SOCIAL, EMOTIONAL, MENTAL HEALTH (SEMH) POLICY

Document Control

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Contents

1.0 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 the 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 These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviours.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.

2.0   AIMS

1. To recognise our responsibilities in supporting students 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 students 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 is alert to their responsibility to ensure the wellbeing and welfare of all students, 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. a 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 towards the ethos of the school.

A healthy learning environment provides opportunities that promote positive mental health through:
- The standard curriculum and extended provision, e.g. whole school nurturing approach, Mental Health First Aid (MHFA), ELSA, 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 every to face life's challenges.

- Integral to this is our recognition of equal responsibility to vulnerable staff, student 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.

3.0   RATIONALE

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

We aim to include:

- High quality in class support – all members of staff are responsible for the emotional wellbeing of students.
- 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, ELCAS, 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 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 Students with Mental Health at School

1. Identification

- A staff team that knows every student 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 students' patterns of attainment, attendance or behaviour are noticed and can be acted upon.
- Weekly staff briefing/bulletin.
- Weekly safeguarding meetings.
- Half Termly pupil progress meetings.
- Wellbeing group.
- SLT safeguarding agenda

Any staff member who is concerned regarding the mental health and wellbeing of a pupil should follow the Mental Health First Aid Flow Chart (Appendix 1) to support decision making. Staff should refer concerns to the Provision Leader and/or SEMH Lead Teacher.

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

If the student 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.

All concerns will be a standing item on the weekly safeguarding agenda, half termly safeguarding meetings.

Following written referral, the SEMH /Lead Teacher will follow guidance outlined within the MHFA Flow Chart (Appendix 1).

4.0   SUPPORT

- A whole school approach to promote the emotional health and wellbeing of all students.
- Clear policies on behaviour, bullying, SEND and nurture.
- Culture within the school that values all students, 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 students might be suffering from a diagnosable mental health problem in accordance with DfE Mental Health and Behaviour in Schools Guidance, 2015
- Referral to Provision Leader and SEMH Lead Teacher for early intervention programmes of support (Seep Appendix 1 – MHFA Flow Chart).
- Mental Health First Aid (MHFA) and wellbeing activities.
- Half termly 'Safeguarding' meetings to identify and monitor support strategies for students.
- Peer mentoring.
- Working with outside agencies to provide interventions for students with mental health problems (e.g. ELCAS, Clinical Psychology, Child Psychology, Educational Psychology, Community Paediatrician).
- Referral to East Lancashire Child and Adolescent Services (ELCAS).
- 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 students with mental health issues

School acknowledges that staffs who are working closely with distressed students exhibiting mental health problems/issues can themselves be placed under emotional strain.
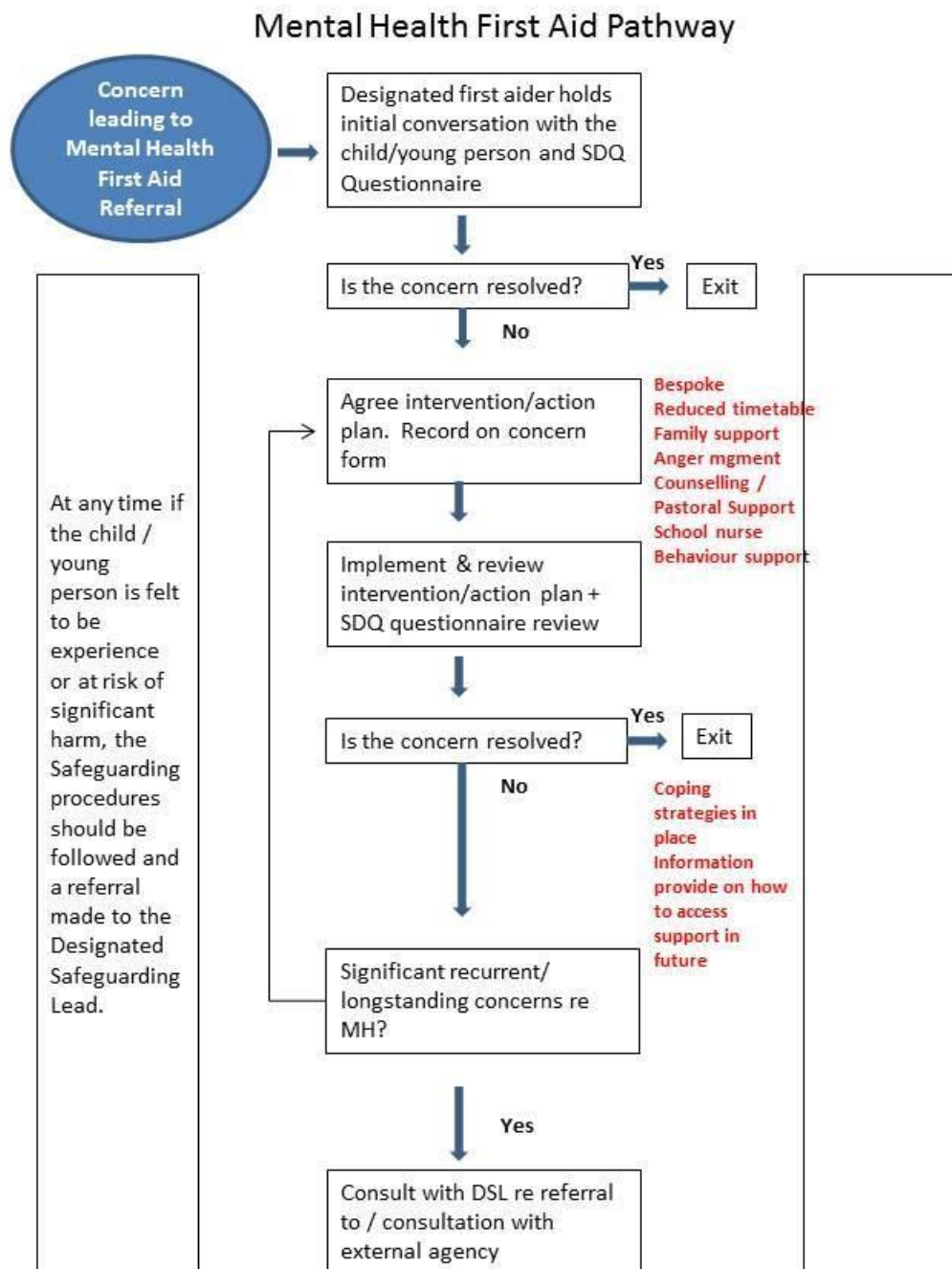
All staff are welcome to approach their line manager or other senior leaders where appropriate.

SEMH Policy should be read in conjunction with:

- SEND Policy

- Behaviour Policy
- Safeguarding Policy
- PSHE Policy
- Equality Policy

Appendix 1 – MHFA Flow Chart

Mental Health First Aid Pathway

Concern leading to Mental Health First Aid Referral

→ Designated first aider holds initial conversation with the child/young person and SDQ Questionnaire

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Is the concern resolved? — **Yes** → Exit

No

↓

Agree intervention/action plan. Record on concern form

Bespoke
Reduced timetable
Family support
Anger mgment
Counselling / Pastoral Support
School nurse
Behaviour support

↓

Implement & review intervention/action plan + SDQ questionnaire review

↓

Is the concern resolved? — **Yes** → Exit

No

Coping strategies in place
Information provide on how to access support in future

↓

Significant recurrent/ longstanding concerns re MH?

↓

Yes

↓

Consult with DSL re referral to / consultation with external agency

At any time if the child / young person is felt to be experience or at risk of significant harm, the Safeguarding procedures should be followed and a referral made to the Designated Safeguarding Lead.

Appendix 2 – A graduated response to SEMH (*SEMH Strategy)

I

Appendix 3   Difficult events that may have an effect on students

Class teachers and TAs see their students 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 students' 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 students 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 students 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, nonsuicidal 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 ussies. 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 student 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 writs.
- 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 offer 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 student's reasons for distress as invalid.
- Encourage students 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 student to show you their scars or describe their self-injury.
- Avoid asking a student to stop self-harming – you may be removing the only coping mechanism they currently have.
- Report the matter to a designated key member of staff as you become aware of the problem and inform the student that you are doing this.

DATE OF HEALTH ASSESSMENT………………………….
Date of Last Dental Check:……..../…..../………
Date of Next Opticians Check:…….../……./……….

Strengths and Difficulties Questionnaire

P 4-16

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months.

Child's Name ....

Male/Female

Date of Birth...

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children (treats, toys, pencils etc.)	☐	☐	☐
Often has temper tantrums or hot tempers	☐	☐	☐
Rather solitary, tends to play alone	☐	☐	☐
Generally obedient, usually does what adults request	☐	☐	☐
Many worries, often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐
Often unhappy, down-hearted or tearful	☐	☐	☐
Generally liked by other children	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other children	☐	☐	☐
Often volunteers to help others (parents, teachers, other children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets on better with adults than with other children	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Sees tasks through to the end, good attention span	☐	☐	☐

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

DATE OF HEALTH ASSESSMENT…………………………
Date of Last Dental Check:………../……../………
Date of Next Opticians Check:………../……./………

Overall, do you think that your child has difficulties in one or more of the following areas:
emotions, concentration, behaviour or being able to get on with other people?

	No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
	☐	☐	☐	☐

If you have answered "Yes", please answer the following questions about these difficulties:

• How long have these difficulties been present?

	Less than a month	1-5 months	6-12 months	Over a year
	☐	☐	☐	☐

• Do the difficulties upset or distress your child?

	Not at all	Only a little	Quite a lot	A great deal
	☐	☐	☐	☐

• Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	☐	☐	☐	☐
FRIENDSHIPS	☐	☐	☐	☐
CLASSROOM LEARNING	☐	☐	☐	☐
LEISURE ACTIVITIES	☐	☐	☐	☐

• Do the difficulties put a burden on you or the family as a whole?

	Not at all	Only a little	Quite a lot	A great deal
	☐	☐	☐	☐

Signature ……………………………………………………………………..   Date ………………………………………

Mother/Father/Other (please specify:)

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you **over the last month**.

Your Name .... Male/Female

Date of Birth...

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	☐	☐	☐
I am restless, I cannot stay still for long	☐	☐	☐
I get a lot of headaches, stomach-aches or sickness	☐	☐	☐
I usually share with others (food, games, pens etc.)	☐	☐	☐
I get very angry and often lose my temper	☐	☐	☐
I am usually on my own. I generally play alone or keep to myself	☐	☐	☐
I usually do as I am told	☐	☐	☐
I worry a lot	☐	☐	☐
I am helpful if someone is hurt, upset or feeling ill	☐	☐	☐
I am constantly fidgeting or squirming	☐	☐	☐
I have one good friend or more	☐	☐	☐
I fight a lot. I can make other people do what I want	☐	☐	☐
I am often unhappy, down-hearted or tearful	☐	☐	☐
Other people my age generally like me	☐	☐	☐
I am easily distracted, I find it difficult to concentrate	☐	☐	☐
I am nervous in new situations. I easily lose confidence	☐	☐	☐
I am kind to younger children	☐	☐	☐
I am often accused of lying or cheating	☐	☐	☐
Other children or young people pick on me or bully me	☐	☐	☐
I often volunteer to help others (parents, teachers, children)	☐	☐	☐
I think before I do things	☐	☐	☐
I take things that are not mine from home, school or elsewhere	☐	☐	☐
I get on better with adults than with people my own age	☐	☐	☐
I have many fears, I am easily scared	☐	☐	☐
I finish the work I'm doing. My attention is good	☐	☐	☐

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

Since coming to the clinic, are your problems:

Much worse	A bit worse	About the same	A bit better	Much better
☐	☐	☐	☐	☐

Has coming to the clinic been helpful in other ways, e.g. providing information or making the problems more bearable?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

Over the last month, have you had difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
☐	☐	☐	☐

If you have answered "Yes", please answer the following questions about these difficulties:

• Do the difficulties upset or distress you?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

• Do the difficulties interfere with your everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	☐	☐	☐	☐
FRIENDSHIPS	☐	☐	☐	☐
CLASSROOM LEARNING	☐	☐	☐	☐
LEISURE ACTIVITIES	☐	☐	☐	☐

• Do your difficulties make it harder for those around you (family, friends, teachers etc.)?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

Your signature ....

Today's date ....

Thank you very much for your help