



At St Mary's we champion every child to be the **best that they can be**. Our knowledge-led curriculum therefore endeavours to develop our children's **character**, **core skills**, **creativity** and sense of **community**.

Supported by our school's vision, ethos and position as a junior school, we believe that our specialist knowledge of the Key Stage 2 age range ensures **improving outcomes, opportunities and experiences for all our children**. To achieve this, we are aspirational for our pupils, instilling high expectations, the passion, perseverance and stamina to succeed.

Ely St Mary's CofE Junior School

Social, Emotional and Mental Health (SEMH) Policy

Last updated: 17 April 2023

"Championing every child to be the best that they can be"

Responsibility **E**xcellence **S**pirituality **P**erseverance **E**nergy **C**aring **T**olerance

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*"Championing every child **to be the best that they can be**"*

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This policy outlines the framework for Ely St Mary's CofE Junior School 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.

Statement of intent

"Every child deserves a champion – an adult who will never give up on them, who understands the power of connection, and insists that they become the best that they can possibly be." (Rita Pierson)

Hebrews 10:24 Let us think about each other and help each other to show love and do good deeds.

At St Mary's we champion every child to be the best that they can be. Our curriculum therefore endeavours to develop our children's **character**, **core skills**, **creativity** and sense of **community**. We aim to improve outcomes, opportunities and experiences for all our children and to achieve this, we are aspirational for our pupils, instilling high expectations, the passion, perseverance and stamina to succeed. We recognise how an understanding of and support for mental health and wellbeing, including risk factors and protective factors, are at the bedrock of these goals.

This is because we define mental health as **a state of wellbeing: of social, emotional and physical wellness. In this wellness, individuals are able to function positively and respond to challenge.**

[What is mental health? - YouTube](#)

At St Mary's, staff and pupils alike aim to be the best they can be through a shared ethos of R.E.S.P.E.C.T, the qualities of which promote a sense of community, wellbeing and positive mental health. These values are reflected in all that we do, our staffing, CPD, curriculum, policy and day to day practice and interactions:

- **Responsibility:** We will be responsible for our learning and our behaviour.
- **Excellence:** We will strive for excellence.
- **Spirituality:** We will open our eyes in awe and wonder at God's creation.
- **Perseverance:** We can achieve anything with effort, resilience and the right strategies.
- **Energy:** We will give our best at all times: our focus, positive attention and determination to succeed.
- **Caring:** We will care for each other, our school and the world.
- **Tolerance:** We will celebrate our differences.

What supporting Positive Mental Health means to us:

All staff are passionate about making a difference to the lives of young people. Whatever issues our pupils, their families, the school, our team or the community face, we always support, react and pull together: we are not passive players in young people's lives but active participants who can and do make a real difference. With this approach we ensure that:

- Children stay at the centre of every conversation.
- We prioritise those who need our help most, but we promote positive mental health with everyone.
- We embed social, emotional and mental health awareness across the curriculum
- Children and young people are taught skills to build resilience and manage everyday stressors
- Staff wellbeing, resilience and mental health is a key focus – our colleagues are the foundation of the education and pastoral care we provide.
- We have a highly trained and knowledgeable Pastoral Team.

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1. Legal framework

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

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

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

- DfE (2022) 'Keeping children safe in education'
- 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'

1.3. This policy also has due regard to the school and Trust policies including, but not limited to, the following:

- Child Protection and Safeguarding Policy
- SEND Policy & Information Report
- Behaviour Policy & Protocol
- Exclusion Policy
- Antibullying Policy
- Supporting Pupils with Medical Conditions Policy & Administering Medication Policy
- Staff Code of Conduct
- These policies can be found on the school and/or Trust websites here:
[Ely St Mary's Website: Policies](#)
[DEMAT Website: Policies](#)

2. Creating a supportive whole-school culture

2.1. At St Mary's there is a shared vision which underpins our quest for good mental health and wellbeing with the whole school community: *Hebrews 10:24 Let us think about each other and help each other to show love and do good deeds.*

2.2. 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, but firstly believe that developing positive relationships is a precursor to ensuring community wellbeing and is an expectation of all staff to employ strategies to do just this [\(see Appendix 1\)](#)

2.3. In addition, there are also factors associated with a decreased likelihood of SEMH difficulties, which are known as protective factors – **see the table in section 10 for more information on what protective factors are.**

2.4. On this basis, at St Mary's we work hard to plan for interactions, experiences, lessons and daily routines which provide opportunities for protective factors to develop for all our pupils and to promote resilience. We ensure that there is an equity of these experiences and deploy funding from both Pupil Premium and Sports Premium to enable all children to benefit from these strategies.

2.5. [Appendix 2](#) further details how St Mary's supports the development of pupil mental health and wellbeing progressively from protective factors and curriculum teaching for all (in the left hand columns) through to responsive support as need arises.

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- 2.6. As a matter of course, our school checks in with all pupils to understand how they, as a collective, self evaluate their wellbeing throughout the year. This enables us to refine our practice and lessons accordingly.
- 2.7. Wider school policy, such as our Behaviour Policy & Protocol, 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. This begins with an early prognosis exercise and progresses as required in consultations with parents, pupil and staff. All staff receive STEPs training and therefore understand behaviour as a form of communication and can be an early indicator of the need for further support. [See Appendix 3 for this flow chart guidance.](#)
- 2.8. Whilst all staff at St Mary's prioritise the development of respectful pupil-teacher relationships, we recognise that the nature of mental health difficulties can be less predictable. With whole class timetabling being routine in nature (and therefore beneficial to all pupils, including those with additional SEMH needs), we therefore also ensure our staffing model allows for pastoral support to be available during and between lessons to respond to pupils and families as concerns arise or if pupils would like information and support.

3. Identifying signs of SEMH difficulties

- 3.1. We recognise that even with significant protective factors and strategies in place, some pupils may experience social, emotional or mental health difficulties. The school is committed to identifying pupils with such SEMH difficulties at the earliest stage possible.
- 3.2. 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

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- Lack of personal boundaries
 - Poor awareness of personal space
- 3.3. When the school suspects that a pupil is experiencing mental health difficulties, the following graduated response is employed:
- A discussion is had with a member of the safeguarding / pastoral team.
 - A record of conversations, observations or, where appropriate, concerns is logged on our central system, CPOMS, under the tab 'mental health concern'.
 - Informal or formal assessments are carried out to establish the pupil's needs, including pupil voice to understand their wishes.
 - If and where appropriate, a plan is set out to determine how the pupil will be supported, in consultation with parents. This support is also recorded on the CPOMS system, tabbed 'mental health intervention'
 - Action is taken to provide that support.
 - Regular reviews are undertaken to assess the effectiveness of the provision, and changes are made as necessary.
- 3.4. This response is often provided in partnership between the class teachers and TAs and our pastoral team – see internal support detail within Appendix 2.
- 3.5. Examples of assessments and analysis include a strengths and difficulties questionnaire (SDQ) which can be utilised when a pupil is suspected of having SEMH difficulties. An SDQ can assist staff members in creating an overview of the pupil's mental health and making a judgement about whether the pupil is likely to be suffering from any SEMH difficulties.
- 3.6. Staff members understand that persistent mental health difficulties can lead to a pupil developing SEND. If this occurs, the headteacher and SENDCo are made aware and both the SEND graduated approach is commenced, whilst the pupil may receive further support as detailed through the pathway set out in Appendix 2. This may also include referrals for external support. Both the pupil and their parents are involved in any decision-making concerning what support the pupil needs.
- 3.7. Where appropriate, the headteacher may ask parents to give consent to their child's GP to share relevant information regarding SEMH with the school. Where possible, the school should be aware of any support programmes GPs are offering to pupils who are diagnosed with SEMH difficulties, especially when these may impact the pupil's behaviour and attainment at school.
- 3.8. Staff members are aware of factors that put pupils at risk of SEMH difficulties, such as low self-esteem, physical illnesses, academic difficulties and family problems – **see section 12**. Staff members are aware that risks are cumulative and that exposure to multiple risk factors can increase the risk of SEMH difficulties. Staff members understand that familial loss or separation, significant changes in a pupil's life or traumatic events are likely to cause SEMH difficulties.
- 3.9. 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.
- 3.10. Pupils' data is reviewed on a termly basis by the SLT, which includes the SENDCo, so that patterns of attainment, attendance or behaviour are noticed and can be acted upon if necessary.
- 3.11. Staff members are mindful that some groups of pupils are more vulnerable to mental health difficulties than others; these include LAC, pupils with SEND and pupils from disadvantaged backgrounds – **see section 10**.

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4. Common SEMH difficulties

- 4.1. Social, emotional and mental health difficulties can take many forms. Below is a summary of some of the SEMH difficulties children may experience in school.
- 4.2. **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.
- 4.3. **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.
- 4.4. **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 children show the signs of all three characteristics, which is called 'combined type ADHD', other children 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.
- 4.5. **Attachment disorders:** Attachment disorders refer to the excessive distress experienced when a child 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 child's characteristics.
 - Family context.

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- 4.6. **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.
- 4.7. **Deliberate self-harm:** Deliberate self-harm is a person intentionally inflicting physical pain upon themselves.
- 4.8. **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.

5. Stress and mental health

- 5.1. 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.

6. Vulnerable groups

- 6.1. 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.
- 6.2. 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
- 6.3. These circumstances can have a far-reaching impact on behaviour and emotional states. These factors will be considered when discussing the possible suspension or exclusion of vulnerable pupils.

7. Children in need, LAC and previously LAC (PLAC)

- 7.1. Children in need, LAC and PLAC are more likely to have SEND and experience mental health difficulties than their peers.
- 7.2. 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.
- 7.3. 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.
- 7.4. The impact of these pupils' experiences is reflected in the design and application of the school's Behaviour Policy & Protocol, including through individualised graduated responses.
- 7.5. The school uses multi-agency working as an effective way to inform assessment procedures.

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- 7.6. Where a pupil is being supported by LA children's social care services (CSCS), 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.
- 7.7. 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.
- 7.8. 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.

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

- 8.1. 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.
- 8.2. 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.

9. Suicide concern intervention and support

- 9.1. Where a pupil discloses suicidal thoughts or a teacher has a concern about a pupil, teachers should:
 - Listen carefully, remembering it can be difficult for the pupil to talk about their thoughts and feelings.
 - Respect confidentiality, only disclosing information on a need-to-know basis.
 - Be non-judgemental, making sure the pupil knows they are being taken seriously.
 - Be open, providing the pupil a chance to be honest about their true intentions.
 - Supervise the pupil closely whilst referring the pupil to the DSL for support.
 - Record details of their observations or discussions and share them with the DSL immediately (this should take a face to face route, recording on CPOMS thereafter – this ensures DSLs have the maximum time possible to act).
- 9.2. Once suicide concerns have been referred to the DSL, local safeguarding procedures are followed and the pupil's parents are contacted.
- 9.3. Medical professionals, such as the pupil's GP, are notified as needed.
- 9.4. The DSL and any other relevant staff members, alongside the pupil and their parents, work together to create a safety plan outlining how the pupil is kept safe and the support available.

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9.5. Safety plans:

- Are always created in accordance with advice from external services and the pupil themselves.
- Are reviewed regularly by the DSL.
- Can include reduced timetables or dedicated sessions with counsellors.

10. Risk factors and protective factors

10.1. 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.

10.2. 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	<ul style="list-style-type: none"> Genetic influences Low IQ and learning disabilities Specific development delay or neuro-diversity Communication difficulties Difficult temperament Physical illness Academic failure Low self-esteem 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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
In the school	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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

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10.3. The following table contains common warning signs for suicidal behaviour:

Speech	Behaviour	Mood
The pupil has mentioned the following:	The pupil displays the following behaviour:	The pupil often displays the following moods:
Killing themselves	Increased use of alcohol or drugs	Depression
Feeling hopeless	Looking for ways to end their lives, such as searching suicide online	Anxiety
Having no reason to live	Withdrawing from activities	Loss of interest
Being a burden to others	Isolating themselves from family and friends	Irritability
Feeling trapped	Sleeping too much or too little	Humiliation and shame
Unbearable pain	Visiting or calling people to say goodbye	Agitation and anger
	Giving away possessions	Relief or sudden improvement, e.g. through self-harm activities
	Aggression	
	Fatigue	
	Self-harm	

11. SEND and SEMH

- 11.1. 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.
- 11.2. 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.
- 11.3. 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 – see the [flowchart in Appendix 3 alongside the school's behaviour protocol, SEND Policy and SEND Information Report.](#)
- 11.4. Where support is identified as being required routinely, this is detailed in the child's EHCP (where applicable); APDR and provision map; and CPOMS (for initial support).
- 11.5. In some cases, the headteacher considers the use of a multi-agency assessment by social care, for example, 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 and, if so, how we can support.
- 11.6. The school recognises that not all pupils with mental health difficulties have SEND.
- 11.7.

12. SEMH intervention and support

- 12.1. [Appendix 2](#) details the progressive pathway of support for pupils experiencing SEMH difficulties, through from protective and preventative measures to specialist support.

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- 12.2. 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.
- 12.3. Serious cases of SEMH difficulties are referred to CYPMHS.
- 12.4. To ensure referring pupils to CYPMHS is effective, staff follow the process below:
- Use a clear, approved process for identifying pupils in need of further support
 - Document evidence of their SEMH difficulties
 - Encourage the pupil and their parents to speak to the pupil's GP
 - Work with local specialist CYPMHS to make the referral process as quick and efficient as possible
 - Understand the criteria that are used by specialist CYPMHS in determining whether a pupil needs their services
 - Have a close working relationship with the local CYPMHS specialist
 - Consult CYPMHS about the most effective things the school can do to support pupils whose needs aren't so severe that they require specialist CYPMHS
- 12.5. The school commissions individual health and support services directly for pupils who require additional help.
- 12.6. Through the curriculum, personal development program and school values and routines, pupils are taught how to:
- Build self-esteem and a positive self-image.
 - Foster the ability to self-reflect and problem-solve.
 - Protect against self-criticism and social perfectionism.
 - Foster self-reliance and the ability to act and think independently.
 - Create opportunities for positive interaction with others.
 - Get involved in school life and related decision-making.

13. Roles and responsibilities

- 13.1. Whilst we recognise that safeguarding and therefore mental health and wellbeing is everybody's responsibility, it is helpful to set out specific delegations of duty also.
- 13.2. 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

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exploitation, the school will ensure that appropriate safeguarding referrals are made in line with the Child Protection and Safeguarding Policy.

13.3. The governing body is responsible for:

- Appointing an individual governor or sub-committee to oversee the school's arrangements for SEMH.
- Ensuring arrangements are in place to support pupils with SEMH difficulties.
- Ensuring there are clear systems and processes in place for identifying possible SEMH problems, including routes to escalate and clear referral and accountability systems.
- Taking all necessary steps to monitor and ensure that pupils with SEMH difficulties are not discriminated against, harassed or victimised.

13.4. The headteacher 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.
- On a termly basis, carefully reviewing the quality of teaching and learning for pupils at risk of underachievement, as a core part of the school's performance management arrangements and Pupil Progress activities.
- 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.

13.5. The mental health lead, supported by the school's Mental Health First Aiders, Pastoral Support Team & SENDCo, 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, headteacher 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.
- 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.
- Overseeing the outcomes of interventions on pupils' education and wellbeing.

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- Liaising with parents of pupils with SEMH difficulties, where appropriate.
- Liaising with other schools, educational psychologists, health and social care professionals, and independent or voluntary bodies.
- Liaising with the potential future providers of education, such as secondary school teachers, to ensure that pupils and their parents are informed about options and a smooth transition is planned.
- Leading mental health CPD.

13.6. The SENCO is responsible for:

- 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.

13.7. 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, Pastoral Support Teams and, where appropriate, the pupils themselves and Safeguarding Leads (APDRs).
- 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. (Pupil Progress).
- 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/headteacher/subject leader.

13.8. The school works in collaboration with mental health support workers who are trained professionals who act as a bridge between our school and mental health agencies. (See Appendix 4 – MHSW at St Mary's 2023). Referrals to this team are made through the DSLs.

14. Staff training

- 14.1. The SLT & Pastoral Support Team ensures that all teachers have a clear understanding of the needs of all pupils, including those with SEMH needs.
- 14.2. The SLT promotes CPD to ensure that staff can recognise common symptoms of mental health problems outlined in this policy, understand what represents a concern, and know what to do if they believe they have spotted a developing problem. CPD is also guided by the self-identified needs of the staff team through appraisal, dialogue and staff surveys.

15. Working with other schools

- 15.1. The school works with local schools to share resources and expertise regarding SEMH.
- 15.2. The school collectively commissions specialist support where appropriate, such as our local Mental Health and Wellbeing Team (cluster).

16. Commissioning local services

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- 16.1. The school commissions appropriately trained, supported, supervised and insured external providers who work within agreed policy frameworks and standards and are accountable to a professional body with a clear complaints procedure.
- 16.2. The school does not take self-reported claims of adherence to these requirements on face value and always obtains evidence to support such claims before commissioning services.
- 16.3. The school commissions support from school nurses and their teams to:
 - Build trusting relationships with pupils.
 - Support the interaction between health professionals and schools – they work with mental health teams to identify vulnerable pupils and provide tailored support.
 - Engage with pupils in their own homes – enabling early identification and intervention to prevent problems from escalating.
 - Improve school attendance and engagement.

17. Working with parents

- 17.1. The school works with parents wherever possible to ensure that a collaborative approach is utilised which combines in-school support with at-home support.
- 17.2. The school ensures that pupils and parents are aware of the mental health support services available from the school.
- 17.3. Parents and pupils are expected to seek and receive support elsewhere, including from their GP, NHS services, trained professionals working in CYPMHS, voluntary organisations and other sources.

18. Working with alternative provision (AP) settings

- 18.1. The school works with AP settings to develop plans for reintegration back into the school where appropriate.
- 18.2. The school shares information with AP settings that enables clear plans to be developed to measure pupils' progress towards reintegration into mainstream schooling, further education or employment. These plans link to EHC plans for pupils with SEND.

19. Administering medication

- 19.1. The full arrangements in place to support pupils with medical conditions requiring medication can be found in the school's Supporting Pupils with Medical Conditions Policy and the Administering Medication Policy.

20. Behaviour and suspension/exclusions

- 20.1. When suspension is a possibility, the school considers contributing factors, which could include mental health difficulties.
- 20.2. Where there are concerns over behaviour, the school considers 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.
- 20.3. 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 a suspension. If a pupil has SEND or is a looked-after child, permanent exclusion will only be used as a last resort.

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- 20.4. In all cases, the school balances the interests of the pupil against the mental and physical health of the whole school community.

21. Safeguarding

- 21.1. 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.
- 21.2. 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.

22. Monitoring and review

- 22.1. The policy is reviewed on an annual basis by the headteacher in conjunction with the governing board – any changes made to this policy are communicated to all members of staff.
- 22.2. This policy is reviewed in light of any serious SEMH related incidents.
- 22.3. All members of staff are required to familiarise themselves with this policy as part of their induction programme.
- 22.4. The next scheduled review date for this policy is 17th April 2023 .

WALKTHRUS 

WEBINAR WRAP



WALKTHRU STRATEGY

BEHAVIOUR & RELATIONSHIPS

DATE
JUN 2022

Tom Sherrington



TOM SAYS

It pays to state the obvious as you can't assume the basics are known by everybody.

A rainy afternoon in February — the acid test of your classroom management.

Anticipate fatigue and reboot your systems when needed.

At any point in a lesson, take stock and reinforce what is working well.

If you're not happy with what's happening, you must do something — as early as possible.

BUILD

These WalkThrus build the type of relationships you want to establish.



Be the adult in the room, clarifying and insisting on boundaries, being kind and staying rational.



It is critical to know exactly what you expect, communicate it clearly and check for understanding.



Create a positive atmosphere by adopting a positive frame and its associated language.

MANAGE

These WalkThrus help manage the smooth running of your classroom.



Welcome students to fluent starts to your lessons with *Do Nows* as well as links to the larger curriculum story.



Keep a constant check on the time to maintain rigour with routines and links to learning objectives.



Use the plan to call students by their names, creating a sense of being included and welcomed.

ASSERT

These WalkThrus show you how to create an assertive presence.



Protect your voice. Use its variability to communicate meaning. No shouting and no pleading either.



Being assertive is not a personality trait. It's a group of behaviours that can be learned and practised.



You have to think fast, on your feet. Make it very clear that you do not accept low-level disruption.

REBUILD

These WalkThrus take you through how to rebuild relationships.



Always offer the student a choice as to the decision they can make regarding their behaviour.

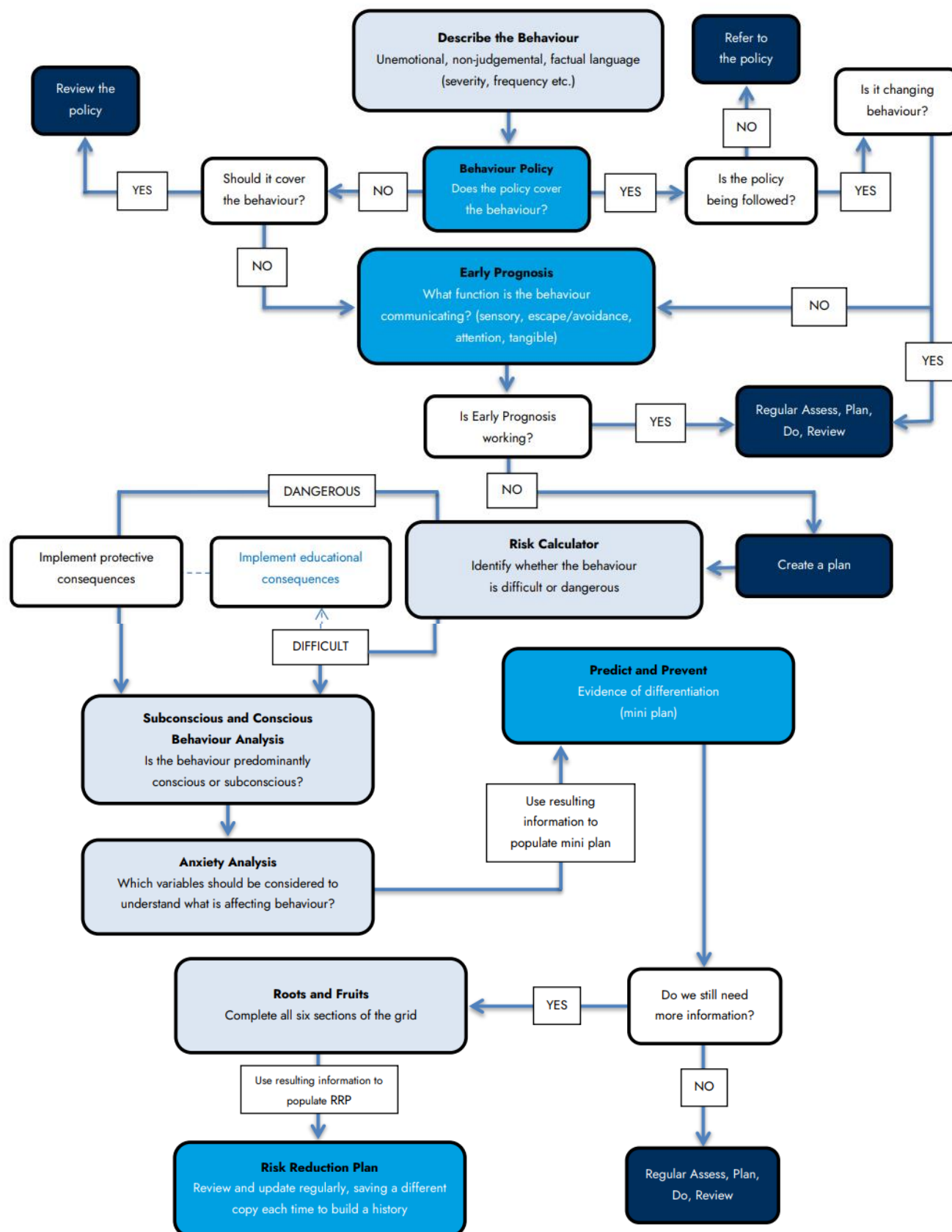


Use 3 Point Communication to jointly create a plan that solves the problem behaviour.



Invite the student to re-enter the class, letting them know what they need to do to achieve that.

Cambridgeshire Steps Flowchart



MENTAL HEALTH & WELLBEING SUPPORT PATHWAY



SCHOOL CULTURE & RELATIONSHIPS

"Belonging is essential for well-being" (Minds Ahead)
Hebrews 10:24 Let us think about each other and help each other to show love and do good deeds.

Understanding behaviour as communication – all staff are trained in STEP-ON (a therapeutic approach to behaviour management)

Staff modelling of positive interactions, including enquiring after wellbeing ("How are you?")

Meet & Greets

Recognise and praise examples of our RESPECT values in practice with House Tokens or Good News Cards

Use of Tom Sherrington's Walkthru strategies for behaviour and relationships – see poster appendix.

Having CALM conversations & use of scripting where appropriate: "I can see you are..." (see Behaviour Protocol)

Awarding of School Ambassador or Class Captain roles or similar.

Sharing and celebrating progress and achievement – both academic and non academic: rmg/djdo parents; share on socials

Regularity (e.g. termly) adjust seating arrangements to promote wider connections within the classroom.

Whole School Pupil Voice Surveys to identify themes across the students' wellbeing and perceptions:

Autumn/Spring = RESPECT Wheel

Spring/Summer = Student Resilience Survey.

Engagement in School Calendar for Mental Health (National/World) to raise awareness and prompt conversation:

February = Children's Mental Health Week & Safer Internet Day & Empathy Week

March = Sleep Awareness Week & Neurodiversity Celebration Week & Young Carers Action day

May = Screen Free Week

November = Anti-bullying Week

School's Personal Development Program of trips & visitors which develops children's character, creativity and sense of community.

Aspiration & Celebration Assemblies and visitors and career events.

Sports Premium Initiatives including activity trackers.

Outdoor Gym

CURRICULUM

Using ground rules to create a safe teaching and learning environment – see PSHE Association's Teacher guidance Teaching about mental health and emotional wellbeing

Cambridgeshire PSHE & RSE Curriculum

Science Curriculum (including teaching about the main external parts of the body and changes to the human body as it grows from birth to old age, including puberty)

Computing Curriculum (including lessons in online safety, with progression in the content to reflect the different and escalating risks that young people face as they get older. This includes how to use technology safely, responsibly, respectfully and securely, how to keep personal information private.)

PE Curriculum

Food Technology

Sports Premium Initiatives such as "Healthy Minds & Healthy Lifestyles"

Playground development including an outdoor gym and activity trackers.

Swimming Lessons

Level 1 & 2 Bikeability

Reading Passports & Books Lists. Examples include:

Wonder By R J Palacio (acceptance & difference)

The Dot by Peter H Reynolds (resilience)

Black Dog by Levi Pinfold (confronting fear)

The Boy, the Mole, the Fox and the Horse by Charlie Mackesy

My Monster and Me by Nadhya Hussain and Ella Bailey (fear, worry)

The Lion Inside by Rachel Bright (confidence & self esteem)

Ruby's Worry (anxiety)

The Goldfish Boy By Lisa Thompson (OCD, friendships, loneliness and hope)

INTERNAL SUPPORT: PASTORAL/ DSL/ SENDCO

1:1 Weekly Check Ins

Story Club

Home Visits (where attendance is affected)

Additional responsibilities/mentoring a younger student

Access Arrangements (for formal academic assessments)

Sensory Room/ Mindfulness Time

Calm Club/ The Meadow at Lunchtimes (capacity allowing)

Resilience Group Work

Tree of life (self esteem)

Parental meetings.

Individual Support Plan/Healthcare Plan/ Behaviour Plan inc anxiety mapping etc. (STEPS)

Suspension/ Temporary Reintegration Plan where required (HT approval)

Additional SEN Assessments (cognition, attainment, dyslexia screening).

Reasonable adjustment (behaviour and academic)

Education Team Around the Child Meeting (ETAC)

Communicating 'PACE'

Zones of Regulation

**Please note, the above strategies may require DSL/SLT approval but may also be delivered by classroom based staff where the child has a personal plan in order to strengthen the child's class-based relationships and connection with the curriculum. ESM does not employ trained counsellors.*

INTERNAL SUPPORT: SIGNPOSTING TO SELF-HELP

GP Appointment (all SEMH)

<https://citymha.org.uk/Resources/Parents-Toolkit> Mental health difficulties in children and young people: A toolkit for parents (all)

<https://www.stobreehealthlink.org.uk/> gives young people, aged 21 or younger, access to free 1-1 counselling sessions. (anxiety, other)

<https://www.pookyknightsmith.com/> (anxiety)

Cards against Anxiety* by Pooky Knightsmith. It is designed for child and adult to look at together and pick action cards which they find helpful (Anxiety)

<https://www.youngminds.org.uk/parent/parents-helping-and-what-to-do> Helpline & webchat (mental health – all)

Family & Friends - Harmless (self-harm)

Supporting Your Child: A Guide for Parents.pdf (papyrus-uk.org) (Self-harm & suicide)

<https://nhs.uk/mentalhealth/cambridgeshire/parents> (self-harm)

<https://www.youngminds.org.uk/young-person/my-feelings/alone-and-misunderstood/> (feeling misunderstood)

Free Help & Counselling for Young People: Cambridgeshire, Peterborough (centres33.org.uk)

<https://thesleepcharity.org.uk/national-sleep-helpline/> (sleep)

<https://nhs.uk/mentalhealth/cambs> Helping Cambridgeshire parents who have children with additional needs and disabilities. (SEND & SEMH)

<https://www.beatandmind.org.uk/guidance/information-and-support/get-help-for-myself-if-i-need-support-crowdhelpines/> (Eating Disorders)

<https://www.mind.org.uk/information-and-support> - Mind

Education Inclusion Family Advisor (Michelle West) – please ask school for details.

EXTERNAL AGENCY REFERRALS & SUPPORT

Ely & Littleport Mental Health Support Team (based at ESM x1 per week March 2023 on)

Cambridgeshire Access & Inclusion Team

Early Help Assessment (EHA)

Family Support Workers

School Nurse

Young Carers

<https://www.omnison.org.uk/what-we-do/mental-health-and-wellbeing/support-for-children-and-young-people/omnison-families-stars/> (bereavement; families of offenders)

Child and Adolescent Mental Health Services (CAMHS).

Virtual School (LAC)

Art Therapy. <https://www.ceaac.com/> (privately funded)

Younited (emotional wellbeing & mental health) <https://www.cpt.nhs.uk/younited/>

Acorn Project (therapeutic: trauma, attachment) <https://www.cambridgeshireproject.org.uk/>

Education & Welfare Officer (EWO – attendance) <https://www.cambridgeshireproject.org.uk/>

Social Care where there is an agreed risk of harm.

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Mental Health Support Teams

NHS

Hello!

We are your Mental Health Support Team, MHST for short. We are new to working with your school. Our role came about as part of a government initiative to improve children's mental health.

Jen Perna
Clinical Team Lead

Anna Lynch
Senior Wellbeing Practitioner

Becky Moore
Senior Wellbeing Practitioner

Lucy Burston
Trainee Education Mental Health Practitioner

Nina Bradley
Senior Clinician

Jen Hopkins
Trainee Education Mental Health Practitioner

Ben Hart
Trainee Education Mental Health Practitioner

Beckie Bowman
Administrator

We work with schools to...

- ✓ Provide 1-to-1 support to parents or young people experiencing common mental health difficulties.
- ✓ Increase awareness of mental health and develop the whole school's approach towards mental health.
- ✓ Support school staff with information about where to get the best support for children and young people.

Getting in touch...

All our referrals come directly from school. If you are concerned about your child, please contact school staff.

Find out more about the Ely MHST 😊

Nina



Hello, my name is Nina, and I am the Senior Clinician for the Ely MHST. I am a mental health nurse with a background in over 21 years of working in CAMHS (child and adolescent mental health services) with primary and secondary children in the community and on the wards. I have training in systemic/family therapy as well as mentalization with primary children and parents. I love Disney, coffee, and holidays. I can't wait to work with you and your school!

Anna



Hello, my name is Anna, and I am a Senior Wellbeing Practitioner within the Ely and Cambridge MHSTs. Following a background in psychology, I worked as a primary school teacher then trained as an Education Mental Health Practitioner. I love roast dinners, cups of tea, and spending time with family and friends. I am very excited about meeting you!

Becky



Hello! My name is Becky, I am a Senior Wellbeing Practitioner. I trained as a Children's Wellbeing Practitioner, and have experience in mental health, education, and childcare. I have been working in the Emotional Health and Wellbeing Service for four years and I am very excited to be part of the new Ely Mental Health Support Team. I love rugby, live music, and food!

Lucy



Hello, my name is Lucy and I'm a Trainee Education Mental Health Practitioner. I'm passionate about mental health and wellbeing! After working as a Marketing Manager, I knew that children's mental health was where I wanted to be. I studied a course in Children's Mental Health and worked in an acute hospital for the last 18 months. I love gardening, DIY, and repurposing old things.

Ben



Hello, my name is Ben, and I am a Trainee Education Mental Health Practitioner for the Ely MHST. I have recently finished studying Psychology at university and can't wait to get started supporting young people with their mental health! I love spending time with cats and reading in bed.

Jen



Hello, my name is Jen and I'm one of the trainee Education Mental Health Practitioners in the Ely team. I love sunny walks with my dog Luna and can never resist a good slice of cake! I'm excited to work with your school and look forward to meeting you 😊

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