



Hambleton CE (VC) Primary School

Social Emotional & Mental Health (SEMH) Policy

This policy should be read alongside:

SEND Policy

Relational Approach to Behaviour Policy

Anti-Bullying Policy

[Keeping Children Safe In Education 2026](#)

[SEND Code of Practice \(DfE, 2015\)](#)

Policy Introduced:	September 2025
Review Date:	September 2028

Our approach to SEMH is underpinned by our Christian Vision & Values.

Our Christian Vision

Respectful

Creative

Resilient

Truthful

Teamwork

Compassionate

'Those who trust in the Lord for help will find their strength renewed. They will rise on wings like eagles; they will run and not get weary; they will walk and not grow weak. Their roots will grow down into God's love and keep them strong'. (Isaiah 40:31, Ephesians 3:17)

SEMH Mission statement

At Hambleton CE Primary School, we are committed to fostering an environment where every child's emotional, social, and mental well-being is nurtured through the love of Christ and the teachings of the Bible. Rooted in compassion and kindness, we aim to support all children in developing resilience, self-esteem, and a strong sense of belonging. Our school community is inclusive, where acceptance and empathy are at the heart of all we do. We celebrate each child's unique identity, offering access to understanding and support so that all may flourish in the knowledge that they are deeply valued by God. Inspired by Scripture, we guide our students in nurturing their emotional and mental health, helping them to navigate life's challenges with strength and confidence. We hold high expectations for each individual, encouraging them to live out God's love and grace in all their relationships and actions.

"We love because He first loved us." – 1 John 4:19

In this environment of love, support, and understanding, we aspire to empower our students to grow into resilient, compassionate individuals, ready to embrace the opportunities and challenges that lie ahead, knowing they are always valued by God and one another.

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

We are dedicated to providing a space where kindness, wellbeing, and the promise of God's unwavering love shape our school community, guiding each child to thrive academically, emotionally, and spiritually.

We promote positive behaviour through restorative practice and give children the opportunity to reflect on difficult situations. Teachers work hard to build positive relationships with all children and lead their classrooms with compassion. We promote healthy habits for mental health and support children to make good choices to help them feel better. We are a *Thrive* school which means that we assess all children on roll every term for any gaps in their emotional development and offer support either individually, in groups or as a whole class approach to ensure children's emotional wellbeing is not holding them back in their learning. This complements our restorative behaviour approach and policy where we always ensure that children are listened to and given the time to reflect on and learn from any incidents which occur in school. As a team, all teachers are aware of individual children's needs and put in place reasonable adjustments to allow them to cope with the school day. Teachers are able to identify pockets of time where children may need some calm, mindful moments with lower demand activities which allow children space to sit with their thoughts. The whole staff team are committed to promoting a culture of positive mental health and wellbeing for the whole community.

Our Pastoral Team

Mental Health Lead and SENDCo: Mrs Kate Morris

DSL: Mr Tim Williams

DDSL: Mrs Holly Savage

Licensed Thrive practitioners: Mrs Tina Fawcett

PSHE Lead: Miss Emily Reynard

The 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 (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
- SEND Policy
- Behaviour Policy
- Supporting Pupils with Medical Conditions Policy
- Staff Code of Conduct
- Administering Medication Policy
- Exclusion Policy

Common SEMH difficulties

Anxiety: Anxiety refers to feeling fearful or panicked, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a pupil's ability to develop, learn and sustain and maintain friendships. Specialists reference the following diagnostic categories:

- Generalised anxiety disorder: This is a long-term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event.
- Panic disorder: This is a condition in which people have recurring and regular panic attacks, often for no obvious reason.
- Obsessive-compulsive disorder (OCD): This is a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter their mind, causing

them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to try to prevent an obsession coming true).

- **Specific phobias:** This is the excessive fear of an object or a situation, to the extent that it causes an anxious response such as a panic attack (e.g. school phobia).
- **Separation anxiety disorder:** This disorder involves worrying about being away from home, or about being far away from parents, at a level that is much more severe than normal for a pupil's age.
- **Social phobia:** This is an intense fear of social or performance situations.
- **Agoraphobia:** This refers to a fear of being in situations where escape might be difficult or help would be unavailable if things go wrong.

Depression: Depression refers to feeling excessively low or sad. Depression can significantly affect a pupil's ability to develop, learn or maintain and sustain friendships. Depression can often lead to other issues such as behavioural problems. Generally, a diagnosis of depression will refer to one of the following:

- **Major depressive disorder (MDD):** A pupil with MDD will show several depressive symptoms to the extent that they impair work, social or personal functioning.
- **Dysthymic disorder:** This is less severe than MDD and characterised by a pupil experiencing a daily depressed mood for at least two years.

Hyperkinetic disorders: Hyperkinetic disorders refer to a pupil who is excessively easily distracted, impulsive or inattentive. If a pupil is diagnosed with a hyperkinetic disorder, it will be one of the following:

- **Attention deficit hyperactivity disorder (ADHD):** This has three characteristic types of behaviour: inattention, hyperactivity and impulsivity. While some children show the signs of all three characteristics, which is called 'combined type ADHD', other children diagnosed show signs of only inattention, hyperactivity or impulsiveness.
- **Hyperkinetic disorder:** This is a more restrictive diagnosis but is broadly similar to severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. The core symptoms must also have been present from before the age of seven, and must be evident in two or more settings, e.g. at school and home.

Attachment disorders: Attachment disorders refer to the excessive distress experienced when a child is separated from a special person in their life, like a parent. Pupils suffering from attachment disorders can struggle to make secure attachments with peers. Researchers generally agree that there are four main factors that influence attachment disorders, these are:

- Opportunity to establish a close relationship with a primary caregiver.
- The quality of caregiving.
- The child's characteristics.
- Family context.

Eating disorders: Eating disorders are serious mental illnesses which affect an individual's relationship with food. Eating disorders often emerge when worries about weight begin to dominate a person's life.

Substance misuse: Substance misuse is the use of harmful substances, e.g. drugs and alcohol.

Deliberate self-harm: Deliberate self-harm is a person intentionally inflicting physical pain upon themselves.

Post-traumatic stress: Post-traumatic stress is recurring trauma due to experiencing or witnessing something deeply shocking or disturbing. If symptoms persist, a person can develop post-traumatic stress disorder.

Signs a child may be having difficulties with 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

Places and spaces

All classrooms have a quiet space or corner where children are able to take a mental break if they need it. There are opportunities for children to request to work in quieter spaces such as outside the

classroom. We also have the Oak sensory room for children who need a complete break from the classroom.

What we provide in curriculum

We follow a well-structured PSHE curriculum using Jigsaw PSHE which is covered in class but elements are also followed up in whole school assemblies/Collective Worship. We use the zones of regulation approach with the children to allow them the opportunity to emotionally check in with an adult at least twice a day.

Tiered support

	Support available	Good practice
Tier 1 (ordinarily available)	<ul style="list-style-type: none"> • Relational behaviour policy • Thrive profiling termly • 'right time' Thrive • PSHE Jigsaw curriculum • RSHE including wellbeing element • Worship • Growth mindset approach • SENDCo access • General pastoral support • Worry boxes in all classrooms • Communication with parents • Zones of regulation • Mindfulness activities • Outdoor playtimes / PE sessions / outdoor learning • Transition activities • Signposting of resources / support groups 	<ul style="list-style-type: none"> • Qualified Thrive practitioners / Lead • Internal Thrive training • External relational behaviour training • Safeguarding training • Mental health lead training • NPQSEN (SENDCo)
Tier 2 (Early support)	<ul style="list-style-type: none"> • Group or individual Thrive support • 1:1 or grouped weekly Nurture support • Individual support plans • Additional parent meetings with SENDCo / Headteacher • Selby SEND Hub advice • Pre-emptive preventative approach / reasonable adjustments within the school day e.g. breaks etc. • Group pastoral support • Strength and difficulties questionnaire (BOXALL / SDQ) • Directing parents towards support groups etc. • Behaviour log • Home-school book • NYES parent SEMH course • <u>Helpful websites</u> 	Thrive trained practitioners NPQSEN trained SENDCo Mental health first aid training

	https://www.youngminds.org.uk/parent/parents-helpline/ https://www.papyrus-uk.org/ https://www.tevv.nhs.uk/services/camhs/wellbeing-mind-school-support-young-yorkshire/ https://www.minded.org.uk/ https://northyorkshireccg.nhs.uk/your-health-and-local-services/children-and-young-people/children-and-young-peoples-mental-health/ https://semh.co.uk/	
Tier 3 (continued support / targeted help)	<ul style="list-style-type: none"> • Selby SEND Hub individual referral • ECHAR • EHCP annual review • CAHMs referral • Contribution to diagnostic forms for CAHMS or other organisations • Compass Phoenix referral • Healthy child emotional resilience referral • Early Help referral • Work with health visitors / SALT • SALT referral • ESMA (Educational support for medical absence) 	
Tier 4 (specialist)	<ul style="list-style-type: none"> • An intensive period of support from a local behaviour support service (e.g. PRU) • Tailored guidance and support for behaviour support teams • A bespoke, personalised learning experience with multi-agency and parent/carer support • Bespoke support that is tailored to the needs of the child/young person, with planned and significant involvement from multi-agencies who are involved in supporting the child/young person and the family 	
Tier 5	MASH (multi-agency safeguarding hub) CYPMSH crisis team	

Reasonable adjustments

First steps for parents or teachers with concerns

A certain amount of anxiety can be normal in children from time to time. This may be due to a developmental stage or something currently happening such as illness, a death in the family or any other unsettling event. Most of these periods are transient and will pass with some additional nurture and time. In some cases where children are showing extreme anxiety which significantly impacts their daily life it could be a sign of a more deep-rooted problem or point to possible neurodiversity.

If you have concerns as parents or carers:

1. Talk to your child's teacher and let them know what is going on at home and see if they have noticed anything at school. Small reasonable adjustments, such as additional check ins or brain breaks, can make a big difference and may help ease your child's worries through a tricky time.
2. If there are no improvements or anxiety appears to be becoming worse and concerns are more deep-rooted make an appointment to speak to the SENDCo to discuss the wider possible causes and decide whether further support is required externally.
3. Consider referring child for emotional resilience support from NHS – school can support with this.
4. In the meantime consider speaking to your child's GP to discuss referral to CAHMs.

If you have concerns as a teacher:

1. Make an appointment to speak to parents or carers and find out if there is anything going on outside of school or if they have noticed anything. Make plans for some small reasonable adjustments and monitor these over a few weeks.
2. If there are no improvements or you have concerns that the anxiety or low mood might be due to a wider cause then speak to the SENDCo and possibly arrange a meeting with parents or carers and SENDCo together.

Links and advice / resources

<https://hdftchildrenshealthservice.co.uk/useful-information/emotional-health-and-resilience/>

<https://www.tewv.nhs.uk/services/camhs/selby-child-and-adolescent-mental-health-service/>

<https://nyestraining.co.uk/>

<https://www.youngminds.org.uk/parent/parents-helpline/>

<https://www.papyrus-uk.org/>

<https://www.tewv.nhs.uk/services/camhs/wellbeing-mind-school-support-young-yorkshire/>

<https://www.minded.org.uk/>

<https://northyorkshireccg.nhs.uk/your-health-and-local-services/children-and-young-people/children-and-young-peoples-mental-health/>

<https://semh.co.uk/>

Staff Wellbeing

Hambleton School is a small and tight-knit staff team who support each other in line with our Christian Vision and Values.

The Governing Body & Senior Leadership Team (SLT) monitor staff wellbeing through an anonymous biannual survey which is fed back to the staff. Specific actions are planned from this which are included every year in the School Development Plan (SDP).

An informal, internal staff survey is also put in place by the Mental Health Lead and actions from this further develop staff wellbeing and work/life balance.

Use of directed time is reviewed constantly by the staff and SLT and, where possible, tasks such as writing Support Plans, monitoring books and recording assessment are completed in staff meeting time. Termly Safeguarding Staff Meetings allow staff to train in safeguarding and read key documents in directed, paid time.

As appropriate, additional release time is given for substantive admin tasks (e.g. SEND referral) so that Planning, Preparation & Assessment (PPA) time is not impacted on.

One Training Day per year of release time is allocated to write Mid-Year Reports.

Administrative, planning and assessment tasks are reviewed constantly with the whole staff for their impact and relevance and, where appropriate, tasks and paperwork are streamlined for best use of time.

The leadership team make full use of North Yorkshire Council Human Resources procedures and policy to support staff during and after challenging periods or periods of absence (e.g. phased returns, reduced responsibilities).

'10 a day' choices towards balancing our mental health



Talk about your feelings



Do something you enjoy and are good at



Keep yourself hydrated



Eat well



Keep active in mind and body



Take a break



Stay connected to those you care about



Ask for help



Be proud of your very being



Actively care for others