work people need:
● **Autonomy:** To feel in control of their own behaviours and goals.
● **Competence:** To gain mastery of tasks and learn different skills.
● **Connection or relatedness:** To experience a sense of belonging and attachment to other people.

These things won't happen automatically and require a culture of support and growth. Some will be beyond primary-aged children, but there is a reason for my mentioning them here.

I believe schools focus too much on extrinsic motivation for children with SEMH. I have certainly been guilty of this myself – we have achieved success with children while they are with us but their behaviour dips in the community or after leaving.

We have conditioned children to behave because if they do we will reward them. Deci and Ryan (1985)

believe that as the behaviour becomes increasingly controlled by external rewards, people begin to feel less in control of their behaviour and intrinsic motivation is diminished.

If we instead focus on helping children achieve the three aspects of self-determination theory, we would unlock a power of motivation that goes beyond "reward time".

So how can schools achieve this? One theory is that removing time or points goals for good behaviour would go some way to promoting intrinsic motivation.

For example, lots of schools will reward children at the end of the day for having a good day. This often means children complete the tasks because they want the reward and not because they want to learn.

So what if we praised and rewarded moments of success? For example, if children were surprised with rewards at random times when they showed a thirst for learning – this might reinforce the ideas of intrinsic motivation.

Furthermore, using targeted praise and specific language would support children's understanding of what they had done well. Instead of "well done for completing the work", we could say

"I know you found it difficult but you persevered and accepted guidance to help you – well done".

As practitioners we can then begin to change the thinking of our pupils. This wouldn't happen overnight and would need to be something that is driven across the school as part of its culture.

In one of our primary SEMH provisions, we have begun to implement these ideas and have been surprised with the results. Children have begun to recognise "learning behaviours" as these were being rewarded.

My view is that this helps them to understand "how and why to behave". Whether children at this age can fully develop the ideas of self-determination theory remains to be seen, but ensuring we cover ideas of autonomy, competence, and connection is vital.

Tracking progress

Another element linked to school culture is how we track progress. In my experience, there is often a correlation between a pupil's SEMH need and lower attainment – often due to the impact their behaviour has on accessing lessons. This can be a vicious cycle as some needs are often linked to perceived low self-worth around academic ability.

However, what if we stopped focusing on just academic progress when we assess impact? We put so much pressure on achieving grades even when there are barriers to learning that it can take away from the often more important progress being made by the pupil in other areas.

One approach I am proud of is moving away from comparing everyone and instead focusing on the individual child. I know this is harder in mainstream education, but bear with me. Howard Gardner, a developmental psychologist, spent his life focusing on these ideas. He posed a theory that there are many forms of intelligence and rephrased the question: "How clever are you?" into "How are you clever?"

When I read his work (Gardner, 1983) it changed the way we looked at data for children with SEMH and we decided to track other aspects of progress rather than just academic attainment.

So now teacher assessments are being completed using a variety of tracking systems and considering areas including:
● Attitudes to learning (A2L).
● Academic attainment.
● Attendance.
● Incidents of behaviour.

In addition, we have adapted the McSherry (2001) reintegration scale to monitor A2L and behaviour. This allows us to report progress clearly on "How are you clever?". If our provision is effective then we will see improvements with attendance, attitudes to learning, and a reduction in behaviour incidents.

Of course, this does not necessarily mean that a pupil's English or maths ability will have made similar progress, but it is still a vitally important metric for these children. It certainly helps when engaging with families. Parents of children with SEMH can often have a negative view of school, especially if their child's behaviour isn't good or parents' evenings are not a positive experience.

But using this approach, we can report on what is going well with the whole child rather than just within the usual parameters. Parents have certainly responded well to this approach.

Family support

We have also looked at the role that home life can play in causing

or exacerbating SEMH. It is imperative that we build relationships with the family if we want to understand a pupil's behaviour and show them genuine empathy. This helps us to understand what we are dealing with but also gives us the best chance of "changing the narrative".

Dealing with SEMH in schools is hard enough and it will be hard at home too, so we need to ensure that families have access to support and guidance.

We have always prioritised honest and open lines of communication with these parents and families. You are likely going to need to report negative behaviour, so a good relationship is vital. It is even more important to report good behaviour and progress too. This will boost the family's view of school (and their child's ability), making difficult conversations easier over time.

Building a good relationship will allow you to understand the family dynamic and ascertain where the SEMH need arises from. Are there ACEs? Is attachment an issue? This information is vital in ensuring the right provision is put in place.

If the right provision is put in place, then the children will make progress both academically and with managing their SEMH. This will in turn have a positive impact on their home life and the view of others towards them. In doing so you have helped change the narrative of the family.
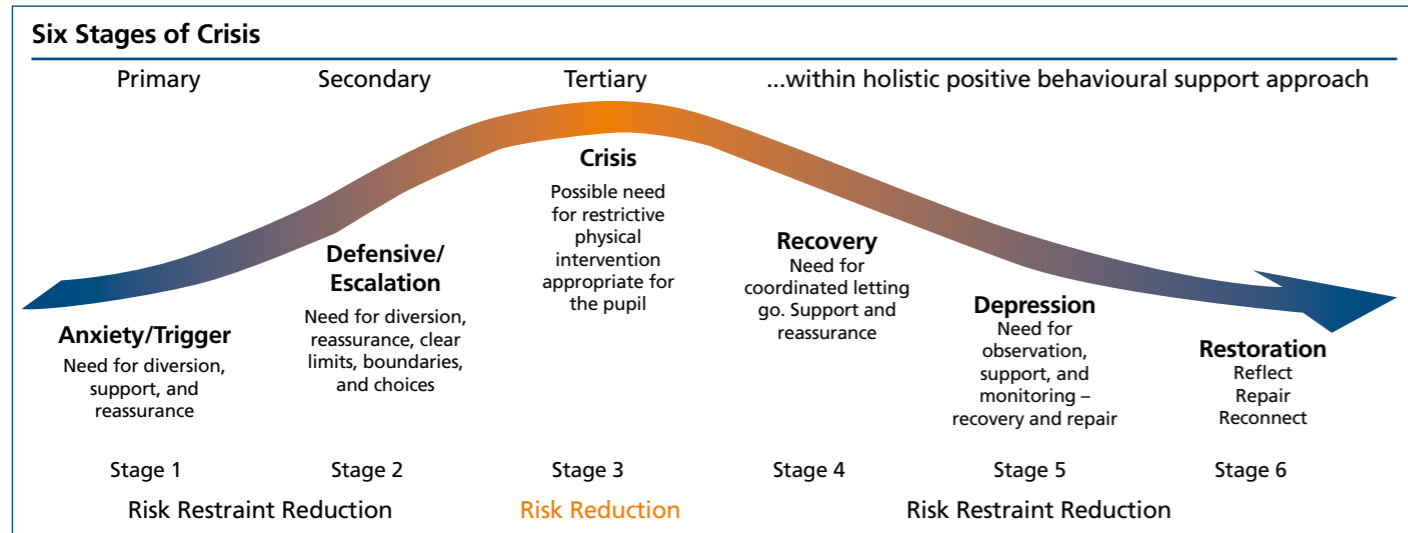
How can you do this?

Even though this *Best Practice Focus* stretches to almost 5,000 words, it remains a whistlestop tour of how I have gone about supporting children with SEMH in both specialist and mainstream provisions. But allow me to conclude with few practical ideas.

Get in there early!

If we identify SEMH in key stage 1 then we have a greater chance to support the child more effectively. Look for factors such as poor attendance, known ACEs, reading ages, and other diagnosed SEN. See my article on undiagnosed SEMH (Williams, 2023a).

Stages of Crisis

A few years ago, someone showed me the Stages of Crisis model from Team Teach and it changed my entire response to behaviour. ▶

Six Stages of Crisis

Primary   Secondary   Tertiary   ...within holistic positive behavioural support approach

Crisis
Possible need for restrictive physical intervention appropriate for the pupil

Recovery
Need for coordinated letting go. Support and reassurance

Defensive/ Escalation
Need for diversion, reassurance, clear limits, boundaries, and choices

Depression
Need for observation, support, and monitoring – recovery and repair

Anxiety/Trigger
Need for diversion, support, and reassurance

Restoration
Reflect
Repair
Reconnect

Stage 1   Stage 2   Stage 3   Stage 4   Stage 5   Stage 6

Risk Restraint Reduction   Risk Reduction   Risk Restraint Reduction

I have now implemented approaches to behaviour based off this model across several settings and have also written about this work previously in *Headteacher Update* (Williams, 2023b).

The model (see figure 1) breaks down behaviour into a clear visual map with six steps and helps us to place kindness and care at the heart of staff responses to incidents. It is based on the idea that behaviour doesn't just appear – there are triggers, such as anxiety, that cause responses.

The model shows how it builds and like a volcano "erupts" with crisis behaviour. Often adults in schools see the "big" behaviour – or stage 3 crisis behaviour to cite the model – and immediately respond with "big" sanctions.

Consequences are important and they are an integral part of managing behaviour, but if a pupil is showing crisis behaviours then consequences at that moment are that last thing a pupil needs.

Schools are well on their way to understanding behaviour better and supporting children. Lots of schools do this well. For me Stages of Crisis has given a clear model to highlight how behaviour often works and to give staff the rationale to adopt a restorative, kind, child-centred approach.

Consequences

You might think that I am against consequences and sanctions – I am not at all. Indeed, I think these are vital for dealing with SEMH communicated through behaviour.

However, consequences need to be tight and clear. Children with SEMH must understand where they stand and what kinds of behaviour are not acceptable and why.

Consequences should also be used as an opportunity to restore relationships following incidents – what can we do to prevent it from happening again? Being proactive with vulnerable pupils will help us achieve powerful relationships and to keeps things consistent.

Use sanctions that are small but that happen (Dix, 2017). If pupils know a sanction will definitely happen, they will respond better to it although may still need support to do it. If you ask them to stay in at break-time for five minutes, use that time to talk to them about their behaviour and their reason why; ask them what you can do to help; tell them and show them that you care.

We created behaviour plans that have broken down consequences according to the behaviour shown. This has taken the subjectivity and inconsistencies away. This approach also means that staff-pupil relationships are protected to some degree because the ownership is on the child – i.e. pupils do not feel they are being targeted by the teacher.

After a period of "testing the boundaries", we have seen these plans become effective. Children are now clear about individual expectations and staff support them to understand the impact of their behaviour when things do not go right.

Self-evaluation questions

I would love to write a list of instructions to follow for SEMH children. However, you and I both know that this wouldn't work. What is required changes all the time because the children change all the time.

What I can do is finish with some questions and thoughts for you to reflect on and discuss in your school. I have seen all of these ideas work and am proud of the impact on vulnerable, hard-to-reach children.

Figure 1: The Stages of Crisis model changes our responses to behaviour incidents. Illustration adapted from the original Team Teach Six Stages of a Crisis model and reproduced with kind permission of Team Teach (see Williams, 2023b).

Teachers

A lot of what I have spoken about will be best implemented by leaders. As you will have understood, culture is the biggest winner for SEMH. As a teacher you cannot change whole-school culture, but you can change your classroom culture.

● Is your classroom focused around conforming to expectations or is it focused on understanding behaviour as communication?

● Are you building positive relationships with their families?

● If you are teaching in a school with high levels of SEMH, why have you chosen to work in that school? Does your "why" as a teacher fit with what the children need?

● Are you communicating your "why" through your every interaction?

To answer this last question myself, my "why" as a classroom teacher was ensuring that all my pupils made "their" progress and that they felt part of something. This didn't mean that everyone got to age-related expectations, but it did mean that all pupils felt like they belonged, felt accepted, and they made the progress that was right for them.

Leaders

As leaders your role in this is, of course, bigger and so the list of review and reflection questions is longer. Here are 20 questions to discuss across key areas:

Culture
1. What's the school's "why"?
2. Are these values seen or just written?
3. Are you confident that all staff know these values?
4. Are children's SEMH at the heart of everything you do?

Relationships
5. How do staff communicate with children? Is this how you would want your own child to be communicated with?
6. Do children feel accepted? How do you know?
7. Are staff genuine with their interactions?
8. Do staff see behaviour as communication? How do you support staff to be consistent with this?
9. Are behaviour consequences clear and meaningful?
10. Do restorative conversations happen consistently?

Motivation
11. Do children understand what "good" behaviour looks like?
12. Is good behaviour rewarded? Are values rewarded?
13. Are "good" moments communicated with parents as frequently as "bad" moments?

Individual child
14. What is their need?
15. What do their Stages of Crisis look like?
16. How can that behaviour be supported?
17. "How are they clever?" Do they know this? Do their parents know this?
18. What is the current goal for this pupil, including their academic and wider progress?

Family
19. How do the family cope? What is their need? Do they feel supported?
20. Is the family supporting the school? Is the family clear on the current goals?

Final thoughts

Working with children who have SEMH is a privilege. You have the opportunity to change a life, transform a family, and open doors that are currently closed.

There is a quote from Alan Turing that perhaps sums it up best: "Sometimes it is the people no one imagines anything of who do the things that no one can imagine."

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EQUALITY IN PLAY

Universal Designs for Inclusive Playgrounds

KOMPAN
Let's play

Children with disabilities have less than 50% chance of accessing playgrounds. Play between children with disabilities and typically developing children support the areas of self-efficiency, tolerance, and empathy in both user groups.

ACORN PARK SEN SCHOOL
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ST NICHOLAS SEN SCHOOL
VIEW OUR VIDEO CASE STUDY

"The children's behaviour has improved. They are a lot more entertained and their play has been a lot more imaginative. There is now a lot less negative behaviour. It has been a success. It has been pain free working with KOMPAN." Katie Goodwin, Head Teacher, St Nicholas School