SEMH Policy

Yorkmead J&I School

Approved by:	Governing Body	**Date:** 15th July 2024
Last reviewed on: **Summer 2024**		
Next review due by: **Autumn 2026**		

Yorkmead School is committed to safeguarding and promoting the wellbeing of all its children and staff.

Yorkmead Junior & Infant
SEMH (Social Emotional and Mental Health) Policy

At Yorkmead Junior & Infant School, we understand that both school and homelife can significantly impact on children's mental health and well-being, and this policy outlines our commitment to ensuring we focus on the social, emotional and mental health needs of our pupils, as demonstrated in our Statement of Intent for SEHM.

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 and families with SEMH difficulties are identified and appropriately supported – minimising the risk of SEMH difficulties escalating into physical harm.

We work together to ensure early identification and preventative strategies are at the heart of what we do.

This policy applies to all members of our school community: children, staff, Governors, families and people within our local community, and should be read in conjunction with our Safeguarding Policy, Behaviour Policy and Anti-Bullying Policy.

Aims

It is a primary aim of our school that every member of the school community is respected, supported and valued and that every member promotes good mental health and well-being. We aim to do this by creating a culture where every member:

- Promotes high expectations of positive behaviour, courtesy, mutual respect and consideration of others, within and beyond the school environment;
- Help all children grow in a safe and secure environment, to become positive, responsible and increasingly independent members of the school community and, ultimately, of wider society;
- Help all children to understand, regulate and manage emotions, and to increasingly show empathy and understanding to others;
- Encourages and celebrates individual strengths and achievements of children and staff;
- Knows how to support staff, children and families who experience poor mental health.

We will aim to build a community that values All togetherness, Open-mindedness, Curiosity, Determination, Empathy and Fairness towards others, and senior leaders will model these core values.

Roles and responsibilities

The school's 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 well-being of the school community and instill resilience in pupils. A preventative approach includes teaching pupils about mental well-being 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.
- 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.
- Raising awareness and employing efficient referral processes in order to help pupils and families access evidence-based early support and interventions.
- Working effectively with external agencies to ensure the school can provide swift access or referrals to specialist support and treatment.
- Identifying and supporting pupils with SEND, and considering how to use some of the SEND resources to provide support for pupils with mental health difficulties that amount to SEND.
- Identifying where well-being concerns represent safeguarding concerns, and ensuring that appropriate safeguarding referrals are made in line with the Child Protection and Safeguarding Policy.

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.
- Being aware of the needs, outcomes sought and support provided to any pupils with SEMH difficulties.
- Keeping the relevant school leaders -to-date with any changes in behaviour, academic developments and causes of concern, through My Concern on-line reporting. The relevant figures of authority include: SENDCO/Head Teacher/SEMH lead/DSLs.

Staff are responsible for:

- Planning and reviewing support for their pupils with SEMH difficulties in collaboration with parents, the SENDCO 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 every pupil achieves their full potential, and that every pupil with SEMH difficulties will be able to study the full national curriculum, or a bespoke curriculum that focuses on '5 Ways to Wellness'.
- Being responsible and accountable for the progress and development of the pupils in their class.

The DSL and Deputy DSLs are 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 and Pastoral Lead and, where available, the Mental Health Support Team, where safeguarding concerns are linked to mental health.

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.

Creating a supportive whole-school culture

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 well-being through curriculum subjects such as:
  - PSHE
  - RSHE
  - Mental Health Champions curriculum
- Positive classroom management
- Signposting families and referring children for appropriate support
- Working with parents
- Adult support and therapies where needed

The school's Behaviour and Anti-Bullying Policy includes measures to prevent and tackle bullying, and contains an individualised, graduated response when behaviour issues are identified.

Building positive relationships: children and staff

It is a professional responsibility for all our staff to build positive and supportive relationships with pupils, parents and colleagues they work with. Teachers and support staff are role models here for children and other adults. They understand the importance of building positive relationships with everyone and that every interaction in an intervention.

We are committed to preparing good relationships by:

- Seeing each other as an individual, with strengths, needs and different windows of tolerance
- Understand how the brain works and the flight/fight response when 'flipping the lid' has occurred
- Ensuring we have a secure understanding of the social and emotional development of children, and can apply this to our relationships-led approach
- Ensuring that the physical environment of our school represents a place of psychological safety for our children

We commit to building and maintaining good relationships by:

- Meeting and greeting pupils at the door in the mornings and after key transitions such as playtimes and PE sessions.
- We prepare children in advance of changes (such as different teachers or changes in the timetable) using social stories or whole-class circle time.
- We act light-hearted, positive, joyful, and kind in our tone of voice and our body and facial expressions. We avoid harsh voices, shouting or shaming of any kind.
- We use our words, tones, facial expressions and non-verbal communication in ways which soothe and calm. We apply the same approach to colleagues and parents, whether it is verbally, or through email and messages.
- Being accepting of other people's views, opinions, feelings and practices.
- Being curious about other people's lives, behaviours, reactions and noticing when things are different or have changed.
- Being empathetic and having compassion by being attuned as far as we can to other people's moods.
- Ensuring consistency and fairness.
- Providing opportunities across the school day to develop peoples' ability to see themselves, their relationships and the world more positively.
- Modelling the positive attitudes, values and behaviour expected of everyone in the community.

We commit to repairing good relationships by:

- Using restorative conversations to repair and restore a relationship. With children, we use cartoon conversations as a strategy for building trust and learning from mistakes, and in line with our behaviour policy, we encourage children to complete and discuss 'Three Houses'.
- Emotion Coaching to calm, protect and restore.
- Apologising when we have made a mistake.
- SLT looking for reasons behind difficulties and acting. ***(Also see Behaviour Policy)***

Working with parents

The school works with parents wherever possible to ensure that a collaborative approach is utilised. The school ensures that pupils and parents are aware of the mental health support services available from the school and are signposted to these through the website, noticeboard and newsletters. The school develops good relationships with parents, through regular parent workshops and community events.

Parents and pupils are expected to seek and receive support elsewhere, including from their GP, NHS services such as the Well-being Hub, trained professionals working in CAMHS, and other sources.

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.

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: (Definitions to be shared on the school website).

- 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

When the school suspects that a pupil is experiencing mental health difficulties, the school will assess the child's difficulties and follow our **Emotional and Mental Health Graduated Response- Tier 2** *(See Appendix a.).* This will also be noted on My Concern and followed up by SLT or DSL.

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.

Pupil assessments may be carried out using Student, Parent, Professional Entry and Exit Assessments (see Appendix b.) and subsequent therapies implemented.

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 abuse, bullying, violence, accidents or injuries.
- **Other traumatic incidents**.

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. It may also include weekly Emotional Literacy Support (ELSA) sessions and access to 'The Nest' nurture room/lunchtime club if a child is experiencing distress throughout the school day.

Occasionally, adjustments are made to ensure a bespoke provision is in place to meet children with complex needs and whom are struggling to cope in school as a result of their SEMH needs. Bespoke provision is available outside of the classroom and partly, or wholly, a co-constructed 'Well-being Curriculum' may be appropriate for the child (Well-being Curriculum and Mental Health Champions Training curriculum, Drawing and Talking Therapy, Lego Therapy, Yoga, Family Support, 'Grow to Learn', Beyond the Horizon and Sports Coaching).

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 is key to address the underlying causes of disruptive behaviour.

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

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 or previously LAC
- 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.

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 – ADHD, ASD, Bi-Polar, Schizophrenia and Severe Depression Low IQ and learning difficulties Specific development delay or neuro-diversity Communication difficulties Difficult temperament Physical illness Academic failure Low self-esteem	Secure attachment experience Good communication skills and sociability 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 abuse 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 Sign-posting of services to support families Supportive long-term relationships

In School	Bullying including online (cyber bullying) Discrimination Breakdown in or lack of positive friendships Peer pressure Peer-on-peer abuse Poor pupil-to-teacher/school staff relationships	Lear policies on behavior and bullying Staff behavior and relationships policy 'Open door' policy for children to raise problems and 'I wish my teacher knew…' A whole-school approach to promoting good mental health Good pupil-to-teacher/school staff relationships, including an emotionally available adult Ongoing CPD for staff A sense of belonging Regular opportunities to share feelings and worries Positive peer influences Positive friendships Effective safeguarding and child protection policies ELSA support and nurture including for lunchtimes An effective early help process Understand their role in, and are part of, effective multi-agency working

SEMH intervention and support

The curriculum for PSHE and RSHE 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.

ELSA sessions are offered to pupils who require it, and the relevant external services are utilised where appropriate; For example, support from a Senior Mental Health Practitioner.
Informal support such as Lego therapy and Social Stories are also used to support children with SEMH needs. Where appropriate, parents have a direct involvement in any intervention regarding their child.

An emotionally available adult is used to encourage and support all pupils in school so they have someone to talk to and share their worries.

Well-established nurture groups are in place to address any emerging SEMH difficulties in pupils, including a Well-being Curriculum where needed.

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 and speak to the DSL or Deputy DSL.

Monitoring and review

The policy is reviewed on a biennial basis by the Senior Mental Health and Pastoral Lead (Mr. A Neale-Crane) 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 and should be read in conjunction with the school's behaviour policy.

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 November 2026.

Appendix a. (example)

Emotional and Mental Health Graduated Response

Tier 1	**Universal Offer**	Trauma awareness training for all staff and induction for new staff and TISUK approach used by all adults in school
	School-wide efforts to raise awareness of emotionally vulnerable pupils and how to support them. Proactive measures in place to support emotional wellbeing of whole community.	Self-evaluation of Personal Development using iAbacus
		Carefully planned PSHE curriculum which includes mental health/emotional literacy, tailored in response to needs of each class
		Assessment of class's mental health needs using PiXL???
		Named trusted adult for each child?
		Advice for parents on how to support their child's emotional wellbeing
		Activities to mark Children's Mental Health Week (February) and World Mental Health Day (October)
		Regular opportunities to share feelings and worries – worry boxes in each classroom (worry teddy in EYFS), 'I wish my teacher knew…' at least once every 2 weeks
Tier 2	**Targeted Offer**	Regular sessions with TISUK practitioner
	Individual or group-based support for children identified as emotionally vulnerable	Advice and support for parents
		Weekly sessions with Emotional Literacy Support Assistant (ELSA)
		Lunchtime Club – nurture group
		Assessments of needs using Motional
		Informal support through Lego Therapy, Socially Speaking etc
Tier 3	**Enhanced Offer**	Support from Specialist Education Service (SES)
	Bespoke provision for pupils with more complex needs who are struggling	Bespoke provision outside of their classroom, either partly or wholly, including co-constructing a 'Wellbeing Curriculum' if appropriate
		Support and advice for school and parents from Mental Health Support Team/ OM Wellbeing / Bellscroft Consultancy/Emotional Wellbeing Hub

Yorkmead School Well-being Team

ENTRY AND EXIT QUESTIONNAIRE

Students, Parents and Professionals

Appendix b.

Name		Year Group	
Type of Intervention			

STUDENT	Entry Date:									
How would you score how you feel at this current time? 1 is Extremely Poor / 10 is Excellent.										
1 2 3 4 5 6 7 8 9 10										
What areas do you feel you are struggling with? Please score as 1 - Not at all / 10 - Often										
Anxiety	1	2	3	4	5	6	7	8	9	10
Anger	1	2	3	4	5	6	7	8	9	10
Low Moods	1	2	3	4	5	6	7	8	9	10
Self-Esteem	1	2	3	4	5	6	7	8	9	10
Family Worries	1	2	3	4	5	6	7	8	9	10
Friendships / Peers	1	2	3	4	5	6	7	8	9	10
I would like support to help me:										

PARENT	Entry Date:									
How would you score how you think your son/daughter feels at this current time? Mark on the scale below, 1 is Extremely Poor, 10 is Excellent.										
1 2 3 4 5 6 7 8 9 10										
What areas do you feel your child is struggling with? Please score as 1 - Not at all / 10 - Often										
Anxiety	1	2	3	4	5	6	7	8	9	10
Anger	1	2	3	4	5	6	7	8	9	10
Low Moods	1	2	3	4	5	6	7	8	9	10
Self-Esteem	1	2	3	4	5	6	7	8	9	10
Family Worries	1	2	3	4	5	6	7	8	9	10
Friendships / Peers	1	2	3	4	5	6	7	8	9	10
What changes would you like to see in your son/daughter following support being given?										

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Did the parent return?	**YES**	**NO**

PROFESSIONAL	**Entry Date (after first session):**
How does the young person present?	
What appear to be the areas of concern?	
What intervention will take place and what is the hoped outcome?	

STUDENT	**Exit Date:**									
How would you score how you feel at this current time? 1 is Extremely Poor / 10 is Excellent.										
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	
Are these areas something you are still struggling with? Please score as 1 - Not at all / 10 - Often										
Anxiety	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Anger	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Low Moods	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Self-Esteem	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Family Worries	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Friendships / Peers	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
How has this intervention helped you?										
What didn't go so well (if anything)?										
What will you do differently after this intervention?										

PARENT	Exit Date:

How would you score how you think your son/daughter feels at this current time?

Mark on the scale below, 1 is Extremely Poor, 10 is Excellent.

1 2 3 4 5 6 7 8 9 10

Are these areas something your child is still struggling with? Please score as 1 - Not at all / 10 - Often

Anxiety	1	2	3	4	5	6	7	8	9	10
Anger	1	2	3	4	5	6	7	8	9	10
Low Moods	1	2	3	4	5	6	7	8	9	10
Self-Esteem	1	2	3	4	5	6	7	8	9	10
Family Worries	1	2	3	4	5	6	7	8	9	10
Friendships / Peers	1	2	3	4	5	6	7	8	9	10

Have you noticed any changes in your son/daughter since support has been accessed?

Did the parent return? **YES** **NO**

PROFESSIONAL	Exit Date (after first session):

How does the young person now present or what changes have been noted?

Are any areas of concern still apparent?

What impact / outcome do you feel there has been?

Appendix c.

YORKMEAD SCHOOL BEHAVIOUR AND WELL-BEING STUDENT SUPPORT

CLASSROOM TEACHER

Reward Charts.
Zone Board.
Have a CALM conversation.
Catch them being good.
Tactical ignoring.
Praise those around them.
Ring/email parents.
Move them places.
Give them SMART targets.
Give them a responsibility.
Speak to the student.
Log on My Concern.
Referral for internal support.

SUPPORT

SLT (Head, Deputy, Assistant, DSLs)

Report Card.
Reflection tracking.
My Concern and Safeguarding meetings.
Praise window/board.
Standardised reflection letter/email to parents.
Refer to Behaviour Management Mentor.
Refer to Social Skills Mentor.
Refer to The Nest Nurture Group.
Refer to Art therapist.
Refer to Dog Mentor.
Ring parents/carers.
Move student's classes/bands.
Regular meetings with the student.

SUPPORT

WELL-BEING INCLUSION TEAM

Raising Attainment with Well-being (RAwW) Program.
One Goal Mental Health Champions.
Anti-Bullying Ambassadors.
Attendance/behaviour/pastoral care discussions.
Grow to Learn Program.
Art / Lego Therapist
Behaviour Skills Group
Social Skills Group
Self-esteem Group
Sports Coaching

Liaise with class teachers/Pastoral Lead /SENDCO.
Entry and Exit Questionnaire.
Drawing and Talking Therapy
Parent Ambassadors

SLT

Respond to on-calls.
Supporting Yorkmead Values Driven Expectations (student focused learning walks).
Attendance/behaviour/ pastoral care discussions as appropriate.
Report Card.
Reintegration meetings.
Phased Returns agreed with parents.

ATTENDANCE

Letters/phone calls.
Home visits.
Meet parents.
Internal school attendance panel.
Attendance
Reward initiatives.
Medical evidence.

INTERNAL REFERRAL

HEAD OF BEHAVIOUR

Report card.
My Concern Safeguarding and Behaviour Tracking.
Put in SLT detention Exclusion.
Coordinate external agency involvement.
Parental meetings.
Behaviour Contract.
Individual Support Plan/Behaviour Plan.

SMHL

One to one mentoring.
Early Help Assessment.
ELSA (Emotional Literacy Support)
Additional Internal Support.
Letters/phone calls.
Refer to external agencies.

SENDCO

PTA Lead
Community Events.
One to one mentoring.
SEN Assessments (cognition, attainment, dyslexia screening).
Social Communication and Interaction work.
Access Arrangements.
Reasonable adjustments (behaviour and attainment)
Speech and Language Support Therapist.
Meetings/parental support.

EXTERNAL REFERRAL

EXTERNAL AGENCY INVOLVEMENT

Family Support Worker (children and families).
Sam Jones Supervision (staff).
Social Care.
Forward Thinking Birmingham.

Young Carers.
School Nurse.
Barnados.
COBS *School*
LAC – one to one tutors.
Family Support Workers.
Child and Adolescent Mental Health Services (CAMHS).
Educational Welfare Service
Therapies for Anxiety, Depression and Stress (TADS).
Bereavement Therapy Services.
Beyond the Horizon Art Therapy.
Educational Psychologist.
Referrals ASC.
ADHD assessment.

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