

TEMPLE GROVE ACADEMY TRUST

SOCIAL EMOTIONAL MENTAL and HEALTH POLICY



Approved by Governors January 2022

Review January 2024

Our school code of conduct is:

'To be **respectful** to ourselves, others and the environment. To be **ready** for learning and to stay **safe**'

1. Context – Why Teaching SEMH is Important

At Temple Grove Academy we aim to promote positive mental health and wellbeing for our whole school community (children, staff, parents and carers), and we recognise how important mental health and emotional wellbeing is to our lives in just the same way as physical health.

We recognise that children's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. All children go through ups and downs during their school career and some face significant life events. In 2020, 1 in 6 children aged 5 to 16 were identified as having a probable mental health need. These can have an enormous impact on quality of life, relationships and academic achievement. In many cases it is life-limiting.

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

For some, school will be a place of respite from difficult home lives, and it will offer positive role models and relationships, which are critical in promoting children's wellbeing and can help engender a sense of belonging and community. Our role in school is to ensure that children are able to manage times of change and stress, and that they are supported to reach their potential or access help when they need it.

We also have a role to ensure that children learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues, and where they can go if they need help and support. Our aim is to help develop the protective factors which build resilience to mental health problems and to be a school where:

- All children are valued
- Children have a sense of belonging and feel safe
- Children feel able to talk openly with trusted adults about their problems without feeling any stigma

- Positive mental health is promoted and valued
- Bullying is not tolerated

In addition to children's wellbeing, we recognise the importance of promoting staff mental health and wellbeing (see appendix 1).

Disability and Mental Health: children with learning disabilities are 6 times more likely to have mental health problems. Children with long-lasting physical disabilities are twice as likely to suffer emotional or behavioural issues. Issues may include, Diagnostic overshadowing, multiple diagnoses/co-morbidity.

Learning Difficulties and Disabilities: children with learning disabilities are six times more likely to have mental health problems than other children and more than 40% of families with learning disabled children feel they do not receive sufficient help from medical professionals, social workers or mental health services.

Autistic Spectrum: the National Autistic Society cites data showing that one in 100 children has autism, and that more than seven in ten children with autism have a co-morbid mental health problem. They argue that many of these problems are preventable with the right support and that changes to the way that CAMHS are delivered can stop them from occurring.

Chronic Physical Health Problems: children with a long-lasting physical illness are twice as likely to suffer from emotional problems or disturbed behaviour. This is especially true of physical illnesses that involve the brain, such as epilepsy and cerebral palsy. 12% of young people live with a long-term condition (LTC) (Sawyer et al 2007).

2. Relationship to Other Policies

This policy links to:

- Anti-bullying
- Assessment, Recording and Reporting
- Attendance
- Behaviour
- Child Protection/Safeguarding Children (including FGM)
- Confidentiality
- Equal Opportunities
- Online safety/Computing
- First Aid
- Health & Safety
- Monitoring and Evaluation
- PSHE
- Race Related Incidents
- Science
- SEN/Inclusion
- SRE

3. The Definition of SEMH

We use the World Health Organisation's definition of mental health and wellbeing *“a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”*.

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

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

'Social and Emotional Wellbeing' refers to a state of positive mental health and wellness. It involves a sense of optimism, confidence, happiness, clarity, vitality, self-worth, achievement, having a meaning and purpose, engagement, having supportive and satisfying relationships with others and understanding oneself, and responding effectively to one's own emotions

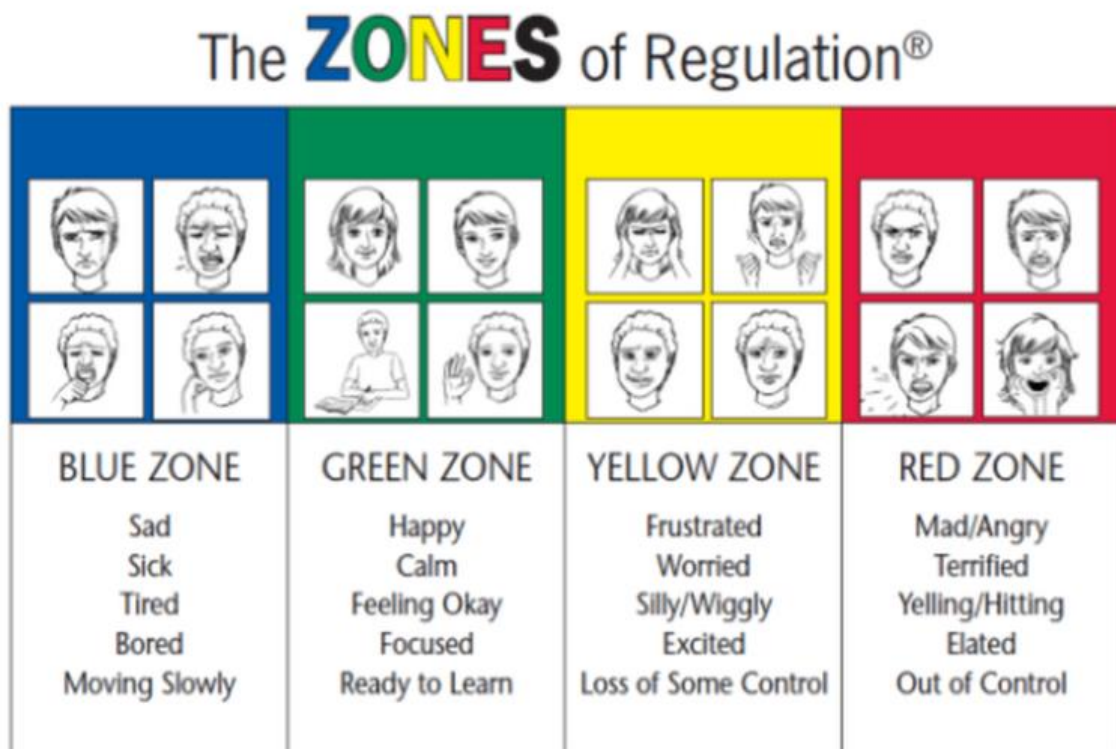
'Mental Health Problems' refers to the wide range of mental health, emotional and social challenges, difficulties, conditions and illnesses that can beset both pupils and staff, including stress and burnout, anxiety, depression, attachment difficulties and behavioural problems.

4. The Principles of High Quality SEMH in our School

- is a partnership between home and school
- ensures pupils' views are actively sought to influence lesson planning and teaching
- starts early and is relevant to pupils at each stage in their development and maturity
- includes the acquisition of knowledge, the development of life skills and respectful attitudes and values
- has sufficient time to cover a wide range of topics
- is inclusive of difference: gender identity, sexual orientation, disability, ethnicity, culture, age, faith or belief, or other life experience
- uses active learning methods, and is rigorously planned and evaluated
- promotes equality in relationships, recognises and challenges gender inequality and reflects girls' and boys' different experiences and needs

We take a whole school approach to promoting positive mental health that aims to help children become more resilient, happy and successful and to prevent problems before they arise. This is based on the Zones of Regulation. We encourage children to use the zones in everyday life. The zones provide a framework for our children to develop self-regulation. Children learn to identify emotions, recognise events that might make them move to a different zone and use the tools they have learnt to help them remain or move to a particular zone to help them regulate how they are feeling.

Below is a picture of the four zones and the range of emotions that fit into each zone.



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

1. Overall School Aims for SEMH

Our approach to SEMH consists of a comprehensive and developmental programme of teaching and learning, which is delivered in the context the Zones of Regulation, where the social, emotional and mental health and wellbeing of pupils and the whole school community are actively promoted. Our SEMH curriculum has a positive influence on the ethos, learning and relationships throughout the school. It is central to our values and to achieving our school's stated aims and objectives. Our SEMH

programme helps pupils to develop the knowledge, understanding, skills and attitudes they need to live confident, healthy, independent lives now and in the future.

2. To Whom the Policy Applies

The policy applies to:

- All school staff
- The governing body
- Pupils
- Parents/carers
- Other health professionals
- Partner agencies working in or with the school

3. Staff Roles and Responsibilities, including those with Specific Responsibility

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

We use the SCARF scheme to deliver our PSHEC curriculum which covers elements of SEMH for all the children in school.

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

SLT:

- Leads and works with other staff to coordinate whole school activities to promote positive mental health and wellbeing
- Ensures the PSHE Leads on professional development for staff about mental health
- Provides advice and support to staff and organises training and updates
- Works with the safeguarding team to be the first point of contact with mental health services and makes individual referrals to them.

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

Sources of relevant support include:

- Our Senior Leadership Team
- Our PSHE Lead
- All school staff
- Our Safeguarding/Child Protection Leads
- School staff employed to manage mental health needs of particular children – ESLA
- Our School Welfare Officer
- Our Play Therapist
- Our Psychotherapist
- The Kent Emotional Wellbeing Team

4. Supporting Children's Positive Mental Health

We believe the School has a key role in promoting children's positive mental health and helping to prevent mental health problems.

Pupil-led activities

- Whole school assemblies to raise the awareness of mental health
- Peer mediation and Peer mentoring – children working together to solve problems and planned sessions where identified adults mentor a designated child
- Nurture Room – ELSA/ Family Support Worker supporting a group of / lonely/ upset children before school, lunchtimes and break times.
- Daily regular emotional check ins using the Zones of Regulation
- Sessions with Play Therapist, Psychotherapist or Kent Emotional Wellbeing Team

Transition programmes

- Transition Programme to secondary schools which includes all Year 6 children having taster days to support a smooth transition to secondary school

Class activities

- Star of the week, Postcard's home, Prize giving each term are all mechanisms where children can be praised for certain duties, tasks or things they have done and have them celebrated in an assembly or at home.
- Worry Box = a similar mechanism where children can anonymously share worries or concerns in class, all of which will be answered by the class teacher
- Mental health teaching programmes - SCARF / Zones of Regulation
- Circle times

Whole school

- Termly Mental Health Drop-In Sessions- Inclusion Lead runs sessions for parents and carers to talk about mental health issues and do ongoing promotion
- World Mental Health Day celebrated as a whole school- assembly, followed by class activities
- Displays and information around the School about positive mental health and where to go for help and support
- Anti-Bullying week- whole school participates in the national campaign through dressing up and attending a whole school assembly
- Nurture groups run by ELSA and Family Support Worker
- Zones of Regulation Training for all staff and children
- Children's Mental Health Week (February) celebrated as a whole school-assembly, followed by class activities.
- International Day of Happiness celebrated in whole school assembly and children are encouraged to carry out random acts of kindness
- Participation in Autism Awareness Week

Through PSHE (SCARF programme) we teach the knowledge and social and emotional skills that will help children to be more resilient, understand about mental health and be less affected by the stigma of mental health problems.

5. Identifying, Referring and Supporting Children with Mental Health Needs

Our approach:

- Provide a safe environment to enable children to express themselves and be listened to
- Ensure the welfare and safety of children are paramount
- Identify appropriate support for children based on their needs
- Involve parents and carers when their child needs support
- Involve children in the care and support they have
- Monitor, review and evaluate the support with children and keep parents and carers updated.

Early Identification

Our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible to prevent things getting worse. We do this in different ways including:

- Analysing behaviour, exclusions, visits for First Aid, attendance and sanctions.

- Using Leuven scales to identify children who need support
- Staff report concerns about individual children to the relevant lead persons
- Worry Box
- Pupil Progress Review meetings termly
- Regular meetings for staff to raise concerns
- Family Support worker visits to home
- Gathering information from a previous school at transfers
- Parental meetings in EYFS and home visits
- Enabling children to raise concerns to any member of staff
- Enabling parents and carers to raise concerns to any member of staff

All staff at Temple Grove Academy have had training on the protective and risk factors (see Appendix 1), types of mental health needs (see Appendix 2) and signs that might mean a pupil is experiencing mental health problems. Any member of staff concerned about a pupil will take this seriously and talk to SLT and log concerns on My Concern.

These signs might include:

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

Staff are aware that mental health needs, such as anxiety, might appear as non-compliant, disruptive or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development. If there is a concern that a pupil is in danger of immediate harm, then the School's child protection procedures are followed. If there is a medical emergency, then the School's procedures for medical emergencies are followed.

6. Disclosures by Children and Confidentiality

We recognise how important it is that staff are calm, supportive and non-judgemental to children who disclose a concern about themselves or a friend. The emotional and physical safety of our children is paramount, and staff listen rather than give advice.

Staff make it clear to children that the concern will be shared with the SLT and the Safeguarding Lead and will be recorded, in order to provide appropriate support to the pupil. All disclosures are recorded and held My Concern, including date, name of pupil and member of staff to whom they disclosed, summary of the disclosure and next steps.

7. Assessment, Interventions and Support

All concerns are reported to SLT, Welfare Officer and/or ELSA and are recorded. We then implement our assessment system, which is based on levels of need to ensure that children get the support they need, either from within the School or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating.

Need	Evidence-based Intervention and Support	Monitoring
The level of need is based on discussions at the regular Inclusion meetings/panel with key members of staff and involves parents and children	The kinds of intervention and support provided will be decided in consultation with key members of staff, parents and children	SLT
Highest need	CAMHS-assessment, 1:1 or family support or treatment, consultation with school staff and other agencies, other External agency support, other interventions e.g., play therapy, draw and talk. If the school, professionals and/or parents conclude that a statutory Education, Health and Care Assessment is required, we refer to the SEND policy and SEN School Information Report.	All children needing targeted individualised support will have an Personalised Plan drawn up setting out <ul style="list-style-type: none"> • The needs of the children • How the pupil will be supported • Actions to provide that support • Any special requirements Children and parents/carers will be involved in the plan. The plan and interventions are monitored, reviewed and
Some need	Access to in school nurture group, family support worker, play therapy, ELSA,	

	educational psychologist, 1:1 intervention, small group intervention, skills for life/wellbeing programmes, circle of friends.	evaluated to assess the impact. The Care Plan is overseen by the Inclusion Lead.
Low need	General support e.g., Family support worker, ELSA class teacher/TA,	

Children, Parents and Carers are informed that the Inclusion Lead is available when a pupil is dissatisfied with the level of care and support.

Support for friends

We recognise that when a pupil is experiencing mental health problems it can be challenging for their friends, who often want to help them but are not sure the best thing to do and can also be emotionally affected. In the case of eating disorders and self-harm, it is possible that friends may learn unhealthy coping strategies from each other, and we will consider on a case-by-case basis what support might be appropriate, including one to one and group support.

We will involve the pupil who is suffering and their parents/carers and consider what is helpful for friends to know and what they should not be told, how they can best support, things they should avoid doing/saying which may inadvertently cause upset and warning signs that their friend needs help.

We will also make information available about where and how to access information and support for themselves and healthy ways of coping with the difficult emotions they may be feeling.

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

In some case a pupil's mental health needs require support from a specialist service. These might include anxiety, depression, self-harm and eating disorders. We have access to a range of specialist services and during the support will have regular contact with the service to review the support and consider next steps, as part of monitoring the children's Personalised Plan.

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

Main Specialist Service	Referral process
Child and Adolescent Mental Health Service (CAMHS)	Accessed through school, GP or self-referral
Educational Psychologist Consultation	Accessed through the Inclusion Lead

SEND and persistent mental health problems may lead to children having significantly greater difficulty in learning than the majority of those of the same age. In some cases, the child may benefit from being identified as having a special educational need or disability (SEND).

9. Involving Parents and Carers in Promoting Mental Health

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

To support parents and carers:

- We organise a range of activities such as workshops, which focus on ways to actively build children's self-esteem and confidence
- We provide information and websites on mental health issues and local wellbeing and parenting programmes and have produced leaflets for parents on mental health and resilience, which can be accessed on the School website. The information includes who parents can talk to if they have concerns about their own child or a friend of their child and where parents can access support for themselves. We include the mental health topics that are taught in both the PSHE and SEMH curriculum sections, on the School website
- We are aware that parents and carers react in different ways to knowing their child has a mental health problem and we will be sensitive and supportive. We also aim to reassure by explaining that mental health problems are common, that the school has experience of working with similar issues and that help, and advice are available.

When a concern has been raised, the school will:

- Contact parents and carers and meet with them (in almost all cases, parents and carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as where child protection issues are identified.)
- Offer information to take away and places to seek further information
- Be available for follow up calls
- Make a record of the meeting
- Agree a Personalised Plan including clear next steps, where needed
- Discuss how the parents and carers can support their child.
- Keep parents and carers up to date and fully informed of decisions about the support and interventions provided.

Parents and carers will always be informed if their child is at risk of danger and children may choose to tell their parents and carers themselves. We give children the option of informing their parents and carers about their mental health needs for themselves or of accompanying and supporting them to do so. We make every effort to support parents and carers to access services where appropriate.

Our primary concern is the children, and in the rare event that parents and carers are not accessing services we will seek advice from the Local Authority. We also provide information for parents and carers to access support for their own mental health needs.

10. Supporting and training staff

We want all staff to be confident in their knowledge of mental health and wellbeing and to be able to promote positive mental health and wellbeing, identify mental health needs early in children and know what to do and where to get help.

Supporting and promoting the mental health and wellbeing of staff is an essential component of a healthy school and we promote opportunities to maintain a healthy work life balance and wellbeing, such as celebrating key events together, such as the end of term or Christmas.

11. Language

Slang or everyday terms used in certain social circles will be discussed; this will surround discussion about what is and is not acceptable language to use. Acceptable and agreed language will be shared with parents/carers before it is delivered in class as an appendix to this policy (see appendix 3).

12. Answering questions

We acknowledge that sensitive and potentially difficult issues will arise in SEMH as pupils will naturally share information and ask questions. When spontaneous discussion arises, it is guided in a way that reflects the stated school aims and curriculum content for SEMH. As a first principle, we answer questions relating to taught, planned curriculum for that age group to the whole class. We answer questions relating to areas beyond the taught, planned curriculum for that age group, in a sensitive and age-appropriate way, only to the pupil or pupils who have asked the question. If a member of staff is uncertain about the answer to a question, or indeed whether they should answer it, they will seek guidance from the PSHE leader/ Child Protection Officer. Questions may be referred to parents/carers if it is not appropriate to answer them in school.

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

Staff training will include sessions on how to deal with difficult questions. Agreed phrases, where appropriate, will be used in response to difficult questions and these have been created by all staff.

Appendices

Appendix 1

Protective and Risk factors (adapted from Mental Health and Behaviour DfE November 2018)

	Risk Factors	Protective Factors
In the child	<ul style="list-style-type: none">• Genetic influences• Low IQ and learning disabilities• Specific development delay or neuro-diversity• Communication difficulties• Difficult temperament• Physical illness• Academic failure• Low self-esteem	<ul style="list-style-type: none">• Secure attachment experience• Outgoing temperament as an infant• Good communication skills, 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 School	<ul style="list-style-type: none"> • Bullying including online (cyber) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer on peer abuse • Poor pupil to teacher/school staff relationships 	<ul style="list-style-type: none"> • 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 be part of effective multi-agency working • Appropriate procedures to ensure staff are confident to can raise concerns about policies and processes, and know they will be dealt with fairly and effectively
In the Family	<ul style="list-style-type: none"> • Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child’s changing needs • Physical, sexual, emotional abuse, or neglect 	<ul style="list-style-type: none"> • At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord

	<ul style="list-style-type: none"> • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship 	
In the Community	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

Appendix 2

Specific mental health needs most commonly seen in school-aged children. For information see Chapter 3 Mental health problems in children in Mental Health and Behaviour in School DfE November 2018

<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

Appendix 3

GLOSSARY OF TERMS:

Mental Health

An umbrella term embracing concepts of mental well-being, mental health problems, mental disorder, and mental illness.

Mental Well-being

The positive capacities and qualities that enable young people to deal with the ups and downs of life.

Mental Health Problems

Broad range of emotional and behavioural difficulties that may cause concern to parents and carers and/or distress to the young person. Can be short or long term and will disrupt the child or young person's life even though they may not be diagnosable as a mental disorder.

Mental Illness

Problems that meet ICD-10, an internationally recognised classification system for mental and behavioural disorders. Associated with considerable distress and substantial interference in young person's daily life.

Mental Disorder

Refers to the most severe types of mental disorder

