Netherton C of E Primary School
Social, Mental and Emotional Health Policy

And as you wish that others would do to you, do so to them. Luke 6:31

As a school, we use the World Health Organisation's definition of Mental Health *'Mental health is a state of well-being 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 her or his community'*

Policy statement
Netherton C of E Primary School is committed to promoting equality of opportunity for all staff, pupils and members of the school community. This is inspired by our Christian vision and our school Christian values of respect, acceptance, positivity, perseverance, caring, fairness and forgiveness. We aim to create a working environment in which all individuals are able to make best use of their skills, free from discrimination or harassment, and in which all decisions are based on merit.

We welcome the general principles of the United Nations Convention on the Rights of the Child (UNCRC) and accordingly have regard in particular for the needs of children and young people who are disadvantaged and vulnerable, and their parents and carers.
This policy outlines the framework for Netherton C of E Primary 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, and to do everything it can to meet the needs of pupils with SEMH difficulties.

Through successful implementation of this policy, the school aims to:
- Promote a positive outlook regarding pupils SEMH difficulties.
- Eliminate prejudice towards pupils with SEMH difficulties.
- Promote equal opportunities for pupils with SEMH difficulties.
- Ensure all cases of pupils with SEMH difficulties are identified and appropriately supported.

Netherton C of E Primary School will work with the appropriate bodies where the following principles are concerned:
- 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 by the pupil
- Greater choice and control for pupils and their parents over their support

This policy has due regard to legislation, 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

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 (SEND) code of practice: 0 to 25'
- DFE (2017) 'Transforming Children and Young People's Mental Health Provision: A Green

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

Emotional Health and Wellbeing Lead Members of Staff

Whilst all staff have a responsibility to promote the mental health of students, staff with a specific, relevant remit include:

- Safeguarding Lead (Joanne Robinson)
- Deputy Safeguarding Leads (Kathryn Harvey, Tracey Parton, Jo Wheatley and Lisa Ryall White)
- SENCo (Lisa Ryall-White)
- Senior Mental Health Lead (Sarah Powell)
- Wellbeing Lead (Lindsay Walton)
- In school Counsellor (Jayne Portman)
- Pastoral support (Tracey Parton)

Definitions
Anxiety: For the purpose of this policy, anxiety refers to feeling fearful or panicky, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a pupil's ability to develop, learn or sustain and maintain friendships. Specialists reference a number of diagnostic categories:
- **Generalised anxiety disorder**: 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:** a condition in which people have recurring and regular panic attacks, often for no obvious reason.

- **Obsessive-compulsive disorder**: 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:** 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:** involves worrying about being away from home or about being far away from parents, at a level that is much more than normal for a pupil's age.

- **Social phobia:** an intense fear of social or performance situations.

- **Agoraphobia:** refers to a fear of being in situations where escape might be difficult, or help wouldn't be available if things go wrong.

Depression: For the purpose of this policy, 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 person who will show a number of depressive symptoms to the extent that they impair work, social or personal functioning.
- **Dysthymic disorder**: is less severe than MDD, but characterised by a person experiencing a daily depressed mood for at least two years.

Hyperkinetic disorders: For the purpose of this policy, 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)**: has three characteristic types of behaviour; inattention, hyperactivity and impulsivity. While some children show the signs of all three characteristics, which is then called 'combined type ADHD', other children diagnosed show signs of only inattention, hyperactivity or impulsiveness.
- **Hyperkinetic disorder**: a more restrictive diagnosis but is broadly similar to a 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 or home.

Attachment disorders: For the purpose of this policy, attachment disorders refer to the excessive upset experienced when a child is separated from a special person in their life, like a parent. Researchers generally agree that there are four main factors that influence attachment problems, these are:
- Opportunity to establish a close relationship with a primary caregiver.
- The quality of caregiving.
- The child's characteristics.
- Family context.

Eating disorders: For the purpose of this policy, eating disorders are defined as a serious mental illness which affects an individual's relationship with food. Eating disorders often emerge when worries about weight begin to dominate a person's life.

Substance misuse: For the purpose of this policy, substance misuse is defined as the usage of harmful substances.

Deliberate self-harm: For the purpose of this policy, deliberate self-harm is defined as a person intentionally inflicting physical pain upon themselves.

Post-traumatic stress: For the purpose of this policy, post-traumatic stress is defined as 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 governing board is responsible for:
- 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 (L. Ryall-White) and have responsibility for coordinating provisions for pupils with SEMH difficulties.
- Taking necessary steps to ensure that pupils with SEMH difficulties are not discriminated against, harassed or victimised.
- Ensuring arrangements are in place to support pupils at school with SEMH difficulties.
- Appointing an individual governor or sub-committee to oversee the school's arrangements for SEMH.

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' 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.
- Regularly and 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 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 teaching 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.
- Ensuring that an effective pastoral system will be in place so that at least one member of staff can spot where bad or unusual behaviour may need investigating and addressing.

The Senior Mental health lead is responsible for:
- Collaborating with the SENCO, headteacher and governing board, as part of the school's leadership team (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 mental health difficulties.
- Being a key point of contact with external agencies, especially the mental health support services, the LA and 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 to receive external support, where required.
- Overseeing the outcomes of interventions on pupils' education and wellbeing.
- Liaising with parents of pupils with SEMH difficulties, where appropriate.
- 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.

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 subject teachers in the further assessment of a pupil's particular strengths and areas for improvement, and advising on effective implementation of support.

The 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, 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/Headteacher/Senior Mental Health Lead
- Schools will work in collaboration with mental health support workers who are trained members of staff who act as a bridge between schools and mental health agencies.

Staff members will:
- Be aware of factors that put pupils at risk of SEMH difficulties, such as low self-esteem, physical illnesses, academic difficulties and family problems.
- Be aware that risks are cumulative and that exposure to multiple risk factors can increase the risk of SEMH difficulties.
- Promote resilience to help encourage positive SEMH.
- Understand that familial loss or separation, significant changes in a pupil's life or traumatic events are likely to cause SEMH difficulties.
- Understand what indicators they should be aware of that may point to SEMH difficulties, such as behavioural problems, distancing from other pupils or changes in attitude.
- Understand that SEMH difficulties may lead to a pupil developing SEND, which could further result in a pupil requiring an EHC plan.
- Ensure that poor behaviour is managed in line with the school's Behavioural Policy.
- Observe, identify and monitor the behaviour of pupils potentially with SEMH difficulties; however, only medical professionals will make a diagnosis of a mental health condition.
- Use data effectively so that patterns of attainment, attendance or behaviour are noticed and can be acted upon if necessary.
- Be mindful that some groups of pupils are more vulnerable to mental health difficulties than others. These include, but are not limited to, LAC, pupils with SEND and pupils from disadvantaged backgrounds.

Identifying signs

Staff members will be 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 and maintain friendships
- Speech anxiety/reluctance to speak
- Task avoidance
- Challenging behaviour
- Difficulties with change/transitions
- Absconding

- Unable to make choices
- Low self-worth
- Isolating themselves
- Refusing to accept praise
- Restlessness/over-activity
- Non-compliance
- Mood swings
- Impulsivity
- Eating issues
- Lack of empathy
- Failure to engage

- Poor personal presentation
- Lethargy/apathy
- Daydreaming
- Physical aggression
- Verbal aggression
- Perceived injustices
- Disproportionate reactions to situations
- Lack of personal boundaries
- Poor awareness of personal space

Intervention and support

- PSHE will focus on promoting pupils' resilience, confidence and ability to learn.
- Assemblies will focus on school values as well as making links to the 5 ways to wellbeing.
- Positive classroom management and working in small groups will be implemented to promote positive behaviour, social development and high self-esteem.
- School-based counselling will be offered to pupils who require it.
- A child psychologist will be involved where a pupil requires such services.
- The school will aim to develop and maintain a pupil's social skills, through using social skills training for example.
- Where appropriate, parents will have a direct involvement in any intervention regarding their child.
- Where appropriate, the school will support parents in the management and development of their child.
- Mentors will act as a confidant with the aim of easing the worries of their mentee. These meetings will be informal and the mentor should report any significant concerns they may have to the pupil's teacher.
- When in-school intervention is not appropriate, referrals and commissioning will take the place of in-school interventions. The school will continue to support the pupil as best it can.
- Serious cases of SEMH difficulties will be referred to local child and adolescent mental health services (CAMHS).
- Encourage the pupil and their parents to speak to the pupil's GP
- Work with local specialist CAMHS to make the referral process as quick and efficient as possible
- Consult CAMHS about the most effective things the school can do to support pupils whose needs aren't so severe that they require specialist CAMHS
- The school will commission individual health and support services directly for pupils who require additional help.
- The services commissioned will be suitably accredited and will be able to demonstrate that they will improve outcomes for pupils.

The school may also implement the following interventions:

- In addition to talking therapy, support may be provided through non-directive play therapy.
- Parental training programmes will be combined with the pupil's intervention to promote problem-solving skills and positive social behaviours.
- Small group sessions which will focus on developing cognitive skills and positive social behaviour.
- Play-based approaches will be in place to develop more positive relationships between pupils and their parents.
- Specific classroom management techniques for supporting pupils will be in place. These techniques may include using a token system for rewards or changing seating arrangements, for example.

Working with other agencies

As part of our targeted provision, Netherton C E works with other agencies to support children's emotional health and wellbeing, including:

- School Nurse
- Educational Psychology Services
- Behaviour Support – Sycamore Centre
- Paediatricians – if the child is registered
- Reflexions
- Counselling services
- Early Help and Support
- Social Care

Teaching of Mental Health

We are committed to promoting an environment where our pupils can support not only their own emotional health and wellbeing, but also that of those around them. This is done in many ways across the whole school through PSHE lessons, circle time discussions, wellbeing days/ focus week, wellbeing ambassadors and pastoral support. Pupils learn that it is good to talk about how they are feeling and how they can respond if someone talks to them about something they are worried about. This encompasses teaching students how to support their own emotional health and wellbeing through being active and eating healthily and provides guidance of how to seek help, if necessary.

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our PSHE and RSE curriculum. Each class has a nominated wellbeing ambassador who will attend meetings with the Wellbeing Leads. Their role is to spread kindness and happiness as well as take notice of their peers.

Monitoring and review

The policy is reviewed on an annual basis by the Headteacher in conjunction with the governing board – any changes made to this policy will be communicated to all members of staff.
All members of staff are required to familiarise themselves with this policy as part of their induction programme.

Agreed by Governors on:

Review Date: November 2024