

Tithe Farm Primary



Social, Emotional and Mental Health (SEMH) Policy

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Statement of intent

At Tithe Farm Primary we are committed to promoting positive mental health and emotional wellbeing for all members of our school community, including pupils, families, staff, and governors. Rooted in our vision, curriculum and values, The Tithe Farm Way, we seek to create a caring and compassionate community where everyone is known, valued, and listened to. Through an open and supportive culture, underpinned by effective policies and procedures, we aim to provide a safe, nurturing environment in which all can flourish..

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.

Good Mental Health

We believe individuals experience good mental health when they are able to:

- develop psychologically, emotionally, intellectually, and spiritually
- initiate, build, and sustain positive and mutually respectful relationships
- enjoy both companionship and appropriate time for reflection or solitude
- show awareness of others and demonstrate empathy
- experience happiness and engage positively in play and learning
- develop a clear sense of right and wrong
- face challenges, manage setbacks, and learn from experience
- develop a secure sense of self and personal identity

Resilience

Resilience is the ability to adapt, cope, and recover from the difficulties and disappointments that everyone experiences in life. It involves developing protective factors—such as supportive relationships, self-belief, and problem-solving skills—that help to promote and protect emotional wellbeing when faced with setbacks, challenges, and unexpected change.

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 'Keeping children safe in education 2025'
- DfE 'Mental health and behaviour in schools'
- DfE 'Counselling in schools: a blueprint for the future'
- DfE '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
- Behaviour Policy
- Supporting Pupils with Medical Conditions Policy
- Staff Code of Conduct
- Administering Medication Policy
- Suspension and Exclusion Policy

2. Roles and responsibilities

Key staff members

This policy aims to ensure all staff take responsibility to promote the mental health of pupils and each other. However, key members of staff have specific roles to play:

- Designated Safeguarding Lead/ Senior Mental Health Lead – Mrs Molloy
- Designated Deputy Safeguarding leads –Mrs Worsfold and Miss Brassinne
- SENCO – Mrs Maloney

- Pastoral Support – Mrs Bowley and Miss Rogers
- PSHE Coordinator – Miss Oughton

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 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.
- Raising awareness and employing efficient referral processes in order to help pupils 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 wellbeing concerns represent safeguarding concerns, and ensuring 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.
- Ensuring provision is in place 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 ensuring they coordinate 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.
- 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.

The headteacher is responsible for:

- Creating a culture where calmness, dignity and structure encompass every space and activity.
- 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.
- Promoting CPD to ensure that staff are aware of common symptoms of mental health problems.
- 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 senior 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 (CYPMHS), 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 feeder schools teachers, to ensure that pupils and their parents are informed about options and a smooth transition is planned.
- Leading mental health CPD.
- Undertaking senior mental health lead training.

The SENCO is responsible for:

- Collaborating with the governing board, headteacher and the senior 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.

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, where available, the Mental Health Support Team, where safeguarding concerns are linked to mental health.

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.
- 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.

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.
- 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.

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

3. Creating a supportive whole-school culture

The school's approach to supporting and promoting mental health and wellbeing will be as follows:

- Prevention: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to manage the normal stress of life effectively.

- Identification: recognising emerging issues as early and accurately as possible.
- Early support: helping pupils to access evidence based early support and interventions.
- Access to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

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

The school will utilise 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.
 - RSHE.
- Counselling.
- Positive classroom management.
- Developing pupils' social skills.
- Working with parents.
- Peer support.

The school's Behaviour Policy will include 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 will ensure that there are processes in place to reduce stigma and make pupils feel comfortable enough to discuss mental health concerns.

Pupils will 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 SLT will ensure that all teachers have a clear understanding of the needs of all pupils, including those with SEMH needs.

All staff receive annual training as part of our safeguarding programme. Additional, role-specific training will be provided as required to ensure staff have the skills and knowledge necessary for their responsibilities.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our appraisal process and additional CPD will be offered throughout the year where it becomes appropriate.

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 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:

- 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
- Habitual body rocking
- Non-compliance
- Mood swings
- Indiscriminate contact or affection seeking, over-friendliness or excessive clinginess
- Demonstrating excessively 'good' behaviour to prevent disapproval
- Failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed
- Coercive controlling behaviour
- Lack of ability to understand and recognise emotions
- 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 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) will be 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.

Where appropriate, the SENDCO or SMHL 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 GPs 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 will discuss concerns regarding SEMH difficulties with the parents of pupils who have SEMH difficulties, and take any concerns expressed by parents, other pupils, colleagues and the pupil in question seriously. Staff will consider all previous assessments and progress over time, and then refer the pupil to the appropriate services.

The assessment, intervention and support processes available from the LA are in line with the local offer. All assessments are in line with the provisions outlined in the school's SEND Policy.

Staff members are 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
- Where SEMH difficulties may lead to a pupil developing SEND, it could result in a pupil requiring an EHC plan.
- Persistent mental health difficulties can lead to a pupil developing SEND. If this occurs, the headteacher 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.

The school will promote resilience to help encourage positive SEMH. Poor behaviour is managed in line with the school's 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.

An effective pastoral system is in place so that every pupil is well known by at least one member of staff, for example, a class teacher, who can spot where disruptive or unusual behaviour may need investigating and addressing.

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.

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 and 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.

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. 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 will use 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 will work 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) will be 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 will 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 will support 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

The school will recognise 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 considers 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 will ensure 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.

10. 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.

11. Suicide concern intervention and support

Where a pupil discloses suicidal thoughts or a teacher has a concern about a pupil, teachers 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, 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.

12. SEMH intervention and support

The curriculum for PSHE and RSHE will focus 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 will be offered to pupils who require it, and the relevant external services are utilised where appropriate, e.g. [MindEd](#) or [Rethink](#). A child psychologist is made available where a pupil requires such services.

The school will develop and maintains pupils' social skills, for example, through one-to-one social skills training.

Peer mentoring will be used to encourage and support pupils suffering with SEMH difficulties. Mentors act as confidants, with the aim of easing the worries of their mentees. Mentors are always older, competent and confident pupils.

When in-school intervention is not appropriate, referrals and commissioning support will take the place of in-school interventions. The school will continue to support the pupil as much as possible throughout the process.

Serious cases of SEMH difficulties are referred to CYPMHS.

To ensure referring pupils to CYPMHS is effective, staff will follow the process below:

- Use a clear, approved process for identifying pupils in need of further support
- Document evidence of their SEMH difficulties
- Encourage the pupil and their parents to speak to the pupil's GP
- Work with local specialist CYPMHS to make the referral process as quick and efficient as possible
- Understand the criteria that are used by specialist CYPMHS in determining whether a pupil needs their services
- Have a close working relationship with the local CYPMHS specialist
- Consult CYPMHS about the most effective things the school can do to support pupils whose needs aren't so severe that they require specialist CYPMHS

The school will commission individual health and support services directly for pupils who require additional help. The services commissioned will be suitably accredited and able to demonstrate that they will improve outcomes for pupils.

The school will implement the following approach to interventions:

- In addition to talking therapy, support is provided through non-directive play therapy
- Interventions are structured in a way that addresses behavioural issues through education and training programmes
- Individual pupil-orientated interventions are less effective than ones that involve parents, and so parents are involved in interventions where appropriate
- Parental training programmes are combined with the pupil's intervention to promote problem-solving skills and positive social behaviours
- 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 parents
- 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 and/or therapy, where recommended by mental health professionals.

13. Working with parents

Parents and carers are valued and welcomed into school. We communicate regularly, consult and engage with parents/carers through newsletters, assemblies, parent meetings etc. We recognise the family plays a key role in influencing children and young people's emotional health and wellbeing.

We work in partnership with parents and carers to promote emotional health and wellbeing by:

- Working closely with our local partners including the Children's Centre, Health Care professionals and partner schools.
- Working closely with our Family Support Worker in school.
- Meeting all EYFS parents in person to discuss their family circumstances
- Encouraging parents into school for events such as various Parent evenings, assemblies and workshops.
- Offering SEND Parent meetings
 - Highlighting sources of information and support about common mental health issues through our communication channels (website, newsletters etc.)
 - Ensuring parents, carers and other family members living in disadvantaged circumstances are given the support they need to participate fully in activities to promote social and emotional wellbeing. This will include support to participate in any parenting sessions, by offering a range of times for the sessions or providing help with transport and childcare. We recognise this might involve liaison with family support agencies
- Providing an open-door policy with access to the Pupil and Wellbeing officer
- Working hard to develop a close relationship with parents and carers which allow us to offer support
- Signposting parents to other sources of support (SENDIASS, parenting courses)

14. Health and Welfare of Staff

We recognise that a healthy, happy workforce is essential to delivering the highest quality education for all our pupils. We expect staff to take an active role in supporting their own mental health by accessing appropriate resources, practising self-care, and developing resilience and effective coping strategies. As a school, we are committed to promoting a positive work-life balance and fostering healthy, sustainable working lives for all members of our team.

We offer the following to support our staff's positive mental health

- A dedicated staff room for relaxation.
- We are part of the Health Assured Assistance programme giving staff access to the Staff Wellbeing and Counselling Service.
- We organise a number of social events throughout the year for staff to participate in.
- SLT, SMHL and DSL have an open-door policy for all staff.
- SLT proactively support staff who are experiencing mental health difficulties.
- Take staff mental wellbeing into consideration when deploying staff to various roles around school.

- Reasonable adjustments for staff with recognised mental health issues.
- Sign post staff to appropriate support mechanisms such as charities, GP, and Relate.
- Recognise individual staff strengths through initiatives such as Adult of the week
- Staff mental health Lead with an open-door policy who is a point of contact for all staff.
- Encourage and support staff to put into perspective the everyday challenges of working with pupils.
- Help staff to set professional boundaries for themselves such as not sharing their telephone numbers; not texting parents with personal phones and not having their phones out during Curriculum time.
- Remind staff not to share personal details such as phone numbers and not to interact with parents on social media. Staff with children in school should be aware and take measures to protect themselves. For example, set high privacy settings on Facebook.
- Flexible working applications are always seriously considered within the confines of what is best for the pupils.
- No expectation to be at work outside of contracted/directed hours.
- Staff are encouraged to maintain clear boundaries between work and personal time to support their social, emotional and mental health. Wherever possible, emails and other work-related communications should be sent during agreed working hours.
- Where communication is prepared outside of working hours, staff should make use of delayed or scheduled send functions to ensure delivery occurs within working hours, unless there is a genuine safeguarding or urgent operational need.

15. Misbehaviour, suspensions and exclusions

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

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

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

16. Safeguarding

If a staff member has a SEMH concern about a pupil that is also a safeguarding concern, they will take immediate action in line with the Child Protection and Safeguarding Policy and speak to the DSL or deputy DSL.

17. Monitoring and review

The policy is reviewed on a bi-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.

The next scheduled review date for this policy is Spring 2028.

If a member of staff has concerns about themselves or a colleague, they should speak to Staff Mental Health Lead or a member of SLT.