

Social Emotional and Mental Health Provision

Mental Health and Behaviour in Schools (DfE March 2015) clarifies a school's role in supporting a child or young person whose behaviour "whether it is disruptive, withdrawn, anxious, depressed or otherwise" may be related to an unmet mental health need.

1 in 10 children aged 5 to 16 have a clinically diagnosed mental health disorder and 1 in 7 have a less severe issue. As such schools should help promote positive mental health in their pupils and address those with less severe problems to help build resilience and self-worth.

Where severe problems occur schools should expect to work with health professionals and voluntary organisations to try and improve the pupil's life chances and address any mental health issues preventing them from reaching their true potential.

Schools should work together with parents/cares and pupils to provide support and information around facilities to support their child's mental health and resilience. The child and parents/carers views, wishes and feelings should always be considered.

'Resilience seems to involve several related elements. Firstly, a sense of self-esteem and confidence; secondly a belief in one's own self-efficacy and ability to deal with change and adaptation; and thirdly, a repertoire of social problem-solving approaches.' Rutter, M. (1985)

The role that schools play in promoting the resilience of their pupils is important, particularly so for some children where their home life is less supportive. School should be a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems.

Stanley High School is committed to providing the best possible outcomes for all students regardless of circumstance or specific need. To this end:

The whole school has adopted the Positive Mental Health **PERMA** values of **Positivity**, **Engagement**, **Relationships**, **Meaning/Purpose** and **Accomplishment**

Staff will adopt strategies identified by SENDCO, Positive Mental Health Champions and/or outside agencies. To include:

- Regular planning of specifically differentiated work to ensure effective inclusion in all areas of the curriculum
- Programmes to help with sequencing and organisational skills; Strategies to promote problem solving
- Alternative forms of recording to avoid the need for extended written work
- Careful choice of working partners and groups to facilitate social interaction
- The use of supported group work within/outside the classroom
- Building self-esteem/self-worth by encouraging children and young people to take on responsibilities in the classroom, around the school and off-site
- Giving children and young people time with staff to identify appropriate strategies to address day to day issues with peers and/or help manage emotions
- The inclusion of children and young people in time-limited targeted intervention groups according to individual need (language and communication, literacy, numeracy, fine/gross motor skills)

- Audit and monitoring of the learning environment, the teaching and learning strategies and delivery style to ensure appropriate adjustments to maximise engagement
- Use appropriate strategies to develop and extend listening and attention
- Staff are aware of how the curriculum can be differentiated for children and young people with SEMH and differentiate appropriately. To include:
 - ✓ Practical work with concrete/visual materials to establish concepts and skills
 - ✓ Active learning approaches
 - ✓ Additional opportunities for non-desk based learning/activity
 - ✓ Access to grouping that enables children and young people to work with positive role models for interaction and appropriate behaviour
- The curriculum for PSHE is well developed and addresses the development of social skills, the management of emotions and an understanding of appropriate behaviour.

For children with more complex problems, additional in-school interventions may include:

- **support to the pupil's teacher**, to help them manage the pupil's behaviour within the classroom, taking into account the needs of the whole class;
- **additional educational one to one support for the pupil** – to help them cope better within the classroom;
- **one to one therapeutic work** with the pupil, delivered by mental health specialists (within or beyond the school), which might take the form of cognitive behavioural therapy, behaviour modification or counselling approaches;
- **medication** may be recommended by mental health professionals, school staff should be aware of any medication that children are taking; and
- **family support and/or therapy could also be considered by mental health professionals** – to help the child and their family better understand and manage behaviours in school and at home.
 - SENDCO will liaise with parent/carer/pupil and relevant outside agencies. She will regularly update information and advice re: proactive strategies to support the children and young people and this will be distributed to all relevant staff
 - SENDCO is responsible for monitoring and coordination of all specialist interventions
 - SENDCO will seek out and provide continuing Professional Development opportunities for all staff relating to the needs of children and young people with SEMH
 - SENDCO/School is aware of the guidance and support available for staff from organisations specialising in SEMH.
 - School will provide opportunities across the curriculum for learning in social, emotional and behavioural development
 - School will follow recommended Sefton procedures for commissioning support from outside agencies both medical and voluntary

Good mental health

Children who are mentally healthy have the ability to:

- develop psychologically, emotionally, intellectually and spiritually;
- initiate, develop and sustain mutually satisfying personal relationships;
- use and enjoy solitude;
- become aware of others and empathise with them;
- socialise and learn;

- develop a sense of right and wrong; and

- resolve (face) problems and setbacks and learn from them.

In the interests of sharing good practice and commitment to supporting the young people of our school and wider community, we have included below the Table on Risk and Protective Factors for Child and Adolescent Mental Health. As a school we encourage you to read this document and do not hesitate to contact school if you would like more information or have a concern about your child.

This policy will be reviewed yearly and should be read alongside the School's SIR (Special Educational Needs Information Report) which can be found on the website and details all areas of SEND (Special educational Need and Disability) including SEMH (Social Emotional and Mental Health).

Governor responsible for SEND – Ms R Williams

Headteacher – Mr N Moore

SENDCO – Miss K Davenport

Positive Mental Health Lead – Mr J Lock

Positive Mental Health Champion – Miss K Davenport

Approved by Governors (Date)

	Risk factors	Protective factors
In the child ^{5,6}	<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"> • Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family ^{4,5}	<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 or rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual or emotional abuse • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship 	<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

	Risk Factors	Protective Factors
In the school	<ul style="list-style-type: none"> • Bullying • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Poor pupil to teacher relationships 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • ‘Open-door’ policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences
In the community 4,5	<ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • 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