MAHARISHI SCHOOL

Social, Emotional & Mental Health Policy

April 2023

Start Date: April 2023

Review Date: April 2025

Signed by:

Headteacher	Lisa Edwards	Date	Apr 23
Chair of Governors	Ian Birnbaum	Date	Apr 23

Contents:

Statement of intent

This policy outlines the framework for Maharishi 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.

Using a preventative approach, including Consciousness-based Education and the promotion of a healthy lifestyle, we aim to create a safe and calm environment in order to boost the mental health and wellbeing of our school community and instil resilience in our staff and pupils. A preventative approach includes teaching pupils about positive mental wellbeing through the curriculum and reinforcing these messages in our activities and ethos.

1. 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 (2022) 'Keeping children safe in education 2022'
- 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 operates in conjunction with the following school policies:

- Safeguarding and Child Protection Policy
- SEND Policy
- Enabling Good Behaviour Policy

- Supporting Pupils with Medical Conditions Policy
- Staff Code of Conduct
- Administering Medication Policy

2. Roles and responsibilities

The school leadership, as a whole, is responsible for:

- Using a preventative approach to create a safe and calm environment where mental health problems are less likely to occur, in order to 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.
- Ensuring that only appropriately trained professionals should attempt to make a diagnosis of a mental health problem.
- Ensuring that staff are aware of how potentially traumatic adverse childhood experiences (ACE), including abuse and neglect, can impact on a pupil's mental health, behaviour and education.
- Equipping staff with the knowledge required to identify pupils whose behaviour suggests they may be experiencing a mental health problem or be at risk of developing one.

The governing body is responsible for:

- Identifying an appropriate staff member to act as the senior mental health lead, with sufficient authority to develop and oversee the school's approach to mental health and wellbeing.
- Appointing an individual governor to oversee the school's arrangements for SEMH.
- Designating an appropriate member of staff to be the SENCO ensuring they coordinate provisions for pupils with SEMH difficulties.
- Ensuring there are clear systems and processes in place for identifying possible SEMH problems, including routes to escalate and clear referral and accountability systems.
- Taking all necessary steps to ensure that pupils with SEMH difficulties are not discriminated against, harassed or victimised.

The headteacher is responsible for:

- Collaborating with the governing body, the senior mental health lead and the SENCO to determine the strategic development of SEMH policies and provisions in the school.
- 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 the senior mental health lead and the SENCO has sufficient time and resources to carry out their functions.
- 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.

The senior mental health lead is responsible for:

- Overseeing the whole-school approach to mental health, including policies, 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 and headteacher 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.
- Providing professional guidance to colleagues about mental health and working closely with staff members, parents and other agencies.
- Leading mental health CPD.
- Undertaking senior mental health lead training.

The SENCO is responsible for:

- Undertaking day-to-day responsibilities for the successful operation of the SEMH Policy.
- Supporting teachers in the further assessment of a pupil's particular strengths and areas for improvement, and advising on the effective implementation of support.

All staff are responsible for:

- Being aware of the signs of SEMH difficulties.
- Being aware that mental health problems can, in some cases, be an indicator that a pupil has suffered or is at risk of suffering abuse, neglect or exploitation.

- Understanding how potentially traumatic adverse childhood experiences can impact a pupil's mental health, behaviour and education.
- Keeping the SENCO/headteacher/Senior Mental Health Lead up-to-date with any changes in behaviour, academic developments and causes of concern.

Teaching staff are responsible for:

- 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.
- Being responsible and accountable for the progress and development of the pupils in their class.

The DSL is responsible for:

- Acting as a source of support, advice and expertise for all staff.
- Liaising with staff on matters of safety, safeguarding and welfare.
- Liaising with the senior mental health lead and the Family Support Worker where safeguarding concerns are linked to mental health.

3. Creating a supportive whole-school culture

The school's commitment to Consciousness-based Education (CbE) incorporates its vision for positive mental health and wellbeing within the whole school community. Transcendental Meditation (Word of Wisdom for younger pupils) is practised twice daily which scientific research has shown to reduce stress and improve wellbeing. All pupils and staff learn and regularly practise Transcendental Meditation (or Word of Wisdom). All parents are encouraged to learn and practise Transcendental Meditation which is heavily subsidised for parents of our pupils.

Other approaches used by the school to support positive mental health and wellbeing include:

- Our Consciousness-based Interdisciplinary Studies (CbIDS) curriculum is designed to create meaningful links between inner and outer values, helping our pupils to grow into creative and confident learners able to find success and fulfilment in their lives.

- Our approach to tolerance, diversity and inclusion, embodying our motto of 'The World is my Family'.

- Discussions about living a healthy life, including the importance of sleep, exercise and a healthy, balanced diet.

- Developing pupils' social skills using our Balanced Behaviours.

- Promoting our high behavioural expectations, as detailed in our Enabling Good Behaviour Policy.

- Positive staff-pupil relationships underpinned by CbE Principles of Teaching and Fundamentals of Education.

- Our well-trained pastoral support staff, including our Senior Mental Health Lead, our Family Support Worker, our Emotional Literacy Support Assistants (ELSA) and our trained Drawing and Talking Therapy assistant.

- Our whole school Personal, Social and Health Education (PSHE) curriculum, our secondary phase Relationships, Sex and Health Education curriculum (RSHE) and our primary phase Relationship and Health Education (RHE) curriculum.

- Peer support offered through our primary phase buddy system and our secondary phase wellbeing hub - Your Space.

- Positive relationships with parents and carers.

The SLT will ensure 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 go for further information and support should they wish to talk about their mental health needs or concerns over a peer's or family member's mental health or wellbeing.

4. Staff training

The leadership team will ensure that all teachers have a clear understanding of the needs of all pupils, including those with SEMH needs.

Staff will receive training to ensure they:

- Promote good mental health and wellbeing throughout the school.
- Can quickly identify individual pupils who need support with their mental health.
- 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.
- Are aware of how abuse, neglect, and/or other traumatic adverse childhood experiences can have a lasting impact on a pupil's mental health, behaviour and education.

5. Identifying signs of SEMH difficulties

The school is committed to identifying pupils with SEMH difficulties at the earliest stage possible.

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:

- 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

If we suspect that a pupil is experiencing mental health difficulties, we will analyse the pupil's needs and determine a support plan, ensuring that its effectiveness is reviewed and changes made as necessary. This may include access to in-house pastoral support and/or a referral to an external agency.

- Staff members will be aware of the following:
- Factors that put pupils at risk of SEMH difficulties, such as low self-esteem, physical illnesses, academic difficulties and family problems.
- The fact that risks are cumulative and that exposure to multiple risk factors can increase the risk of SEMH difficulties.

Staff members understand the following:

- Familial loss or separation, significant changes in a pupil's life or traumatic events are likely to cause SEMH difficulties.
- 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.

The school will promote resilience to help encourage positive SEMH. Poor behaviour will be managed in line with the school's Enabling Good Behaviour Policy. 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.

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.

6. 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. 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.

Vulnerable groups include the following:

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

7. Children in need, LAC and PLAC

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

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 may seek advice from the VSH to determine the best way to support the pupil.

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

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.

9. SEND and SEMH

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 may include an assessment of whether appropriate support is in place to address the pupil's SEND. The school recognises that not all pupils with mental health difficulties have 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.

The school's full SEND identification and support procedures are available in the SEND Policy and Information Report and in the SEND Statement on the school website.

10. 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.

Risk Factors	Protective Factors
- 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
- 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

- Bullying including online (cyber bullying) - Discrimination - Breakdown in or lack of positive friendships - Deviant peer influences - Peer pressure - Child-on-child abuse - Poor pupil-to-teacher/school staff relationships	'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
- 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	- 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

• Other significant life events	

11. 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.

12. SEMH intervention and support

Our Consciousness-based Education (CbE) curriculum supports positive mental health and wellbeing within our whole school community; including Transcendental Meditation (Word of Wisdom for younger pupils) and Consciousness-based Interdisciplinary Studies.

Positive classroom management, incorporating the CbE Principles of Teaching (including 'receptivity') promotes positive behaviour, social development and high self-esteem. Our Enabling Good Behaviour Policy places emphasis on promoting and encouraging 'ideal' behaviour.

Our whole school Personal, Social and Health Education (PSHE) curriculum, our secondary phase Relationships, Sex and Health Education curriculum (RSHE) and our primary phase Relationship and Health Education (RHE) curriculum focus on promoting pupils' resilience, confidence and ability to learn.

We have well-trained pastoral support staff, including our Senior Mental Health Lead, our Family Support Worker, our Emotional Literacy Support Assistants (ELSA) and our trained Drawing and Talking Therapy assistant. Relevant external services are utilised where appropriate, including referrals of severe cases of SEMH to CAMHS.

Peer support is offered through our primary phase buddy system and our secondary phase wellbeing hub - Your Space.

The school signposts and/or commissions individual health and support services directly for pupils who require additional help.

13. Suicide concern, intervention and support

Where a pupil discloses suicidal thoughts or a teacher has a concern about a pupil, staff will:

- 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, may be notified as needed.

The DSL and any other relevant staff members, alongside the pupil and their parents, will work together to create a safety plan outlining how the pupil is kept safe and the support available.

14. 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. The school ensures that pupils and parents are aware of the mental health support services available from the school.

Parents and pupils are expected to seek and receive support elsewhere, including from their GP, NHS services, trained professionals working in CAMHS, voluntary organisations and other sources.

15. 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. We will ensure that medication is included in a pupil's IHP where recommended by health professionals. Staff will know what medication pupils are taking, and how it should be stored and administered, where appropriate.

16. Misbehaviour, suspensions and exclusions

When suspension or exclusion is a possibility, the school considers contributing factors, which could include mental health difficulties. All decisions to suspend or exclude a pupil will be taken in line with the Enabling Good Behaviour Policy.

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

17. Safeguarding

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 Safeguarding and Child Protection Policy and speak to the DSL or deputy DSL.

18. Monitoring and review

The policy is reviewed on a biennial basis by the headteacher in conjunction with the governing body – 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.

The next scheduled review date for this policy is April 2025.