Start children off on the way they should go, and even when they are old they will not turn from it."
Proverbs 22:6

SOCIAL, EMOTIONAL & MENTAL HEALTH (SEMH) POLICY

Committee	Standards
Approved by	Governing Body
Review Date	September 2027
The scope of this policy is Forsbrook CE Primary School and Nursery OOSC	

We are a Christian school where quality and opportunities make a difference. We value all children as unique 'Children of God' and nurture each other to show LOVE in our relationships and a RESPECT for all. We foster HOPE within our community and encourage children to find PEACE by creating times and places for stillness and reflection. We strive for excellence, inspiring dreams both now and in the future. We promote POSITIVITY, celebrate COURAGE, demonstrate RESPONSIBILITY and share JOY through…

'Learning, loving, laughing in the light of Jesus'.

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Statement of intent

This policy outlines the framework for Forsbrook Church of England Primary school to meet its duty in providing and ensuring a high quality of education to all of its pupils, including pupils with social, emotional and mental health (SEMH) difficulties, and to do everything it can to meet the needs of pupils with SEMH difficulties.

Through 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.

We will work with the LA with regards to the following:
• The involvement of pupils and their parents in decision-making
• The early identification of pupils' needs
• Collaboration between education, health and social care services to provide support when required
• Greater choice and control for pupils and their parents over their support
This policy applies to all children on roll at the school and to children attending the nursery provision run by the governing body, which admits children from birth to five. Where this policy refers to pupils, it should be read as including children in the nursery. Provision for those children is delivered in line with the Early Years Foundation Stage (EYFS) statutory framework, and in particular the prime area of learning covering personal, social and emotional development.

1. Legal framework

This policy has due regard to all relevant legislation and statutory guidance, including but not limited to:

- Children and Families Act 2014
- Health and Social Care Act 2012

- Equality Act 2010
- Education Act 2002
- Mental Capacity Act 2005
- Children Act 1989
- Children Act 2004
- Children's Wellbeing and Schools Act 2026

This policy has been created with regard to the following DfE guidance:

- DfE (2018) *Mental health and behaviour in schools*
- DfE (2016) *Counselling in schools: a blueprint for the future*
- DfE (2015) *Special educational needs and disabilities code of practice: 0 to 25*
- DfE (2026) Keeping Children Safe in Education
- DfE (2026) Working Together to Safeguard Children
- DfE (2026) Early Years Foundation Stage Statutory Framework for Group and School-based Providers
- DfE (2026) Suspension and Permanent Exclusion from Maintained Schools, Academies and Pupil Referral Units in England, Including Pupil Movement
- DfE (2025) Relationships Education, Relationships and Sex Education (RSE) and Health Education
- DfE (2024) Behaviour in Schools
- DfE (2024) Working Together to Improve School Attendance
- DfE (2023) Mental Health Issues Affecting a Pupil's Attendance: Guidance for Schools

Keeping Children Safe in Education 2026 and the 2019 Relationships Education, Relationships and Sex Education (RSE) and Health Education guidance remain in force until 31 August 2026. This policy has been drafted with regard to Keeping Children Safe in Education 2026, the Relationships Education, Relationships and Sex Education (RSE) and Health Education guidance published in July 2025, and the 2026 Early Years Foundation Stage statutory framework, each of which comes into force on 1 September 2026. The provisions of this policy that rely on those documents take effect on that date.

This policy also takes into account local guidance and support frameworks, including:

- Staffordshire Local Offer for SEND and SEMH
- Staffordshire SEND & Inclusion Hub
- Staffordshire Safeguarding Children Partnership (SSCP) Right Help, Right Time framework
- Staffordshire Families Integrated Front Door (SFIFD) referral pathways
- Staffordshire Graduated Response Toolkit (Schools, and Pre-school for nursery-aged children)
- Staffordshire Education Setting Postvention Guidance
- Staffordshire Coping with a Crisis at School

This policy also has due regard to the school's own policies, including but not limited to:

- Child Protection and Safeguarding Policy
- SEND Policy
- Behaviour Policy
- Staff Code of Conduct
- Medication Policy
- Attendance Policy
- Supporting Pupils with Medical Conditions Policy

2. Common SEMH Difficulties

Anxiety:

Anxiety refers to feelings of fear, panic, tension, irritability, tearfulness, or physical symptoms such as breathlessness, nausea, or difficulty sleeping. Anxiety can significantly affect a pupil's ability to learn, develop, and maintain friendships. Common diagnostic categories include:

- Generalised Anxiety Disorder (GAD): Long-term anxiety about a wide range of situations, rather than a single event.
- Panic Disorder: Recurring and often unpredictable panic attacks.
- Obsessive-Compulsive Disorder (OCD): Persistent unwanted thoughts (obsessions) and repetitive behaviours (compulsions) aimed at reducing anxiety.
- Specific Phobias: Intense fear of a specific object or situation that triggers an anxious response, e.g., school phobia.
- Separation Anxiety Disorder: Excessive worry about being apart from home or primary caregivers.
- Social Phobia: Intense fear of social or performance situations.
- Agoraphobia: Fear of being in situations where escape might be difficult or help unavailable if things go wrong.

Depression:

Depression involves persistent low mood or sadness that can impact learning, friendships, and overall development. It may also lead to behavioural difficulties. Common forms include:

- Major Depressive Disorder (MDD): Severe depressive symptoms impairing social, academic, or personal functioning.
- Dysthymic Disorder: Less severe but long-term daily depressed mood lasting at least two years.

Hyperkinetic Disorders:

These involve high distractibility, impulsivity, or inattention. Diagnoses include:

- Attention Deficit Hyperactivity Disorder (ADHD): Characterised by inattention, hyperactivity, and/or impulsivity. Some pupils show combined traits, others exhibit only one or two.
- Hyperkinetic Disorder: Similar to severe combined type ADHD, with symptoms evident in multiple settings and present before age seven.

Attachment Disorders:

Attachment disorders involve difficulty forming secure relationships, often due to separation or inconsistent caregiving. Influencing factors include:

- Opportunities to form close relationships with caregivers
- Quality of caregiving
- Individual child characteristics
- Family context

Eating Disorders:

Eating disorders are serious mental health conditions affecting a pupil's relationship with food, often triggered by concerns about weight or body image.

Substance Misuse:

The harmful use of substances, such as drugs or alcohol, which can affect a pupil's mental health, learning, and social development.

Deliberate Self-Harm:

Intentional self-inflicted physical harm, often as a coping mechanism for emotional distress.

Post-Traumatic Stress:

A response to experiencing or witnessing highly traumatic events. Persistent symptoms may lead to Post-Traumatic Stress Disorder (PTSD), affecting emotional wellbeing and learning.

3. Roles and Responsibilities

School Leadership Team

The leadership team is responsible for:

- Preventing mental health and wellbeing difficulties: Creating a safe, calm environment where mental health problems are less likely to occur. This includes teaching pupils about mental wellbeing through the curriculum and embedding these messages across the school's ethos and activities.
- Identifying mental health and wellbeing difficulties: Equipping staff with the knowledge and skills to recognise early signs and emerging problems.
- Providing early support: Ensuring pupils have access to evidence-based interventions and timely support when difficulties arise.
- Accessing specialist support: Working effectively with external agencies to provide rapid access or referrals to specialist services and treatment.
- Supporting pupils with SEND: Considering how SEND resources can support pupils with mental health difficulties that meet the threshold for SEND provision.
- Safeguarding: Identifying when mental health concerns may indicate abuse, neglect, or exploitation, and ensuring referrals are made in line with the Child Protection and Safeguarding Policy and Keeping Children Safe in Education.

Governing Board

The governing board is responsible for ensuring that:

- Arrangements are in place for engaging pupils with SEMH difficulties and their parents in the development of relevant policies.
- Arrangements are in place for identifying, assessing, and organising provision for all pupils with SEMH difficulties, whether or not they have an EHC plan.
- That special educational provision is secured where required.
- A designated and appropriate member of staff is nominated as SENCo and coordinating SEMH provisions.
- Arrangements are in place for ensuring pupils with SEMH difficulties are not discriminated against, harassed, or victimised.
- A governor is appointed, currently Mrs Bratt, to oversee the school's SEMH arrangements.

Headteacher

The headteacher is responsible for:

- Ensuring staff are aware of and meet the needs of pupils with SEMH difficulties.
- Monitoring and reviewing pupils' academic and emotional progress throughout the year.
- Allocating sufficient time and resources to the SENCo, comparable with other strategic roles.
- Annually reviewing the quality of teaching for pupils at risk of underachievement as part of performance management.
- Ensuring staff understand strategies to support pupils with SEMH difficulties.
- Establishing and maintaining a high-expectation, inclusive culture for all pupils.
- Consulting with health and social care professionals, pupils, and parents regarding pupils' SEMH needs.
- Keeping parents and relevant staff up to date with any changes or concerns.
- Ensuring staff are informed about local mental health support services.

Mental Health Lead

The Mental Health Lead is responsible for:

- Overseeing the whole-school approach to mental health, including policy, curriculum, pastoral support, and staff wellbeing.
- Collaborating with the SENCo, headteacher, and governing board to develop SEMH policies and provisions.
- Coordinating support for pupils with SEMH difficulties in partnership with mental health teams.

- Advising on resource allocation to meet SEMH needs effectively.
- Acting as a key contact with external agencies, including CAMHS, the LA, and SEMH charities.
- Providing professional guidance to colleagues, parents, and external agencies.
- Referring pupils to specialist services when required.
- Monitoring outcomes of interventions on pupils' education and wellbeing.
- Liaising with parents, other schools, educational psychologists, and potential future providers for smooth transitions.
- Leading mental health CPD, e.g., Excellent ELSA.

SENCo / Senior Mental Health Lead

The SENCo/SMHL is responsible for:

- Collaborating strategically with the governing board, headteacher, and mental health lead.
- Undertaking day-to-day management of the SEMH policy.
- Supporting teaching staff in assessing pupils' strengths and areas for development, and advising on effective support strategies.

Where the roles of Mental Health Lead and SENDCo are held by the same member of staff, the responsibilities set out in both sections apply to that person.

Teaching Staff

Teaching staff are responsible for:

- Recognising signs of SEMH difficulties.
- Planning and reviewing support in collaboration with parents, SENCo, and pupils.
- Setting high expectations for all pupils and teaching the full curriculum.
- Planning lessons to remove barriers and enable full participation by pupils with SEMH difficulties.
- Being accountable for the progress and development of pupils in their class.
- Keeping relevant staff updated on changes in behaviour, academic progress, or concerns.

Collaboration with Mental Health Support Workers

The school works with trained mental health support workers who act as a bridge between the school and external mental health services, ensuring coordinated and effective care for pupils.

4. Creating a Supportive Whole-School Culture

Senior leaders clearly communicate their vision for positive mental health and wellbeing to the entire school community. The school actively promotes a culture where pupils feel supported, safe, and able to discuss mental health concerns.

Strategies to support pupils experiencing high levels of psychological stress, or who may be at risk of developing SEMH difficulties, include:

- Curriculum-based learning: Teaching about mental health and wellbeing through PSHE (Jigsaw), including statutory Relationships Education and Health Education. Mental wellbeing is a statutory strand of Health Education. Sex education is not statutory at primary beyond the content of the national curriculum for science, and parents may request that their child is withdrawn from any non-statutory sex education the school chooses to teach.
- Positive classroom management: Implementing strategies that promote wellbeing, reinforce positive behaviour, and create a safe learning environment.
- Social skills development: Supporting pupils in building strong relationships, effective communication, and conflict resolution skills.
- Parental engagement: Working collaboratively with parents to support pupils' emotional wellbeing.
- Peer support: Developing peer-led initiatives, such as the Year 6 Mental Health Champions, to foster mentoring and support networks.

The school's Behaviour Policy includes measures to prevent and tackle bullying and provides an individualised, graduated response when behaviour may be linked to mental health needs or other vulnerabilities.
The Senior Leadership Team ensures that clear policies and processes are in place to reduce stigma and make pupils feel confident discussing mental health concerns. Pupils are aware of where to access further information and support for themselves, their peers, or family members.

5. Staff Training

The Senior Mental Health Lead (SMHL) ensures that all staff have a clear understanding of the needs of pupils with SEMH difficulties. The SMHL promotes continuous professional development (CPD) to enable staff to:

- Recognise common signs and symptoms of mental health problems.
- Identify behaviours or concerns that may indicate emerging SEMH difficulties.
- Understand appropriate actions to take when a concern is identified.

Clear referral pathways and accountability systems are in place to ensure that staff can escalate concerns effectively. All staff are encouraged to engage with training opportunities, including updates on local mental health services and initiatives such as Excellent ELSA, to maintain best practice in supporting pupils' mental health and wellbeing.

6. Identifying Signs of SEMH Difficulties

Forsbrook CE Primary is committed to early identification of pupils with SEMH difficulties. Staff are trained to recognise potential mental health problems and to know the appropriate actions to take when concerns arise. When the school suspects that a pupil is experiencing mental health difficulties, the following graduated response is employed:

1. Conduct an assessment to establish a clear analysis of the pupil's needs.
2. Develop a plan to determine how the pupil will be supported.
3. Take action to provide that support.
4. Regularly review the effectiveness of the provision and make necessary adjustments.

A CORS assessment or Boxall Profile may be used to support identification, giving staff a detailed overview of a pupil's mental health and SEMH needs.

Staff understand that persistent mental health difficulties can lead to a pupil developing SEND. In such cases, the headteacher ensures that appropriate provisions are implemented, such as school counselling, with both the pupil and their parents involved in decision-making.

Where appropriate, the headteacher may request parental consent to share relevant SEMH information with the pupil's GP. The school aims to stay informed of any support programmes offered by GPs that may affect behaviour or academic performance.

Staff discuss SEMH concerns with parents and review all previous assessments and progress before referring the pupil to appropriate services. Concerns expressed by pupils, parents, colleagues, or other parties are taken seriously.

All assessments and interventions are in line with the Local Authority's Local Offer and the school's SEND Policy.

Staff remain vigilant to risk factors for SEMH difficulties, including low self-esteem, physical illnesses, academic challenges, and family problems. They recognise that cumulative exposure to multiple risk factors increases vulnerability. Staff actively promote resilience and positive SEMH.

Staff are aware that familial loss, separation, significant life changes, or traumatic events can trigger SEMH difficulties. They monitor indicators such as behavioural changes, withdrawal from peers, or changes in

attitude. Where SEMH difficulties may result in SEND, pupils could require an EHC plan. Behaviour is managed in accordance with the school's Behaviour Policy.

Staff observe, identify, and monitor pupils' behaviour, noting that only medical professionals can diagnose a mental health condition. The SLT reviews pupil data termly to detect patterns in attainment, attendance, or behaviour that may require intervention.

Keeping Children Safe in Education identifies potential warning signs that all staff should be alert to. These include significant changes in behaviour, ongoing difficulty sleeping, withdrawing from social situations, no longer wanting to do things the pupil usually enjoys, and physical signs of self-harm or of neglecting themselves.

Any member of staff with a mental health concern about a pupil reports it to the designated safeguarding lead (DSL), or a deputy, without delay. Where staff believe a pupil is in danger, they call 999 or take the pupil to A&E immediately. Where the situation is not an emergency but advice is needed, staff contact 111. Mental health concerns are recorded and managed in line with the Child Protection and Safeguarding Policy.

Emotionally based school avoidance

Staff are alert to emotionally based school avoidance (EBSA), where anxiety or emotional distress makes it difficult for a pupil to attend school, or to take part in particular parts of the school day. EBSA is not a diagnosis. Where EBSA is suspected, the school works with the pupil and their parents to understand the barriers, applies the assess, plan, do, review cycle set out above, and agrees reasonable adjustments and a supported return. Advice is sought from the educational psychology service and other partners where required. The school follows the DfE guidance on mental health issues affecting a pupil's attendance and works with the local authority in line with the school's Attendance Policy.

A robust pastoral system ensures that each pupil is known by at least one member of staff and a member of the SLT, who can identify and address disruptive or unusual behaviour. The Nurture Room provides a calm, supportive environment for such interventions.

Staff are mindful that certain groups are more vulnerable to SEMH difficulties, including looked-after children (LAC), pupils with SEND, and pupils from disadvantaged backgrounds. Staff remain alert to early signs of SEMH difficulties, which may include, but are not limited to:

- Anxiety
- Low mood
- Withdrawal
- Avoiding risks
- Difficulty making choices
- Low self-worth
- Isolation
- Refusal to accept praise
- Failure to engage
- Poor personal presentation
- Lethargy or apathy
- Daydreaming
- Difficulty forming or maintaining friendships
- Speech anxiety or reluctance to speak
- Task avoidance
- Challenging behaviour
- Restlessness or over-activity
- Non-compliance

- Mood swings
- Impulsivity
- Physical or verbal aggression
- Perceived injustices
- Disproportionate reactions to situations
- Difficulties with change or transitions
- Absconding
- Eating issues
- Lack of empathy
- Lack of personal boundaries
- Poor awareness of personal space

7. Vulnerable Groups

Some pupils are particularly vulnerable to SEMH difficulties. These vulnerable groups are more likely to experience adverse circumstances that increase the risk of mental health problems. Staff remain vigilant and attentive to the early signs of difficulties in these pupils.

Vulnerable groups include:

- Pupils who have experienced abuse, neglect, exploitation, or other adverse contextual circumstances
- Children in need
- Looked-after children (LAC)
- Previously looked-after children (PLAC)
- Socio-economically disadvantaged pupils, including those currently or previously in receipt of free school meals or the Pupil Premium
- Children with a social worker
- Children in kinship care and adopted children
- Young carers
- Pupils with an education, health and care (EHC) plan

These circumstances can have a far-reaching impact on a pupil's behaviour and emotional wellbeing. Staff take these factors into account when considering interventions or discussing possible exclusions, ensuring that vulnerable pupils are supported appropriately and fairly.

8. Children in Need, Looked-After Children (LAC) and Previously Looked-After Children (PLAC)

Children in need, LAC, and PLAC are more likely to have SEND and experience mental health difficulties than their peers. These pupils may face challenges with:

- Executive functioning skills
- Forming trusting relationships
- Social skills and managing strong emotions
- Sensory processing difficulties
- Foetal alcohol syndrome
- Coping with change

Children in need may also be living in chaotic circumstances and could be suffering, or at risk of, abuse, neglect, or exploitation. They may have limited support available outside of school compared to other pupils. Staff are aware of how these experiences and SEND can impact behaviour and educational outcomes.
The school reflects these considerations in its Behaviour Policy, using individualised, graduated responses where appropriate. Multi-agency working is employed to inform assessment procedures and ensure effective support.

Where a pupil is supported by local authority children's social care, the school works closely with the allocated social worker to understand the pupil's wider needs and contextual circumstances. This collaboration informs needs assessments and allows for prompt safeguarding responses.

When there are concerns regarding a looked-after child's behaviour, the designated teacher and Virtual School Head (VSH) are informed promptly to determine the best support. For previously looked-after children, the pupil's parents or designated teacher seek guidance from the VSH to ensure appropriate support is in place.

Family Help and local thresholds

Support for children and families in Staffordshire is arranged under the Family Help model set out in Working Together to Safeguard Children 2026, which brings together targeted early help and support provided under section 17 of the Children Act 1989 into a single offer delivered by multi-disciplinary teams. Decisions about the level of help a child needs are made using the Staffordshire Safeguarding Children Partnership Right Help, Right Time framework, which replaced the previous Threshold Document in July 2026.
Requests for support and referrals are made through the Staffordshire Families Integrated Front Door (SFIFD).

The contact routes published by Staffordshire County Council and its partners are:

- Staffordshire Families Integrated Front Door and Early Help: 0300 111 8033
- Staffordshire Children's Advice and Support Service: 0300 111 8007 or 0800 131 3126
- Emergency Duty Team, outside office hours: 0345 604 2886
- Police: 999 in an emergency, or 101

More than one contact number is currently published for these services. The designated safeguarding lead confirms the correct route with the local authority at the start of each academic year and displays it in school alongside the Child Protection and Safeguarding Policy. Where a child is at risk of immediate harm, the police are contacted first on 999.

9. Adverse Childhood Experiences (ACEs) and Other Events That Impact Pupils' SEMH

The balance between risk and protective factors can be disrupted when pupils experience traumatic events. Such events may include:

- Loss or separation: This may involve a death in the family, parental separation or divorce, hospitalisation, loss of friendships, family conflict, displacement due to family breakdown, being taken into care or adopted, or parents being deployed in the armed forces.
- Life changes: Events such as the birth of a sibling, moving house, changing schools, or transitioning between schools.
- Traumatic experiences: Experiences of abuse, neglect, domestic violence, bullying, accidents, or injuries.
- Other traumatic incidents: Exposure to natural disasters, terrorist attacks, or other large-scale traumatic events.

Some pupils may be affected indirectly by traumatic incidents. For example, children with parents in the armed forces may experience heightened anxiety during global disasters or terrorist attacks.
The school provides support for pupils who have experienced ACEs, even if they do not show immediate signs of distress. Early intervention is prioritised to prevent further problems. Support may be provided through existing school systems, or via specialist staff and external services, depending on the pupil's needs.

10. SEND and SEMH

The school recognises its strategic position in identifying SEND at an early stage and works closely with partner agencies to address these needs. Full details of the school's SEND identification and support procedures are outlined in the SEND Policy.

Certain types of SEND are associated with an increased likelihood of mental health difficulties. For example, children with autism or learning difficulties are significantly more prone to anxiety. Early intervention to address underlying causes of disruptive behaviour includes assessing whether appropriate SEND support is already in place.

The headteacher may consider multi-agency assessments for pupils displaying persistently disruptive behaviour. These assessments are intended to identify previously unrecognised SEND and mental health needs, as well as any housing or family circumstances that may be adversely affecting the pupil. The school acknowledges that not all pupils with mental health difficulties have SEND.

A graduated response is employed to determine the appropriate level of support. This approach is considered best practice across the school, whether or not a pupil has SEND. All staff understand their responsibilities in supporting pupils with SEND, including those with persistent mental health difficulties.

The SENCo ensures that staff are confident in how the school identifies and meets pupils' needs, provides guidance and support as required, and liaises with external SEND professionals when necessary.

11. 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 (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 • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem	• Secure attachment experience • Outgoing temperament as an infant • Good communication skills and sociability • Being a planner and having a belief in control • Humour • A positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the Pupil's Family	• Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse, or neglect • Parental psychiatric illness	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long-term relationships • Absence of severe discord

	Risk Factors	Protective Factors
	• Parental criminality, alcoholism or personality disorder	
In the School	• Bullying including online (cyber bullying) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Child-on-child abuse, including harassment and violence • Poor pupil to teacher/school staff relationships	• 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 and Family Help process • Understand their role in and are part of effective multi-agency working • Appropriate procedures in place to ensure staff are confident to raise concerns about policies and processes, and know they will be dealt with fairly and effectively
In the Community	• 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	• 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

12. Stress and mental health

The school recognises that short-term stress and worry are a normal part of life, and most pupils will experience mild or temporary changes that induce short-term mental health effects. Staff are trained to differentiate between normal stress and more persistent mental health problems.

13. Intervention and support

The curriculum for PSHE focuses on promoting pupils' resilience, confidence, and ability to learn.

The school uses a variety of strategies to support positive behaviour, social development, and high self-esteem:

- Positive classroom management and small-group work
- School-based Excellent ELSA

- Access to external services where appropriate, and to resources such as MindEd, which provides free e-learning on children's mental health for staff and parents
- Provision of a child psychologist for pupils requiring specialist support
- Development of social skills through one-to-one training
- Direct parental involvement in interventions where appropriate
- Peer mentoring through Year 6 Mental Health Champions
- Support from the NHS Mental Health Support Team (MHST), where the school falls within a team's coverage area, for pupils with mild to moderate needs

When in-school interventions are insufficient, referrals and commissioned support are used. Serious cases are referred to CAMHS, following a clear process:

- Identification using approved procedures (The 5 P's)
- Documentation of SEMH difficulties
- Encouraging the pupil and parents to liaise with the GP
- Collaboration with local CAMHS to expedite referrals
- Awareness of CAMHS referral criteria
- Consultation with CYPMHS on supporting pupils not requiring specialist service

Interventions include:

- Talking therapy and non-directive play therapy (e.g., Lego Therapy)
- Behavioural education and training programmes
- Parent-involved interventions for greater effectiveness
- Small group sessions to develop cognitive skills and positive social behaviour
- Nurture groups to address emerging SEMH difficulties
- Play-based approaches to strengthen parent–pupil relationships
- Specific classroom management techniques (e.g., seating arrangements)

For pupils with more complex needs, additional support may include:

- Teacher support for behaviour management
- One-to-one educational support
- One-to-one therapeutic work delivered by mental health specialists
- Creation of an individual healthcare (IHC) plan
- Professional recommendations regarding medication
- Family support or therapy where recommended

14. Working with other schools

The school collaborates with local schools to share resources and expertise regarding SEMH.

15. Commissioning local services

The school commissions external providers who are trained, supported, supervised, insured, accountable to a professional body, and operate within agreed policy frameworks. Evidence of compliance is always obtained prior to commissioning services.

School nurses and their teams support pupils by:

- Building trusting relationships
- Facilitating interaction between health professionals and schools
- Engaging with pupils at home to enable early identification and intervention

16. Working with parents

The school adopts a collaborative approach with parents, combining in-school and at-home support. Pupils and parents are made aware of mental health support services available at school and are encouraged to access additional support from GPs, NHS services, CAMHS professionals, voluntary organisations, and other sources.

17. Administering medication

Arrangements for supporting pupils requiring medication are outlined in the school's Supporting Pupils with Medical Conditions Policy and Administering Medication Policy. The governing board ensures that medication is included in a pupil's plan where recommended. Staff are aware of the medication pupils take, how it is stored, and how it should be administered.

18. Behaviour, suspension and permanent exclusion

Before considering suspension or permanent exclusion, the school assesses contributing factors, including SEMH difficulties. Assessments consider underlying issues such as undiagnosed learning difficulties, speech and language difficulties, child protection concerns, or mental health problems, using tools such as the Boxall Profile.

Where underlying factors are identified, the school prioritises addressing the causes of disruptive behaviour rather than issuing a suspension or permanent exclusion. Permanent exclusion is used only as a last resort, particularly for pupils with SEND or looked-after children. Decisions balance the pupil's needs against the mental and physical wellbeing of the school community.

Decisions about suspension and permanent exclusion are taken in line with the DfE statutory guidance Suspension and Permanent Exclusion from Maintained Schools, Academies and Pupil Referral Units in England, Including Pupil Movement, which applies to decisions taken on or after 26 July 2026, and with the DfE guidance Behaviour in Schools. The school's Behaviour Policy sets out the arrangements in full.

19. Monitoring and review

This policy is reviewed annually by the headteacher in conjunction with the governing board and is approved by the governing body. Any changes are communicated to all staff. All staff are required to familiarise themselves with this policy as part of their induction programme.