

# Community Academies Trust

## Birchwood Primary School Policy



### Social Emotional and Mental Health (SEMH) policy

Date adopted by governors	May 2022
Date for policy review	May 2024
Person responsible for the review:	Head Teacher / SEMH Lead
Signed by the chair of governors	

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## **1. INTRODUCTION**

1.1 The Department for Education (DfE) recognises that “in order to help their child succeed, schools have a role to play in supporting them to be resilient and mentally healthy.”

1.2 The World Health Organisation’s definition of mental health and wellbeing “a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community.”

1.3 Pupils with SEMH experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviours. These sometimes reflect underlying mental health difficulties such as anxiety and depression, self-injury, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other pupils may have disorders such as attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD) or attachment disorder.

1.4 ‘Behaviour’ was removed as a distinct SEND Category for the 2014 Code of Practice, under the assumption that undesirable behaviour is a communication of unmet need in one or more of the categories of SEND (i.e. broad areas of need – Social Emotional and Mental Health needs, Communication and interaction needs, Cognition and Learning needs or Sensory and/or Physical Needs).

1.5 Our school understands that ‘behavioural difficulties’ could be an indication of an unmet need in one or more of the categories of SEND. We also understand that ‘behavioural difficulties’ do not necessarily mean that a child or young person has a possible mental health problem or special educational need. Negative experiences and distressing life events can affect mental health in a way that brings about temporary changes in a young person’s behaviour.

1.6 As stated in the Safeguarding and Child Protection policy, and in order to meet the varied SEMH needs of our pupils, our school promote a nurturing, caring, supportive environment in which each individual is valued and respected. We have high expectations that every pupil succeeds, aspires, believes and acts. We recognise that all children and young people need the foundation of positive mental health to benefit fully from all of the opportunities available to them.

1.7 Everyone experiences life challenges that can make us vulnerable. At times, anyone may need additional support to maintain or develop good mental health. The mental health of children and young people, adults in schools, parents and carers and the wider whole school community will impact on all areas of development, learning, achievement and experience. All children and young people have the right to be educated in an environment that supports and promotes positive mental health for everybody. All adults have the right to work in an environment that supports and promotes positive mental health for everybody. School is committed to raising awareness, increasing understanding and providing a place where all children and young people feel safe, secure and able to achieve and experience success and well-being.

## **2. AIMS**

1. To recognise our responsibilities in supporting pupils with mental health and wellbeing needs.
2. To provide a consistent approach that means the school environment and school ethos all promote the mental health of the whole school community.
3. To acknowledge healthy relationships, underpin positive mental health and have a significant impact.
4. To increase the level of awareness and understanding amongst staff and parents/carers of issues involving the mental health of young people, in particular with low self-esteem, self-harm, emotional regulation, anxiety, depression, loss and bereavement.
5. To detect and address problems in the earliest stages where they exist in thinking and attitudes to self/image, self-esteem and self-control.
6. To implement the appropriate level of support in school available to pupils with mental health issues and also in partnership with outside health agencies and child support groups.
7. To continue to promote positivity around mental wellbeing.
8. To reduce the stigma associated with mental health.
9. To ensure all staff are alert to their responsibility to ensure the wellbeing and welfare of all pupils, progress and achievement in school depends on this.

### **At our school we will provide:**

#### **A mentally healthy environment which has:**

- A clear and agreed ethos and culture that accords value and respect to all.
- A commitment to being responsive to children and young people's needs.
- Clearly defined mental health links in school policies.
- Clear guidelines for internal and external referrals.
- Strong links with external agencies to provide access to support and information.
- A named lead for mental health promotion with the expectation that there is support and involvement and an ethos that 'mental health is everyone's businesses.

#### **A mentally healthy environment is where children and young people:**

- Have opportunities to participate in activities that encourage belonging.
- Have opportunities to participate in decision-making.
- Have opportunities to celebrate academic and non-academic achievements.
- Have their unique talents and abilities identified and developed
- Have opportunities to develop a sense of worth through taking responsibility for themselves and others.
- Have opportunities to reflect.
- Have access to appropriate support that meets their needs.

- Have a right to be in an environment that is safe, clean, attractive and well cared for.
- Are surrounded by adults who model positive and appropriate behaviours, interactions and ways of relating at all times.

A mentally healthy environment where staff:

- Have their individual needs recognised and responded to in a holistic way.
- Have a range of strategies that support their mental health, e.g. provision 'Mental Health First Aider' a named person to speak to, signposting etc.
- Have recognition of their work-life balance.
- Have the mental health and wellbeing of the staff reviewed regularly.
- Feel valued and have opportunities to contribute to decision making processes.
- Celebrate and recognise success.
- Are able to carry out roles and responsibilities effectively.
- Are provided with opportunities for CPD both personally and professionally.
- Have their unique talents and skills recognised and opportunities are provided for development.
- Have time to reflect.
- Can access proactive strategies and systems to support them at times of emotional needs in both the short and long term.

A mentally health environment where parents/carers:

- Are recognised for their significant contribution to children and young people's mental health.
- Are welcomed, included and work in partnership with schools and agencies.
- Are provided with opportunities where they can ask for help when needed.
- Are signposted to appropriate agencies for support.
- Are clear about their roles and expectations of their responsibilities in working in partnership with school.
- Opinions are sought and valued and responded to.
- Strengths and difficulties are recognised, acknowledged and challenged appropriately.

A mentally healthy environment where the whole school community:

- Is involved in promoting positive mental health.
- Is valued for the role it plays in promoting positive mental health. Contributes positively towards the ethos of the school.

A healthy learning environment provides opportunities that promote positive mental health through:

Birchwood's bespoke curriculum and extended provision, e.g. whole school nurturing approach, Mental Health First Aid (MHFA), Emotional coaching, PACE (Playful, Acceptance, Curiosity, Empathy) approach, PSHE, Wellbeing activities and play, nurture, differentiated learning activities, individual timetables, parents/carers events, challenging stereotypes, etc.

The implementation of the policy for promoting positive mental health in schools:

- Will give school a cohesive and co-ordinated approach to mental health.
- Should underpin all policies and practices currently used in schools.
- Will raise awareness as to how the whole school community can look after their own.
- Mental health and that of others.
- Will help to de-stigmatise mental health.
- Will support people and provide opportunities that enable everyone to reach their potential.
- Will strengthen relationships and provide opportunities for different ways of working.
- Will provide foundations for life-long learning.
- Will promote and strengthen resilience throughout the whole school community and empower everyone to face life's challenges.
- Integral to this is our recognition of equal responsibility to vulnerable staff, pupils and their parents/carers and those with Protected Characteristics (Equality Act, 2010).
- To promote positive mental health.

**The promotion of positive mental health for children and young people is everyone's responsibility.**

### **3. RATIONALE**

Our school aims to provide a whole school approach to SEMH, which is essential to ensure consistency and effectiveness for all pupils.

We aim to include:

- High quality in class support – all members of staff are responsible for the emotional wellbeing of pupils.
- A whole school nurturing approach – support and opportunities for social and emotional development.
- Communicating with parents positively and realistically to create a partnership approach to their child's emotional health and wellbeing.
- Liaison with appropriate agencies to enlist advise and/or support (e.g. School Nurse, CAMHS, Clinical Psychologist, Educational Psychologist).

Additional practices to promote wellbeing and positive mental health include:

- A school Council with elected membership which represents all year groups, that meets every half term.
- A reward system which recognises positive behaviour, personal and academic achievement, effort and other achievements.
- Rewards, achievement certificates are awarded as reinforcement and encouragement.

### **Supporting Pupils with Mental Health at School**

#### **1. Identification**

- A staff team that knows every pupil well and can spot where poor or unusual behaviour may have a root cause that needs addressing.
- Effective use of data so that changes in pupils' patterns of attainment, attendance or behaviour are noticed and can be acted upon.
- Weekly staff briefing/bulletin with latest research / updates.
- Safeguarding concerns as a standing item on weekly staff meeting agenda.
- Half Termly pupil progress meetings.
- Half termly reviews of pupils "on watch"

Any staff member who is concerned regarding the mental health and wellbeing of a pupil should follow the SEMH concern process (Appendix 1) to support decision making. Staff should refer concerns to the SENDCo and/or SEMH Lead.

If any member of staff feels the pupil is in immediate danger of harm, then normal safeguarding procedures should be followed, including a referral to the relevant Designation Safeguarding Lead (DSL).

If the pupil has seriously self-harmed then staff should follow the normal procedures for medical emergencies, including alerting Reception so that their appropriate first aid can be given and if necessary contacting the emergency services for admission to hospital.

Following written referral, the SEMH /Lead Teacher will follow guidance outlined within the SEMH concern process (Appendix 1).

#### **4. SUPPORT**

- A whole school approach to promote the emotional health and wellbeing of all pupils.
- Clear policies on behaviour, bullying, SEND and staff conduct.
- Designated people (SEMH lead, DSL, SENDCo) are identified within induction process and annual safeguarding training.
- Culture within the school that values all pupils, allows them a sense of belonging and makes it possible to talk about problems in a non-stigmatising way.
- Continuous professional development for all staff.
- Strengths and Difficulties Questionnaire (SDQ) to help judge whether individual pupils might be suffering from a diagnosable mental health problem in accordance with DfE Mental Health and Behaviour in Schools Guidance, 2015
- Referral to Associate Head and SEMH Lead Teacher for early intervention programmes of support (See Appendix 1 – SEMH concern process).
- Mental Health First Aid (MHFA) and wellbeing activities.
- Half termly 'Safeguarding' meetings to identify and monitor support strategies for pupils.
- Working with outside agencies to provide interventions for pupils with mental health problems (e.g. CAMHS, Child Psychology, Educational Psychology, School nursing team).
- Early intervention is paramount to success. All interventions and approaches will be recorded on 'pupil profiles' and monitored as part of the school assess-plan-do-review process (for further details please see SEND policy).

#### **Supporting staff who are working with pupils with mental health issues**

School acknowledges that staff who are working closely with distressed pupils exhibiting mental health problems/issues can themselves be placed under emotional strain.

All staff are welcome to approach the SEMH lead or other senior leaders where appropriate.

SEMH Policy should be read in conjunction with:

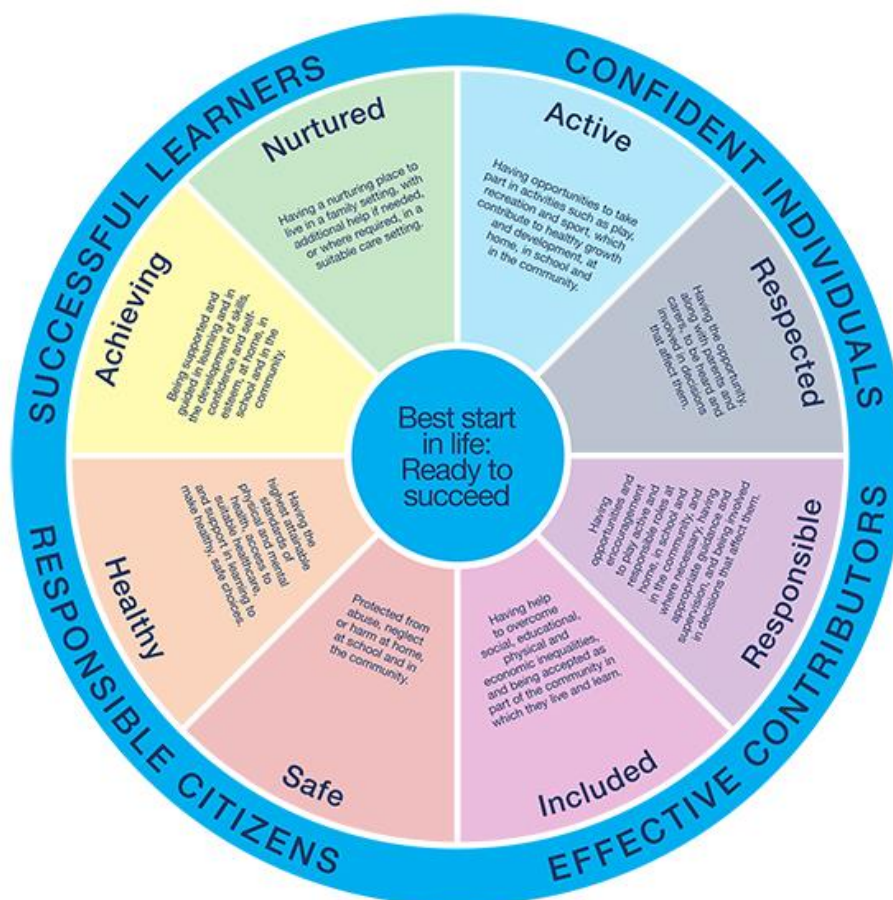
- SEND Policy
- Behaviour Policy
- Safeguarding Policy
- Staff conduct Policy
- Student Mental Health and Well-being Provision in CAT Schools
- Relationships policy
- PSHE & RSE intent, implementation and impact statements

## Appendix 1: SEMH concern process

- Knowledge of children’s trigger points (e.g. transition, change in routines) is shared and used to take preventative actions, e.g. prior warning and opportunity to ask questions, additional support strategies to be planned in advance.
- Concern raised by observation of the pupil or family member; or through new information gained e.g. change in circumstance.
- Gather information through conversations with the pupil and/or main care givers
- Inform the DSL if there are concerns about the child’s safety and welfare.
- Sign post care givers to the resources / contacts on the school website where appropriate.
- Apply universal support strategies and inform other adults who work alongside the child & siblings.
- Monitor impact of strategies over 2-4 weeks.
- Staff, using their professional judgement, and parents seek advice and support from the SEMH lead and DSL when they consider the universal provision to be insufficient and more targeted or specialist support is needed.
- SEMH lead liaises with DSL, SENDCo, classroom teaching staff, care givers and pupil to identify and evaluate strategies used and plan support moving forward.
- Permission is gained from care givers and pupils when targeted or specialist support is put into place.
- Interventions are reviewed and evaluated at least half termly.

## Appendix 2: Graduated response to SEMH

How staff in all children’s services meet their needs by working together to ensure that children reach their full potential:





**Birchwood's graduated approach** (expands on Mental Health and Well-being Provision in CAT Schools)

**Universal** – support for all children

**Learning environment**

A key adult within settings to build a positive relationship and provide daily contact/check-in and weekly mentoring

Meaningful reward systems involving regular monitoring and support

Adult support with recognising emotions behind the behaviours, for example 'wondering out loud' or using emotion coaching

Provide a quiet, calm area that supports emotional regulation, with adult support to problem solve and repair and restore

Visual supports to help name and identify emotion, with frequent verbal reassurance and positive feedback

Preparation for any changes are made clear with key adults being consistent, with time for processing and understanding

All staff are made aware of pupils SEMH needs that may affect their wellbeing and behaviour, securing evidence of adaption to support

**Access to the curriculum**

Quality first teaching is planned and communicated so children are aware of what to expect.

Use of varied group and personalised learning to maintain connection with individuals throughout learning to ensure understanding

Differentiation across the curriculum, with supporting materials to increase engagement and build success

Modify level, pace, amount of teacher talk

Curriculum is varied in content and includes play, mindfulness, physical regulation and PSHE

Consistent class rewards and boundaries, routine, language and approach

**Targeted** – additional support for children and young people with an identified need

**Learning environment**

Regular emotional 'check ins' and reassurance from key adults across the school day

Daily/regular access to staff in school with experience of SEMH and a commitment to building a positive relationship, e.g. mentor, adult who delivers PACE, Team Build, Lego Therapy, CBT schemes etc.

Emotionally available adult to co-regulate emotions

Access to a safe base to calm and regulate and/or Sensory breaks

SENDCo support and discussion on a regular basis to secure evidence of need from all key adults supporting or involved with the child/young person

Assessment and investigations for wider learning need that may now be presenting

### Access to the curriculum

Increased access to a combination of individual, small group and whole class activities based on emotional needs

One to one support for new concepts and the reinforcement of classroom routine

At least weekly sessions focused on identified and assessed SEMH need with a trained therapeutic adult, e.g. mentor, emotional coach etc

Consideration of an alternative (differentiated) curriculum that allows flexibility to teach according to emotional need

Bespoke reward systems for positive engagement, developed language for motivating children around their values and interests

Phased or chunked learning with visual 'Now and Next', allowing for regulation breaks, mindfulness or calming activities

Varied methods for securing progress and evidence of learning for pupils to engage with a recall visually e.g. photos, video logs, art or games

**Specialist** – additional support for children and young people with an ongoing and significant identified need

### Learning environment

Increased access to smaller group provision such as nurture or social skills groups

SEMH support in place for unstructured times such as break times and lunch times

Staff to actively engage and share time with children during unstructured times (eg. Physical Regulation, Bonding through play activities)

Some opportunities for alternative provision which is time limited but in wider out of class environments (e.g. Forest school, Kitchen garden)

Mentoring/supervision to support wellbeing of staff, establish a network of secure support

Regular updates of education focused SEMH assessments e.g. Boxall, Thrive, SDQ

Access to specialist support of external agencies e.g. EPS, Mind, CAMHS, School nursing team

### Access to the curriculum

Child or young person taught a personalised, differentiated curriculum, adapted and reviewed regularly to meet need

Child or young person accesses additional SEMH support from emotionally available adult in most lessons and external agencies as required.

Timetabled SEMH interventions structured around interests and guided by specialist support from external agencies to provide structure/assess progress

Structured opportunities in specific nurturing or sensory environments that can sooth and regulate

Focus of support to extend and include secure care giver to the child

### **Appendix 3** *Difficult events that may have an effect on pupils*

Class teachers and TAs see their pupils on a daily basis. They know them well and are well placed to spot changes in behaviour that might indicate a problem. The balance between the risk and protective factors set out above is most likely to be disrupted when difficult events happen in pupils' lives. These include:

- Loss or separation – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict breakdown that results in the child having to live elsewhere, being taken into care or adopted
- Life changes – such as the birth of a sibling, moving house or changing schools during transition from primary to secondary school or secondary school to sixth form.
- Traumatic events such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.
- Our school aims to offer support to pupils at such times intervening well before mental health problems develop.

#### **Identifying children with possible mental health problems**

Behavioural difficulties do not necessarily mean that a child or young person has a possible mental health problem or a special education need (SEND). Consistent disruptive or withdrawn behaviours can, however, be an indication of an underlying problem. Our school is well-placed to observe pupils day-to-day and identify those whose behaviour suggests that they may be suffering from a mental health problem or be at risk of developing one. This may include withdrawn pupils whose needs may otherwise go unrecognised.

#### **Self-Harm**

Self-harm encompasses a wide range of issues including eating disorders, self-injury and drug/alcohol misuse. This policy focusses primarily on the cause, effect, preventative measures and supportive steps against self-injury although clearly in some cases issues may be interlinked with behavioural or other aspects covered under the broader definition of self-harm. If you are in any doubt as to your role and responsibilities (see the Safeguarding Policy).

#### **Self-Injury**

Self-injury is a coping mechanism. An individual harms their physical self to deal with emotional pain or to break feelings of numbness by arousing sensation. Self-injury is defined as any deliberate, non-suicidal behaviour that inflicts physical harm on your body and is aimed at relieving emotional distress. Physical pain is often easier to deal with than emotional pain, because it causes 'real' feelings. Injuries can prove to an individual that their emotional pain is real and valid. Self-injurious behaviour may calm or awaken a person. Self-injury only provides temporary relief; it does not deal with the underlying issues. Self-injury can become a natural response to the stresses of day-to-day life and can escalate in frequency and severity.

Self-injury can include but is not limited to, cutting, burning, banging and bruising, non-suicidal overdosing and even deliberate bone-breaking. Self-injury is often habitual, chronic and repetitive self-injury tends to affect people for months and years. People who self-injure usually make a great effort to hide their injuries and scars and are often uncomfortable about discussing their emotional inner or physical outer pain. It can be difficult for young people to seek help from the NHS or from those in positions of authority, perhaps due to the stigma associated with seeking help for mental health issues. Self-injury is usually private and personal and it is often hidden from family and friends. People who do show their scars may do so as a reaction to the incredible secrecy, and one should not assume that they are 'inflicting' their scars on others to seek attention, although attention may well be needed. Risk factors include, but are not limited to:

- Low self-esteem.

- Perfectionism.
- Mental health issues such as depression and anxiety
- The onset of a more complicated mental illness such as schizophrenia, bi-polar disorder or a personality disorder.
- Problems at home or school.
- Physical, emotional or sexual abuse.

It is important to recognise that none of these risk factors may appear to be present. Sometimes it is the outwardly happy, high-achieving person with a stable background who is suffering internally and hurting themselves in order to cope. As noted above, there may be no warning signs, but some of the things below might indicate that a pupil is suffering internally which may lead to self-injury.

- Drug and / or alcohol misuse or risk-taking behaviour.
- Negativity and lack of self-esteem.
- Out of character behaviour.
- Bullying other pupils.
- A sudden change in friends or withdrawn from a group.
- Physical signs that self-injury may be occurring.
- Obvious cuts, scratches or burns that do not appear of an accidental nature.
- Frequent 'accidents' that cause physical injury.
- Regularly bandaged arms and/or wrists.
- Reluctance to take part in physical exercise or other activities that require a change of clothes.
- Wearing long sleeves and trousers even during hot weather.

#### What self-injury is not?

Like any behaviour, self-injury may be used to attract attention, but this is not usually the focus of chronic, repetitive self-injury. If self-injury is being used in order to gain attention, one must look to find the reasons as to why someone is in such dire need of attention. It could be there is a problem at home, or issues of bullying, and they feel that no-one is listening or hearing them. Self-injury is not about seeking attention, a way of fitting in or a response to music, films or the emo or gothic culture. Prejudices and perceptions may lead people to believe they 'know' that self-injury is linked to a certain demographic or background, but each person is unique and will have found self-injury by their own route and rely on it at times of stress due to the release and relief it offers them.

#### Suicide

Although self-injury is non-suicidal behaviour and relied on as an attempt to cope and manage, it must be recognised that the emotional distress that leads to self-injury can also lead to suicidal thoughts and actions. It is therefore of the utmost importance that any concerns or particular incidents of self-injury are taken seriously and reported in accordance with the Safeguarding Policy to allow for the underlying issues to be thoroughly investigated and the necessary emotional support given, in order to minimise any greater risk. Any mention of suicidal intent should be reported immediately.

## Roles and Responsibilities of all Staff

Our School will, where appropriate, make a referral to Children's Services where it has concerns regarding a child's wellbeing/mental health. All members of staff should be familiar with the following information to support the identification of a potential self-harm/injury issue and the necessary steps to take where there are concerns:

- Avoid dismissing a pupil's reasons for distress as invalid.
- Encourage pupils to be open with you and reassure them that they can get the help they need if they are willing to talk.
- Don't make promises that can't be kept regarding confidentiality.
- Avoid asking a pupil to show you their scars or describe their self-injury.
- Avoid asking a pupil to stop self-harming – you may be removing the only coping mechanism they currently have.
- Report the matter to a DSL as you become aware of the problem and inform the pupil that you are doing this.

**Policy Review Sheet**

Please note any comments or suggested amendments on this sheet. You may also choose to complete your comments in confidence on a separate piece of paper. Please add your initial to any comments.

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