# MANSTON PRIMARY SCHOOL

# MENTAL HEALTH AND WELLBEING POLICY

*Manston Primary is committed to safeguarding and promoting the wellbeing of all children and expects our staff and volunteers to share this commitment.*

Policy reviewed by: James Clay, Kirsty Thorpe and Full Governing Body

Date: October 2023          Review Date:  September 2025

This policy will be reviewed earlier following any concerns and/or updates to national and local guidance or procedures.

# Key Contact Personnel in School

**Nominated Member of Leadership Staff Responsible for the policy:**
**James Clay – Head Teacher**

**Nominated Governor Responsible for Emotional Health and Wellbeing:**
**An Joul**

## Lead Members of Staff

Whilst all staff have a responsibility to promote the mental health of pupils, the staff with a specific, relevant remit include:

- Mr James Clay – Headteacher and Mental Health First Aider
- Miss Kirsty Thorpe – Safeguarding and Welfare Officer, Mental Health Lead and First Aider
- Ms Suzanne Roxby – SENDCo
- Mrs An Joul – Learning Mentor

## 1. Scope

This document describes Manston Primary school's recognition of the need for an SEMH Policy, and details their approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors as well as parents and carers.

This policy should be read in conjunction with our Safeguarding and Child Protection, Attendance and Medical Conditions Policies in cases where a pupil's mental health overlaps with or is linked to a medical issue, and the SEND policy and SEND local offer where a pupil has an identified special educational need.

## 2. Policy Statement

Mental health is a state of well-being in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community *(World Health Organisation).*

At our school, we aim to promote positive mental health and wellbeing for every member of our staff, pupils and parents/carers. We pursue this aim using whole school universal approaches, as well as both specialised, and targeted approaches aimed at vulnerable pupils when needed.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils affected both directly, and indirectly by mental ill health.

The implementation of this policy will aid with promoting positive mental health in our school by:
- Giving a cohesive and co-ordinated approach to mental health,

- Raising awareness as to how the whole school community can look after their own mental health and that of others,
- Helping to de-stigmatise mental health,
- Supporting people and provide opportunities that enable everyone to reach their potential,
- Strengthening relationships and provide opportunities for different ways of working,
- Providing secure emotional foundations for life-long learning, and
- Promoting and strengthening resilience throughout the whole school community to empower everyone to face life's challenges.

This policy promotes positive mental health and wellbeing. It is a working document and has been developed in consultation with the whole school community. This policy must be reviewed at least every two years.

## 3. Wellbeing Policy Aims
**The aims of the policy are to:**
- Promote positive mental health and wellbeing in all staff, pupils, parents and carers,
- describe Manston Primary School's approach to mental health and wellbeing for its staff, pupils and parent/carers,
- increase understanding and awareness of common mental health issues so as to facilitate early intervention of mental health problems,
- alert staff to early warning signs and risk factors of mental health to all staff, including non-teaching staff and governors,
- Provide and support to staff working with pupils and young people who suffer, who have suffered from mental health issues, and
- provide support to pupils who suffer from mental health issues, their peers and parents/carers.

## 4. Statement of Intent
Manston Primary is passionate about making a positive difference to the lives of young people. We believe in teamwork; working with each other, with teachers and colleagues across the school, with the wider school community and most importantly with the young people in our school to help get the best support for all. We act with determination and pace to ensure that support is implemented at the earliest possible stage so that our everyone can reach their full potential and our pupils leave Manston ready to continue their learning journey with not only the required academic knowledge and skills to be successful in whatever they choose to do in the future, but the emotional knowledge and skills also. Whatever issues our students, their families, the school, our team or the community face, we always support, react and pull together.

Finally, we are committed to making a positive difference; we are not passive players in young people's lives, but active participants who can and do make a real sustainable difference. These reflect the school's curriculum intent statement and core values, in particular 'Be Safe', 'Be Trusted', 'Achieve' and to 'Respect'.

## 5. Manston Primary's Mission Statement
The mental health of children and young people, adults in schools, parents and carers and the wider whole school community will impact on all areas of development, learning, achievement and experiences.

All children and young people have the right to be educated in an environment that supports and promotes positive mental health for everybody. All adults have the right to work in an environment that supports and promotes positive mental health for everybody.

There is a substantial body of research evidence to suggest that young people's social emotional and mental health (SEMH) needs have a significant impact on all aspects of their life including their learning and progress through the curriculum, behaviour in school and attendance, further training and employment and general life chances. Social media and new technology is also linked to increasing risks of poor SEMH. Everyone experiences life challenges that can make us vulnerable. At times, anyone may need additional support to maintain or develop good mental health.

- 1 in 10 children and young people aged 1 – 15 years have a clinically recognisable mental disorder in any one year
- 1 in 4 adults will experience mental health difficulties; at least half of these difficulties can be traced back to childhood

Manston Primary recognise these needs and rights and are committed to raising awareness, increasing understanding and ensuring that all members of our school community can and do make a difference by providing a place where all children and young people feel safe, secure and able to achieve and experience success and wellbeing.

We aim to offer a learning environment that promotes and enhances positive mental health. Our consistent approach means that the school environment and school ethos all promote the mental health of the whole school community and it is embedded into all aspects of or school life.

Manston Primary and its stakeholders will use this policy to serve as guidance for pupils, staff and parents/carers with regards to effectively supporting their mental health and wellbeing. It details the expectations of everyone, as well as what help and support is available at universal, targeted and specialist levels. It also details how this support may be screened using referral pathways from individuals, how the impact of such support will be measured and how the school will ensure that the support is quality assured to ensure the support is appropriate and necessary.

At Manston Primary, this will primarily be done by:
- Ensuring that the child stays at the centre of every conversation.
- We prioritise those who need our help most, but we intervene with all.
- When young people are here, we can support and educate them – attendance matters.
- Young people learn best when there are clear rules and simple consequences.
- Staff teach best when there are clear rules and simple consequences.
- We use evidence-based practice for all our interventions and practices.

In order for this to be successful, you can expect members of our school community to
- Ensure notes are kept up to date.
- Have read and understood section one of the latest Keeping Children Safe in Education.
- Make sure we know our behaviour, SEMH, attendance and safeguarding policies and protocols.
- Attend duties to support the wider school community.
- Attend meetings on time and prepared.
- Ensure wave one pastoral and support work is evidenced.
- Speak to students, staff and each other with courtesy, respect and understanding.

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to a mental health lead in the first instance. If there is a fear that the pupil is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to the designated safeguarding lead or the headteacher. If the pupil presents a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

At Manston Primary school, pupils have ample opportunities and means to voice how they are feeling:
- Check in classroom circles at the beginning and at the end of the day,
- Opportunities throughout the day to place their name on the zone of regulations (and for these to be picked up by staff if needed),
- School council,
- SEMH Support (via class staff, school learning mentor or external support),
- Staff rated SEMH Health of all pupils,
- Child contact logged on CPOMS, and emotional support picked up by relevant staff,
- Pupil Questionnaires,
- Parent/Carer Questionnaires,
- You, Me PSHE Questionnaire.

All of the above also provide opportunities for our pupils to share their views on their own, and others, wellbeing and are actioned appropriately and effectively by staff and recorded on our online monitoring system, CPOMS.
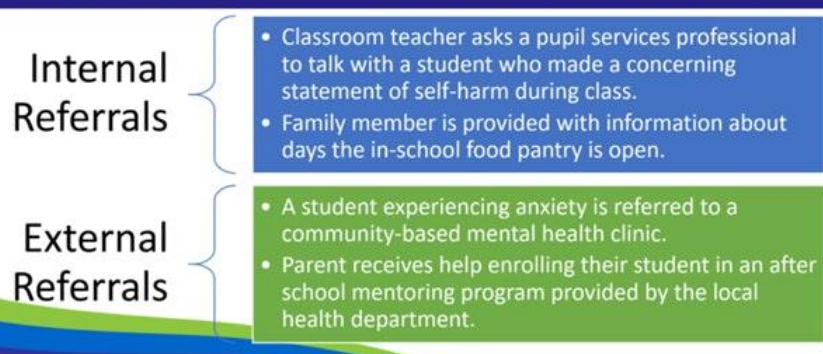
## 6. Screening and Referral Pathways

Referral pathways can be defined as the way in which schools connect young people with an appropriate intervention, either internally or with external agencies. Referral pathways as used in this policy refer to those which promote social, emotional and behavioural wellbeing to reduce risk factors and enhance protective factors.

Referral pathways are utilised when a student progresses beyond the universal offer which a school has in place (detailed further on in the policy). Referral pathways are used to ensure that young people receive the correct support as quickly as possible.

As alluded to above, internal referrals are where a student is directed to and supported by interventions which take place on the school site, often by school staff or by paid for bought in services. For example, a family get in contact to say they are worried about their son who seems anxious all the time. This would be referred to the Safeguarding and Welfare Officer or SENDCo who may then organise for the learning mentor to do some work around anxiety, looking at both the causes and the solutions. External referrals are made to local services who deliver interventions outside of school. These agencies will often deal with the family directly and provide information back to school. For example, if a student is seen to have significant suicidal ideation a referral might be made to a local Mental Health Support Team or CAMHS.

The diagram below explains this also:
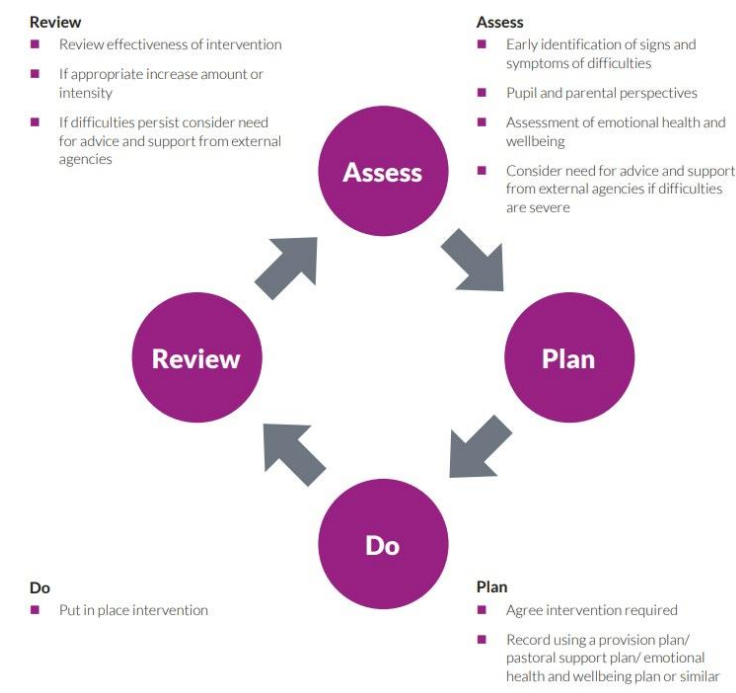
## Internal and External Referrals

**Internal Referrals**
- Classroom teacher asks a pupil services professional to talk with a student who made a concerning statement of self-harm during class.
- Family member is provided with information about days the in-school food pantry is open.

**External Referrals**
- A student experiencing anxiety is referred to a community-based mental health clinic.
- Parent receives help enrolling their student in an after school mentoring program provided by the local health department.

**Identify and Triage**

At Manston Primary School, we use a variety of means and tools to screen our pupils wellbeing and mental health needs, as well as identify what their specific areas of needs are.

Every half term, the Safeguarding and Welfare Officer and SENDCo meet and RAG [Red, Amber and Green] rate every pupil's mental health. If a pupil's mental health is graded as red (highly concerning and having a massive impact on the child's development) or amber (concerning which is beginning to impact the child's development), then staff decide on an appropriate intervention to be implemented to support their SEMH needs. This may be some work which is carried out directly but the class teacher or teaching assistant, or the learning mentor during her allocated SEMH support time.

Staff also complete a Strengths and Difficulties Questionnaire (SDQs) for children. The results of the SDQ determines the child's current area of needs (detailed further on in this policy) and work is then conducted by the learning mentor around the highest area of need. It is our aim that from these sessions, the child will gain the skills and knowledge to be able to regulate themselves effectively, and have improved wellbeing in this area.



**Review**
- Review effectiveness of intervention
- If appropriate increase amount or intensity
- If difficulties persist consider need for advice and support from external agencies

**Assess**
- Early identification of signs and symptoms of difficulties
- Pupil and parental perspectives
- Assessment of emotional health and wellbeing
- Consider need for advice and support from external agencies if difficulties are severe

**Do**
- Put in place intervention

**Plan**
- Agree intervention required
- Record using a provision plan/ pastoral support plan/ emotional health and wellbeing plan or similar

Also, at the end of each term, the Safeguarding and Welfare Officer and SENDCo complete a graduated response cycle with class teachers (see image below):

As part of the graduated response cycle, student voice, parent/family voice and teacher feedback is taken into consideration and an extensive discussion is had to triage what support would be the best for the child's needs. The graduated response is completed and shared with all staff so that they know what current work and support is being done, and what the next steps are to support the child and/or family.

**Refer**
Some referrals come from ongoing discussions and meeting with other members of staff and/or All referrals for interventions are support are either made by the SENDCo or the Safeguarding and Welfare Officer.

All referrals and discussions around these are recorded on. These referrals and evidence from graduated responses are then available to be used in further discussions at a referral meeting or strategy meeting if deemed necessary.

**Quality Assurance**
It is vital that SEMH interventions and support are quality assured to ensure that pupils are receiving support that a) meets their needs, and b) reflects the overall aims and purpose of the intervention.

As aforementioned in identify and triage, SDQs [Appendix A] are used to as a screening tool to identify a child's area of need. Once the half term's work has been completed, a further SDQ is completed, and an evaluation is conducted as to whether the score has decreased and whether SEMH support needs to continue. This may remain in-house in school, or it may be decided that a referral to an external agency may be more appropriate. This will always be discussed with parents and carers.

The learning mentor will also complete an intervention evaluation form [Appendix B] to see whether the scope of work that was carried out was effective on meeting the child's SEMH needs, and whether anything else has been identified.

Records of these SDQs and evaluations are kept on the school's CPOMS Monitoring system, as well as some details added to our MIS System, ScholarPack.

In some instances, entry and exit questionnaires [Appendix C] are useful in collecting both quantitative and qualitative data. Using these tools, staff assess a pupil before the intervention starts, including on how they feel, their grades, attendance and so on. It may be relevant to also collect parent and staff voice on this. The same questions are then asked later on in the school term, looking at the same metrics again. This allows some analysis of the impact of interventions and provides us with evidence to support whether or not the intervention has been able to meet their child's needs.

It is also important to us as a school that we have our processes and strategies quality assured and challenged by other stakeholders, to ensure that we are doing our very best for our pupils. We do this by:
- Audits of our SEMH screening tools and evaluation of the efficacy of these,
- Governor Visits/meetings,
- Feedback from other stakeholders in our school community, including parents and school councillors.


## 7. Support

Manston Primary School recognise that there is a **universal** nature to mental health and all pupils have the right to learn and understand their mental health. But we also know that sometimes mental health requires additional support, this could be **targeted** - additional

support offered to support mental health for identified pupils, or groups of pupils, or **specialist** - additional interventions by a trained professional following individual assessments.

The evidence-based interventions in this policy have been grouped into Universal, Targeted and Specialist to support us to follow a graduated approach to SEMH and to identify the correct level of intervention based on need.

- Universal interventions are for all,
- Targeted interventions are for some,
- Specialist interventions are for a few.

Beyond the universal offer is the 'targeted' interventions. These are used when a student is showing signs of poor mental wellbeing. There may also be bought in interventions, such as art therapy. Indicated interventions, sometimes referred to as specialist, are often external agencies who work with young people who are already demonstrating significant distress and functional impairment. Examples of these interventions are CAMHS support, local counselling services, targeted anxiety work, family support or family therapy.
Further details of what these interventions may entail can be found in Manston Primary School's toolkit of evidence-based interventions to promote the inclusion of children and young people who have SEMH needs.

It should be noted that these interventions can also be used with staff, and parents and carers and also, and further details on local support groups and classes are available from the Safeguarding and Welfare Officer upon request.

## *Universal*

### **Nurture Groups**
Nurture groups were initially developed by Marjorie Boxall in 1969, in order to immerse children in an accepting and warm environment, and to enable them to form positive relationships in school.

Nurture groups usually consist of between 6 and 12 pupils, usually supported by two members of staff. Children remain a part of their usual class but spend part of the school day in the nurture group setting. The amount of time spent in the nurture group is dependent on the needs identified, and this is usually done by the Boxall Profile, an assessment tool which focuses on these areas.

### **Coaching**
Coaching is a method that can be used to support school staff to develop their practice by providing an opportunity to set goals and work towards achieving them. Coaching can be carried out with a member of school staff by an outside professional (for example, an Educational Psychologist) or can be carried out between colleagues. There are many similarities between coaching and mentoring, which is also frequently used in schools to develop practice, however there are some key characteristics to coaching that make the process different.

Coaching uses a focused model to structure each session. There are several different models used by coaches, however these generally follow a similar routine of supporting the 'coachee' to identify what is currently working well, and the skills that they already possess. The session will typically also involve supporting the coachee to identify areas of their practice they would like to improve, or skills they would like to develop further, and setting these as outcomes.

Whereas other support processes such as mentoring, involve passing on knowledge and experience and offering solutions to problems, coaching instead relies on supporting the coachee to identify their own solutions and answers. The process typically consists of a number of regular sessions between the coach and coachee, where progress is discussed, and new outcomes and targets set as needed.

## Mindfulness
Mindfulness means knowing directly what is going on inside and outside ourselves, moment by moment.

Mindfulness interventions involve attending to the present moment without judgement or attachment to any particular outcome. The aim of mindfulness is to learn to be aware of thoughts and bodily sensations in order to be able to better cope with daily emotions and challenges

## Playfulness, Acceptance, Curiosity, Empathy (PACE)
An attitude of PACE - Playfulness, Acceptance, Curiosity, Empathy - aims to enable staff to engage with children and young people who have experienced neglect, abuse and trauma. PACE was developed by Dr Daniel Hughes (Clinical Psychologist) and research focused upon working with children and young people with attachment difficulties. The principles from PACE approaches aim to support the development of rapport and trust, and to help adults working with children and young people to build positive, secure relationships with them.  These approaches are likely to be particularly relevant for adults working as key adults, teaching assistants or mentors for children with Social Emotional and Mental Health (SEMH) needs. PACE approaches are also often part of the training that foster carers and adoptive parents receive.

## Restorative Approaches
A restorative approach in schools helps develop a healthier learning environment, where children and young people take responsibility over their own behaviour and learning. Restorative approaches enable those who have been harmed to convey the impact of the harm to those responsible, and for those responsible to acknowledge this impact and take steps to put it right.


Restorative approaches in schools focus on strengthening and repairing relationships, listening with empathy, valuing young people's opinions and being curious about what has happened. In avoiding attributing blame but encouraging insight and taking responsibility for their actions, young people are supported to develop pro-social behaviour to repair harm and develop positive relationships.


## *Targeted*

## Circles of Adults
Supporting staff in problem-solving around challenging behaviour**:** Circle of adults is a meeting where all relevant professionals can discuss issues, experiences, and concerns with a view to joint problem solving.  What is said in the meeting can be kept confidential and solutions can be fed back to parents and the young person themselves at a later date.

Firstly, the problem should be discussed, and everyone given a chance to share their thoughts. It is important to recognise that the child/young person is struggling with a problem

and that the child/young person is not the problem. Hypotheses and solutions should be kept for later on in the meeting.  It is useful to set a time limit i.e., 1.5 hrs.  Information should be recorded using the X Mind software or large graphic facilitation as below and then it can be distributed to all members of the group.

### Circle of Friends
The Circle of Friends approach seeks to develop a support network around individuals in the school community who are experiencing social difficulties. School staff seek out volunteers from the child or young person's peer group who are willing to support the child or young person who is felt to be struggling with social situations. The group meets regularly with the member of staff to problem solve with the target pupil in order to address any social difficulties that he/she may be experiencing in school.

### Emotion Coaching
Emotion coaching is based on the understanding that all behaviour is a form of communication and is driven by an emotional response. Based on research by American Psychologist John Gottman, Emotion Coaching uses moments of heightened emotion and resulting behaviour to guide and teach the child and young person about more effective responses. Through empathetic engagement, the child's emotional state is verbally acknowledged and validated, promoting a sense of security and feeling 'felt'.  This activates changes in the child's neurological system and allows the child to calm down, physiologically and psychologically. Inappropriate behaviours are addressed when the child is calmer, and the child is supported to problem solve and engage in solution-focused strategies. Emotion coaching provides a staged approach to developing scripts of how to respond to pupil's when their emotions become overwhelming.

### Staff Supervision
Staff supervision can take numerous forms and is underpinned by a range of psychological theories and approaches; however, all approaches are founded on the idea of providing regular opportunities to review, reflect, evaluate and develop professional practice in a safe, supportive environment.

An overwhelming majority of the UK's education professionals have suffered mental health issues as a result of their jobs (YouGov, Education Support Partnership, 2017). The pressures of audit and assessment mean that teachers often have relatively little time to meet and discuss new approaches to teaching and supporting students. A frequent criticism of the outsourcing of CPD is that trainers come in, do their training and then disappear; the training tends to be superficial (Weston, 2013).

Supervision offers a solution to this and the opportunity for staff to:

• Reflect on and review their practice
• Discuss individual children and young people's needs in depth
• Explore how to change or modify practice
• Gain emotional support for challenges experienced


## *Specialist*

### Learning Mentor 1:1
Our specialist SEMH interventions provide individual support work and group work to children with a variety of SEMH needs. Common interventions and groups include:
  • Nurture groups

- Social skills
- Resilience
- Decreasing anxiety
- Understanding and managing emotions
- Taking ownership of behaviour
- Using strengths
- Mindfulness
- Anti-bullying
- Peer mentoring
- Increasing self-esteem

Every half term, the Safeguarding and Welfare Officer and SENDCo meet and complete a Strengths and Difficulties Questionnaire (SDQs) for children who have been recognised as having an SEMH needs. The results of these SDQ determine the child's current area of needs from the following: conduct, peer relationships, emotions and hyperactivity. Work is then conducted by the learning mentor around the highest area of need, with the aim that child will gain the skills and knowledge to be able to regulate themselves effectively and have improves wellbeing in this area.

At the end of the half term, the Safeguarding and Welfare Officer and SENDCo complete another SDQ and evaluate whether the score has decreased and whether SEMH support needs to continue. This may remain in-house in school, or it may be decided that a referral to an external agency may be more appropriate. This will always be discussed with parents and carers.

The learning mentor will also complete an intervention evaluation form to see whether the scope of work that was carried out was effective on meeting the child's SEMH needs, and whether anything else has been identified.

Records of these SDQs and evaluations are kept on the school's CPOMS Monitoring system, as well as some details added to our MIS System, ScholarPack.

## Lego-Based Therapy

Lego-Based Therapy is an intervention designed by Daniel LeGoff and his colleagues to promote social development in children using Lego as a resource. It was originally developed as an intervention for children with Autism Spectrum Conditions (ASC), however has successfully been used with other children with social communication difficulties.

The intervention involves children working collaboratively to create Lego models using a 'barrier' game approach. The children are encouraged to communicate, problem-solve and collaborate to complete the model, with the support of an adult. The group can consist of 2+ pupils, each with their own specific role that focuses on a specific aspect of the model building. These roles can vary with the number of children in the group, and each pupil will get to experience each of the roles. The most basic roles for groups of 2 are as follows:
- Builder – The person that puts the bricks together.
- Parts supplier – They will find and give the bricks to the builder.

As the group becomes larger, further roles can be added including:

- Engineer – This person describes the bricks that are needed in terms of size, shape and colour.

## 8. Teaching about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort we are teaching but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

## 9. Signposting

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community [Appendix E].  What support is available within our school and local community, who it is aimed at and how to access it is outlined in our SEND Local Offer [available on the website].

We will regularly highlight sources of support to students within relevant parts of the curriculum.  Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring pupils understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

## 10. Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues.  These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with Kirsty Thorpe, our mental health and emotional wellbeing lead.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g., long sleeves in warm weather
- Secretive behaviour
- Refusal to take part in PE or getting changed secretively
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

## 11. Managing disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff, so all staff need to know how to respond appropriately to a disclosure.

If a pupil chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

Staff should listen, rather than advise and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see appendix E.

All disclosures should be documented on CPOMS. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

## 12. Confidentiality

We should be honest with regards to the issue of confidentiality.  If it is necessary for us to pass our concerns about a pupil on, then we should discuss with the pupil:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We should never share information about a pupil without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead must be informed immediately.

## 13. Roles and Responsibilities

Manston Primary believe that all our stakeholders have some level of responsibility for our pupils. These can be outlined below:

| Senior Leaders | Teachers | Teaching Assistants/ Other Support Staff | Governors | Parents/Carers |
|---|---|---|---|---|
| Ensure that staff have relevant | That concerns around | That concerns around pupils are raised early with | Ensure that Senior Leaders and | Ensure that concerns are raised early |

| training and knowledge | pupils are raised early with SEMH Lead [referral via Appendix D] | SEMH Lead [referral via Appendix D] | the SEMH Lead have processes and practice quality assured, and that actions lead to positive outcomes | with class teacher/SEMH Lead/SENDCo |
|---|---|---|---|---|
| Ensure that staff and stakeholders have wellbeing support available | Ensure that if concerns are not acted upon, these are reported to Senior Leaders | Ensure that if concerns are not acted upon, these are reported to Senior Leaders | Ensure that staff and stakeholders have wellbeing support available | Concerns around other parents/carers are shared with SEMH Lead and/or Head Teacher |
| Ensure SEMH Lead has clinical supervision of practice and processes | Concerns around other members of staff need to be shared with SEMH Lead and/or Head Teacher | Concerns around other members of staff need to be shared with SEMH Lead and/or Head Teacher | Concerns around other members of staff need to be shared with SEMH Lead and/or Head Teacher | |
| That concerns are raised early with SEMH Lead [referral via Appendix D] | | | | |

## 13. Support Available for Staff/Parents/Carers and other stakeholders

At Manston Primary, SEMH support is not just available for our pupils, but all other members of our wider school community also. It is our belief that by having the emotional wellbeing met of our staff as well as parents and carers, we are in a better place to support our pupils.

Below lists some of the various networks of support that different members of our school community can access:

*Pupils*
- Learning mentor 1:1
- Self-regulation toolkits and strategies

- Art Therapy
- Child Counselling
- Counselling
- Mediation
- Well-being 1:1

### *Staff*

- Leeds Mental Wellbeing Service
- Education Support
- Occupational Health

### *Parents/Carers*

- Access to Family Group Conferencing
- Parenting programmes
- Pupil and Parent Counselling - One to One and Family Mediation.

All support can be tailored to the individual's needs, and personalised to ensure they get the very best support to improve their well-being and ensure positive outcomes are achieved.

It is Manston Primary's belief that once all the aforementioned strategies and support is implemented, effective SEMH support will be available for all of our pupils, staff, parents/carers and wider school community.

Appendix A

| | | Missing | Not True | Somewhat True | Certainly True |
|---|---|---|---|---|---|
| 1 | Considerate | | | | |
| 2 | Restless | | | | |
| 3 | Headache, stomach-ache | | | | |
| 4 | Shares | | | | |
| 5 | Irritable | | | | |
| 6 | Solitary | | | | |
| 7 | Obedient | | | | |
| 8 | Worries | | | | |
| 9 | Helpful | | | | |
| 10 | Fidgety | | | | |
| 11 | Has good friend | | | | |
| 12 | Fights, bullies | | | | |
| 13 | Unhappy | | | | |
| 14 | Popular | | | | |
| 15 | Poor concentration | | | | |
| 16 | Anxious in new situations | | | | |
| 17 | Kind to younger children | | | | |
| 18 | Lies, cheats | | | | |
| 19 | Victimised | | | | |
| 20 | Volunteers to help | | | | |
| 21 | Reflective | | | | |
| 22 | Steals | | | | |
| 23 | Relates better to adults than peers | | | | |
| 24 | Fears | | | | |
| 25 | Good attention | | | | |

## Scoring an SDQ completed by a teacher/ school staff of 4-17 year old. T1/ Baseline

- Record the answers to each question using the drop downs next to each question. (Full questions in printed versions)
- The scores auto calculate and RAG rate according to the UK population averages
- *File/Save as/ Save as type/ PDF* to save this sheet as a record of person's scores (remember the anonymous id code and date)

Download paper questionnaires  >

Clear Scores >

| | | National Averages Ages 4 -17 | | | |
|---|---|---|---|---|---|
| **Scores** | | Close to average | Slightly raised | High | Very high |
| Emotional problems | 0 | 0-3 | 4 | 5 | 6-10 |
| Conduct problems | 0 | 0-2 | 3 | 4 | 5-10 |
| Hyperactivity | 0 | 0-5 | 6-7 | 8 | 9-10 |
| Peer problems | 0 | 0-2 | 3-4 | 5 | 6-10 |
| Total Difficulties Score | 0 | 0-11 | 12-15 | 16-18 | 19-40 |
| | | Close to average | Slightly lowered | Low | Very Low |
| Prosocial | 0 | 6-10 | 5 | 4 | 0-3 |
| **Missing Questions** | | 3+ missing Qs returns 0 score for that category | | | |
| Emotional problems | 0 | | | | |
| Conduct problems | 0 | | | | |
| Hyperactivity | 0 | | | | |
| Peer problems | 0 | | | | |
| Prosocial | 0 | | | | |

**Young Person id:**

**Date:**

Appendix B

**Wave 2 – Six-week SEMH Intervention [Internal]**

**Delivered by:**

**Student:**

**Date:**

Identified barriers to learning/SEMH progress:

Overall aim/s of the intervention:

Which IEP/EHCP/other outcome/s this links to:

| Assessment Tools | Evaluation and Recommendations |
|---|---|
| SDQs before and after ☐ | |
| 5 Point emotions scales per session ☐ | |
| Record of engagement ☐ | |
| Recorded evidence of work ☐ | |
| Class teacher feedback ☐ | |
| Other ☐ | |

Appendix C

| Name | | Year Group | |
|---|---|---|---|
| Type of Intervention | | | |

| STUDENT | Entry Date: |
|---|---|

**How would you score how you feel at this current time? 1 is Extremely Poor / 10 is Excellent.**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|

**What areas do you feel you are struggling with? Please score as 1 - Not at all / 10 - Often**

| Anxiety | 1 10 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|
| Anger | 1 10 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Low Moods | 1 10 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Self-Esteem | 1 10 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Family Worries | 1 10 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Friendships / Peers | 1 10 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

**I would like support to help me:**

| PARENT | Entry Date: |
|---|---|

**How would you score how you think your son/daughter feels at this current time? Mark on the scale below, 1 is Extremely Poor, 10 is Excellent.**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|

**What areas do you feel your child is struggling with? Please score as 1 - Not at all / 10 - Often**

| Anxiety | 1 9 | 2 10 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|
| Anger | 1 9 | 2 10 | 3 | 4 | 5 | 6 | 7 | 8 |
| Low Moods | 1 9 | 2 10 | 3 | 4 | 5 | 6 | 7 | 8 |
| Self-Esteem | 1 9 | 2 10 | 3 | 4 | 5 | 6 | 7 | 8 |
| Family Worries | 1 9 | 2 10 | 3 | 4 | 5 | 6 | 7 | 8 |

| Friendships / Peers | 1 2 3 4 5 6 7 8 9 10 |
|---|---|
| **What changes would you like to see in your son/daughter following support being given?** | |
| **Did the parent return?**     YES                    NO | |

| PROFESSIONAL | Entry Date (after first session): |
|---|---|
| **How does the young person present?** | |
| **What appear to be the areas of concern?** | |
| **What intervention will take place and what is the hoped outcome?** | |

| STUDENT | Exit Date: |
|---|---|

**How would you score how you feel at this current time? 1 is Extremely Poor / 10 is Excellent.**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|

**Are these areas something you are still struggling with? Please score as 1 - Not at all / 10 - Often**

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|
| Anxiety | 1 10 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Anger | 1 10 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Low Moods | 1 10 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Self-Esteem | 1 10 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Family Worries | 1 10 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Friendships / Peers | 1 10 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

**How has this intervention helped you?**

**What didn't go so well (if anything)?**

**What will you do differently after this intervention?**

| PARENT | Exit Date: |
|---|---|

How would you score how you think your son/daughter feels at this current time?
Mark on the scale below, 1 is Extremely Poor, 10 is Excellent.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|

Are these areas something your child is still struggling with? Please score as 1 - Not at all /
10 - Often

| Anxiety | 1 2 3 4 5 6 7 8 9 10 |
|---|---|
| Anger | 1 2 3 4 5 6 7 8 9 10 |
| Low Moods | 1 2 3 4 5 6 7 8 9 10 |
| Self-Esteem | 1 2 3 4 5 6 7 8 9 10 |
| Family Worries | 1 2 3 4 5 6 7 8 9 10 |
| Friendships / Peers | 1 2 3 4 5 6 7 8 9 10 |

Have you noticed any changes in your son/daughter since support has been accessed?

| Did the parent return? | YES | NO |
|---|---|---|

| PROFESSIONAL | Exit Date (after first session): |
|---|---|

How does the young person now present or what changes have been noted?

Are any areas of concern still apparent?

What impact / outcome do you feel there has been?

Appendix D

*Manston* Cause for Support - SEMH (Social and Emotional Mental Health)

Name: Year group:

| Support | Assessments, modifications, adjustments and interventions | In place? |
|---|---|---|
| **Universal** | • Approach in line with the Positive Behaviour Management Policy | |
| | • Positive praise linked with skills builder curriculum | |
| | • Team points, individual rewards and awards given | |
| | • PSHCE | |
| | • Strategic seating plan | |
| | • Differentiated curriculum planning, activities, delivery and outcomes/success criteria | |
| | • Differentiated (personalised) teaching including questioning, teaching styles and approaches | |
| | • Access to support from **both** the class teacher/TA and learning mentor on a regular basis | |
| | • Class visual timetable | |
| | • Timer used to improve focus | |
| | • Behaviour incidents recorded and actioned appropriately and shared with parents (behaviour policy) | |
| | • Restorative practice used following above incidents | |
| **Targeted** | • Individual Behaviour support plan (IBP) or equivalent | |
| | • Individual daily/home school chart or contact with rewards for meeting IBP targets | |
| | • Pupil passport | |
| | • Time out cards | |
| | • Zones of regulation work | |
| | • Access to self-regulation resources | |
| | • Social interaction group with SaLT | |
| | • First/Next boxes | |
| | • Individual seating area | |
| | • Family support | |
| | • Individualised strategies for de–escalation of regulating emotions | |
| **Specialist** | • SEMH counselling/wellbeing sessions | |
| | • SDQ Completed to identify specific areas of need | |
| | • Risk assessment and/or positive behaviour plan | |
| | • Cluster team support  e.g. Kicks, art therapy etc | |
| | • Family support - cluster | |
| | • Educational Psychologist observations, discussion and advice | |
| | • AIP outreach support | |
| | • SENIT | |
| | • Mind Mate referral | |
| | • CAMHS | |

*__Please ensure that all of the relevant strategies in the universal support category have been tried and tick to show which have been used.__*

| Date concern logged with SENDCo : | Reading assessment | Writing assessment | Maths assessment |
|---|---|---|---|
| | Attendance | | |
| Area of concern | | Further actions | |
| Completed by | | | Date |

Appendix E

<span style="color:magenta">Information on Personal Counselling/Support for Adults</span>

Some adults have experienced abuse as children whether it be physical, emotional, sexual abuse or neglect.  Frequently they have never had the chance to talk through these experiences and what it means for them. If you, or someone you know, would like to talk to someone in confidence then these contacts may be useful to you.

### ChildLine
☎ (0800 1111 (Free 24-hour service)

Free confidential, counselling service for children and young people in trouble or danger.
More information is available from: www.childline.org.uk

### Leeds Domestic Violence Services (LDVS)
☎ 0113 246 0401                                    hello@ldvs.uk

LDVS is a consortium comprising Leeds Women's Aid, HALT and Behind Closed Doors. It offers support for those experiencing domestic violence – offering emergency accommodation, and support and information for women living at home. Those experiencing domestic violence can access emotional support and information via the 24-hour helpline number.  More information is available from www.ldvs.uk

### Leeds Mental Wellbeing Service
☎ 0113 843 4388                                    leeds.mws@nhs.net

Leeds Mental Wellbeing Service is the NHS mental health provision in Leeds. They can support you to manage everyday problems such as feeling low, anxious or stressed, or struggling with sleep. through their wide range of psychological support options, including phone support, instant-access online resources, group classes, and one-to-one 'talking therapies'.  Available for people aged 17+ upwards.

More information is available from www.leedscommunityhealthcare.nhs.uk

### West Yorkshire 24-hour Mental Health Helpline
☎ 0800 183 0558

The West Yorkshire helpline provides confidential support, advice and information for anyone who is concerned about their mental health or is worried about a family member or someone they care for. The service is for anyone aged 18 and over who is registered with a Leeds GP. It's also available to people registered with GPs in Calderdale, Kirklees, Wakefield and Barnsley. More information is available from www.mindwell-leeds.org.uk

***Leeds Survivor Led Crisis Service***

☎ 0808 800 1212 (Connect Helpline)
☎ 0113 260 9328 (Dial House)
☎ 0800 148 8244 (West Yorkshire Night Owls)
Connect is a free telephone and online support helpline open 6pm–2am every night of the year for people living in Leeds. The service provides emotional support and information for people in distress.

They also have Dial House which is open for two-hour face-to-face visits between 6pm–2am on Mondays, Wednesdays, Fridays, Saturdays, and Sundays.

West Yorkshire Night Owls is a confidential support line for children and young people who are in crisis and their parents and carers who live in Bradford, Leeds, Calderdale, Kirklees and Wakefield. This service runs 8pm-8am every night.

More information is available from: www.lslcs.org.uk

***Leeds and York Partnership NHS Foundation Trust's Single Point of Access (SPA)***
☎ 0800 183 1485  (if deaf or hearing loss – Text – 07983 323 867)

This phone number is for anyone needing urgent care or treatment for a mental health crisis.

***North Point Wellbeing Ltd***
☎ 0113 245 0303                                        info@northpoint.org.uk

One of the largest charitable providers of therapeutic services in the region, working with adults, children and young people.

More information is available from: www.northpoint.org.uk

***NSPCC Child Protection Help Line***
☎ 0808 800 5000                                        help@nspcc.org.uk

Free 24-Hour service

Provide counselling, information and advice to anyone concerned about a child at risk of abuse.  More information is available from: www.nspcc.org.uk

***Samaritans***
☎ 0113 245 6789                                        jo@samaritans.org

24 hour telephone. Face to face support also available. National line 08457 909090. Deaf and hearing impaired service users – minicom 08457 90 91 92. Confidential support for people who are feeling desperate or suicidal.

More information is available from: www.samaritans.org

**_SARSVL (Support After Rape and Sexual Violence Leeds)_**

☎ Helpline: 0808 802 3344                    support@sarsvl.org.uk

SARSVL are an independent feminist organisation offering a women only safe space and specialist support for any women and girls in Leeds who have been affected by sexual violence of any kind at any time in their lives and need their support. Nearly half the survivors they speak to are adult survivors of Child Sexual Abuse (CSA). They are trans inclusive.

More information is available from: www.supportafterrapeleeds.org.uk

**_Women's Counselling and Therapy Service (WCTS)_**

☎ 0113 245 5725                    info@womenstherapyleeds.org.uk

Office Hours vary through Monday to Friday.

Provides counselling for women in the Leeds area. All services are free but donations are welcomed but not expected.

More information is available from: www.womenstherapyleeds.org.uk

Contact information updated December 2022