St Chad's CofE Nursery and Infant School

Social, Emotional and Mental Health (SEMH) Policy

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Link Governor: W.Ramzan

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Statement of Intent

This policy outlines the framework for St Chad's CofE Nursery and Infant to meet its duty in providing and ensuring a high quality of education to all of its pupils, including pupils with social, emotional and mental health (SEMH) difficulties, and to do everything it can to meet the needs of pupils with SEMH difficulties.

Through the successful implementation of this policy, we aim to:

- Promote a positive outlook regarding pupils with SEMH difficulties.
- Eliminate prejudice towards pupils with SEMH difficulties.
- Promote equal opportunities for pupils with SEMH difficulties.
- Ensure all pupils with SEMH difficulties are identified and appropriately supported – minimising the risk of SEMH difficulties escalating into physical harm.

We will work with the LA with regards to the following:

- The involvement of pupils and their parents in decision-making
- The early identification of pupils' needs
- Collaboration between education, health and social care services to provide support when required
- Greater choice and control for pupils and their parents over their support

Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Pupils and Families Act 2014
- Health and Social Care Act 2012
- Equality Act 2010
- Education Act 2002
- Mental Capacity Act 2005
- Pupils Act 1989

This policy has been created with regard to the following DfE guidance:

- DfE (2018) 'Mental health and behaviour in schools'
- DfE (2016) 'Counselling in schools: a blueprint for the future'
- DfE (2015) 'Special educational needs and disabilities code of practice: 0 to 25'

This policy also has due regard to the school's policies including, but not limited to, the following:

- Pupil Protection and Safeguarding Policy
- SEND and Inclusion Policy
- Golden Behaviour Policy
- Supporting Pupils with Medical Conditions Policy
- Staff Code of Conduct Policy
- Administering Medication Policy
- Exclusion Policy

Common SEMH difficulties

- **Anxiety:** Anxiety refers to feeling fearful or panicked, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a pupil's ability to develop, learn and sustain and maintain friendships. Specialists reference the following diagnostic categories:
    - **Generalised anxiety disorder:** This is a long-term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event.
    - **Panic disorder:** This is a condition in which people have recurring and regular panic attacks, often for no obvious reason.
    - **Obsessive-compulsive disorder (OCD):** This is a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter their mind, causing them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to try to prevent an obsession coming true).
    - **Specific phobias:** This is the excessive fear of an object or a situation, to the extent that it causes an anxious response such as a panic attack (e.g. school phobia).
    - **Separation anxiety disorder:** This disorder involves worrying about being away from home, or about being far away from parents, at a level that is much more severe than normal for a pupil's age.
    - **Social phobia:** This is an intense fear of social or performance situations.
    - **Agoraphobia:** This refers to a fear of being in situations where escape might be difficult or help would be unavailable if things go wrong.

- **Depression:** Depression refers to feeling excessively low or sad. Depression can significantly affect a pupil's ability to develop, learn or maintain and sustain friendships. Depression can often lead to other issues such as behavioural problems. Generally, a diagnosis of depression will refer to one of the following:
    - **Major depressive disorder (MDD):** A pupil with MDD will show several depressive symptoms to the extent that they impair work, social or personal functioning.
    - **Dysthymic disorder:** This is less severe than MDD and characterised by a person experiencing a daily depressed mood for at least two years.

- **Hyperkinetic disorders:** Hyperkinetic disorders refer to a pupil who is excessively easily distracted, impulsive or inattentive. If a pupil is diagnosed with a hyperkinetic disorder, it will be one of the following:
    - **Attention deficit hyperactivity disorder (ADHD):** This has three characteristic types of behaviour: inattention, hyperactivity and impulsivity. While some pupils show the signs of all three characteristics, which is called 'combined type ADHD', other pupils diagnosed show signs of only inattention, hyperactivity or impulsiveness.
    - **Hyperkinetic disorder:** This is a more restrictive diagnosis but is broadly similar to severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. The core symptoms must also have been present from before the age of seven, and must be evident in two or more settings, e.g. at school and home.

- **Attachment disorders:** Attachment disorders refer to the excessive distress experienced when a pupil is separated from a special person in their life, like a parent. Pupils suffering from attachment disorders can struggle to make secure attachments with peers. Researchers generally agree that there are four main factors that influence attachment disorders, these are:
    - Opportunity to establish a close relationship with a primary caregiver.
    - The quality of caregiving.
    - The pupil's characteristics.
    - Family context.

- **Eating disorders:** Eating disorders are serious mental illnesses which affect an individual's relationship with food. Eating disorders often emerge when worries about weight begin to dominate a person's life.
- **Substance misuse:** Substance misuse is the use of harmful substances, e.g. drugs and alcohol.
- **Deliberate self-harm:** Deliberate self-harm is a person intentionally inflicting physical pain upon themselves.
- **Post-traumatic stress:** Post-traumatic stress is recurring trauma due to experiencing or witnessing something deeply shocking or disturbing. If symptoms persist, a person can develop post-traumatic stress disorder.

Roles and responsibilities

The school's leadership as a whole is responsible for:

- **Preventing mental health and wellbeing difficulties:** By creating a safe and calm environment, where mental health problems are less likely to occur, the leadership can improve the mental health and wellbeing of the school community and instil resilience in pupils. A preventative approach includes teaching pupils about mental wellbeing through the curriculum and reinforcing these messages in our activities and ethos.
- **Identifying mental health and wellbeing difficulties:** By equipping staff with the knowledge required, early and accurate identification of emerging problems is enabled.
- **Providing early support for pupils experiencing mental health and wellbeing difficulties:** By raising awareness and employing efficient referral processes, the school's leadership can help pupils access evidence-based early support and interventions.
- **Accessing specialist support to assist pupils with mental health and wellbeing difficulties:** By working effectively with external agencies, the school can provide swift access or referrals to specialist support and treatment.
- **Identifying and supporting pupils with SEND:** As part of this duty, the school's leadership considers how to use some of the SEND resources to provide support for pupils with mental health difficulties that amount to SEND.
- **Identifying where wellbeing concerns represent safeguarding concerns:** Where mental health and wellbeing concerns could be an indicator of abuse, neglect or exploitation, the school will ensure that appropriate safeguarding referrals are made in line with the Safeguarding and Child Protection Policy.

The governing body is responsible for:

- Fully engaging pupils with SEMH difficulties and their parents when drawing up policies that affect them.
- Identifying, assessing and organising provision for all pupils with SEMH difficulties, whether or not they have an EHC plan.
- Endeavouring to secure the special educational provision called for by a pupil's SEMH difficulties.
- Designating an appropriate member of staff to be the SENCO and coordinating provisions for pupils with SEMH difficulties.
- Taking all necessary steps to ensure that pupils with SEMH difficulties are not discriminated against, harassed or victimised.
- Ensuring arrangements are in place to support pupils with SEMH difficulties.
- Appointing an individual governor or sub-committee to oversee the school's arrangements for SEMH.

The Head of School is responsible for:

- Ensuring that those teaching or working with pupils with SEMH difficulties are aware of their needs and have arrangements in place to meet them.

- Ensuring that teachers monitor and review pupils' academic and emotional progress during the course of the academic year.
- Ensuring that the SENCO has sufficient time and resources to carry out their functions, in a similar way to other important strategic roles within the school.
- Carefully reviewing the quality of teaching for pupils at risk of underachievement, as a core part of the school's performance management arrangements.
- Ensuring that staff members understand the strategies used to identify and support pupils with SEMH difficulties.
- Ensuring that procedures and policies for the day-to-day running of the school do not directly or indirectly discriminate against pupils with SEMH difficulties.
- Establishing and maintaining a culture of high expectations and including pupils with SEMH difficulties in all opportunities that are available to other pupils.
- Consulting health and social care professionals, pupils and parents to ensure the needs of pupils with SEMH difficulties are effectively supported.
- Keeping parents and relevant staff up-to-date with any changes or concerns involving pupils with SEMH difficulties.
- Ensuring staff members have a good understanding of the mental health support services that are available in their local area, both through the NHS and voluntary sector organisations.

The mental health lead is responsible for:
- Overseeing the whole-school approach to mental health, including how this is reflected in policies, the curriculum and pastoral support, how staff are supported with their own mental health, and how the school engages pupils and parents with regards to pupils' mental health and awareness.
- Collaborating with the SENCO, Head of School and governing board, as part of the SLT, to outline and strategically develop SEMH policies and provisions for the school.
- Coordinating with the SENCO and mental health support teams to provide a high standard of care to pupils who have SEMH difficulties.
- Advising on the deployment of the school's budget and other resources in order to effectively meet the needs of pupils with SEMH difficulties.
- Providing professional guidance to colleagues about mental health and working closely with staff members and parents
- Overseeing the outcomes of interventions on pupils' education and wellbeing.
- Liaising with parents of pupils with SEMH difficulties, where appropriate.
- Leading mental health CPD.

The SENCO is responsible for:
- Collaborating with the governing board, headteacher and the mental health lead, as part of the SLT, to determine the strategic development of SEMH policies and provisions in the school.
- Undertaking day-to-day responsibilities for the successful operation of the SEMH Policy.
- Supporting the teachers in the further assessment of a pupil's particular strengths and areas for improvement, and advising on the effective implementation of support.
- Being a key point of contact with external agencies, especially the mental health support services, the LA, LA support services and mental health support teams.
- Providing professional guidance to colleagues about mental health and working closely with staff members, parents and other agencies, including SEMH charities.
- Referring pupils with SEMH difficulties to external services, e.g. specialist children and young people's mental health services (CYPMHS), to receive additional support where required.

Teaching staff are responsible for:
- Being aware of the signs of SEMH difficulties.
- 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 there are no barriers to every pupil achieving 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.
- Being aware of the needs, outcomes sought and support provided to any pupils with SEMH difficulties.
- Keeping the relevant figures of authority up-to-date with any changes in behaviour, academic developments and causes of concern. The relevant figures of authority include: SENCO/Head of School/Senior Leadership Team

The school works in collaboration with mental health support workers who are trained professionals who act as a bridge between schools and mental health agencies.

Creating a supportive whole-school culture
- Senior leaders will clearly communicate their vision for good mental health and wellbeing with the whole school community.
- 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, PE, Collective Worship and Computing
  - Positive classroom management
  - Developing pupils' social skills
  - Emotional literacy
  - Working with parents
- The school's Golden Behaviour 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.
- The SLT ensures that there are clear policies and processes in place to reduce stigma and make pupils feel comfortable enough to discuss mental health concerns.
- Pupils know where to go for further information and support should they wish to talk about their needs or concerns over a peer's or family member's mental health or wellbeing.

Staff training
- The SLT ensures that all teachers have a clear understanding of the needs of all pupils, including those with SEMH needs.
- The SLT promotes CPD to ensure that staff can recognise common symptoms of mental health problems, understand what represents a concern, and know what to do if they believe they have spotted a developing problem.
- Clear processes are in place to help staff who identify SEMH problems in pupils escalate issues through clear referral and accountability systems.

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
- Previously LAC (PLAC)
- 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.

Children in need, LAC and previously LAC (PLAC)
- Children in need, LAC and PLAC are more likely to have SEND and experience mental health difficulties than their peers.
- Children in need, LAC and PLAC are more likely to struggle with executive functioning skills, forming trusting relationships, social skills, managing strong feelings, sensory processing difficulties, foetal alcohol syndrome and coping with change.
- Children in need may also be living in chaotic circumstances and be suffering, or at risk of, abuse, neglect and exploitation. They are also likely to have less support available outside of school than most pupils.
- School staff are aware of how these pupils' experiences and SEND can impact their behaviour and education.
- The school uses multi-agency working as an effective way to inform assessment procedures.
- Where a pupil is being supported by LA children's social care services, the school works with their allocated social worker to better understand the pupil's wider needs and contextual circumstances. This collaborative working informs assessment of needs and enables prompt responses to safeguarding concerns.
- When the school has concerns about a looked-after child's behaviour, the designated teacher and virtual school head (VSH) are informed at the earliest opportunity so they can help to determine the best way to support the pupil.
- When the school has concerns about a previously looked-after child's behaviour, the pupil's parents/carers or the designated teacher seeks advice from the VSH to determine the best way to support the pupil.

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.
- Some pupils may be susceptible to such incidents, even if they are not directly affected. For example, pupils with parents in the armed forces may find global disasters or terrorist incidents particularly traumatic.

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.

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 Inclusion and 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 to address the underlying causes of disruptive behaviour includes an assessment of whether appropriate support is in place to address the pupil's SEND.
- The Head of School considers the use of a multi-agency assessment for pupils demonstrating persistently disruptive behaviour. These assessments are designed to identify unidentified SEND and mental health problems, and to discover whether there are housing or family problems that may be having an adverse effect on the pupil.
- The school recognises that not all pupils with mental health difficulties have SEND.
- 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.
- The SENCO ensures that staff understand how the school identifies and meets pupils' needs, provides advice and support as needed, and liaises with external SEND professionals as necessary.

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 - Outgoing temperament as an infant - Good communication skills and sociability - Being a planner and having a belief in control - 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	- At least one good parent-child relationship (or one supportive adult) - Affection - Clear, consistent discipline - Support for education - Supportive long-term relationships or the absence of severe discord

	• Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship	
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 • Poor pupil-to-teacher/school staff relationships	• Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct) • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Good pupil-to-teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences • Positive friendships • Effective safeguarding and child protection policies. • An effective early help process • Understand their role in, and are part of, effective multi-agency working • Appropriate procedures in place to ensure staff are confident enough to raise concerns about policies and processes and know they will be dealt with fairly and effectively
In the community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation • Other significant life events	• Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

Stress and mental health
The school recognises that short-term stress and worry is a normal part of life and that most pupils will face mild or transitory changes that induce short-term mental health effects. Staff are taught to differentiate between 'normal' stress and more persistent mental health problems.

SEMH support and intervention
- The curriculum for PSHE focusses on promoting pupils' resilience, confidence and ability to learn.
- Through the curriculum, children are taught to:
  - o Build self-esteem and a positive self-image.
  - o Foster the ability to self-reflect and problem-solve.
  - o Protect against self-criticism and social perfectionism.

- o Foster self-reliance and the ability to act and think independently.
  - o Create opportunities for positive interaction with others.
- Get involved in school life and related decision-making
- Positive classroom management and working in small groups is utilised to promote positive behaviour, social development and high self-esteem.
- The school implements the following approach to interventions:
  - o Play-based approaches are in place to develop more positive relationships between pupils and their parents.
  - o Interventions are structured in a way that addresses behavioural issues through education and training programmes.
  - o Individual pupil-orientated interventions are less effective than ones that involve parents, and so parents are involved in interventions where appropriate.
  - o Parental training programmes are combined with the pupil's intervention to promote problem-solving skills and positive social behaviours.
  - o Small group sessions will take place and focus on developing cognitive skills and positive social behaviour.
- When in-school intervention is not appropriate, referrals and commissioning support will take the place of in-school interventions. The school will continue to support the pupil as much as possible throughout the process.
- Serious cases of SEMH difficulties are referred to Child and Adolescent Mental Health Services (CAMHS).
- To ensure referring pupils to CAHMS is effective, staff and the school's SENCO follow the process below:
  - o Use a clear, approved process for identifying pupils in need of further support
  - o Document evidence of their SEMH difficulties
  - o Encourage the pupil and their parents to speak to the pupil's GP
  - o Understand the criteria that are used by CAHMS in determining whether a pupil needs their services

Behaviour and exclusions

- When exclusion is a possibility, the school considers contributing factors, which could include mental health difficulties.
- Where there are concerns over behaviour, the school carries out an assessment to determine whether the behaviour is a result of underlying factors such as undiagnosed learning difficulties, speech and language difficulties, child protection concerns or mental health problems.
- Where underlying factors are likely to have contributed to the pupil's behaviour, the school considers whether action can be taken to address the underlying causes of the disruptive behaviour, rather than issue an exclusion. If a pupil has SEND or is a looked-after child, permanent exclusion will only be used as a last resort.
- In all cases, the school balances the interests of the pupil against the mental and physical health of the whole school community.

Monitoring and review

The policy is reviewed on an annual basis by the Head of School in conjunction with the governing board − any changes made to this policy are communicated to all members of staff. This policy is reviewed in light of any serious SEMH related incidents.