Social and Emotional Wellbeing; and Presenting Behaviours PROFILE

Name:	School:	DoB	Year Group	Gender M/F	SA /SA+/ Statement/EHCP

	Social and Emotional Wellbeing Indicators Highlight as appropriate. All indicators may spread across a spectrum of levels. Only highlight an indicator if there is supporting evidence.			Possible Interventions: highlight and add as necessary		
	Social	**Emotional**	**Presenting Behaviour**	**School/education cost**	**Other Agency/service cost**	**Cost**
A Low Level	1. Poor awareness and social skills: e.g. over-familiarity; inappropriate physical contact. difficulty in turn-taking; interrupts conversations inappropriately. 2. Appearance: e.g. inappropriate clothing; unkempt 3. Shows hyper-awareness of differences e.g. gender; race; disability; learning attainment 4. Personal hygiene: e.g. toileting issues; body odour; head lice; washing.	5. Low self-esteem: e.g. shy; hesitant; lack of confidence; socially awkward. at risk of being bullied self-perception as victim; socially isolated; lack of peer support systems; tries to intimidate/bully others 6. Emotional control issues e.g. anger management issues. 7. Emotional responses derive from reaction to learning difficulties.	8. Behaviour impacts on learning: 9. Uses avoidance tactics: e.g. finds excuses not to engage in challenging situations; often complaining of 'headaches', sickness, stomach ache. 10. Passive behaviour: e.g. opts out of situations; lack of reaction. 11. Attendance/punctuality erratic. 12. Requires refocusing in class 13. Often fails to complete work 14. Often has difficulty getting started on work 15. Sometime disruptive of others' learning 16. Sometimes fails to stay seated when required	▪ Initiate Singe Assessment Tool if one not already in use. ▪ EWO support – initial referral/monitoring ▪ School nurse ▪ Nurture Group ▪ Informal Risk Assessment ▪ Learning interventions ▪ Home school liaison ▪ Social stories ▪ Friendship circle ▪ Buddies/peer mentor ▪ TA support		
B	**Social** 1. Exhibits inappropriate body language; sexualised contact; lack of response to body language of others 2. Disregards rules: e.g. non-con-compliance; not following direct instructions; calling out. 3. Difficulty in making relationships, distrust, e.g. misunderstandings and unrealistic view of relationships. 4. Inappropriate language, e.g. swearing in normal discourse. 5. Quick to anger in conflicts with other pupils 6. At risk of gang involvement.	**Emotional** 7. Tearful: e.g. separation issues.. 8. Over-reaction to perceived threat; e.g. tendency to harbour grudges; Separation Issues 9. Remaining angry for a long period. 10. Escalation of low self-esteem behaviours. 11. Emotional responses derive from increased reaction to learning difficulties. 12. Poor perception of ownership of property.	**Presenting Behaviour** 13. Patterns of behaviour cause concern: absences on specific days; avoidance of particular situations; repeated behaviours. (Escalation of A9). 14. Apparently fixed notions which lead to holding to untruths in the face of overwhelming evidence to the contrary, "digging in" 15. Difficulty in coping with changes routine/ staffing/ class/environment. 16. Non-targeted abuse: e.g. random pinching, poking, pushing including verbal abuse. 17. Behaviour shows a lack of danger awareness: e.g. road safety; stranger danger; wanders off; follows or copies dangerous behaviour; runs about/climbs where dangerous. 18. Requires refocusing frequently (most lessons) 19. Usually needs help to get started on a task 20. Work frequently unfinished 21. Requires close control to conform to school/classroom norms. 22. With support can personally organise	• IEP in place including Risk Assessments • Increased adult support. • EWO – sustained involvement • EPS referral • Referral for assessment for underlying causes, e.g. ADHD • Learning Mentor plus Self-esteem groups - e.g. "Forest of Feelings" • Social skills groups/social stories • Counselling • Personal Behaviour Plan in place • Transition planning • Home – school visits/contact • Learning interventions as necessary • Structured activities at Break and Lunch-times. • Management of ADHD/ other diagnoses as indicated by national guidance/external agency support	• Support for risk assessments • Support for additional assessments, e.g. paediatrician service, SALT/, OT, EPS • Additional support for pupil, school and family as indicated by assessments.	
C	**Social** 1. Unable to cope in classroom environment without significant support. 2. Desire to control activities and group situations 3. Easily exploited by others into inappropriate behaviour	**Emotional** 6. Mood impacts on social or learning skills. 7. High levels of stress leading to over-vigilance: e.g. displays mannerisms indicating anxiety – flinches; avoids	**Presenting Behaviour** 15. Has difficulty in coping with changes, e.g. Transitions routine/staffing/class/ environment 16. Encouraging others in dangerous behaviour; Engaging in dangerous physical activity which others copy. 17. Increased risk of damage to property: e.g.	• Counselling • Play therapy Multi professional support • IEP targeting behaviour/social skills, emotional literacy and indicating underlying difficulties/causes.	• Multi professional support • Social Care family support • Paediatrician Service • SALT • CAMHS	

	4. Increased risk of involvement in gang activity 5. Can resort to physical responses when angered.	contact; overly alert/aware, unduly worries about situations; anxiety; false perceptions. 8. Emotional responses derive from increased reaction to learning difficulties. 9. Threats of harm to others including bullying threats; intimidating gestures implying physical harm. 10. Focused verbal abuse. 11. Identifies and exploits weaknesses/ concerns of others. 12. Escalation of avoidance behaviours, e.g. absence 13. Lack of self-awareness including inability to recognise/identify own difficulties. 14. Threats of self harm:	deliberately ruining work; breaking equipment/furniture. 18. Requires high levels of close control/support to conform to social/school/classroom norms and engage with learning 19. Has difficulty in engaging with class/group activity. 20. Finds personal organisation difficult	• TA support • Behaviour contract • Risk Assessment • Solution focused approach • Management of ADHD/ other diagnoses as indicated by national guidance/external agency support	• EPS	

	Social and Emotional Wellbeing Indicators Highlight as appropriate. All indicators may spread across a spectrum of levels. Only highlight an indicator if there is supporting evidence.			**Possible Interventions highlight and add as necessary**		**Cost**
				School cost	**Other Agency/service cost**	
D .	**Social** 1. Damaging behaviours that impact on others. Often with denial of behaviour. 2. Inability to manage own behaviour when amongst peers	**Emotional** 3. Escalated consistent behaviour associated with low self-esteem e.g. systematic teasing, 4. abuse; 5. Substance misuse concerns. 6. Evidence of actual self-harm	**Presenting Behaviour** 1. Oppositional behaviour: e.g. defiant towards staff; non-compliant. Argues with adults. 2. Unable to participate in a group lesson due to hyperactivity/ inattention without support 3. Usually disrupts lessons at some point of the day 4. Spends a lot of time disengaged with learning or structured purposeful learning/activity	• Alternative curriculum • Home Tuition • Personal Support Plan • 1:1 support • Key Worker involvement • Multiple support strategies for learning and unstructured times • Management of ADHD/ other diagnoses as indicated by national guidance/external agency support	• Social Care family support • Key Worker involvement • YOS • Multi –professional group • CAMHS • EPS • Paediatrician Service	
E H I g h L e v e l	**Social** 1. Very high risk to others	**Emotional** 2. Actual self-harm including deliberate maiming/ hurting/injury disregarding damage to self.	**Presenting Behaviour** 3. Very high level risk to self and others. Deliberate targeted aggression. 4. Random violent outbursts with no regard for own personal safety or that of others. 5. Physical abuse against peers and staff including possible use of weapons. 6. Destruction of immediate environment. Unable to see consequences 7. Unable to cope with classroom environment despite support, due to hyperactivity, inattention.		• Specialist, low incidence/residential setting. • Multi –professional group • CAMHS • EPS • Paediatrician Service • Management of ADHD/ other diagnoses as indicated by national guidance external agency support .	

STRENGTHS AND ABILITIES	
AGREED ACTIONS	New Interventions
THOSE PRESENT	Date of this review
	Date of next review