ST JOSEPH THE WORKER RC PRIMARY SCHOOL

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### Emotional Wellbeing and Mental Health Policy

##### Together, as God’s children, we will love, learn, grow, inspire

**Let your light shine!**

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**Statement of Intent**

At St Joseph the Worker RC Primary School, we are committed to supporting the emotional and mental health and wellbeing of all pupils and staff.

We have a supportive and caring ethos and our approach is respectful and kind, where each individual and contribution is valued.

Gospel Values are threaded through St Joseph the Worker with generosity, compassion, mutual respect, trust, truth, friendship, forgiveness, perseverance, resilience and love are fostered through words and actions.

At our school we encourage everyone to be open, honest and to speak out in times of need or distress. We have an open door policy and provide additional support to pupils, parents and staff in times of need.

St Joseph the Worker RC Primary School is committed to meet its duty in providing and ensuring a high quality of education to all of its pupils, including pupils with social, emotional and mental health (SEMH) difficulties, and to do everything it can to meet the needs of pupils with SEMH difficulties.

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

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

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

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

# **Legal framework**

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

* 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 (2021) ‘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’

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

* Child Protection and Safeguarding Policy
* SEND Policy
* Behavioural Policy
* Supporting Pupils with Medical Conditions Policy
* Staff Code of Conduct
* Suicide Prevention Policy
* Administering Medication Policy
* Inclusion Policy
* Exclusion Policy

# Common SEMH difficulties

**Anxiety:** Anxiety refers to feeling fearful or panicked, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a pupil’s ability to develop, learn and sustain and maintain friendships. Specialists reference the following diagnostic categories:

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

**Depression:** Depression refers to feeling excessively low or sad. Depression can significantly affect a pupil’s ability to develop, learn or maintain and sustain friendships. Depression can often lead to other issues such as behavioural problems. Generally, a diagnosis of depression will refer to one of the following:

* **Major depressive disorder (MDD):** A pupil with MDD will show several depressive symptoms to the extent that they impair work, social or personal functioning.
* **Dysthymic disorder:** This is less severe than MDD and characterised by a pupil experiencing a daily depressed mood for at least two years.

**Hyperkinetic disorders:** Hyperkinetic disorders refer to a pupil who is excessively easily distracted, impulsive or inattentive. If a pupil is diagnosed with a hyperkinetic disorder, it will be one of the following:

* **Attention deficit hyperactivity disorder (ADHD):** This has three characteristic types of behaviour: inattention, hyperactivity and impulsivity. While some 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.

**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.

**Eating disorders:** Eating disorders are serious mental illnesses which affect and individual’s relationship with food. Eating disorders often emerge when worries about weight begin to dominate a person’s life.

**Substance misuse:** Substance misuse is the use of harmful substances, e.g. drugs and alcohol.

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

**Post-traumatic stress:** Post-traumatic stress is recurring trauma due to experiencing or witnessing something deeply shocking or disturbing. If symptoms persist, a person can develop post-traumatic stress disorder.

# Roles and responsibilities

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

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

The **governing board** is responsible for:

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

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 an annual basis, carefully reviewing the quality of teaching for pupils at risk of underachievement, as a core part of the school’s performance management arrangements.
* Ensuring that staff members understand the strategies used to identify and support pupils with SEMH difficulties.
* Ensuring that procedures and policies for the day-to-day running of the school do not directly or indirectly discriminate against pupils with SEMH difficulties.
* Establishing and maintaining a culture of high expectations and including pupils with SEMH difficulties in all opportunities that are available to other pupils.
* Consulting health and social care professionals, pupils and parents to ensure the needs of pupils with SEMH difficulties are effectively supported.
* Keeping parents and relevant staff up-to-date with any changes or concerns involving pupils with SEMH difficulties.
* Ensuring staff members have a good understanding of the mental health support services that are available in their local area, both through the NHS and voluntary sector organisations.

The **mental health lead** is responsible for:

* Overseeing the whole-school approach to mental health, including how this is reflected in policies, the curriculum and pastoral support, how staff are supported with their own mental health, and how the school engages pupils and parents with regards to pupils’ mental health and awareness.
* Collaborating with the SENCO, 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, to receive additional 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 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.

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 the effective implementation of support.

**Teaching staff** are responsible for:

* Being aware of the signs of SEMH difficulties.
* Planning and reviewing support for their pupils with SEMH difficulties in collaboration with parents, the SENCO and, where appropriate, the pupils themselves.
* Setting high expectations for every pupil and aiming to teach them the full curriculum, whatever their prior attainment.
* Planning lessons to address potential areas of difficulty to ensure that there are no barriers to every pupil achieving their full potential, and that every pupil with SEMH difficulties will be able to study the full national curriculum.
* Being responsible and accountable for the progress and development of the pupils in their class.
* Being aware of the needs, outcomes sought and support provided to any pupils with SEMH difficulties.
* Keeping the relevant figures of authority up-to-date with any changes in behaviour, academic developments and causes of concern. The relevant figures of authority include: **SENCO/Headteacher.**

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

**Implementation**

# Creating a supportive whole-school culture

Senior leaders will clearly communicate their vision for good mental health and wellbeing with the whole school community.

The school utilises various strategies to support pupils who are experiencing high levels of psychological stress, or who are at risk of developing SEMH problems, including:

* Teaching about mental health and wellbeing through curriculum subjects such as:
	+ PSHE
	+ RSE
* Counselling
* Positive classroom management
* Developing pupils’ social skills
* Working with parents
* Peer support

The school’s Behaviour Policy includes measures to prevent and tackle bullying, and contains an individualised, graduated response when behaviour may be the result of mental health needs or other vulnerabilities.

The SLT ensures that there are clear policies and processes in place to reduce stigma and make pupils feel comfortable enough to discuss mental health concerns. Pupils know where to speak to a teacher or use a worry box if they need support or should they wish to talk about their mental health needs or concerns over a peer’s or family member’s mental health or wellbeing.

# Staff training

The SLT ensures that all teachers have a clear understanding of the needs of all pupils, including those with SEMH needs.

The SLT promotes CPD to ensure that staff can recognise common symptoms of mental health problems, understand what represents a concern, and know what to do if they believe they have spotted a developing problem.

Clear processes are in place to help staff who identify SEMH problems in pupils escalate issues through clear referral and accountability systems.

Staff receive training to ensure they:

* Can recognise common suicide risk factors and warning signs.
* Understand what to do if they have concerns about a pupil demonstrating suicidal behaviour.
* Know what support is available for pupils and how to refer pupils to such support where needed.

# Identifying signs of SEMH difficulties

The school is committed to identifying pupils with SEMH difficulties at the earliest stage possible. Staff are trained to know how to identify possible mental health problems and understand what to do if they spot signs of emerging difficulties.

When the school suspects that a pupil is experiencing mental health difficulties, the following graduated response is employed:

* An assessment is undertaken to establish a clear analysis of the pupil’s needs
* A plan is set out to determine how the pupil will be supported
* Action is taken to provide that support
* Regular reviews are undertaken to assess the effectiveness of the provision, and changes are made as necessary

A strengths and difficulties questionnaire (SDQ) is 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.

Staff members understand that persistent mental health difficulties can lead to a pupil developing SEND. If this occurs, the SENCO ensures that correct provisions are implemented to provide the best learning conditions for the pupil, such as providing school counselling. Both the pupil and their parents are involved in any decision-making concerning what support the pupil needs.

Where appropriate, the SENCO asks parents to give consent to their child’s GP to share relevant information regarding SEMH with the school.

Where possible, the school is aware of any support programmes CAMHS or other local services are offering to pupils who are diagnosed with SEMH difficulties, especially when these may impact the pupil’s behaviour and attainment at school.

Staff members discuss concerns regarding SEMH difficulties with the parents of pupils who have SEMH difficulties. Staff members consider all previous assessments and progress over time, and then liaise with the SENCO to refer the pupil to the appropriate services.

Staff members take any concerns expressed by parents, other pupils, colleagues and the pupil in question seriously. The assessment, intervention and support processes available from the LA are in line with the local offer which is available at <https://www.salford.gov.uk/children-and-families/local-offer-for-children-and-young-people-with-sen-or-disabilities/>

All assessments are in line with the provisions outlined in the school’s **SEND Policy**.

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.

Staff members are aware that risks are cumulative and that exposure to multiple risk factors can increase the risk of SEMH difficulties. Staff members promote resilience to help encourage positive SEMH.

Staff members understand that familial loss or separation, significant changes in a pupil’s life or traumatic events are likely to cause SEMH difficulties.

Staff members understand what indicators they should be aware of that may point to SEMH difficulties, such as behavioural problems, pupils distancing themselves from other pupils or changes in attitude. Staff members understand that where SEMH difficulties may lead to a pupil developing SEND, it could result in a pupil requiring an EHC plan.

Behaviour is managed in line with the behaviour policy and procedures, unless specific support is needed due to a child’s complex and significant needs.

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.

Pupils’ data is reviewed on a **termly** basis by the **SLT** so that patterns of attainment, attendance or behaviour are noticed and can be acted upon if necessary.

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.

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
* Lack of personal boundaries
* Poor awareness of personal space

# Vulnerable groups

Some pupils are particularly vulnerable to SEMH difficulties. These ‘vulnerable groups’ are more likely to experience a range of adverse circumstances that increase the risk of mental health problems.

Staff are aware of the increased likelihood of SEMH difficulties in pupils in vulnerable groups and remain vigilant to early signs of difficulties.

Vulnerable groups include the following:

* Pupils who have experienced abuse, neglect, exploitation or other adverse contextual circumstances
* Children in need
* LAC
* Previously LAC (PLAC)
* Socio-economically disadvantaged pupils, including those in receipt of, or previously in receipt of, free school meals and the pupil premium

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

# Children in need, LAC and previously LAC (PLAC)

Children in need, LAC and PLAC are more likely to have SEND and experience mental health difficulties than their peers.

Children in need, LAC and PLAC are more likely to struggle with executive functioning skills, forming trusting relationships, social skills, managing strong feelings, sensory processing difficulties, foetal alcohol syndrome and coping with change.

Children in need may also be living in chaotic circumstances and be suffering, or at risk of, abuse, neglect and exploitation. They are also likely to have less support available outside of school than most pupils.

School staff are aware of how these pupils’ experiences and SEND can impact their behaviour and education.

The impact of these pupils’ experiences is reflected in the design and application of the school’s Behaviour Policy, including through individualised graduated responses.

The school uses multi-agency working as an effective way to inform assessment procedures.

Where a pupil is being supported by LA children’s social care services (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.

When the school has concerns about a looked-after child’s behaviour, the designated teacher and virtual school head (VSH) are informed at the earliest opportunity so they can help to determine the best way to support the pupil.

When the school has concerns about a previously looked-after child’s behaviour, the pupil’s parents/carers or the designated teacher seeks advice from the VSH to determine the best way to support the pupil.

# Adverse childhood experiences (ACEs) and other events that impact pupils’ SEMH

The balance between risk and protective factors is disrupted when traumatic events happen in pupils’ lives, such as the following:

* **Loss or separation:** This may include a death in the family, parental separation, divorce, hospitalisation, loss of friendships, family conflict, a family breakdown that displaces the pupil, being taken into care or adopted, or parents being deployed in the armed forces.
* **Life changes:** This may include the birth of a sibling, moving house, changing schools or transitioning between schools.
* **Traumatic experiences:** This may include abuse, neglect, domestic violence, bullying, violence, accidents or injuries.
* **Other traumatic incidents:** This may include natural disasters or terrorist attacks.

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

The school supports pupils when they have been through ACEs, even if they are not presenting any obvious signs of distress – early help is likely to prevent further problems.

Support may come from the school’s existing support systems or via specialist staff and support services.

# SEND and SEMH

The school recognises it is well-placed to identify SEND at an early stage and works with partner agencies to address these needs. The school’s full SEND identification and support procedures are available in the **SEND Policy**.

Where pupils have certain types of SEND, there is an increased likelihood of mental health problems. For example, children with autism or learning difficulties are significantly more likely to experience anxiety.

Early intervention to address the underlying causes of disruptive behaviour includes an assessment of whether appropriate support is in place to address the pupil’s SEND.

The headteacher and Mental Health First Aider consider the use of a multi-agency assessment for pupils demonstrating persistently disruptive behaviour. These assessments are designed to identify unidentified SEND and mental health problems, and to discover whether there are housing or family problems that may be having an adverse effect on the pupil.

The school recognises that not all pupils with mental health difficulties have SEND.

The graduated response is used to determine the correct level of support to offer (this is used as good practice throughout the school, regardless of whether or not a pupil has SEND).

All staff understand their responsibilities to pupils with SEND, including pupils with persistent mental health difficulties.

The SENCO ensures that staff understand how the school identifies and meets pupils’ needs, provides advice and support as needed, and liaises with external SEND professionals as necessary

Mental Health and Emotional Wellbeing are taught discreetly and alongside the PSHE scheme, threading it through our supportive and inclusive ethos of the school.

Additionally, we hold awareness additional assemblies and class lessons during Children’s Mental Health Week, held each October and World Mental Health Week, held in May. Pupils are always encouraged to try with their work, task or challenge, we have a strong ethos of encouragement, positivity and reward. We build resilience through whole class and individual reflections and peer supporters work who talk about restorative justice with fellow pupils.

We also hold whole class mindfulness opportunities as stand-alone sessions and as part of class worship and in response to the needs of the class. This may include calming activities, Relax Kids strategies, class yoga stretches amongst others. Reflections are embedded in our curriculum for pupils to think about how an experience made them feel and taking responsibility for their actions and the impact it may have on others.

At St Joseph the Worker RC Primary School, we are committed to supporting the emotional health and wellbeing of our pupils and staff. We know that everyone experiences life challenges that can make us vulnerable and at times, anyone may need additional emotional support. We take the view that positive mental health is vital to achieving and succeeding.

 At our school we:

* Help children to understand their emotions and feelings better
* Help children feel comfortable sharing any concerns or worries
* Help children socially to form and maintain relationships
* Promote self-esteem and ensure children know that they are valued
* Encourage children to be confident and themselves
* help children to develop emotional resilience and to manage setbacks

We offer different levels of support as part of the school graduated response:

Universal Support- To meet the needs of all our pupils through our overall ethos and our wider curriculum. Including whole class projects such as Mental Health Boost – aimed at Year 5 Pupils, supporting them with their wellbeing and resilience skills, Tougher Minds Project aimed at Key Stage 2 pupils, giving children coping strategies for low mood and worries.

Additional support- For pupils who need more differentiated support and resources or specific targeted interventions such as interventions, strategies, time to talk with an appointed staff member or social stories.

Targeted support- For those who may have short term needs and those who may have been made vulnerable by life experiences such as bereavement. We have counselling support services such as CARITAS and i-reach CAMHS who can offer this support on a personalised need basis working with parents and pupils.

We promote a mentally healthy school through:

* Promoting pupil voice and opportunities to participate in decision-making
* Celebrating academic and non-academic achievements in weekly assemblies and in class.
* Encouragement, praise, reward and positive approach from staff to overcome barriers.
* Providing opportunities to develop a sense of worth through taking responsibility for

themselves and others

* Providing opportunities to reflect for pupils and staff.
* Proactive and aware staff whom access training and support for identifying and supporting pupils’ needs.
* Access to appropriate support that meets their needs through professional agencies with strong links and partnerships to these
* Relax Kids trained staff who run small group and whole class sessions with pupils
* Self-regulation and mindfulness sessions embedded within our practice to respond to pupils’ needs.

We pursue our aims through:

* Universal, whole school approaches
* Support for pupils going through recent difficulties including bereavement.
* Specialised, targeted approaches aimed at pupils with more complex or long

term difficulties including attachment disorder.

**Targeted support**

The school will offer support through targeted approaches for individual pupils or groups of

pupils which may include:

* Circle time approaches or ‘circle of friends’ activities.
* Targeted use of SEAL resources.
* CARITAS counselling
* CAMHS Ireach support service or referrals to the Core Service
* Managing feelings resources e.g. ‘worry boxes’
* Primary Inclusion Team Support – strategies, advice and interventions
* Managing emotions resources such as ‘the incredible 5 point scale’
* Group Work/Mental health and wellbeing groups
* Therapeutic activities including art, lego therapy and relaxation and mindfulness

techniques.

The school will make use of resources to monitor progress, assess and track wellbeing as appropriate including:

* Strengths and Difficulties questionnaire
* The Boxall Profile
* Emotional literacy scales
* Teacher judgements based on knowing our pupils
* Pupil feedback and engagement

**Signposting**

We will ensure that staff, pupils and parents are aware of what support is available within our school and how to access further support. Staff know their pupils in the class and are skilled and proactive in identifying needs and trigger signs

* Attendance
* Punctuality
* Relationships
* Approach to learning
* Physical indicators
* Negative behaviour patterns
* Family circumstances
* Recent bereavement
* Health indicators
* Special Educational Needs

School staff may also become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the designated safeguarding lead and SENCO.

# Risk factors and protective factors

There are a number of risk factors beyond being part of a vulnerable group that are associated with an increased likelihood of SEMH difficulties, these are known as risk factors. There are also factors associated with a decreased likelihood of SEMH difficulties, these are known as protective factors.

The table below displays common risk factors for SEMH difficulties (as outlined by the DfE) that staff remain vigilant of, and the protective factors that staff look for and notice when missing from a pupil:

|  |  |  |
| --- | --- | --- |
|  | Risk factors | Protective factors |
| In the pupil | * Genetic influences
* Low IQ and learning disabilities
* Specific development delay or neuro-diversity
* Communication difficulties
* Difficult temperament
* Physical illness
* Academic failure
* Low self-esteem
 | * Secure attachment experience
* Outgoing temperament as an infant
* Good communication skills and sociability
* Being a planner and having a belief in control
* Humour
* A positive attitude
* Experiences of success and achievement
* Faith or spirituality
* Capacity to reflect
 |
| In the pupil’s family | * Overt parental conflict including domestic violence
* Family breakdown (including where children are taken into care or adopted)
* Inconsistent or unclear discipline
* Hostile and rejecting relationships
* Failure to adapt to a child’s changing needs
* Physical, sexual, emotional abuse, or neglect
* Parental psychiatric illness
* Parental criminality, alcoholism or personality disorder
* Death and loss – including loss of friendship
 | * 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 | * Bullying including online (cyber bullying)
* Discrimination
* Breakdown in or lack of positive friendships
* Deviant peer influences
* Peer pressure
* Peer-on-peer abuse
* Poor pupil-to-teacher/school staff relationships
 | * Clear policies on behaviour and bullying
* Staff behaviour policy (also known as code of conduct)
* ‘Open door’ policy for children to raise problems
* A whole-school approach to promoting good mental health
* Good pupil-to-teacher/school staff relationships
* Positive classroom management
* A sense of belonging
* Positive peer influences
* Positive friendships
* Effective safeguarding and child protection policies.
* An effective early help process
* Understand their role in, and are part of, effective multi-agency working
* Appropriate procedures in place to ensure staff are confident enough to raise concerns about policies and processes and know they will be dealt with fairly and effectively
 |
| In the community | * Socio-economic disadvantage
* Homelessness
* Disaster, accidents, war or other overwhelming events
* Discrimination
* Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation
* Other significant life events
 | * Wider supportive network
* Good housing
* High standard of living
* High morale school with positive policies for behaviour, attitudes and anti-bullying
* Opportunities for valued social roles
* Range of sport/leisure activities
 |

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  |  |

# Stress and mental health

The school recognises that short-term stress and worry is a normal part of life and that most pupils will face mild or transitory changes that induce short-term mental health effects. Staff are taught to differentiate between ‘normal’ stress and more persistent mental health problems. Staff can be signposted to Occupational Health services, CARITAS counselling and their own GP to access support for their own wellbeing.

For pupils, we have the CAMHS Ireach service and work with the team to provide support to pupils whom are struggling with stress, low mood, anxiety or depression.

#  SEMH intervention and support

The curriculum for PSHE focusses on promoting pupils’ resilience, confidence and ability to learn. Positive classroom management and working in small groups is utilised to promote positive behaviour, social development and high self-esteem. School-based counselling is offered to pupils who require it.

Relevant external services are utilised where appropriate, e.g. Caritas and CAMHS Ireach

An educational psychologist is also accessible for pupils whom are struggling with emotional regulation and their functional ability to learn or progress. School may also involve the Primary Inclusion Team and/or Neurodevelopmental Pathway for additional advice, support and strategies to use in school.

 The school implements the following approach to interventions:

* Small group sessions will take place and focus on developing cognitive skills and positive social behaviour.
* Well-established nurture groups are in place to address any emerging SEMH difficulties in pupils.
* Play-based approaches are in place to develop more positive relationships between pupils and their peers in the Early Years and Key Stage One
* Specific classroom management techniques for supporting pupils are in place. These techniques may include, for example, using a token system for rewards or changing seating arrangements.

Through the curriculum, 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.

For pupils with more complex problems, additional in-school support includes:

* Supporting the pupil’s teacher to help them manage the pupil’s behaviour.
* Additional educational one-to-one support for the pupil.
* One-to-one therapeutic work with the pupil delivered by mental health specialists.
* The creation of an IHP – a statutory duty for schools when caring for pupils with complex medical needs.
* Seeking professional mental health recommendations regarding medication.
* Family support through Early Help or other referral services where recommended by mental health professionals.

# Suicide concern intervention and support

Please see our Suicide Prevention Policy for further reference and information

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**.

Once suicide concerns have been referred to the **DSL**, local safeguarding procedures are followed and the pupil’s parents are contacted. Medical professionals, such as the pupil’s GP, are notified as needed.

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.

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.

# Commissioning local services

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. Salford LA has a multi-agency Local Transformation Plan named as I thrive setting out how children’s mental health services are being improved. The school feeds into this to improve local provision.

We have Service Level Agreements in place with Educational Psychologists and Primary Inclusion Team. As a school we will also outreach support from specialist settings as and when appropriate to the pupils’ needs.

**Working with other agencies and partners**

As part of our targeted provision the school will work with other agencies to support

children’s emotional health and wellbeing including:

* Educational psychology services
* Behaviour support through Primary Inclusion Team
* Paediatricians
* CAMHS (child and adolescent mental health service)
* Counselling services
* Family support workers

# **Working with parents**

The school works with parents wherever possible to ensure that a collaborative approach is utilised which combines in-school support with at-home support. We ensures that pupils and parents are aware of the mental health support services available from the school. We have a strong parental partnership and encourage parents to raise and share concerns and updates with us.

In order to support parents we will:

* Highlight sources of information and support about mental health and emotional wellbeing on our school website
* Share and allow parents to access sources of further support e.g. through parent forums.
* Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their child.
* Make our emotional wellbeing and mental health policy easily accessible to parents
* Share ideas about how parents can support positive mental health in their children this is through emails, links on the website and the school Twitter feed.
* Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.

# **Working with alternative provision (AP) settings**

The school works with AP settings to develop plans for reintegration back into the school where appropriate. 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.

# **Administering medication**

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. The governing board will ensure that medication is included in a pupil’s IHP where recommended by health professionals. Office based staff know what medication pupils are taking, and how it should be stored and administered.

# **Behaviour and exclusions**

When exclusion is a possibility, the school considers contributing factors, which could include mental health difficulties.

Where there are concerns over behaviour, the school carries out an assessment to determine whether the behaviour is a result of underlying factors such as undiagnosed learning difficulties, speech and language difficulties, child protection concerns or mental health problems.

To assess underlying issues, the school uses an SDQ.

Where underlying factors are likely to have contributed to the pupil’s behaviour, the school considers whether action can be taken to address the underlying causes of the disruptive behaviour, rather than issue an exclusion. If a pupil has SEND or is a looked-after child, permanent exclusion will only be used as a last resort.

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

# **Safeguarding**

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. 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**.

# **Impact**

The impact of a positive proactive approach at St Joseph the Worker aims to resolve pupils issues as quickly as possible, give pupils and staff tools to equip themselves with resilience, problem solving and resolutions, as well as opportunities for therapeutic session or reflections.

We strongly recognise the skills, knowledge and understanding needed by our pupils to keep themselves, mentally healthy and safe are included as part of our PSHE curriculum. All pupils feelings are acknowledged and respected, we use appropriate language and vocabulary to work with pupils to support and encourage pupils.

The specific content of lessons will be determined by the specific needs of the cohort we

teach but we will also use the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner. Guidance is taken from the Emotional Friendly Resources shared by Salford LA and the Educational Psychology Team, Mental Health Charities, Counselling Support from CARITAS and progression documents of key PSHE skills taught across each year group.

We take on board pupils voice and parental feedback each year about wellbeing and make changes to continually strive to improve the support we provide to all pupils in school.

Staff have access to frequent wellbeing support from the supportive senior leadership team through phased staff meetings with dedicated time in for reflection and personal wellbeing, signposting to agencies or resources for staff support such as Salford online portal and dedicated INSET time. Staff wellbeing is promoted through having working from home options available for dedicated PPA time, directed time is used purposefully and constructively to the needs of the school, wellbeing resources in the staff room include regular treats and snacks from senior leaders, a lending book library system, staff wellbeing board, staff celebrations with no obligation to attend social events outside of working hours, feedback from staff is taken on board and implemented as well as an open door policy from the Headteacher to discuss concerns more formally.

# **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 are communicated to all members of staff. This policy is reviewed in light of any serious SEMH related incidents.

All members of staff are required to familiarise themselves with this policy as part of their induction programme.

**Lead Members of Staff**

Whilst all staff have a responsibility to promote the mental health of students, staff with a designated role are:

* Jenny Dunn – SENCO/Mental Health First Aider & Deputy Designated Safeguarding Lead (Senior Leader)
* Evelyn Clayton – Headteacher/Designated Safeguarding Lead