

Sherwood Primary School

Social and Emotional Mental Health Policy



January 2023

Social and Emotional Mental Health Policy

(SEMH)



Mission Statement

We are Sherwood. Each of us unique. As one family, we all thrive and excel together.

Sherwood Values

Teaching and Learning at Sherwood Primary School is underpinned by six core values.

The 6 Sherwood Core-Values are:

- Honesty
- Perseverance
- Respect
- Adventure
- Aspiration
- Independence

Alongside our core values, we also promote the fundamental British values of democracy, the rule of law, individual liberty, mutual respect and tolerance of those with different faiths and beliefs across the curriculum.

Equality

At Sherwood, we believe that equality should permeate every aspect of School life and is the responsibility of every member of our School Community.

Every member of our School Community should feel safe, secure, valued and of equal worth. We are committed to ensuring equality of education and opportunity for all pupils; irrespective of race, gender, gender variance, disability, belief, religion socio-economic background or sexual orientation.

It is our aim to understand and tackle the different barriers which could lead to unequal outcomes for different groups of pupils in School. The Equality Act provides a framework to support our commitment to valuing diversity, tackling discrimination, promoting equality and fostering good relationships between people. It is our aim to celebrate and value the equal opportunity achievements and strengths of all members of our School Community.

Rights

In school, all members of our School Community have the right to:

- Be safe
- Be heard
- Be treated fairly and with respect
- Be able to learn, teach and communicate

Children's rights and responsibilities:

- Article 3 - The best interests of the child must be a top priority in all things that affect children.
- Article 12 - Every child has the right to have a say in all matters affecting them, and to have their views taken seriously.
- Article 19 - Governments must do all they can to ensure that children are protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them
- Article 23 - A child with a disability has the right to live a full and decent life with dignity and independence, and to play an active part in the community. Governments must do all they can to provide support to disabled children.
- Article 28 - Every child has the right to an education. Primary education must be free. Secondary education must be available for every child. Discipline in schools must respect children's dignity. Richer countries must help poorer countries achieve this.
- Article 30 - Every child has the right to learn and use the language, customs and religion of their family, regardless of whether these are shared by the majority of the people in the country where they live.

These rights underpin all sections of this policy.

Links to other Policies

This policy links closely to:

- Behaviour, Child on Child Abuse and Anti-bullying Policy
- Attendance Policy
- Child Protection/Safeguarding Children (including FGM)
- Equality Policy
- Bereavement Policy

Context

At Sherwood Primary School, we aim to promote positive mental health and wellbeing for our whole school community (children, staff, parents and carers), and we recognise how important mental health and emotional wellbeing is to our lives alongside good physical health.

We recognise that children's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. All children go through ups and downs during their school career and some face significant life events. In 2018, about 1 in 10 children aged 5 to 16 have a diagnosable mental health need and these can have an enormous impact on quality of life, relationships and academic achievement.

The Department for Education (DfE) recognises that: *"in order to help their children succeed; schools have a role to play in supporting them to be resilient and mentally healthy"*. Schools can be a place for children and young people to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience.

For all children attending Sherwood, our School provides an opportunity to belong to a School Community. The uniqueness of all members of our School community is celebrated and the Sherwood family engenders a sense of belonging for all children.

For some children, school will also be a place of respite and we recognise our role in supporting children to manage times of change and stress and provide access to help when they need it.

The Definition of SEMH

We use the World Health Organisation's definition of mental health and wellbeing **"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 their community"**.

Mental health and wellbeing is not just the absence of mental health problems. We want all children/young people to:

- feel confident in themselves
- be able to express a range of emotions appropriately
- be able to make and maintain positive relationships with other
- cope with the stresses of everyday life
- manage times of stress and be able to deal with change
- learn and achieve

'Social and Emotional Well-being' refers to a state of positive mental health and wellness. It involves a sense of optimism, confidence, happiness, clarity, vitality, self-worth, achievement, having a meaning and purpose, engagement, having

supportive and satisfying relationships with others and understanding oneself, and responding effectively to one's own emotions.

'Mental Health Problems' refers to the wide range of mental health, emotional and social challenges, difficulties, conditions and illnesses that can beset both pupils and staff, including stress and burnout, anxiety, depression, attachment difficulties and behavioural problems.

Our Commitment

We take a whole school approach to promoting positive mental health. Our approach encompasses the following key aspects:

1. Creating an ethos, policies and behaviours that support SEMH
2. Helping children to develop social relationships, support each other and seek help when they need it
3. Teaching children social and emotional skills and an awareness of mental health
4. Early identification of children who have mental health needs and planning support to meet their needs, including working with specialist services
5. Effectively working with parents and carers
6. Supporting and training staff to develop their skills and their own resilience

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues. We therefore aim to create an open and positive culture that encourages discussion and understanding of these issues.

We have developed a carefully sequenced PSHE curriculum from EYFS-Year 6 and embedded a programme of Assembly themes to support pupils SEMH development.

Our Curriculum plays a key role in ensuring that children learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues, and where they can go if they need help and support.

Our aim is to help develop the protective factors which build resilience to mental health problems and to be a school where:

- All children are valued
- Children have a sense of belonging and feel safe
- Children feel able to talk openly with trusted adults about their problems without feeling any stigma
- Positive mental health is promoted and valued
- Bullying is not tolerated

In addition to children's wellbeing, we recognise the importance of promoting staff mental health and wellbeing and have two members of staff who act as Mental Health Champions, providing links and promoting wellbeing for the whole team.

The Principles of High Quality SEMH in our School

We aim to ensure that our work:

- is a partnership between home and School
- ensures pupils' views are actively sought to influence lesson planning and teaching
- starts early and is relevant to pupils at each stage in their development and maturity
- includes the acquisition of knowledge, the development of life skills and respectful attitudes and values
- is inclusive of difference: gender identity, sexual orientation, disability, ethnicity, culture, age, faith or belief, or other life experience
- promotes equality in relationships

Emotion Coaching

At Sherwood, we use a whole school approach to Emotion Coaching to support our children to understand, regulate and reflect on their behaviour. We believe that this approach supports pupils' mental health and develops strong and trusting relationships throughout the School Community.

The Emotion Coaching sequence, supports children to recognise a range of emotions that they may encounter and develop strategies to manage their behaviour differently in the future.

This approach is delivered consistently across our School and supports our pupils in developing an understanding of a range of emotion that they may encounter.

Sherwood Primary School, we have high expectations for children's behaviour and conduct. We reward good behaviour, as this develops an ethos of kindness and co-operation.

We recognise that behaviour is communicative and often reflects an emotion or feeling. Our Behaviour and Discipline Policy is underpinned by research in child development and developments in neuro-science.

Meta-Cognition + Meta-Emotion = Effective Learning

We recognise that positive relationships are integral for this to occur. Through co-regulation of feelings, we believe that children can learn to become more independent and develop self-regulation.

Our Behaviour Policy sets out the framework for a clear and consistent approach to promoting positive relationships and engage pupils in developing an understanding of their emotions in order to self-regulate their behaviour.

Staff Roles and Responsibilities, including those with Specific Responsibility

We believe that all staff have a responsibility to promote positive mental health, and to understand about protective and risk factors for mental health. Some children will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that children with mental health needs get early intervention and the support they need.

All staff understand about possible risk factors that might make some children more likely to experience problems, such as: physical long-term illness, having a parent who has a mental health problem, death and loss, including loss of friendships, family breakdown and bullying. They should also understand the factors that protect children from adversity, such as self-esteem, communication and problem-solving skills, a sense of worth and belonging and emotional literacy (Please see Appendix 1 on risk and protective factors).

Our Senior Leader for Social, Emotional and Mental Health is Mrs Jodie Lumb

Our Designated Senior Leader for Safeguarding is Mrs Nichola Hanson

Our Deputy Designated Senior Leaders for Safeguarding are Mrs Jodie Lumb and Miss Sarah Barrett.

Our Staff Wellbeing representatives are Miss Emma Thorpe and Mrs Michelle Holt

Members of staff in key roles work closely to:

- Lead whole school activities to promote positive mental health and wellbeing
- Lead on PSHE professional development for staff
- Support to staff and organises training and updates
- Be the first point of contact with mental health services, and makes individual referrals to them.

We recognise that many behaviours and emotional problems can be supported within the School environment, or with advice from external professionals. Some children will need more intensive support at times, and there are a range of mental health professionals and organisations that provide support to children with mental health needs and their families.

Identifying, Referring and Supporting Children with Mental Health Needs

Early Identification

It is our aim to identify children with mental health needs as early as possible. We do this in different ways including:

- Pupil wellbeing questionnaires
- Consultation with parents and carers
- Analysing behaviour, exclusions, visits for First Aid, attendance and behaviour incidents
- Staff report concerns about individual children to the relevant lead persons

- Worry Baskets in each class for children to raise concerns which are checked by the Class Teachers (these are anonymous but give an indication of needs in a particular classes regularly)
- Pupil Progress Review meetings termly
- Gathering information from a previous school at transfer
- Parental meetings in EYFS
- Enabling children to raise concerns to any member of staff.
- Enabling parents and carers to raise concerns to any member of staff

All staff at Sherwood Primary School receive training on the protective and risk factors (see Appendix 1), types of mental health needs (see Appendix 2) and signs that might mean a pupil is experiencing mental health problems. Any member of staff concerned about a pupil will take this seriously and talk to a Designated Safeguarding Leader.

These signs might include:

- Isolation from friends and family and becoming socially withdrawn
- Changes in activity or mood or eating/sleeping habits
- Falling academic achievement
- Talking or joking about self-harm or suicide
- Expressing feelings of failure, uselessness or loss of hope
- Secretive behaviour
- An increase in lateness or absenteeism
- Not wanting to do PE or get changed for PE
- Wearing long sleeves in hot weather
- Drugs or alcohol misuse
- Physical signs of harm that are repeated or appear non-accidental
- Repeated physical pain or nausea with no evident cause.

Disclosures by Children and Confidentiality

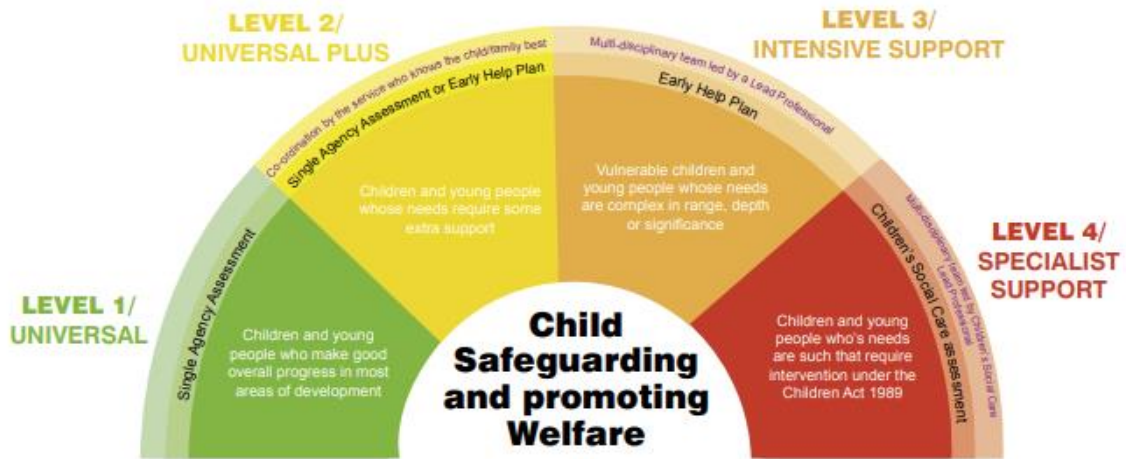
We recognise how important it is that staff are calm, supportive and non-judgemental to children who disclose a concern about themselves or a friend. The emotional and physical safety of our children is paramount and our staff receive training to support these sensitive conversations with children.

Our staff will reassure children that the concern will be shared in order to provide appropriate support to the pupil.

Assessment, Interventions and Support

All concerns are carefully reviewed by our Safeguarding Team. We then implement our assessment system, which is based on levels of need (aligned to the Lancashire Continuum of Need) to ensure that children get the support they need, either from within the School or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating.

Levels of Need – At a Glance



Level of Need	Evidence-based Intervention and Support/Monitoring
<p>Level 1: Universal Support</p> <p>Low need</p>	<p>Emotion Coaching forms a central part of our universal offer for all children alongside our Curriculum and Enrichment Provision for all.</p> <p>An identification of low mental health needs will be carefully considered and directed support will be put in place. This support will be led by our class teachers and support staff and may include:</p> <p>Signposting parents and carers to advice (please see our School Website). Access to additional enrichment activities. 1:1 support discussion in class. Additional support in class and close monitoring in class and on the playground.</p> <p>Monitoring: Discussion with Parents and Carers and feedback from pupils.</p>
<p>Level 2: Universal Plus</p> <p>Moderate Need</p>	<p>Access to in school nurture groups or 1:1 emotional wellbeing sessions. This may include, Art therapy sessions, Pets As Therapy sessions, 1:1 or small group Emotional Wellbeing sessions.</p> <p>Class teachers and DSLs to signpost Parents and Carers signposted to additional support services including: School Nurse drop in, Child and Family Wellbeing Service.</p> <p>Close monitoring through discussion with Parents and Carers and feedback from pupils and other professionals.</p> <p>DSL may liaise with allocated Primary Mental Health worker to consider services available and support signposting for families if necessary.</p>

Level of Need	Evidence-based Intervention and Support/Monitoring
<p>Level 3: Intensive Support</p> <p>High need</p>	<p>DSLs liaison with Primary Mental Health Worker for further advice and swift access to support. 1:1 or family support in consultation with school staff and other agencies. Other External agency support through Primary Mental Health Worker or Child and Family Wellbeing Service (CFWS).</p> <p>All children needing targeted individualised support will have an Early Help Assessment plan developed. The plan will include:</p> <ul style="list-style-type: none"> • The needs of the children • How the pupil will be supported • Actions to provide that support • Any special requirements <p>Children and parents/carers will be involved in the plan. The plan and interventions are monitored, reviewed and evaluated to assess the impact of intervention through Team Around the Family Meetings (TAF).</p> <p>If the school, professionals and/or parents conclude that a statutory Education, Health and Care Assessment is required, we refer to the SEND policy and SEN School Information Report. Educational psychologist assessment sought if appropriate to the needs of the child.</p>
<p>Level 4: Specialist Support</p> <p>Significant High need</p>	<p>CAMHS referral through the GP/School to ensure swift action is taken to support the child and family.</p> <p>All children needing individualised support at this level will have a High Needs Assessment plan developed. Children and parents/carers will be involved in the plan. The plan and interventions are monitored, reviewed and evaluated to assess the impact of intervention through Team Around the Family Meetings (TAF).</p>

Working with Specialist Services to get swift access to the Right Specialist Support and Treatment

School referrals to a specialist service will be made by the Mental Health Lead or the DSL following the assessment process and in consultation with the pupil and his/her parents and carers. Referrals will only go ahead with the consent of the parent/carer and when it is the most appropriate support for the pupil's specific needs.

Main Specialist Service	Referral process
Primary Mental Health Worker Consultation	Accessed through the Designated Safeguarding Leader
Child and Adolescent Mental Health Service (CAMHS)	Accessed through school or GP
Educational Psychologist Consultation	Accessed through the Mental Health Leader, School Safeguarding Team or SENDCO
Child and Family Wellbeing Service	Accessed through referral by DSL alongside an Early Help Assessment.
Child Action North West	Counselling Service accessed through referral by DSL alongside an Early Help Assessment.

Involving Parents and Carers in Supporting Pupils Mental Health

We recognise the important role parents and carers have in promoting and supporting the mental health and wellbeing of their children, and in particular supporting children who do have mental health needs. We ask parents to inform us of any mental health needs their child has and any issues that they think might have an impact on their child's mental health and wellbeing, based on a list of risk factors pertaining to the child or family (please see Appendix 1). It is very helpful if parents and carers can share information with the School so that we can better support their child from the outset. All information will be treated in confidence.

To support parents and carers we regularly signpost Parents and Carers to information and websites on mental health issues and local wellbeing and parenting programmes and have produced leaflets for parents on mental health and resilience, which can be accessed on the School website. The information includes who parents can talk to if they have concerns about their own child or a friend of their child and where parents can access support for themselves.

When a concern has been raised, the school will:

- Contact parents and carers and meet with them

- Offer information to take away and places to seek further information
- Be available for follow up calls
- Make a record of the meeting
- Agree a Mental Health Individual Care Plan including clear next steps, where needed
- Discuss how the parents and carers can support their child.
- Keep parents and carers up to date and fully informed of decisions about the support and interventions provided.

Answering questions

We acknowledge that sensitive and potentially difficult issues will arise in PSHE as pupils will naturally share information and ask questions. When spontaneous discussion arises, it is guided in a way that reflects the stated school aims and curriculum content for PSHE. As a first principle, we answer questions relating to taught, planned curriculum for that age group to the whole class. We answer questions relating to areas beyond the taught, planned curriculum for that age group, in a sensitive and age appropriate way, only to the pupil or pupils who have asked the question. If a member of staff is uncertain about the answer to a question, or indeed whether they should answer it, they will seek guidance from the PSHE leader/Designated Safeguarding Leader.

When answering questions, we ensure that sharing personal information by adults, pupils or their families is discouraged. Where a question or comment from a pupil in the classroom indicates the possibilities of abuse or risk of harm, teachers will pass this information to the designated person for safeguarding and child protection, in line with school policy and procedures.

Monitoring and Evaluation

We will use the following indicators to monitor and evaluate progress:

- Ongoing evaluation and review of the PSHE curriculum
- Pupil questionnaires and Pupil Voice initiatives
- School Nurse Questionnaires and Feedback
- Formative Assessment of pupils learning, including feedback across the curriculum, pupil feedback and responses.
- Discussions with children across the Curriculum – for example through key reading texts to support an understanding of mental health and how this can impact on a person's reactions or behaviour.
- the impact of training for staff and governors on practice is evaluated
- policy and practice is revised regularly and involves staff, governors, parents/carers and pupils
- a variety of methods are employed to communicate the key points of the policy and curriculum to parents and carers through weekly communication and our School website.

Appendix 1

Protective and Risk factors

	Risk Factors	Protective Factors
In the child	<ul style="list-style-type: none"> • Genetic influences • Specific development delay • Communication difficulties • Physical illness • Academic failure • Low self-esteem <p>SEND</p>	<ul style="list-style-type: none"> • Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality <p>Capacity to reflect</p>
In the 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 <p>Death and loss – including loss of friendship</p>	<ul style="list-style-type: none"> • At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education <p>Supportive long term relationship or the absence of severe discord</p>

In the School	<ul style="list-style-type: none"> • Bullying • Discrimination • Breakdown in or lack of positive friendships • Negative peer influences • Peer pressure • Poor pupil and teacher relationships 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influence
In the Community	<ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • 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 <ul style="list-style-type: none"> • Range of sport/leisure activities

Appendix 2

Specific mental health needs most commonly seen in school-aged children:

- Anxiety (including panic attacks, phobias and Obsessive Compulsive Disorder OCD)
- Depression
- Eating Disorders
- Substance Misuse
- Self-Harm

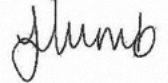
Appendix 3

Our Website is updated regularly with services and support for children and families.

Approval

Approval date: January 2023

Review date: January 2025

Signed (Headteacher): 

Signed (On behalf of the Governing Body): 