

**Specialist Inclusion Support Service
Social, Emotional and Mental Health Team**

**SEMH High Needs Pathway report for the
academic year 2024-25**

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SEMH HIGH NEEDS PATHWAY EVALUATION 2024-2025

Overview

The Social, Emotional and Mental Health High Needs (SEMH HN) Pathway offers specialist support for those pupils at risk of exclusion from school. Since January 2024, the SEMH HN pathway has been accessed through referrals to the Single Alternative Provision (AP) Panel and pupils are allocated support from the SEMH High Needs pathway by the panel. Referrals to the pathway have continued to increase.

The SISS SEMH Team manager leads the pathway and over the course of the programme, the programme has continued to develop to provide a more holistic approach incorporating therapeutic elements, systemic family support and the development of schools-based approaches such as 'Circle of Adults' have been incorporated into the offer. Additionally, being able to sign post families and schools to a range of services e.g. Urban heard through the Connected Care programme has extended the offer of support for children and families on the programme.

The complexities surrounding a child at risk of permanent exclusion are multifaceted, some rooted in the child's additional needs, some their environment and some a combination of both. Children with SEND and EHCP's are almost four times more likely to be excluded (Dept. of Education July 2024), a statistic reflected in Solihull exclusion data 2023.24. In 2024.25, 50 % of pupils who were excluded in Solihull were children with SEND needs, indeed, all primary pupils excluded had SEND or an EHCP. There is an increased risk for children who live in poverty, have an unsafe family environment, or have low school attainment levels (Dfe 2024; Gill 2018) additionally, disrupted education, bullying, poor school attendance, parental absence, parental stress, and unemployment are all amongst risk factors associated with school exclusion (Fazel and Newby 2021). The rate of exclusion for children eligible for Free School Meals (FSM) is almost 5 times the rate for non-FSM eligible pupils. It is also suggested in Weale and Duncan 2017 that budget cuts to schools have resulted in difficulties supporting children with the most challenging behaviour- a narrative often reported by head teachers in Solihull in relation to recruitment and retention and resourcing of quality support staff to work with our most vulnerable children.

An understanding of equity, diversity and inclusion can however be a significant influence on a child's inclusion or exclusion from school with identifiable structural inequalities around school policy initiatives supporting the use of school exclusion (Ferguson 2021; Murphy 2022). This year's data identifies a clear difference between the percentage of White and Black Caribbean pupils within the Solihull Local Authority school population and their over representation on the SEMH HN's pathway.

Evaluation data indicates that the SEMH HN team continued to provide high levels of support to children and young people, with good outcomes evidenced for most pupils. Data indicates that for those pupils on the SEMH HN Pathway there was a reduced risk of permanent exclusion and suspensions during and after the support started. Our Target Monitoring Evaluation (TME) data indicates an average progress of 3.5 scale points. Data over time regarding destinations of pupils suggests that most pupils having received intervention are likely to remain and finish their education in a mainstream setting.

Schools and parents/carer responses to both the SISS Annual Survey and the SEMH HN's Exit Survey continue to illustrate the value and impact the pathway has on outcomes for pupils with all respondents rating the SEMH HN's pathway as overall very good.

Staffing

Table 1

Role	Full time Equivalent			Numbers of Staff		
	Autumn Term	Spring Term	Summer Term	Autumn Term	Spring Term	Summer Term
SEMH Specialist Teachers	3	3	3	11	11	11
Inclusion Support Practitioners	3	3	3	4	4	4
Play Therapist	0.4	0.4	0.4	1	1	1

Comments

- This was the first full year of having the equivalent of three full time teachers assigned to the pathway. These hours (2721) were split between 11 teachers. This allowed the team to take on additional cases and also invest in transition work to secure placements going into year 7.
- This academic year: 16 families have been accessed support from 5 EPs. 21 were referred. The total amount of hours delivered was 80 hours
- The Play Therapist appointed during the year delivered support for 15 pupils.

1. Caseload

Table 2

Caseload	No of High Needs cases 2021/22	No of High Needs cases 2022/3	No of high Needs cases 2023/4	No of high Needs cases 2024/5
Primary	31	35	37	52
Secondary	8	5	11	30
Totals	39	40	48	82

Comments

- **57 new cases were accepted during the year compared with 29 new cases in 2023-2024.**
- 40 schools have received support from the SEMH HN Pathway: 11 secondary schools and 29 primary schools.
- There has been an increase in referrals from secondary schools in 2024-2025. Meetings with Secondary head teachers has helped schools understand the role the pathway can play in preventing exclusions.
- 5 new referrals were accepted in July for which planning meetings will be held in September 2025 these will form part of the 25.26 data set.

Caseload Profiles % do not always add up to 100 as figures have been rounded up

Table 3

Gender	Number	Percentage	
Girls	18	22%	
Boys	64	78%	
Non-binary	0	0%	
Key Stage	Number	Percentage	
Foundation	1	1%	
KS1	19	23%	
KS2	32	39%	
KS3	17	21%	
KS4	13	16%	
Ethnicity	Number	Percentage	Solihull L.A. % 24.25
Pakistani	3	4%	6.4 %
White British	51	62%	63 %
Black Caribbean	1	1%	0.7 %
Other Black background	1	1%	0.3 %
Any other mixed background	3	4%	2 %
White and Black Caribbean	17	21 %	4.2 %
Chinese	1	1%	3.5 %
Any other White background	3	4%	3%
Unknown	2	2%	1 %
SEND Code of Practice (at end of academic year)	Number	Percentage	
No SEND identified	10	12 %	
SEND support	31	38 %	
EHCP under assessment	20	24 %	
EHCP	19	23 %	
EHCP Ceased	1	1%	
Unknown	1	1%	

Comments

- White and Black Caribbean pupils make up 21 % of the SEMH HN pathway caseload yet form only 4.66% of the Solihull local authority school population of pupils attending a state funded school. With this exception, the SEMH HN pathway ethnicity figures are comparable with Solihull data. There is a clear need to understand this inequality. (*Source: Department for Education School Census 2024/25).
- We do not currently have data for those pupils on free school meals. Collecting this data would allow further insight into the profiles of pupils on the High Needs Pathway.
- There has been an increase in both primary and secondary referrals throughout the year- with almost 30 secondary pupils receiving support during 24.25 in comparison to 11 pupils in 23.24.

1. Impact Data

2a. Outcomes for cases closed during 2024-2025

Table 4

Summary of Outcomes of Cases Closed During Academic Year 2024-2025				
Outcome	Total	%	Primary	Secondary
No longer at risk	18	46 %	12	6
Attending Specialist	1	2.6 %	1	0
Attending Alternative Provision	12	30 %	6	6
Elective Home Education/ Not attending school but on school role	0	0 %	0	0
Permanent Exclusion *	3	7.7%	0	3
Support moved to SISS Autism Team	1	2.6%	1	0
Moved school Out of Borough	4	10%	3	1
Total	39		23	16

Outcome	2023/24 % of closed cases	2024/25 % of closed cases
No longer at risk	32 %	46 %
Attending Specialist	20%	2.6 %
Attending Alternative Provision	8%	30 %
Elective Home Education/ Not attending school but on school role	24%	0 %
Permanent Exclusion *	12%	7.7 %
Other – e.g. moved out of borough	0.5	10 %

Table 5

Comment

- This academic year has shown once again an improvement in outcomes for pupils on the SEMH HN pathway. 46% of pupils met their targets and the 'Team Around the Child' felt that the pupil was no longer at risk of permanent exclusion.
- There has been a reduction in pupils attending specialist provision from the SEMH HN pathway- from 20 % to 2.6 % this year.
- There has been a reduction from 12 % to 7.7% in permanent exclusions, reflecting though the numbers on the pathway have increased the numbers of permanent exclusions have not.
- Pupils were on the pathway for on average 22 weeks which is approximately two cycles of support. This data could be skewed by 5 pupils who received in excess of 39 weeks support. The longest period of support was 67 weeks which included the pupil transitioning from primary to secondary. The shortest interventions were for two pupils who transitioned from the pathway to Apollo Alternative provision, only receiving 5- and 6-weeks support from the SEMH HN pathway.

2b. Suspensions and Permanent Exclusions Data

Suspensions 12 months prior to the plan, during and sixth months after the plan closing

Table 6

Pupil	No of Pupils	Suspensions 12 months prior	No of pupils	Suspensions during pathway	No of sessions	Suspensions 6 months after	No of pupils
Primary	23	45	14	28	11	28	10
Met targets	12					11	4
Alternative provision / specialist	7					17	7
Secondary	16	2	4	6	8	0	0
Met targets	6					0	0
Alternative provision /Specialist	6					6	3
Total	39	5	24	0	0	0	0

Comments

- Suspensions are consistently minimal following the closure of the High Needs plan when a pupil has met targets. This may be reflective of the team around the child having certainty that the risk of exclusion is minimal before the plan is closed. Primary pupils who move to Alternative Provision settings continue to receive exclusions.
- The number of sessions a pupil is suspended for varies between schools; some Multi Academy Trusts follow a policy of increasing the numbers of days suspended as the number of suspensions increases, regardless of the nature of the incident.
- We do not currently have enough data to make a truly valid comparison between figures before and after intervention, as we do not have the data for the same amount of time measured (up to 1 year).

Permanent Exclusions in Solihull mainstream schools compared with pupils who have had a SEMH HN planning meeting:

Table 7

388 pupils were excluded between 2021- 2025. Of these 22 were on the pathway at some point in time.

Permanent exclusion (PX)	PX in Solihull 2021-22	PX of CYP on HN Pathway in 2021-22	PX in Solihull 2022-23	PX of CYP on HN Pathway in 2022-3	PX in Solihull 2023-24	PX of CYP on HN Pathway in 2023-4	PX in Solihull 2024-25	PX of CYP on HN Pathway in 2024-25
Primary	2	1 (1/31)	12	7 (7/35)	7	3 (3/37)	5	0 (0/52)
Secondary	40	1 (1/8)	63	1 (1/5)	74	0 (0/11)	63	3 (3/30)

Note: accepted for the pathway and a planning meeting held. On a few occasions the pupil is p/ex prior to the planning meeting.

Comments

- Most children who were permanently excluded from Solihull schools in 2024/25 were of secondary school age (63).
- Primary permanent exclusions in Solihull have decreased again this academic year from 7 to 5 pupils. Secondary exclusions have decreased from 74 to 63 pupils. Only 3 of these pupils were on the SEMH HN pathway.
- Since the inception of the SEMH HN pathway there have been 388 exclusions, only 22 of these pupils were excluded where there had been SEMH HN planning meeting held at some point in the child's education.
- Note the table above indicates pupils who were on the pathway during the specified academic year. For some pupils intervention spans across academic years. These pupils are included in the data for each year.

2c. Longitudinal data about destinations of pupils having received SEMH HN Intervention

Placement of pupil at the end of the intervention (when the case closed).

Table 8

Provision	2019/20	2020/21	2021/22	2022/23	23/24	24/25	total	%
Mainstream School LA Maintained	4	12	15	12	10	19	62	55 %
Specialist provision following EHCP	2	3	5	2	5	2	14	12.5 %
Alternative Provision	0	3	1	2	3	14	20	18 %
CME No Current School				3		0	3	3 %
Post 16, not known OOB *		4		3		0	7	6%
Elective Home Education	1				6	0	6	5 %
Sen No Current School/ Interim provision			1	0	1	0	2	1.8 %
Not known (OOB)						4	4	3.6%
Total	7	22	22	22	25	39	112	

Comment

- The data in Table 8 is taken from Solihull Local Authority 'Synergy' database of pupils.
- Table 8 shows that over the 5-year period at least 55 % of pupils remain in their mainstream school over the long term. However, what we know from more detailed pupil data is that those pupils classified as 'post 16, Out of Borough or not known' are also likely to have finished their education in a mainstream school. Some of these pupils will have been year 11 at the end of placement and moved to post 16 education, whilst we know others moved into neighbouring authorities.
- In 24.25 there has been a significant increase in pupils attending alternative provision. This is a result of a primary provision (Apollo) opening in January 25 and spaces therefore being made available for pupils directly through consultation with EPAS and the school.

2d. Target Monitoring Evaluation (TME) Data

At the initial planning meeting, Target-Monitoring Evaluation (TME; Stanbridge & Campbell, 2016) is used to set targets as agreed by parents, school staff, children or young people and High Needs team members. Up to three areas, specific to the child or young person, are identified at this pre-intervention stage and are described and placed on a scale from 1 to 10. These targets guide the direction of the work and support given to both the pupil and the school.

At the 12-week review meeting, the TME scores are reviewed by all parties and an updated description and score recorded. This, then yields a measure of progress during and following High Needs intervention.

The Target Monitoring data included three descriptions of a target, recorded as follows:

- Baseline descriptor and score - set at the planning meeting
- 'Expected' or 'Best hopes' descriptor and score - also set at the planning meeting as an achievable aim for the end of the cycle (12 weeks).
- Final descriptor and score- descriptor and score agreed at the review meeting.

Example TME

Target - To recognise the physical sensations of his emotions and communicate these to an adult

Rating: 1 2 **3** 4 **5** 6 **7** 8 9 10

What does that look like NOW (Jan)? A becomes dysregulated quickly and leaves the classroom 3 or 4 times a day. He does not use any strategies to help him feel calm. When he is outside of the classroom, he can become physically and verbally aggressive to the adults who try to support him.

What do we expect to achieve by MARCH? A will engage in twice weekly 1-1 intervention to help him identify his different feelings and communicate these safely to an adult. There will be less frequent incidents of physical and verbal aggression. He will be able to communicate with an adult effectively (e.g. verbally or using visual prompts) so that he is able to engage in a co regulation plan. A will be increasingly staying in the classroom, moving to his safe space (if necessary) at least 50% of the time.

What does that look like on REVIEW (March)? A has engaged well with the 1-1 sessions and is able to recognise, name and describe happy, sad, relaxed and angry. There have been less incidents of physical and verbal aggression and he is leaving the classroom less frequently (approx. once a day). He will sometimes use his visual prompts and go to his safe space when reminded by an adult but is not yet doing this independently consistently.

Total difference scores

The scores can also be calculated as 'total difference' that is the total difference between baseline and the score at the review. All plans with full data sets have positive difference scores. There is an average movement of 3.5 scale points on initial targets set showing good progress from starting points.

Average number of steps progress

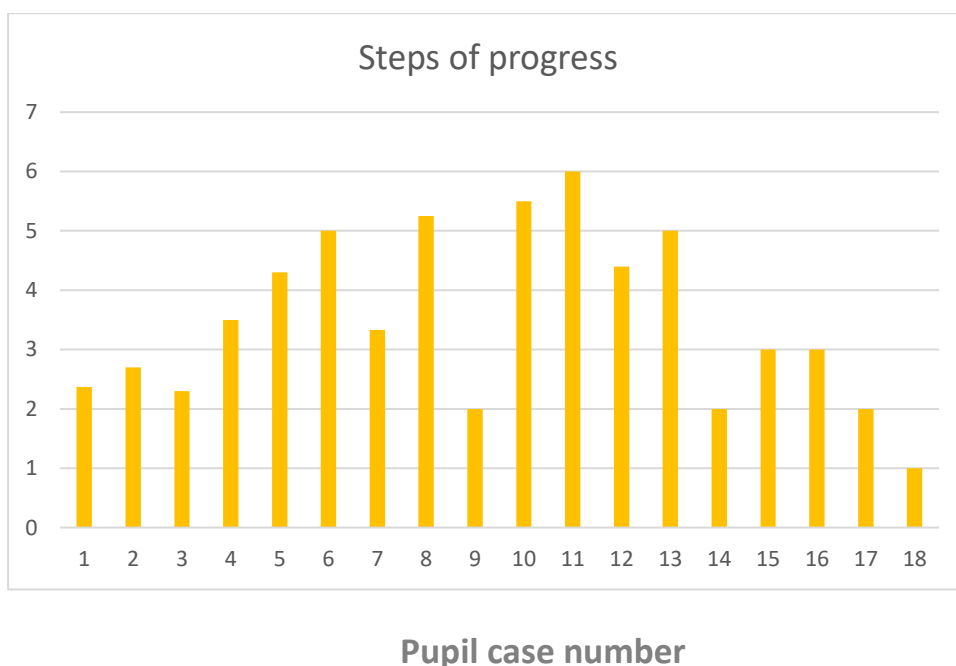


Table 9

Comments

- Table 9 shows data from 18 pupils whose cases have been closed on the High Needs pathway.
- The data shows progress against the baseline score. All pupils made progress against the initial baseline and score recorded at review.
- Pupils generally did not achieve their 'Best Hopes' score set in the planning meeting. High expectations are encouraged when setting the target scores and if the descriptors are not detailed, the targets are less easily measurable and therefore open to adults having different perceptions of success.
- **All 18 plans with full data sets have positive difference scores** (this is a positive bias where involvement only ceases when positive change has been achieved). Overall, in plans with completed involvement, there is an average movement of 3.5 scale points on targets set showing good progress from starting points.

2. Feedback from Schools

(data from 23 school responses in SISS Survey)

Table 10

	Quality of Service Received					Supported Inclusion					Improved Outcomes				
	<i>very poor</i>	<i>poor</i>	<i>satisfactory</i>	<i>good</i>	<i>very good</i>	<i>very poor</i>	<i>poor</i>	<i>satisfactory</i>	<i>good</i>	<i>very good</i>	<i>very poor</i>	<i>poor</i>	<i>satisfactory</i>	<i>good</i>	<i>very good</i>
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
High Needs Pathway 23 responses		4% (1)	17%	30%	48%		8% (2)	13%	35%	44%		14% (1)	26%	30%	39%

What support have you valued from the SEMH HN Pathway? (Comments taken from SISS Survey)

- High needs pathway meetings are helpful
- TAC meetings and direct pupil work.
- This was a decision made by the panel after a student at The Elms was suspended. The SEMH teacher did a great planning meeting, and the teacher is working with the student.
- With pupil A- the support from the high needs team involved weekly sessions with a practitioner and regular TAC meetings. This has made a massive difference to this pupil, and she is now fully included in day-to-day school life. Her behaviour is manageable, and the school has clear strategies to manage her.
- Efficient communication.
- Excellent support for one of our learners who has struggled to access the setting, training for staff on demand avoidant language
- The teacher and ISP have really gone above and beyond to support one of our students at risk of PX. They got things up and running so quickly and have been really thorough in their planning and have put a high level of support in place- dream team!
- Support and advice around specific interventions, which could be tailored for a particular child.
Providing training for LSA/TAs
Support in meeting with parents
- They have been available as and when needed and that has been instrumental in the support of a pupil who was at risk of permanent ex but is now doing really well.
- The 1:1 support from the ISP has been brilliant

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- The high needs planning meeting is extremely useful in helping all stakeholders understand the needs of the child. On the spot CPD via ISPs for TAs/teachers working with the child. Staff meeting CPD was well received
- The SEMH teacher was in touch quickly after decision was made for intervention
- Support from them is very new for our pupil but so far communication and understanding of needs has been great!
- The communication and regular meetings
- Wrap around support of school, child and parent
- Provide other strategies to support
- A feeling of being 'on side' of school
- Regular check-ins
- Good family relationships
- Good understanding of school offer
- Consistency of practitioner, regular meetings, observations as well as support sessions.
- Knowledge and support in tricky cases

What could be improved? (Comments taken from SISS Survey and HN exit survey)

- Anything that increases engagement earlier. At the moment we are dealing with a service that provides too little too late. Schools are usually able to identify children in need of this service far earlier than the service is willing to engage. 'At risk of exclusion' should not be the entry point to access support.
- We need earlier intervention from HN.
- It's fantastic to have a service that comes in as regularly as the high needs pathway does however this can be inconsistent as they are pulled to cover other places etc. which causes a lot of upset for our children who need consistency and reliable adults the most. The handover between high needs pathway and school at the end of the session could be improved as often a child comes back dysregulated from the session and school are unsure what has been done/covered in the sessions to know how best to support the child
- We requested support from High needs pathway (after also being recommended to get support from the HN pathway team) and were given the Elms at panel.
- An easy way of referring without going through single panel.
- They are great.
- Pupil B- the High Needs Team stepped down from supporting this pupil when she transitioned over from infant school. We subsequently rereferred for support for this pupil but found the referral process to be lacking in communication. This resulted in us having to escalate our concerns to more senior members of the LA. The process for referring/re-referring a pupil was not made clear. There was no feedback regarding the outcome of her going back to panel and this needed to be chased up. There was no subsequent plan offered for this pupil when turned down for a place at Apollo. We needed to escalate the case to get the right support for her. However, I do appreciate this was a unique case.
- An assigned person to a school.
- Support could be given quicker, but this is the fault of single panel not the HNP team- it was too little too late for one of our pupils and too slow to start

- Applications have been declined even with all relevant paperwork completed
- Consider an increase of ISP support earlier on e.g. 3 - 5 times per week for a couple of weeks, which is then gradually tapered down, may have a faster impact for the child.
- "a lot of repetition for the carer during the meeting. Most had been part of the submission.
- When the child moved school, I was assured that the support had been agreed and would continue.... the support is aimed at the child not the school.... this should be a given not a question. "
- Faster response and further help
- Access to team earlier - before at risk of PEX
- ISP relevance when not aligned with school rules and routines
- Signposting families to relevant services

Comments in Relation to Feedback

From schools

Impact of single panel on speed of response and allocation of the resource.

The panel is made up of, EHCP Service, Educational Psychology and SISS representatives. Robust discussions take place around each referral, and an outcome is agreed.

The SEMH HN Pathway is part of the Alternative Provision Single Panel. As such the team have to work to the schedules of this panel. The team usually contact the referrer within two days of the panel outcome when the SEMH HN pathway allocated to support a pupil.

There is an expectation that schools can evidence a graduated approach in the referral. It is however recognised that on occasions, events escalate far quicker than a school can implement the support at a school level. Where this is the case, the referrer can clearly communicate this to the panel through the referral paperwork.

Capacity of ISPs to attend school more often and consistently

The team have three full time Inclusion support Practitioners working across all HN's cases. At times it's important to deploy staff in line with service priorities, in particular to make sure that REFRESH has the appropriate staffing levels. It's important for ISPs to attend planning and review meetings and at times it's not possible for these not to impact on other cases in their already full diaries. In 2025.26 there will be an increase in ISP support available to the HN's team.

Schools are usually able to identify children in need of this service far earlier than the service is willing to engage. 'At risk of exclusion' should not be the entry point to access support.

The SEMH HN Team is currently commissioned to support pupils at risk of exclusion. The timing of support remains complex and this question forms part of the recommendations from the Secondary head teacher consultation report.

EXIT SURVEY

Table 11

Feedback for High Needs Pathway on closure of the case from 13 school respondents and 8 parental responses:

Question		Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
The High Needs Planning meeting was useful and effective.	Schools Response				8% (1)	92%
	Parent Carers Response				25%	75%
The support you received from the HN team improved outcomes for the child.	Schools Response			8%	8%	85%
	Parent/carer Response					100%
The SEMH High Needs Pathway has supported school staff through providing information, sharing strategies and/or making the problems seem more bearable.	Schools Response				8%	92%
	Parent/carer Response				13%	88%
Communication from the SEMH High Needs team has been effective and accessible.	Schools Response					100%
	Parent/carer Response			13%	13%	75%

Support from the Community Educational Psychology Service

Question		very poor	poor	satisfactory	good	very good
If yes, how would you rate the quality of the support from the Educational Psychologist?	Schools Response (3)					100%
	Parent/carer Response (3)				33%	67%

Support from the High Needs Play Therapist

Question		Very poor	Poor	Satisfactory	Good	Very good
How would you rate the quality of the support from the Play Therapist	Schools Response (5)					80%
	Parent/carer Response (4)				33%	67%

Overall, how highly would you rate the quality of the support that you have received from the SEMH High Needs team?

Question		Very poor	Poor	Satisfactory	Good	Very good
Overall, how highly would you rate the quality of the support that you have received from the SEMH High Needs team?	Schools Response (13)					100%
	Parent/carer Response (8)					100%

Schools feedback from exit survey continued:

Question; What support have you valued from the SEMH Hn's team?

- "ISP Direct work with parent, ISP Direct work with child, ISP Direct work with SEN TA modelling strategies. Bringing resources that can be immediately used with the child. Flexibility to work with the family at their home.
- Specialist SEMH teacher organising multi-agency meetings, chairing meetings and creating plans from a point of specialism.
- Access to additional services - Ed Psych sessions with parent. SISS ASD obs & report. Knowledge to signpost or encourage parent to services."
- Advice had been fantastic. So has the individual work with the child in question.
- The brilliant communication with the team has been helpful to be able to discuss and share ideas for good practice. It has been valuable having the professionals regularly coming into school to support the child and the TAC meetings have been very supportive.
- How adaptive the team are
- The communication

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- The innovation, e.g. Providing specific training, circle of adults
- Fantastic team and without their support, our children would not be able to remain in school
- Support for 2 very vulnerable pupils and their families. Speed of intervention; support for family; understanding of school concerns. Fabulous all round.
- Direct work with students
- Strategies for staff
- Flexibility when student issues emerge"
- The support on offer from the entire team has been outstanding. Planning meetings/review meetings have always been centred on the child and have enabled excellent professional discussion to take place. The meetings have never felt a 'done to' experience and school voice/parent voice have always been heard. The one-to-one support offered to children has been exceptional and it is wonderful to see the smile on our pupil's face whenever Jess has arrived in school. Building successful relationships is not just at the heart of theory, it is lived out in practice. I have been delighted with the significant progress made and we are incredibly grateful to the entire team.
- Great relationships with Teacher and ISP and the team, easy to contact and communicate with
- Teacher and ISP are extremely responsive, supportive and understanding. I have been really impressed with their holistic overview, wider offer of support including staff training and enabling staff to better understand the needs of the child. Although the circumstances of the child meant that this block of support was not successful for him, both Teacher and ISP have gone above and beyond in their support for us and the child.
- The 1:1 support provided has ensured a successful transition of a previously P Ex student. Rob has always ensured all issues are communicated with us and he has allowed the student to understand the importance of a real fresh start and the need to work with us.
- I have really valued the timely reviews, adapting provision in place with the support from yourselves, teachers and home. It has been great to work together in the best interests of the child. CPD with staff on emotion coaching was great even with the technical difficulties. Iain was always well prepared, really understands the pupil, adapts resources to meet the needs of the child. Always on hand to de-brief after each session. Teacher really responsive via email and would always attend when needed, could not ask for more.
- Meeting to agree on specific targets

Question: How could the support from the SEMH High needs pathway be improved?

- Support from teacher and ISP has been outstanding.
- N/A
- Not the support itself as such but perhaps, being new to role, it would have been beneficial to have an overview earlier on as to how to apply for high needs support and for what children it is suitable.
- More funding provided to them to increase support to meet the demand
- More capacity for your service.
- To be able to commission a similar offer as the single panel offer

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- More of you!!
- "N/A
- I think you're all fabulous. This has truly benefitted this child and helped the parents have a better understanding of his needs. "
- Can't comment as we only entered the first stage

Parent /carer feedback from exit survey continued:

Question: What have you most valued about the support your family and/or your child have received from the SEMH High Needs Team?

- The SEMH High Needs Team have honestly changed mine and my family's life for the better, there is a lot that I value in terms of the support I've received. From understanding my son's personal needs and neurodivergent needs more, to little changes I've made to my parenting thanks to the psychology team and adapting my home life for my son. XX has made so much positive progress thanks to the team especially with xxxx expressing his needs and emotions in a safe and healthy way, not just with me but with his teachers and peers. His conduct in and around school is so much better due to his methods of communication changing drastically for the better which has improved our bond and xxxx motivation to come into school so much more! I will be forever grateful for not only their support but their honesty and creating a safe space for me to talk about my fears, struggles and inexperience. Thank you, teacher, EP, ISP and the rest of the SEMH High Needs Team that have been involved behind the scenes so, so much. xxxx has just yesterday (19/02/2025) was approved for his EHCP and his ASD diagnosis and I'm just so much more prepared and excited for xxxx future.
- Just a team effort and the outcome are a massive improvement with my child
- I have loved the reviews from the high needs team where we all check in on the progress of my child in school and what has been happening at home. I have loved seeing how effective the support has been from the high needs team
- Everything from them, from 1 2 1 provision, help in school, giving my son the tools and explanations he needs to deal with how his ADHD makes him feel and how he can control what happens to him easier
- With xxxx she didn't have much interaction when she was out of school so with the ISP's support she had a familiar face each week and started to engage was a big positive also when she transits to Apollo she will still be around for a couple of sessions so she will still see a familiar face which is a good thing for her also the ISP was so supportive to me and partner as well so a big thumbs up from us
- "Effective communication, patience and a calm and caring approach.
- Xxxx enjoyed the meetings and was very engaged. There was mutual agreements and respect from both parties."
- That xxxx had someone to talk to and to help her with school. The fact that she could communicate with them rather than the teachers was better for her.

Question: Are there any suggestions you would like to make for how the support offered by the SEMH High Needs Team could be improved?

- None at all. I understand that xxxx was quite a unique case with the experienced team and they went above and beyond for both of us. I know I can't depend on their support forever but if it was possible I would always appreciate their hard work.
- No, they have been brilliant
- The Team was really supportive to us and were always there if needed we only had to make a phone call so I think in our case nothing could be improved again a big thumbs up from us.

3. Summary and Recommendations

The primary aim of the SEMH High needs pathway is to reduce permanent exclusions. Data in this report provides evidence that this is the case for the majority of those pupils on the pathway who either remain in mainstream or are supported into an appropriate alternative provision without permanent exclusion.

Supporting data suggests that for those children on the SEMH HN pathway outcomes are good and pupils are less likely to be excluded. We realise that this benefit can only be achieved with joined up working between all parties and a clear shared understanding of the expectations and commitments of all involved. There is a recognition that there is a gap in support for the family of pupils at risk of permanent exclusion and a recommendation is that provision for this gap is something that is reviewed.

The numbers of secondary pupils excluded in Solihull remains high. **The permanent exclusion rate for Solihull- all schools, is 0.09 for 2023-2024 compared with the national figure of 0.05. Secondary schools rate nationally is 0.10 compared with 0.18 for Solihull Secondary schools.** (DFE Suspensions and Exclusions Data 2024). Of the secondary pupils excluded in Solihull during 2024-25 (63 pupils) only 3 were referred to the SEMH HN 's pathway.

Consultation with secondary Head Teachers and Leaders this year and the ensuing report and recommendations has gone some way to understand this data. This report illustrated that the timing of the HN's intervention is complex; schools requiring to have implemented a graduated approach, schools' thoughts around efficacy of the Single Panel and referral paperwork and the unpredictability of the escalation of some pupils' behaviour and environmental circumstances, requires that each pupil needs careful consideration at the Single Panel. Continued closer partnership working with secondary leaders is essential if exclusions are to reduce and schools take up the offer of support from the teams and pathways available to them.

The Educational Psychology Service has provided impactful support to parents and cares, working with 16 of families over the year. The Psychology Service has also supported the HN's team with advice and training around Circle of Adults and Therapeutic conversations as well as providing group supervision to the team. Joint working with this service has had knock on impact to the schools and families on the pathway. Feedback about the Circle of Adults meetings has been powerful and mentioned in the surveys.

Other recommendations from 23.24 have also been implemented, with the Team Manager the Business Support Unit have further developed and refined the evaluation data and workflow recording leading to more ease in reporting on impact data. The exit survey is now easily downloadable via QR code and can be completed on a mobile phone. This seems to have improved the number of responses.

In response to feedback from schools during the year a robust transition support plan has been implemented in the summer term for all pupils who are transitioning to a mainstream school in Year 7 who have been on the pathway or primary AP at some point in their school career. The outcomes of this work will be evident next academic year.

Recommendations for 2025/26

A) The consultation with secondary head teachers recommended:

A group of head teachers or representatives from each collaborative form a Task and Finish group with Key LA officers/ partners to determine the following questions:

- *At what point on the Graduated Approach would a HN referral be most effective? Should the referral be made once the school's Graduated Approach has been exhausted, or at an earlier stage?*
- *How do we ensure equity between schools requesting support without disadvantaging the pupil?*
- *What would a menu of SEMH HN support look like for secondary schools?*

Further data needed for a T&F group to support exploration of these questions:

- Current suspension/exclusion data with timelines and outcomes for a sample of pupils
- A range of school SEMH offer/Graduated Approach 'road maps'
- Information about evidence-based approaches including parenting support

B) Transition Support

Secondary Head Teachers reported that support for transition from Year 6 to Year 7 for vulnerable pupil would be impactful. An extension of this year's transition offer for pupils identified by schools and external specialists who may not be at risk of exclusion in their primary school but none the less schools report concerns over transition could be identified through a simple process using existing or developed tool such as STARS.

C) Support for families.

Building on the research carried out by the team in 2023 to further enhance support for families this needs to be revisited to further develop this aspect of the offer. Approaches such as the Non-Violent Resistance (NVR) integrated approach for parents and carers and Diadic Development Practice (DDP) would complement the existing support from Educational Psychology and align with the teams and schools' relational approaches. There is also scope for more practical parenting support since many of our families do not meet threshold or do not want support from Early Help services but do engage with the SEMH HN's team.