St Mary Magdalene C of E Primary School
Headteacher: Mrs S Pearson
Assistant Headteachers: Miss E Cave and Mrs R Turvey

Pupil Social, Emotional and Mental Health Strategy

November 2026

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St Mary Magdalene C of E Primary School
Headteacher: Miss S Robinson
Deputy Headteacher: Mrs S Pearson

Statement of intent

Our Vision and Aims

"Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God is with you." (Joshua 1:9)

In our family, we have the courage to embody Jesus' love for us. We put others' needs above our own. We act with integrity and respect. And when others fall short of our expectations, we support them to atone and extend our forgiveness. In doing this, we prepare children to live life in all its fullness: its joys and celebrations, its sorrows and struggles.

Jesus embodies the love and compassion of God for each person, and Christians are called to follow him in this, and to join with others in demonstrating it. He paid special attention to the disadvantaged and excluded. The worth of each child compels us to strive to fulfil all children's God-given potential, with special consideration given to those who have social, emotional and mental health difficulties.

Therefore, through 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
- Provide a safe setting in which to learn, where children know that they are valued
- Celebrate differences, recognising strengths and weaknesses in all of us
- Work to prevent bullying of any kind to ensure that all children experience joy at school
- Afford special provision to ensure equity for children with disabilities or special educational needs
- Recognise that mistakes are part of human experience, therefore we will have a robust approach to dealing with situations when things go wrong.
- Develop the curriculum to extend the needs and fascinations of all children
- Nurture the aspirations and hopes of all children so they can achieve highly
- Ensure that all children make good or better progress
- Facilitate high quality training for staff to equip them with the skills to ensure that all children flourish

Core Policy Values:

<u>Love</u>

Jesus embodies the love and compassion of God for each person, and Christians are called to follow him in this. In our family, love impels us to:

- put others' needs above our own;
- act with humility and without entitlement;
- support those experiencing suffering and sadness – in our community and beyond.

"Let all that you do be done in love." (1 Corinthians 16:14)

Respect

We seek to model to children an ethos of living well together. The flourishing of pupils goes hand in hand with the flourishing of the wider school community: staff, families, governors and friends of the school. Just as Jesus respected people by taking the time to care for them, we endeavour to:

- take time to understand the significant theological concepts within Christianity, and celebrate the Christian faith;
- foster deep respect for other cultures, faiths and traditions;
- think critically about our beliefs and actions;
- provide an inclusive environment where special provision is afforded to those with disabilities or special educational needs; and
- challenge inequality.

"*Whatever you wish that others would do to you, do also to them.*" *(Matthew 7:12)*

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 (2023) 'Keeping children safe in education 2023'
- 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'

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

- Child Protection and Safeguarding Policy
- Behaviour Policy
- Anti-Bullying Policy
- SEND Policy
- Supporting Pupils with Medical Conditions Policy
- Code of Conduct for School Staff
- First Aid Policy
- Exclusion and Suspension Policy

A Whole-School Culture

There is good evidence to support the association between good mental health and education engagement and academic achievement. The benefits to preventing mental health problems in children and young people from arising, and intervening early where they do, can be significant. For example, it may result in improved attainment, attendance, reductions in behavioural problems, as well as happier, more confident and resilient children and young people



Such an approach moves beyond learning and teaching to pervade all aspects of the life of a school or college and has been found to be effective in bringing about and sustaining health benefits.

Department of Education (DfE) also identifies a whole school and college approach to promoting good mental health as a protective factor for children and young people's mental health (14). Although schools and colleges play a significant and valuable role in helping to promote pupil mental health and wellbeing, their contribution should be considered as one element of a wider multi-agency approach, including children's social care, NHS children and young people's mental health services, local authority, education and voluntary and community sector organisations.

At St Mary Magdalene CE Primary, we endeavour to embody eight key principles highlighted in the diagram above. The remainder of this policy seeks to exemplify these principles.

Principle 1: Leadership and Management: Roles and Responsibilities

The school's leadership as a whole is responsible for:

- Using a preventative approach to create a safe and calm environment where mental health problems are less likely to occur, in order to improve the mental health and 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. The named governor for Mental Health is: Rev. Julie Cotterill
- 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:

- 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.
- 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, Behaviour Lead 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 secondary school 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.
- Quality assuring the quality of intervention delivery.
- 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.

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. The relevant figures of authority include: SENCO/headteacher/subject leader.

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 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.

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

Principle 2: An ethos and environment that promotes respect & values diversity

"*Whatever you wish that others would do to you, do also to them.*" *(Matthew 7:12)*

As a C of E school, we seek to model to children an ethos of living well together. The flourishing of pupils goes hand in hand with the flourishing of the wider school community: staff, families, governors and friends of the school. Just as Jesus respected people by taking the time to care for them, we endeavour to provide an inclusive environment where special provision is afforded to those with disabilities or special educational needs; and challenge inequality.

Staff members are aware of the following:

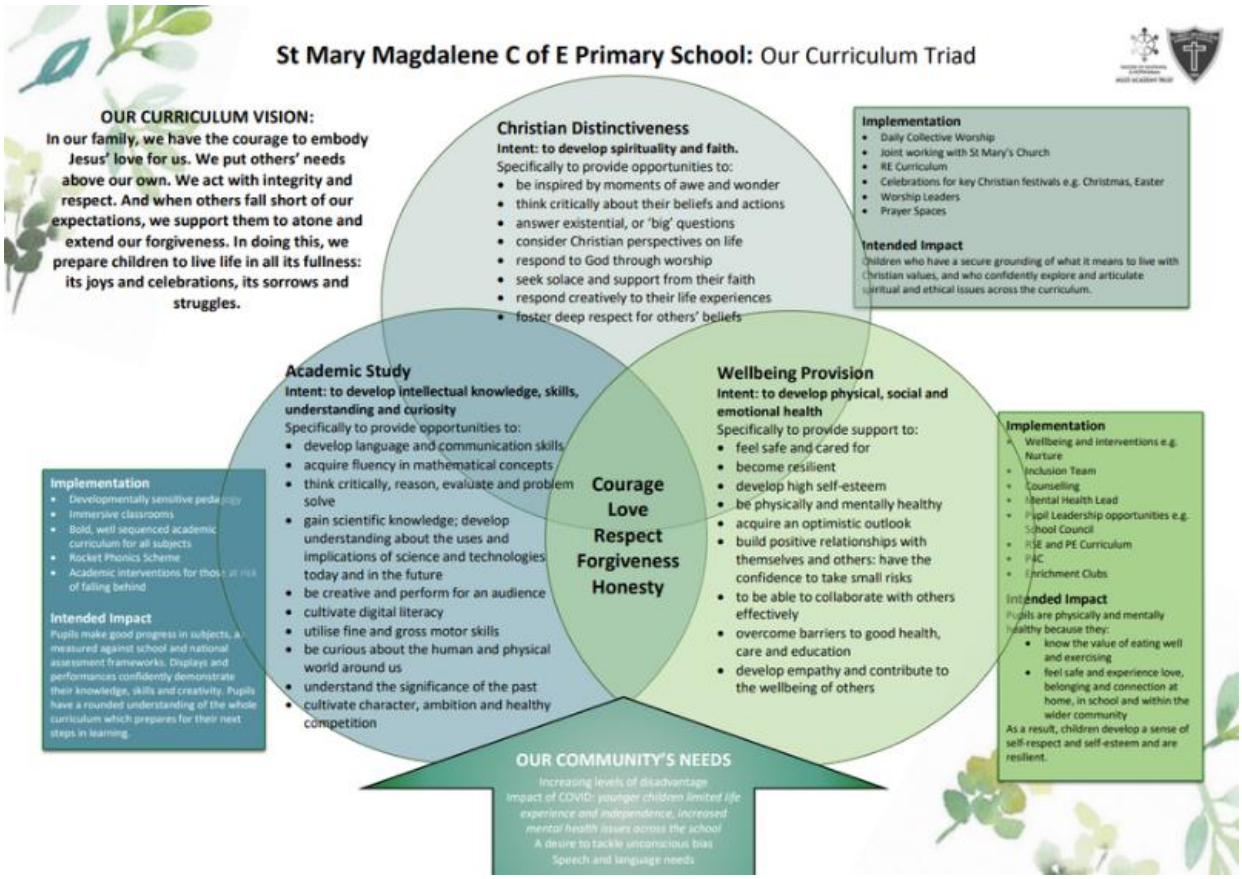
- Factors that put pupils at risk of SEMH difficulties, such as low self-esteem, physical illnesses, academic difficulties and family problems
- That that some groups of pupils are more vulnerable to mental health difficulties than others; these include LAC, pupils with SEND and pupils from disadvantaged backgrounds.
- The fact that risks are cumulative and that exposure to multiple risk factors can increase the risk of SEMH difficulties
- 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

- 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. The school actively promotes resilience to help encourage positive SEMH and poor behaviour is managed in line with the school's Behaviour Policy. Pupils' data is reviewed on a termly basis by the SLT so that patterns of attainment, attendance or behaviour are noticed and can be acted upon if necessary.

An effective pastoral system is in place so that every pupil is well known by at least one member of staff, for example, a year group teacher, who can spot where disruptive or unusual behaviour may need investigating and addressing. Behaviour and pastoral issues are routinely reviewed as part of SLT meetings.

Principle 3: A Curriculum to promote resilience and support social and emotional learning

The school's curriculum vision denotes equal importance on mental health and wellbeing, as it does on Christian distinctiveness, and academic study:



The curriculum for RSE specifically teaches pupils about mental health routinely every year using the following objectives:

Mental Health A person's mental condition	EYFS	1. **Name** a range of emotions
	KS1	1. **Judge** how they are feeling and whether how they are behaving is appropriate 2. **Know** what bullying is and its impact on mental wellbeing

	LKS2	1. **Describe** the impact of emotive events (e.g. loss, achievement, prejudice) and positive action (e.g. rest, diet, hobbies and exercise) on mental wellbeing **2. Recognise** the impact that social media can have on mental wellbeing
	UKS2	1. **Examine** how theirs and others' experiences impact on mental health (e.g. prejudice, loss, setbacks, use of drugs, smoking/vaping, diet, exercise) 2. **Establish** what support is available when choices go wrong. **3. Address** the negative impact that social media can have on mental wellbeing and steps we can take to protect ourselves.

Other key concepts interleaved with mental health are also taught in RSE and PE. Further information on both these areas can be found here:

- PE Progression Map
- RSE Progression Map
- Wider Curriculum Concept Curriculum

As a school, we also priorities outdoor learning, an approach renowned for its benefits for mental health.

Principle 4: Targeted Support and Referral: A Graduated Response

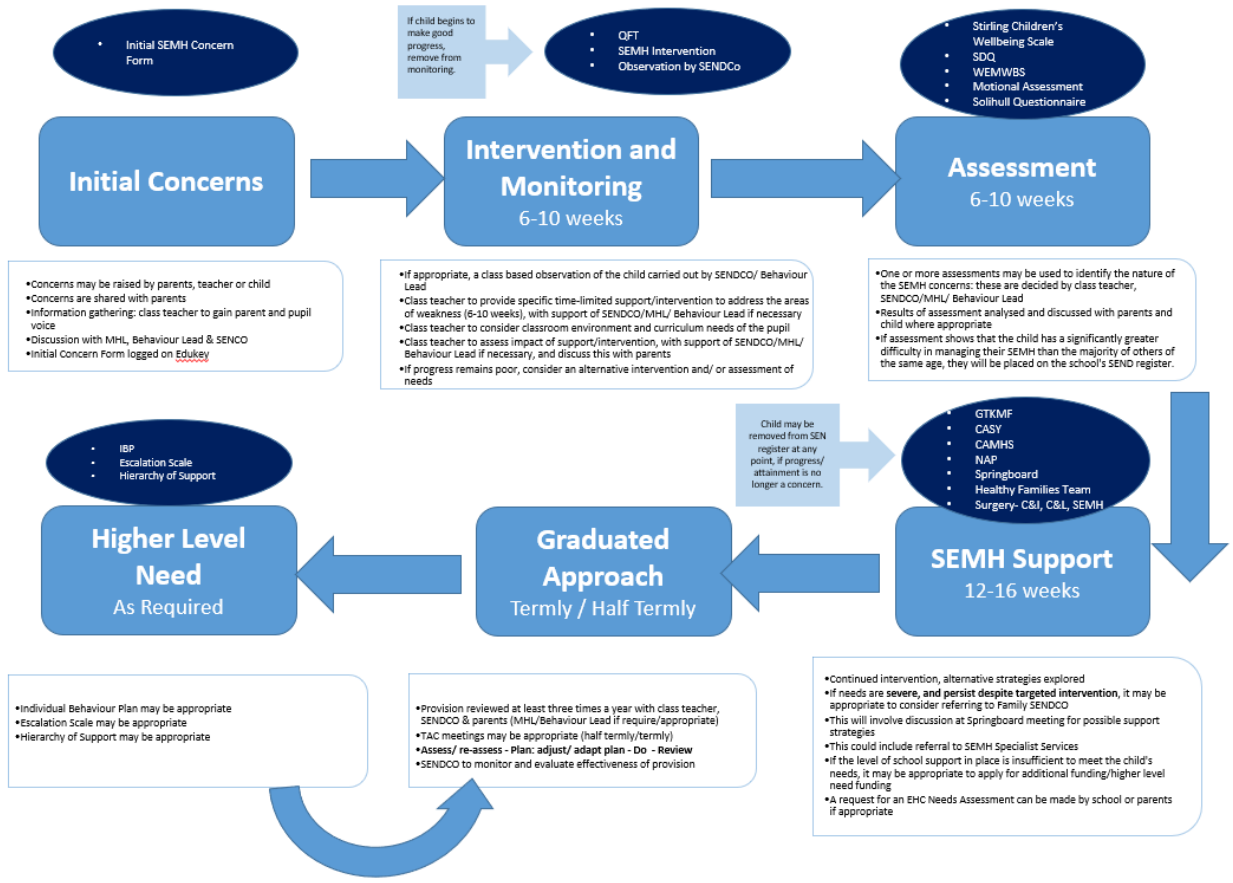
The school is committed to identifying pupils with SEMH difficulties at the earliest stage possible. Staff are trained to identify possible mental health problems and understand what to do if they spot signs of emerging difficulties.

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.

Staff members are aware of the early signs that may indicate a pupil is struggling with their SEMH:

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	Poor awareness of personal space
Task avoidance	Challenging behaviour	Restlessness/over-activity	Non-compliance	Lack of personal boundaries
Mood swings	Disproportionate reactions to situations	Perceived injustices	Difficulties with change/transitions	Lack of empathy
Impulsivity	Physical aggression	Verbal aggression	Absconding	Eating issues

When staff suspect that a pupil is experiencing mental health difficulties, the following graduated response is followed:



A large scale copy of this diagram can be found here.

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.

The school recognises that mental health difficulties can begin, and escalate more quickly for these children, and therefore reserves the right to progress a child more quicky through the graduated response, should the need arise. For example, in response to the following:

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 uses 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 works 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) are 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 seeks advice from the VSH to determine the best way to support the pupil.
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 supports pupils when they have been through ACEs, even if they are not presenting any obvious signs of distress – early help is likely to prevent further problems. Support may come from the school's existing support systems or via specialist staff and support services.
SEND and SEMH	• The school recognises it is well-placed to identify SEND at an early stage and works with partner agencies to address these needs. The school's full SEND identification and support procedures are available in the SEND Policy. • Where pupils have certain types of SEND, there is an increased likelihood of mental health problems. For example, children with autism or learning difficulties are significantly more likely to experience anxiety. • Early intervention 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

<table>
<tr><td></td><td>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 ensures 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.</td></tr>
<tr><td>Risk factors and protective factors</td><td>• 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.
• Table 1 in the appendices section displays common risk factors for SEMH difficulties (as outlined by the DfE) that staff remain vigilant of, and the protective factors that staff look for and notice when missing from a pupil:</td></tr>
<tr><td>Suicidal Behaviour</td><td>
<table>
<tr><th>Speech</th><th>Behaviour</th><th>Mood</th></tr>
<tr><td>The pupil has mentioned the following:</td><td>The pupil displays the following behaviour:</td><td>The pupil often displays the following moods:</td></tr>
<tr><td>Killing themselves</td><td>Increased use of alcohol or drugs</td><td>Depression</td></tr>
<tr><td>Feeling hopeless</td><td>Looking for ways to end their lives, such as searching suicide online</td><td>Anxiety</td></tr>
<tr><td>Having no reason to live</td><td>Withdrawing from activities</td><td>Loss of interest</td></tr>
<tr><td>Being a burden to others</td><td>Isolating themselves from family and friends</td><td>Irritability</td></tr>
<tr><td>Feeling trapped</td><td>Sleeping too much or too little</td><td>Humiliation and shame</td></tr>
<tr><td>Unbearable pain</td><td>Visiting or calling people to say goodbye</td><td>Agitation and anger</td></tr>
<tr><td></td><td>Giving away possessions</td><td>Relief or sudden improvement, e.g. through self-harm activities</td></tr>
<tr><td></td><td>Aggression</td><td></td></tr>
<tr><td></td><td>Fatigue</td><td></td></tr>
<tr><td></td><td>Self-harm</td><td></td></tr>
</table>
</td></tr>
</table>

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.

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.

Misbehaviour, Suspensions and Exclusions

When suspension or exclusion is a possibility, the school considers 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 there are concerns over behaviour, the school carries out an assessment to determine whether the behaviour is a result of underlying factors such as undiagnosed learning difficulties, child protection concerns or mental health problems, in line with the Behaviour Policy.

Where underlying factors are likely to have contributed to the pupil's behaviour, the school considers 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 balances the interests of the pupil against the mental and physical health of the whole school community

Safeguarding

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

Principle 5: Identifying and monitoring the impact of interventions

The following internal interventions are offered by the school to support a child's mental health. The impact of these interventions is monitored as appropriate to the session; this could be through changes in a child's behaviour, level of engagement, or mood. This will be monitored by the child's class teacher and the SENCO. The SENCO is responsible for quality assuring the quality of intervention delivery.

Intervention	What is the purpose of this intervention?
ELSA	An **ELSA** (Emotional Literacy Support Assistant) intervention is a short-term, structured school program designed to build the emotional and social skills of children and young people so they can cope with life challenges and engage better with their learning.
Lego Therapy	This intervention promotes social interaction, turn-taking skills, sharing, collaborative problem-solving and the learning of concepts. It can be used to target goals around social skills, language and motor skills.
Drawing and Talking	Drawing and Talking is a safe and gentle approach, which provides an effective way for children to process emotional pain or trauma they may be experiencing.
Solihull Parenting Programmes	This is run by staff in school for parents. It focusses on understanding children's prosocial behaviour, developing knowledge and understanding of child development, needs, behaviour and communication.

Sensory Circuits	A Sensory Circuit is a short plan of physical activities that enables children to achieve an optimal level of alertness and regulate themselves. It lasts 10-15 minutes and consists of 3 sections: Alerting Activities, Organising Activities and Calming Activities.
Circle of Friends	The 'Circle of Friends' intervention works by gathering a group of peers in a circle of friendly support to help the child with their problem solving.
Anxiety and Worry Toolkit	A range of activities that can be facilitated on a 1:1 or small group basis, covering topics such as how to approach anxiety, coping with uncertainty, distorted thinking, and addressing and conquering fears.
Queen Bee	A programme designed to support young girls with navigating friendship issues.
KIT Time	Keeping in Touch time, delivered by our Assistant SENCO. Children are given 1:1 or 1:2 time in which they can check in with a trusted adult and receive the emotional well-being support they require.

The following interventions are available through Nottinghamshire Local Authority. The impact of these interventions is monitored as appropriate to the session; this could be through changes in a child's behaviour, level of engagement, or mood. This will be monitored by the child's class teacher and the SENCO. To access these interventions, a referral will be necessary, and a waiting list is often in place:

Intervention	Service	What is the purpose of this intervention?
When big feelings get too much (anger):	Healthy Family Team (March 2026)	• Length of programme of support: 4-6 weeks (determined following assessment by the Healthy Family Teams Practitioner) • Intervention to be offered in small group or 1-1 sessions for children who struggle to manage their emotions related to anger.
Managing feelings in a healthy way (worry):	Healthy Family Team (March 2026)	• Length of programme of support: 4-6 weeks (determined following assessment by the Healthy Family Teams Practitioner • Intervention to be offered in small group or 1-1 sessions for children who struggle to manage their emotions related to worry.
How I feel about me (self-esteem):	Healthy Family Team (March 2026)	• Length of programme of support: 4-6 weeks (determined following assessment by the Healthy Family Teams Practitioner • Intervention to be offered in small group or 1-1 sessions for children who struggle with self confidence.
Hurting myself:	Healthy Family Team (March 2026)	• Length of programme of support: 4-6 weeks (determined following assessment by the Healthy Family Teams Practitioner • Intervention to be offered in 1-1 sessions for children who are presenting with self-harming behaviours.
Healthy relationships:	Healthy Family Team (March 2026)	• Length of programme of support: 4-6 weeks (determined following assessment by the Healthy Family Teams Practitioner • Intervention to be offered in small group or 1-1 sessions for children who at risk of unhealthy relationships/inappropriate relationships, including those online.
Healthy habits around sleep:	Healthy Family Team	• Length of programme of support: 4-6 weeks (determined following assessment by the Healthy Family Teams Practitioner

	(March 2026)	• Intervention to be offered to parents and children in small group or 1-1 sessions for children who struggle with issues related to sleep.
Forest Schools	NAP	An active approach to outdoor learning which supports the development of resilience within children whilst also enhancing their social, emotional and mental health. This is usually offered a 6 week block.
White Post Form	NAP	Hands-on animal interaction and sensory-focused experiences tailored to meet the social, emotional, and therapeutic needs of students.
Rooted Therapy	NAP	Provides a reflective space for qualified or in-training therapists working with adults, children, and young people to meet, discuss, and process clinical work.
Play Therapy	NAP	Part of the ELF curriculum, these structured sessions utilize art activities to help pupils explore and express their emotional responses.
Counselling	CASY	A confidential counselling scheme delivered in school by an outside professional for a 6-8 week block. Parental permission required.

Principle 6: Stakeholders - enabling pupil voice to influence decisions

Pupils play a key role in the shape of RSE lessons at St Mary's. Sessions are taught through a 'Philosophy for Children (P4C) approach, facilitated by staff members. P4C involves regular classroom enquiries in which facilitators share a pre-planned stimulus linked to our RSE curriculum concepts (mental health, physical health, identity, equality, consent, safety & relationships). Pupils are then invited to formulate questions that capture what they find curious about these concepts. With the support of a teacher as facilitator, P4C participants explore these questions drawing on the perspectives of others to deepen their own understanding. P4C concludes with reflection on the process of enquiry and on the skills and dispositions that P4C develops: critical, creative, caring and collaborative thinking. During these reflections, learners also influence the direction of their next enquiry.

Beyond this, pupils are also consulted regularly on curriculum decisions and approaches in school. Subject leaders routinely ask them about their learning experiences.

Principle 7: Stakeholders - working with parents and carers

The family plays a key role in influencing children's mental health and wellbeing. There is strong evidence that well implemented universal and targeted interventions supporting parenting and family life that offer a combination of emotional, parenting and practical life circumstances have the potential to yield social as well as economic benefits.

Our school works with parents wherever possible to ensure that a collaborative approach is utilised which combines in-school support with at-home support, offering joint interventions programmes such as '**Solihull Parenting Programmes'.**

The school ensures that pupils and parents are aware of the mental health support services available from the school via the website, newsletter and regular updates about changes to policies.

Principle 8: Stakeholders - staff development

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

The SLT will promote DPE to ensure that staff can recognise common symptoms of mental health problems, understand what represents a concern, and know what to do if they believe they have spotted a developing problem. These are shared through half termly safeguarding updates and training.

Clear processes are in place to help staff who identify SEMH problems in pupils escalate issues through clear referral and accountability systems.

Staff 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.

Monitoring and Review

The policy is reviewed on an 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.

St Mary Magdalene C of E Primary School
Headteacher: Miss S Robinson
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Appendices

St Mary Magdalene C of E Primary School
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Risk and Protective Factors

	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 • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long-term relationships or the absence of severe discord
In the school	• Bullying including online (cyber bullying) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer-on-peer abuse • 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 process • Understand their role in, and are part of, effective multi-agency working • Appropriate procedures in place to ensure staff are confident enough 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

St Mary Magdalene C of E Primary School
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DIOCESE OF SOUTHWELL & NOTTINGHAM MULTI ACADEMY TRUST

ST MARY MAGDALENE PRIMARY SCHOOL 1869

SEMH Initial Cause for Concern - Supporting Information

Child's name:	Date of initial concern:	D.O.B:	Year group:

Area of Concern	Not apparent	Sometimes Apparent	Often apparent
Consistent Red Cards			
Anxiety			
Poor awareness of personal space			
Lack of personal boundaries			
Lack of empathy			
Eating issues			
Absconding			
Difficulties with change/transitions			
Disproportionate reactions to situations			
Perceived injustices			
Verbal aggression			
Physical aggression			
Impulsivity			
Mood swings			
Non-compliance			
Restlessness/over-activity			
Challenging behaviour			
Task avoidance			
Speech anxiety/reluctance to speak			
Lethargy/apathy			
Poor personal presentation			
Failure to engage			
Refusing to accept praise			
Isolating themselves			
Low self-worth			
Unable to make choices			
Avoiding risks			
Being withdrawn			
Low mood			
Unable to make and maintain friendships			
Daydreaming			

Additional Information/Summary of Concerns: (Issue)

Details of Graduated Response: (Class Action)

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ACES:

Please highlight if the child has experienced any of the below:

2. ACEs	Did this ever happen to you as a child *before you were 10 years old?*	Score
Emotional Abuse	Did a parent or other adult in the household **often or very often,** swear at you, insult you, put you down **and/or** threaten you in a way that made you think that you might be physically hurt? ☐ No ☐ YES *If yes, enter 1 →*	
Physical Abuse	Did a parent or other adult in the household **often or very often…**push, grab, slap, or throw something at you? **Or** ever hit you so hard that you had marks or were injured? ☐ No ☐ YES *If yes, enter 1 →*	
Sexual Abuse	Did an adult or person at least 5 years older **ever** touch or fondle or have you touch their body in a sexual way? Did anyone attempt or actually have oral, anal, or vaginal intercourse with you? ☐ No ☐ YES *If yes, enter 1 →*	
Emotional Neglect	Did you **often or very often** feel that no one in your family loved you or thought you were important or special? **Or** your family didn't look out for each other, feel close to each other, or support each other? ☐ No ☐ YES *If yes, enter 1 →*	
Physical Neglect	Did you **often or very often** feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? **Or** your parents were too drunk or high to take care of you or take you to the doctor if you needed it? ☐ No ☐ YES *If yes, enter 1 →*	
Mother Treated Violently	Was your mother or stepmother often, or very often pushed, grabbed, slapped; or had something thrown at her? Sometimes, often, or very often kicked, bitten, hit with a fist or something hard? Ever threatened or hurt by a knife or gun or other weapon? ☐ No ☐ YES *If yes, enter 1 →*	
Household Substance Abuse	As a child, did you ever live with anyone who was a problem drinker or alcoholic **or** lived with anyone who used street drugs? ☐ No ☐ YES *If yes, enter 1 →*	
Household Mental Illness	Was a household member ever depressed; mentally ill **or** sent to a mental hospital? Has a family member ever attempted suicide? ☐ No ☐ YES *If yes, enter 1 →*	
Parental Separation/Divorce	As a child, were your parents ever separated (didn't live together) or divorced? ☐ No ☐ YES *If yes, enter 1 →*	
Incarcerated Household Member	Did a household member ever go to prison, or was constantly in and out of jail? ☐ No ☐ YES *If yes, enter 1 →*	
	TOTAL ACE SCORE	

Outcome of Discussion/ Further actions

Completed by:

Date:

St Mary Magdalene C of E Primary School
Headteacher: Miss S Robinson
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Impact (Please complete after 6 weeks to assess impact of class action)

Date of impact review:

Area of Concern	Not apparent	Sometimes Apparent	Often apparent
Consistent Red Cards			
Anxiety			
Poor awareness of personal space			
Lack of personal boundaries			
Lack of empathy			
Eating issues			
Absconding			
Difficulties with change/transitions			
Disproportionate reactions to situations			
Perceived injustices			
Verbal aggression			
Physical aggression			
Impulsivity			
Mood swings			
Non-compliance			
Restlessness/over-activity			
Challenging behaviour			
Task avoidance			
Speech anxiety/reluctance to speak			
Lethargy/apathy			
Poor personal presentation			
Failure to engage			
Refusing to accept praise			
Isolating themselves			
Low self-worth			
Unable to make choices			
Avoiding risks			
Being withdrawn			
Low mood			
Unable to make and maintain friendships			
Daydreaming			

Next Steps:

St Mary Magdalene C of E Primary School
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The Stirling Children's Wellbeing Scale

Here are some statements or descriptions about how you might have been feeling or thinking about things over the past couple of weeks.

For each one please put a tick in the box which best describes your thoughts and feelings; there are not right or wrong answers.

	Statements	Never	Not much of the time	Some of the time	Quite a lot of the time	All of the time
1	I think good things will happen in my life	1	2	3	4	5
2	I have always told the truth	1	2	3	4	5
3	I've been able to make choices easily	1	2	3	4	5
4	I can find lots of fun things to do	1	2	3	4	5
5	I feel that I am good at some things	1	2	3	4	5
6	I think lots of people care about me	1	2	3	4	5
7	I like everyone I have met	1	2	3	4	5
8	I think there are many things I can be proud of	1	2	3	4	5
9	I've been feeling calm	1	2	3	4	5
10	I've been in a good mood	1	2	3	4	5
11	I enjoy what each new day brings	1	2	3	4	5
12	I've been getting on well with people	1	2	3	4	5
13	I always share my sweets	1	2	3	4	5
14	I've been cheerful about things	1	2	3	4	5
15	I've been feeling relaxed	1	2	3	4	5

St Mary Magdalene C of E Primary School
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Strengths and Difficulties Questionnaire

T 4-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's Name ..... Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children (treats, toys, pencils etc.)	☐	☐	☐
Often has temper tantrums or hot tempers	☐	☐	☐
Rather solitary, tends to play alone	☐	☐	☐
Generally obedient, usually does what adults request	☐	☐	☐
Many worries, often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐
Often unhappy, down-hearted or tearful	☐	☐	☐
Generally liked by other children	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other children	☐	☐	☐
Often volunteers to help others (parents, teachers, other children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets on better with adults than with other children	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Sees tasks through to the end, good attention span	☐	☐	☐

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

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Overall, do you think that this child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
☐	☐	☐	☐

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
☐	☐	☐	☐

- Do the difficulties upset or distress the child?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

- Do the difficulties interfere with the child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
PEER RELATIONSHIPS	☐	☐	☐	☐
CLASSROOM LEARNING	☐	☐	☐	☐

- Do the difficulties put a burden on you or the class as a whole?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

Signature ..... Date .....

Class Teacher/Form Tutor/Head of Year/Other (please specify:)

Thank you very much for your help

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Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)

Below are some statements about feelings and thoughts.

Please select the answer that best describes your experience of each over the last 2 weeks.

	None of the Time	Rarely	Some of the Time	Often	All of the Time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

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Short Warwick Edinburgh Mental Wellbeing Scale (S) WEMWBS

Below are some statements about feelings and thoughts.

Please select the answer that best describes your experience of each over the last 2 weeks.

	None of the Time	Rarely	Some of the Time	Often	All of the Time
I've been feeling optimistic about the future	**1**	**2**	**3**	**4**	**5**
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5

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Guidance for practitioners: https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/using/register/resources