"Let your light shine" Matthew 5:16

Policy No: 77   **Social, Emotional and Mental Health (SEMH) Policy**

- **First Adoption on:**   January 2023
- **Review undertaken by:**   Pay and Personnel
- **Policy Review Period:**   Three Years
- **Latest Review:**

1. Vision

Nurturing hearts; Inspiring minds

At All Saints, by nurturing hearts and inspiring minds, we encourage all children to shine in everything they do. We are all aware that positive mental health is key to this and we are committed to ensuring that an ethos of positive mental health is at the heart of all that we do.

2. Key Principles

In today's world, positive mental health is key to everyone's well being and quality of life. It allows us to respond effectively to the challenges that daily life bring. At All Saints, we are passionate about making a difference to the lives of our pupils and we actively promote the values of perseverance, respect, forgiveness, love, thankfulness and inclusiveness.

At All Saints Primary School, we are committed to supporting the emotional health and wellbeing of our pupils and staff. We know that everyone experiences life challenges that can make us vulnerable and at times, anyone may need additional emotional support. We take the view that positive mental health is everybody's business and that we all have a role to play.

3. At our school we:

- Help children understand their emotions and feelings better

- Help children feel comfortable sharing any concerns or worries

- Help children socially to form and maintain relationships

- Promote self esteem and ensure children know that they count

- Encourage children to be confident and 'dare to be different'

- Help children to develop emotional resilience and to manage setbacks

- Support through our vision and values

4. Aims and Objectives

- To have a whole school approach to promoting positive mental health and wellbeing within a culture of high expectations and support.

- To ensure that, through the promotion of positive mental health and wellbeing, our children are helped to understand and express their feelings, build their confidence and emotional resilience and therefore their capacity to learn.

- To have a committed staff team that sets a whole school culture of positive mental health and wellbeing, support and values that everyone understands, believes in and is prepared to strive for.

- To increase the awareness and understanding and reduce stigma amongst children, staff and our wider community of issues involving the mental health and wellbeing of young people and to provide support at an early stage to any child who is or appears to be suffering from mental health issues.

- To ensure that, embedded within our curriculum, we are enabling our children to become healthy, independent, responsible and confident members of society. Children will understand how they are developing personally and socially and many of the moral, social and cultural issues that are part of growing up will be tackled. They will be provided with opportunities to learn about rights and responsibilities and to appreciate what it means to live and thrive as part of a diverse society.

5. What is Mental Health and Well-Being?

Mental health is defined as a person's mental and emotional ability to make a full and positive contribution to the society in which they live in. Young people who are mentally healthy have the ability to:

- develop psychologically, emotionally, intellectually and spiritually;

- initiate, develop and sustain mutually satisfying personal relationships;

- use and enjoy solitude;

- become aware of others and empathise with them;

- play and learn;

- develop a sense of right and wrong; and

- resolve (face) problems and setbacks and learn from them.

1 in 10 people aged 5-16 have clinically diagnosed mental health problems, while 1 in 6 has an emergent or less severe mental health issue.

6. All staff are responsible for:

• Being aware of the signs of SEMH difficulties.

• Being aware that mental health problems can, in some cases, be an indicator that a pupil has suffered or is at risk of suffering abuse, neglect or exploitation.

• Being aware of the needs, outcomes sought and support provided to any pupils with SEMH difficulties.

• Keeping the relevant school leaders -to-date with any changes in behaviour, academic developments and causes of concern. The relevant figures of authority include: SENCO/headteacher/SEMH lead.

• Planning and reviewing support for their pupils with SEMH difficulties in collaboration with parents, the SENCO and, where appropriate, the pupils themselves.

• Setting high expectations for every pupil and aiming to teach them the full curriculum, whatever their prior attainment.

• Planning lessons to address potential areas of difficulty to ensure that every pupil achieves their full potential, and that every pupil with SEMH difficulties will be able to study the full national curriculum.

• Being responsible and accountable for the progress and development of the pupils in their class.

The DSL is responsible for:

• Acting as a source of support, advice and expertise for all staff.

• Liaising with staff on matters of safety, safeguarding and welfare.

• Liaising with the SENCO

7. Creating a supportive whole-school culture

The school utilises various strategies to support pupils who are experiencing high levels of psychological stress, or who are at risk of developing SEMH problems, including:

• Teaching about mental health and wellbeing through curriculum subjects such as: - PSHE - RSHE

• Positive classroom management

• Signposting families and referring children

• Working with parents

The school's Behaviour and Anti-bullying Policy includes measures to prevent and tackle bullying, and contains an individualised, graduated response when behaviour may be the result of mental health needs or other vulnerabilities

8. Identifying signs of SEMH difficulties

The school is committed to identifying pupils with SEMH difficulties at the earliest stage possible. Staff are trained to know how to identify possible mental health problems and understand what to do if they spot signs of emerging difficulties. Staff members are aware of the signs that may indicate if a pupil is struggling with their SEMH. The signs of SEMH difficulties may include, but are not limited to, the following list:

• Anxiety

• Low mood

• Being withdrawn

• Avoiding risks

• Unable to make choices

- Low self-worth

- Isolating themselves

- Refusing to accept praise

- Failure to engage

- Poor personal presentation

- Lethargy/apathy

- Daydreaming

- Unable to make and maintain friendships

- Speech anxiety/reluctance to speak

- Task avoidance

- Challenging behaviour

- Restlessness/over-activity

- Non-compliance

- Mood swings

- Impulsivity

- Physical aggression

- Verbal aggression

- Perceived injustices

- Disproportionate reactions to situations

- Difficulties with change/transitions

- Absconding

- Eating issues

- Lack of empathy

- Lack of personal boundaries

- Poor awareness of personal space

When the school suspects that a pupil is experiencing mental health difficulties, the school will assess the child's difficulties. This will also be noted on My Concern and followed up by SLT or DSL. Staff members will observe, identify and monitor the behaviour of pupils potentially displaying signs of SEMH difficulties; however, only medical professionals will make a diagnosis of a mental health condition.

9. **Adverse childhood experiences (ACEs) and other events that impact pupils' SEMH**

The balance between risk and protective factors is disrupted when traumatic events happen in pupils' lives, such as the following:

- Loss or separation: This may include a death in the family, parental separation, divorce, hospitalisation, loss of friendships, family conflict, a family breakdown that displaces the pupil, being taken into care or adopted, or parents being deployed in the armed forces.

- Life changes: This may include the birth of a sibling, moving house, changing schools or transitioning between schools.

- Traumatic experiences: This may include abuse, neglect, domestic violence, bullying, violence, accidents or injuries.

- Other traumatic incidents: This may include natural disasters or terrorist attacks.

The school supports pupils when they have been through ACEs, even if they are not presenting any obvious signs of distress – early help is likely to prevent further problems.

Support may come from the school's existing support systems or via specialist staff and support services. It may also include weekly Emotional Literacy Support (ELSA) sessions and access to a nurture room/lunchtime club if a child is experiencing distress throughout the school day.

On occasions, adjustments may made to ensure a bespoke provision is in place to meet children with complex needs and whom are struggling to cope in school as a result of their SEMH needs.

10. SEND and SEMH

The school recognises it is well-placed to identify SEND at an early stage and works with partner agencies to address these needs. The school's full SEND identification and support procedures are available in the SEND Policy.

Where pupils have certain types of SEND, there is an increased likelihood of mental health problems. For example, children with autism or learning difficulties are significantly more likely to experience anxiety. Early intervention is key to address the underlying causes of disruptive behaviour. The school recognises that not all pupils with mental health difficulties have SEND and the graduated response is used to determine the correct level of support to offer- this is used as good practice throughout the school, regardless of whether or not a pupil has SEND.

All staff understand their responsibilities to pupils with SEND, including pupils with persistent mental health difficulties

11. Vulnerable groups

Some pupils are particularly vulnerable to SEMH difficulties. These 'vulnerable groups' are more likely to experience a range of adverse circumstances that increase the risk of mental health problems. Staff are aware of the increased likelihood of SEMH difficulties in pupils in vulnerable groups and remain vigilant to early signs of difficulties.

Vulnerable groups include the following:

- Pupils who have experienced abuse, neglect, exploitation or other adverse contextual circumstances

- Children in Need

- LAC or previously LAC

- Socio-economically disadvantaged pupils, including those in receipt of, or previously in receipt of, free school meals and the pupil premium These circumstances can have a far-reaching impact on behaviour and emotional states. These factors will be considered when discussing the possible exclusion of vulnerable pupils.

12. Risk factors and protective factors

There are a number of risk factors beyond being part of a vulnerable group that are associated with an increased likelihood of SEMH difficulties, these are known as risk factors. There are also factors associated with a decreased likelihood of SEMH difficulties, these are known as protective factors.

The table below displays common risk factors for SEMH difficulties (as outlined by the DfE) that staff remain vigilant of, and the protective factors that staff look for and notice when missing from a pupil:

	Risk Factors	Protective Factors
In the Pupil	Genetic influences Low IQ and learning disabilities Specific development delay or neuro-diversity Communication difficulties Difficult temperament Physical illness Academic failure Low self-esteem	Secure attachment experience Good communication skills and sociability Humour A positive attitude Experiences of success and achievement Faith or spirituality Capacity to reflect
In the Pupil's Family	Overt parental conflict including domestic violence Family breakdown (including where children are taken into care or adopted) Inconsistent or unclear discipline Hostile and rejecting relationships Failure to adapt to a child's changing needs Physical, sexual, emotional abuse, or neglect Parental psychiatric illness Parental criminality, alcoholism or personality disorder Death and loss – including loss of friendship	At least one good parent-child relationship (or one supportive adult) Affection Clear, consistent discipline Sign-posting of services to support families Supportive long-term relationships
In the School	Bullying including online (cyber bullying) Discrimination Breakdown in or lack of positive friendships Deviant peer influences Peer pressure Peer-on-peer abuse	Clear policies on behaviour and bullying Staff behaviour and relationships policy 'Open door' policy for children to raise problems and 'I wish my teacher knew…' A whole-school approach to promoting good mental health Good pupil-to-teacher/school staff relationships including an emotionally available adult Ongoing CPD for staff on Trauma and ACEs

	Poor pupil-to-teacher/school staff relationships	Positive classroom management
		A sense of belonging
		Regular opportunities to share feelings and worries
		Positive peer influences
		Positive friendships
		Effective safeguarding and child protection policies
		ELSA support and nurture including for lunchtimes
		An effective early help process
		Understand their role in, and are part of, effective multi-agency working

13. SEMH intervention and support

The curriculum for PSHE and RSHE focusses on promoting pupils' resilience, confidence and ability to learn.

Regular 'Stormbreak' sessions in every class on most days.

Positive classroom management and working in small groups is utilised to promote positive behaviour, social development and high self-esteem.

ELSA sessions are offered to pupils who require it, and the relevant external services are utilised where appropriate; For example, support from a Senior Mental Health Practitioner.

Informal support such as Social Stories are also used to support children with SEMH needs. Where appropriate, parents have a direct involvement in any intervention regarding their child.

An emotionally available adult is used to encourage and support all pupils in school so they have someone to talk to and share their worries.

Well-established nurture groups are in place to address any emerging SEMH difficulties in pupils, including a Wellness Curriculum where needed.

14. **Building positive relationships: children and staff**

It is a professional responsibility for all our staff to build positive and supportive relationships with pupils, parents and colleagues they work with. Teachers and support staff are role models here for children and other adults. They understand the importance of building positive relationships with everyone and that every interaction in an intervention.

We are committed to preparing good relationsips by:

   • Seeing each other as an individual, with strengths, needs and different windows of tolerance

   • Understanding how the brain works and the flight/fight response when 'flipping the lid' has occurred

   • Ensuring we have a secure understanding of the social and emotional development of children, and can apply this to our relationships-led approach

   • Ensuring that the physcial environment of our school represents a place of psychological safety for our children We commit to building and maintaining good relationships by:

   • Meeting and greeting pupils at the door in the mornings and after key transitions such as playtimes and PE sessions.

• We prepare children in advance of changes (such as different teachers or changes in the timetable) using social stories or whole-class circle time.

• We act light-hearted, positive, joyful, and kind in our tone of voice and our body and facial expressions. We avoid harsh voices, shouting or shaming of any kind.

• We use our words, tones, facial expressions and non-verbal communication in ways with soothe and calm. We apply the same approach to colleagues and parents, whether it is verbally, or through email and messages. • Being accepting of other people's views, opinions, feelings and practices.

• Being curious about other people's lives, behaviours, reactions and noticing when things are different or have changed.

• Being empathetic and having compassion by being attuned as far as we can to other people's moods.

• Ensuring consistency and fairness.

• Providing opportunities across the school day to develop peoples' ability to see themselves, their relationships and the world more positively.

• Modelling the positive attitudes, values and behaviour expected of everyone in the community.

We commit to repairing good relatonships by:

• Using restorative conversations to repair and restore a relationship. With children, we use cartoon conversations as a stragety for building trust and learning from mistakes, and in line with our behaviour policy, we encourage children to complete and discuss 'Take Time to Think'

• Apologising when we have made a mistake

• SLT looking for reasons behind difficulties and acting

15. Working with parents

The school works with parents wherever possible to ensure that a collaborative approach is utilised. The school ensures that pupils and parents are aware of the mental health support services available from the school.

Parents and pupils are expected to seek and receive support elsewhere, including from their GP and NHS services.

16. Safeguarding

All staff are aware that SEMH issues can, in some cases, be an indicator that a pupil has suffered or is at risk of suffering abuse, neglect or exploitation.

If a staff member has a SEMH concern about a pupil that is also a safeguarding concern, they take immediate action in line with the Child Protection and Safeguarding Policy and speak to the DSL or deputy DSL.

17. What to do

If staff have a concern about the mental health of a student, if another student raises concerns about one of their friends or, if an individual student speaks to a member of staff specifically about how they're feeling, staff should use the ALGEE method (outlined below).

Mental Health First Aid **ACTION PLAN**

Approach, assess and assist with any crisis
Listen non-judgmentally
Give support and information
Encourage appropriate professional help
Encourage other supports

MENTAL
HEALTH
FIRST AID

ALGEE

Ask, assess, act

Where a young person is distressed, the member of staff should ask them what support they need and want. Assess the risk of harm to self or others and try to reduce any risk that is present.

Listen non-judgementally

Give them time to talk and gain their confidence to take the issue to someone who could help further

Give reassurance and information

Tell them how brave they have been. Gently explain that you would like to help them. Do not promise confidentiality - it could be a child protection matter.

Enable the young person to get help

Work through the avenues of support. Explain that you would like to share their thoughts with someone else so that they can get the best help. Encourage them to speak to someone - offer to go with them. Encourage self-help strategies

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Do not speak about your conversation or concerns casually with other students/ members of staff.

Access support for yourself if you need it via the Headteacher or Deputy.

High Risk

If you consider the young person to be at risk then you should follow Child Protection procedures and report your concerns directly to the Designated Safeguarding Lead (DSL)

Low Risk

If you feel that the young person needs a period of 'watchful waiting' communicate this to the class teacher

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The DSL will decide on the appropriate course of action. This may include: -

Contacting parents/carers
- Arranging professional assistance e.g. doctor/nurse
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS (with parental consent)
- Giving advice to parents/carers, teachers and other students

Low Risk

The mentor should pass on the information to the Headteacher or Deputy who will instigate the appropriate time period of watchful waiting (up to 4 weeks).

After a period of watchful waiting, a student deemed to have continuing symptoms should be referred to a medical professional.