



Social, Emotional and Mental Health (SEMH) Policy

February 2026

SOCIAL, EMOTIONAL AND MENTAL HEALTH POLICY
QUEENSGATE FOUNDATION PRIMARY SCHOOL

Policy Review

This policy was adopted from The School Bus and will be reviewed by the Governing Board on an annual basis.

The policy was last reviewed and agreed by the Governing Board 11 February 2026

It will be reviewed again February 2028.

Approved

Signature: Head Teacher

Date: 11th February 2026

Signature: Co-Chair of the Governing Board

Date: 11th February 2026

Policy control

Date	Amendments / additions	Reason

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Statement of Mental Health and Pastoral Intent

1. Vision

Working Together for a Successful Future!

Queensgate Foundation Primary School seeks to establish a broad reaching team within the school and wider community, that by working together can provide all children with a successful future through having a good education and tools to achieve good mental health and wellbeing. We are all aware that positive mental health is key to achieving and we are committed to ensuring that an ethos of positive mental health is at the heart of all that we do.

What is Mental Health? After a survey of stake-holders we agreed on the following definition, as it is easy for all children and adults to understand: *Mental health is something that we all have. It is like an invisible balloon that we carry around with us. The balloon holds our feelings, it affects how we act, think and deal with situations. It is important that we don't let the balloon get too big and pull us off the ground. By talking through our feelings and tricky situations we can keep the balloon floating in the air and our feet firmly on the ground.*

2. Key Principles

In an ever-changing world, positive mental health is key to everyone's well-being and quality of life. It allows us to respond effectively to the challenges that daily life brings. At Queensgate Foundation Primary School, we are passionate about making a difference to the lives of young people and we actively promote the values of resilience, self-awareness, kindness and compassion.

We foster a culture of teamwork: working with each other, with the wider school community and most importantly with the young people in our school.

We act with determination. Whatever issues our children, their families, the school, our team or the community face, we are committed to supporting everyone to make a real positive difference to their lives. We believe that a resolution to any issue begins with a conversation and so we encourage all of our stakeholders to talk openly about issues that they may be facing.

3. Aims and Objectives

To be attachment and trauma aware which underpins our collective policies.

To have a whole school approach to promoting positive mental health and wellbeing within a culture of high expectations and support.

To ensure that, through the promotion of positive mental health and wellbeing, our children are helped to understand and express their feelings, build their confidence and emotional resilience and therefore their capacity to learn.

To have a committed staff team that sets a whole school culture of positive mental health and wellbeing, support and values that everyone understands, believes in and is prepared to strive for.

To increase the awareness and understanding and reduce stigma amongst children, staff and our wider community of issues involving the mental health and wellbeing of young people and to provide support at an early stage to any child who is or appears to be suffering from mental health issues.

This Intent Statement sits alongside our Social, Emotional and Mental Health (SEMH), Safeguarding, Child Protection and Pupil Behaviour policies, as well as the staff code of conduct and the Queensgate Vision as set out below:

The Queensgate Vision and Values

At Queensgate Foundation Primary we:

Develop a love of learning through a wide variety of experiences and opportunities in a safe, stimulating atmosphere.

Create independent learners who reach their full potential.

Have happy, confident and resilient people.

Have high standards of achievement and behaviour.

Are at the heart of the community.

Our key values are:

- Collaboration
- Compassion
- Courage
- Creativity
- Curiosity

1. Legal framework

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

- Children and Families Act 2014
- Health and Social Care Act 2012
- Equality Act 2010
- Education Act 2002
- Mental Capacity Act 2005
- Children Act 1989

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

- DfE 'Keeping children safe in education 2025'
- DfE 'Mental health and behaviour in schools'
- DfE 'Counselling in schools: a blueprint for the future'
- DfE 'Special educational needs and disabilities code of practice: 0 to 25'

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

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

2. Roles and responsibilities (see also Appendix A)

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.
- 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 (such as Mental Health Support Team, Educational Psychologist, Play Therapist) 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 INCLUSION MANAGER ensuring they coordinate provisions for pupils with SEMH difficulties.
- Taking all necessary steps to ensure that pupils with SEMH difficulties are not discriminated against, harassed or victimised.
- Ensuring arrangements are in place to support pupils with SEMH difficulties.
- Appointing an individual governor or sub-committee to oversee the school's arrangements for SEMH.
- Ensuring there are clear systems and processes in place for identifying possible SEMH problems, including routes to escalate and clear referral and accountability systems.

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 INCLUSION MANAGER 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 alongside the Inclusion Manager are 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 governing board and headteacher, 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.
- Coordinating with the Inclusion Manager 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.
- 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.
- Referring pupils with SEMH difficulties to external services, e.g. specialist children and young people's mental health services (CYPMHS), Mental Health Support Team, 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, using a Transition Partnership Agreement (TPA).
- Leading mental health CPD.

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.
- 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: Inclusion Manager/headteacher/subject leader.
- Recording any concerns on the school's Child Protection Online Management System (CPOMS) and choosing SEMH strand.

Teaching staff are responsible for:

- Planning and reviewing support for their pupils with SEMH difficulties in collaboration with parents, the INCLUSION MANAGER 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.
- Ensuring that Attachment and Trauma Aware principles are promoted in their classes.

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 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.

3. Creating a supportive whole-school culture

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

The school utilises various strategies to support pupils who are experiencing high levels of psychological stress, or who are at risk of developing SEMH problems, including:

- Teaching about mental health and wellbeing through curriculum subjects such as:
 - PSHE
 - RSHE
- ELSA support
- Positive classroom management
- Developing pupils' social skills
- Working with parents
- Peer support (Anti bullying Ambassadors)
- Zones of Regulations
- Referring to the Mental Health Support Team (MHST)
- Circle Time Check-Ins

The SLT will ensure that there are clear policies and processes in place to reduce stigma and make pupils feel comfortable enough to discuss mental health concerns.

4. Identifying signs of SEMH difficulties

The school is committed to identifying pupils with SEMH difficulties at the earliest stage possible.

Staff are trained to know how to identify possible mental health problems and understand what to do if they spot signs of emerging difficulties.

Staff members are aware of the signs that may indicate if a pupil is struggling with their SEMH. The signs of SEMH difficulties may include, but are not limited to, the following list:

- Anxiety
- Low mood
- Being withdrawn
- Avoiding risks
- Unable to make choices
- Low self-worth
- Isolating themselves
- Refusing to accept praise
- Failure to engage
- Poor personal presentation
- Lethargy/apathy
- Daydreaming
- Unable to make and maintain friendships
- Speech anxiety/reluctance to speak

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

When the school suspects that a pupil is experiencing mental health difficulties, the following graduated response is employed:

- An assessment is undertaken to establish a clear analysis of the pupil's needs (Boxall)
- A plan is set out to determine how the pupil will be supported
- Action is taken to provide that support
- Regular reviews are undertaken to assess the effectiveness of the provision, and changes are made as necessary

A strengths and difficulties questionnaire (SDQ) or Boxall Profile is utilised when a pupil is suspected of having SEMH difficulties. An SDQ or Boxall can assist staff members in creating an overview of the pupil's mental health and making a judgement about whether the pupil is likely to be suffering from any SEMH difficulties.

Where appropriate, the headteacher asks parents to give consent to their child's GP to share relevant information regarding SEMH with the school.

Where possible, the school is aware of any support programmes GPs are offering to pupils who are diagnosed with SEMH difficulties, especially when these may impact the pupil's behaviour and attainment at school.

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

The assessment, intervention and support processes available from the LA are in line with the local offer.

Staff members are aware of the following:

- Factors that put pupils at risk of SEMH difficulties, such as low self-esteem, physical illnesses, academic difficulties and family problems
- The fact that risks are cumulative and that exposure to multiple risk factors can increase the risk of SEMH difficulties

Staff members understand the following:

- Familial loss or separation, significant changes in a pupil's life or traumatic events are likely to cause SEMH difficulties
- What indicators they should be aware of that may point to SEMH difficulties, such as behavioural problems, pupils distancing themselves from other pupils or changes in attitude
- Where SEMH difficulties may lead to a pupil developing SEND, it could result in a pupil requiring an EHC plan.
- Persistent mental health difficulties can lead to a pupil developing SEND. If this occurs, the headteacher ensures that correct provisions are implemented to provide the best learning conditions for the pupil, such as providing school counselling. Both the pupil and their parents are involved in any decision-making concerning what support the pupil needs.

The school will promote resilience to help encourage positive SEMH.

Poor behaviour is managed in line with the school's Behaviour Policy.

Staff members will observe, identify and monitor the behaviour of pupils potentially displaying signs of SEMH difficulties; however, **only medical professionals** will make a diagnosis of a mental health condition.

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 class teacher or class teaching assistant, who can spot where disruptive or unusual behaviour may need investigating and addressing.

5. Vulnerable groups

Some pupils are particularly vulnerable to SEMH difficulties. These 'vulnerable groups' are more likely to experience a range of adverse circumstances that increase the risk of mental health problems.

Staff are aware of the increased likelihood of SEMH difficulties in pupils in vulnerable groups and remain vigilant to early signs of difficulties.

Vulnerable groups include the following:

- Pupils who have experienced abuse, neglect, exploitation or other adverse contextual circumstances
- Child on a child protection plan (CP)
- Children in need (CiN)
- Child in Care (CiC)
- Previously Child in Care PCiC)
- Socio-economically disadvantaged pupils, including those in receipt of, or previously in receipt of, free school meals and the pupil premium
- Young Carers
- Children with an EHCP
- Children with disabilities

These circumstances can have a far-reaching impact on behaviour and emotional states. These factors will be considered when discussing the possible exclusion of vulnerable pupils.

6. Children in need, Children on a child protection plan, Child in Care and Previously Child in Care

Children in the above groups are more likely to have SEND and experience mental health difficulties than their peers.

CIN, CP, CiC and PCiC 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.

CIN 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 and utilise Hampshire's PEP toolkit to help to support specific areas.

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 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 virtual school to determine the best way to support the pupil.

7. 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 abuse/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.

8. 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 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 Inclusion Manager 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.

9. SEMH intervention and support (See also Appendix B & C)

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

Positive classroom management and working in small groups is utilised to promote positive behaviour, social development and high self-esteem.

School-based counselling by Emotional Literacy Support Assistants (ELSA) is offered to pupils who require it, and the relevant external services are utilised where appropriate. A child psychologist is made available where a pupil requires such services, as is a play therapist.

The school develops and maintains pupils' social skills, for example, through ELSA led sessions with peers.

Where appropriate, parents have a direct involvement in any intervention regarding their child. The school supports parents in the management and development of their child.

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

Serious cases of SEMH difficulties are referred to CCAMHS.

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

- Use a clear, approved process for identifying pupils in need of further support
- Document evidence of their SEMH difficulties

- Encourage the pupil and their parents to speak to the pupil's GP
- Work with local specialist CCAMHS to make the referral process as quick and efficient as possible
- Understand the criteria that are used by specialist CCAMHS in determining whether a pupil needs their services
- Have a close working relationship with the local CCAMHS specialist
- Consult CCAMHS about the most effective things the school can do to support pupils whose needs aren't so severe that they require specialist CCAMHS

The school commissions individual health and support services directly for pupils who require additional help.

The services commissioned are suitably accredited and are able to demonstrate that they will improve outcomes for pupils.

The school implements the following approach to interventions:

- In addition to talking therapy, support is provided through non-directive play therapy
- Interventions are structured in a way that addresses behavioural issues through education and training programmes
- Individual pupil-orientated interventions are less effective than ones that involve parents, and so parents are involved in interventions where appropriate
- Parental training programmes are combined with the pupil's intervention to promote problem-solving skills and positive social behaviours
- Small group sessions will take place and focus on developing cognitive skills and positive social behaviour
- Well-established nurture groups are in place to address any emerging SEMH difficulties in pupils
- Play-based approaches are in place to develop more positive relationships between pupils and their parents
- Specific classroom management techniques for supporting pupils are in place. These techniques may include, for example, using a token system for rewards or changing seating arrangements
- 'Self-instruction' programmes may be implemented in combination with parental support

Through the curriculum, pupils are taught how to:

- Build self-esteem and a positive self-image.
- Foster the ability to self-reflect and problem-solve.
- Protect against self-criticism and social perfectionism.
- Foster self-reliance and the ability to act and think independently.
- Create opportunities for positive interaction with others.
- Get involved in school life and related decision-making.

For pupils with more complex problems, additional in-school support includes:

- Supporting the pupil's teacher to help them manage the pupil's behaviour.
- Additional educational one-to-one support for the pupil.
- One-to-one therapeutic work with the pupil delivered by mental health specialists.
- The creation of an IHP – a statutory duty for schools when caring for pupils with complex medical needs.
- Seeking professional mental health recommendations regarding medication.
- Family support and/or therapy where recommended by mental health professionals.

10. Suicide concern intervention and support

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

- Listen carefully, remembering it can be difficult for the pupil to talk about their thoughts and feelings.
- Respect confidentiality, only disclosing information on a need-to-know basis.
- Be non-judgemental, making sure the pupil knows they are being taken seriously.
- Be open, providing the pupil a chance to be honest about their true intentions.
- Supervise the pupil closely whilst referring the pupil to the DSL for support.
- Record details of their observations or discussions and share them with the DSL.

Once suicide concerns have been referred to the DSL, local safeguarding procedures are followed and the pupil's parents are contacted.

Medical professionals, such as the pupil's GP, are notified as needed.

The DSL and any other relevant staff members, alongside the pupil and their parents, work together to create a safety plan outlining how the pupil is kept safe and the support available.

Safety plans:

- Are always created in accordance with advice from external services and the pupil themselves.
- Are reviewed regularly by the DSL.
- Can include reduced timetables or dedicated sessions with counsellors.

11. Commissioning local services

The school commissions appropriately trained, supported, supervised and insured external providers who work within agreed policy frameworks and standards and are accountable to a professional body with a clear complaints procedure.

The school does not take self-reported claims of adherence to these requirements on face value and always obtains evidence to support such claims before commissioning services.

The school commissions support from school nurses and their teams to:

- Build trusting relationships with pupils.
- Support the interaction between health professionals and schools – they work with mental health teams to identify vulnerable pupils and provide tailored support.
- Engage with pupils in their own homes – enabling early identification and intervention to prevent problems from escalating.

12. Working with alternative provision (AP) settings

The school works with AP settings to develop plans for reintegration back into the school where appropriate.

The school shares information with AP settings that enables clear plans to be developed to measure pupils' progress towards reintegration into mainstream schooling, further education or employment. These plans link to EHC plans for pupils with SEND. Examples of Aps are: Bodsters, The Nurture Cabin, Socialising Buddies, Merstone Farm.

13. Working with parents

The school works with parents wherever possible to ensure that a collaborative approach is utilised which combines in-school support with at-home support.

The school ensures that pupils and parents are aware of the mental health support services available from the school.

Parents and pupils are expected to seek and receive support elsewhere, including from their GP, NHS services, trained professionals working in CYPMHS, voluntary organisations and other sources.

14. Child's Voice

Views of the children are sought in a variety of ways. They are invited to rate their weekend first thing on a Monday morning through Circle Time Check-in. Any poor ratings are then explored further via, initially, the teaching teams. Pupil voices are regularly sought during Looked After and Post Looked After reviews as well as for EHCP referrals. The children also have the opportunity of having their voices heard collectively through the PSHE and RE curriculums, the School Council and Anti-bullying Ambassador's forum.

15. Staff training

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 CPD 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.

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:

- 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 pupil's mental health, behaviour and education.

However, above all the SLT will ensure that the staff have an, 'apply own oxygen mask before helping others' analogy, meaning that they need to be taking good care of their own mental health and wellbeing. "A dysregulated adult will never regulate a dysregulated child. Keep calm to help calm." Anon. Therefore, teaching and other school staff also need support and encouragement to foster their own wellbeing. The school does this by carrying out an annual wellbeing Survey – which is analysed and actions fed back to the team. The headteacher checking in with staff first thing in the morning. Encouraging a mutually supportive team and providing Education Psychologist time.

16. Administering medication

The full arrangements in place to support pupils with medical conditions requiring medication can be found in the school's Supporting Pupils with Medical Conditions Policy and the Administering Medication Policy.

The governing board will ensure that medication is included in a pupil's IHP where recommended by health professionals.

Staff know what medication pupils are taking, and how it should be stored and administered.

17. Behaviour and exclusions

When exclusion is a possibility, the school considers contributing factors, which could include mental health difficulties.

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, speech and language difficulties, child protection concerns or mental health problems.

To assess underlying issues, the school uses an SDQ or six strands.

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 an exclusion. If a pupil has SEND or is a looked-after child, permanent 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.

18. Safeguarding

All staff are aware that SEMH issues can, in some cases, be an indicator that a pupil has suffered or is at risk of suffering abuse, neglect or exploitation.

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 DSLs.

19. Stress and mental health

The school recognises that short-term stress and worry is a normal part of life and that most pupils will face mild or transitory changes that induce short-term mental health effects. Staff are taught to differentiate between 'normal' stress, 'toxic' stress and more persistent mental health problems.

20. Monitoring and review

The policy is reviewed on an annual basis by the Senior Mental Health Lead and Senior Management Team, in conjunction with the governing board – any changes made to this policy are communicated to all members of staff.

This policy is reviewed in light of any serious SEMH-related incidents.

All members of staff are required to familiarise themselves with this policy as part of their induction programme.

The next scheduled review date for this policy is **February 2028**

Appendix A – The Queensgate Pastoral team / roles and responsibilities

If you think you may need help in any way please contact us on admin@queensgateprimary.co.uk

Head Teacher: Mrs Wall (Deputy Designated Safeguarding Lead – DDSL)

Deputy Head: Mr Chubb (Deputy DSL) Senior Mental Health Lead, Designated Teacher for Child in Care (CiC) and Post Child in Care (PCiC)

Assistant Head: Mrs Grant (DDSL) Inclusion Manager

Assistant Head: Mr Tilling (DDSL)

Designated Safeguarding Lead: Mrs Jeffers (DSL)

Other Senior Leadership Team Members: Miss Hunter,

Emotional Literacy Support Assistant (ELSA): Mrs Tate

Wellbeing Team: Mrs Grant, Mrs Jeffers (Family Liaison, Family Early Help Support), Mrs Barnett (PSHE Lead), Mrs Rowsell (Mental Health First Aider), Mr Chubb, Mrs Bradbury, Mrs Tate, Mrs Hill.

Mental Health Support Team (MHST)

Safeguarding Governor: Mrs J Tuck

SEMH Governor: Mrs T Harris

Appendix B - Risk factors and protective factors

There are a number of risk factors beyond being part of a vulnerable group that are associated with an increased likelihood of SEMH difficulties, these are known as risk factors. There are also factors associated with a decreased likelihood of SEMH difficulties, these are known as protective factors.

The table below displays common risk factors 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:

	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	- 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

	• Poor pupil-to-teacher/school staff relationships	• 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

Appendix C

