

Mental Health Strategy for Kingfisher School

A definition of mental health

Mental health is defined as a state of wellbeing in which every individual recognises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community. [World Health Organisation, August 2014](#)

'Children who are mentally healthy have the ability to:

- develop psychologically, emotionally, intellectually and spiritually;
- initiate, develop and sustain mutually satisfying personal relationships;
- use and enjoy solitude;
- become aware of others and empathise with them;
- play and learn;
- develop a sense of right and wrong; and
- resolve (face) problems and setbacks and learn from them'

'Some children experience a range of emotional and behavioural problems that are outside the normal range for their age or gender. These children and young people could be described as experiencing mental health problems or disorders.' D of Education, 2016

When a problem persists or is severe then the child could be described as having a mental health disorder.

'Mental health professionals have defined these as:

- emotional disorders, e.g. phobias, anxiety states and depression;
- conduct disorders, e.g. stealing, defiance, fire-setting, aggression and anti- social behaviour;
- hyperkinetic disorders, e.g. disturbance of activity and attention;
- developmental disorders, e.g. delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
- attachment disorders, e.g. children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers; and
- other mental health problems include eating disorders, habit disorders, post- traumatic stress syndromes; somatic disorders; and psychotic disorders e.g. schizophrenia and manic depressive disorder

'Certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family, or to their community or life events. Risk factors are cumulative. Children exposed to multiple risks such as social disadvantage, family adversity and cognitive or attention problems are much more likely to develop behavioural problems'. From Dept. for Education, 2014, DFE-00435-2014 See Appendix. 1

What is an SEMH school?

A specialist school for children whose behaviour is so severe or persistent it has impacted on their ability to attend mainstream school.

Our population of students presents with persistent disruptive behaviour and violence. They are all, without exception, exposed to or living with at least three of the following risk factors;

- Learning disability
- ASD
- Speech and language difficulties
- Chaotic home life
- Are a Looked After Child
- Exposure to DV (past or present)
- Have experience of significant loss or separation
- Live in poverty
- Attachment difficulties
- Developmental or relational trauma
- Experience of neglect
- Sensory processing issues
- Experience of or witness to abuse (physical, emotional, sexual)
- Witness to or have experience of a traumatic incident
- Have a genetic or neuro-developmental diagnosis that impacts on their behaviour
- Have a diagnosis of ADHD, ADD, ODD etc.

Mental health is compromised by risk factors such as these and these risks are cumulative. It is not unusual for a student to have 5 or more risk factors.

The student population of our SEMH schools is made up of children and families who have numerous risk factors. We believe our role is to provide a web of support that builds resiliency in the child, supports the family and counteracts risk. Resiliency strengthens our vulnerability to risk factors and is known to be a key factor in coping with adversity and supporting mental health.

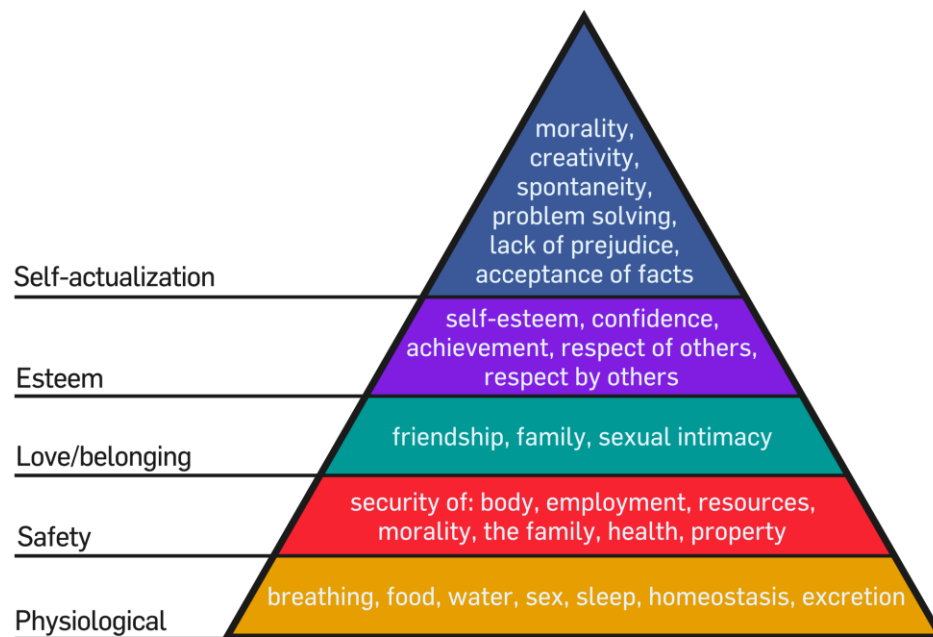
We believe education has a key role to play in providing opportunities to build resiliency and that as a specialist school we must provide a

multi-layered package of support to our students and their families. It is only by ensuring physical and emotional safety that openness to learning can be achieved.

'Minds are like parachutes. They only function when they are open'

Sir James Dewar

Maslow's Hierarchy of Needs



'For children to be able to think, learn, and explore, they need to feel and believe that they are safe and not be in a continual and dominant state of physiological and emotional dysregulation, and high arousal and in fear mode. Their nervous system and arousal states need to be acknowledged, calmed, supported, and regulated first'

K Treisman, 'Working with Relational and Developmental Trauma'

Our belief is that behaviour is a communication and that challenging behaviour is distressed behaviour. Our students are often hyper-vigilant and have poor emotional regulation. They are quick to escalate into fight/flight/freeze behaviours. This can make it difficult for them to manage in classrooms and socially with their peers.

Our schools aim to be calm, safe spaces where classrooms are flexible environments within which learning is fun, appropriate to the child, inclusive and engaging. We place an emphasis on a feeling of safety and express this through the environment, language, relationship and experience.

We are a creative, reflective team who consider each child to be an individual with the potential for emotional and intellectual growth. We demonstrate unconditional positive regard for the child and their family and have a sound understanding of working with troubled children who have complex needs.

All staff work hard to build safe relationships and ensure they know each child well.

The role of the SENCO is to ensure that the statutory needs of the young people are elucidated to all professionals in meetings and are kept current and relevant. All of the children within our SEMH school have an Educational Health Care Plan that outlines the child's statutory needs. These needs are then disseminated to all staff and embedded in the way that the whole team works with the young people. Strategies to meet these needs are foremost in the way the young person is taught and engaged throughout school.

Within school there are three teams Classroom, Pastoral and Family Support. Each team has its own role but all three ensure they work towards building resiliency.

Classroom Teams are responsible for planning and delivering engaging and individualised opportunities for learning. They are creative and responsive to the needs of the students. They practice positive classroom management and small group work. They are made up of teachers and teaching assistants.

Pastoral Teams are responsible for social and emotional wellbeing and include mentors, behaviour support, counsellors and therapists and non-teacher leads on alternative curriculum programmes.

Family Support Teams are made up of highly skilled family support workers. They have responsibility for supporting families and are the first point of contact for families transitioning to us.

External professionals (art psychotherapist, SALT and post-16/careers) will work across the teams to provide advice and support.

Teams and Responsibilities

Classroom Teams	<p>Ensure they know the child well and immediately inform the pastoral team of behaviour that is unusual for the child</p> <p>Plan, deliver and review engaging and appropriate curriculum</p> <p>Plan, deliver and review individualised learning plans for each student</p> <p>Incorporate advice from SALT into individualised learning plans</p> <p>Accept responsibility for ensuring safe and positive relationships with the student</p> <p>Participate in and commit to on-going CPD that informs outstanding practice and an understanding of the needs of children attending an SEMH school</p> <p>Incorporate anxiety reducing skills as led by the pastoral team</p> <p>Practice self-care</p> <p>Support other team members with positive classroom management</p> <p>Plan for a variety of learning styles in the classroom</p> <p>Ensure classroom environment meets the needs of the students</p> <p>Practice unconditional positive regard and model good social skills</p> <p>Take responsibility for repair of relationships following disruption or rupture (Golding/Hughes)</p> <p>Plan and deliver gifted and talented programmes</p> <p>Provide mentor or targeted support when needed</p> <p>Incorporate special interests in students with ASD's learning</p> <p>Work with whole school topics to create a sense of community and alleviate anxiety</p> <p>Plan, deliver and review PHSE, Sex education and relationship and social skills programmes with support from the pastoral team</p> <p>Look for opportunities to challenge children's negative perceptions of themselves as poor learners</p> <p>Embed PACE into all aspects of practice</p>
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<p>Pastoral Teams</p>	<p>Deliver programmes of activities that are informed by the therapist led assessment Plan, deliver and review</p> <p>Liaise with external professionals (SALT, Post 16 support and therapist) to ensure high quality assessment and on-going support</p> <p>Collate and monitor data relating to the child's attendance, behaviour and level of attainment</p> <p>Responsibility delivering activities informed by the therapist led assessment/case formulation Plan, deliver and review an enrichment programme based on the DWP employable skills list for children across the school, working towards the Duke of E Award</p> <p>Embed PACE into all aspects of practice</p> <p>Ensure an elements of Nurture, Structure, Challenge and Engagement in all activities</p> <p>Emphasis on a feeling safety of school</p> <p>Commitment to on-going CPD that informs practice</p> <p>Plan, deliver and review psycho-education programmes on anxiety, depression, anger</p> <p>Plan, deliver and review mindfulness, relaxation and THRIVE sessions for small groups across school and provide the teaching teams with support on this</p> <p>Use multi-team meetings to discuss referrals to the art psycho-therapist and SALT</p> <p>Have a clear purpose for BR and its function in an SEMH school</p> <p>Deliver a therapist-led mentor programme</p> <p>Provide support and training for mentors</p> <p>Support the SENCO in providing information about students that is relevant to the teaching teams</p> <p>Support the need for play and enjoyment</p> <p>Practice self-care</p>
<p>Family Support Teams</p>	<p>First point of contact at transition into school</p> <p>Inform the assessment of each child and assess the needs of each family</p> <p>Plan, deliver and review workshops for parents based on psycho-education, THRIVE, parenting skills, sleep and diet, medication etc.</p> <p>Provide bespoke support to families experiencing DV</p> <p>Signposting to local services</p>

	Signposting to other professionals Support with escaping poverty Advocacy for parents who are intimidated by other agencies Support GP, CAMHS and social care referrals Foster relationships with local providers of social care and family support Assess child and families basic needs are met and plan for targeted support within the remit of the school Ensure child has a safe base and where this is absent provide support and ensure pastoral team are aware Delivery of parenting programmes Freedom, CRUSH etc.
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Assessment/Case Formulation

Due to the complexity of students needs, assessment is completed at transition into school and is regularly reviewed by SLT or multi-team meeting. Each team is informed by the assessment of each child. Assessment is therapist led and informed by the child, their family and school staff. Assessment aims to inform the web of support for the family from school. This web is broader than mainstream schools to acknowledge the complex needs and multiple risks students present with.

Assessment presents an analysis of the child's needs, creates a plan that describes how the student will be supported, the action taken to provide that support and an embedded system of regular reviews to assess the effectiveness of the provision. (Dept for Education, 2016)
 The cycle of plan, do, review is embedded in multi-team meetings and each review of students attainment in school.

Five year Strategy

Year		Lead	Date
1	Skills audit of current TA and pastoral teams Consider existing skills and identify training needs Staff identified in the audit to receive mental health training/take on family support roles Definition of SEMH agreed across schools		

	<p>Clear vision of Trust accessible to all staff</p> <p>Share and agree MHS across schools</p> <p>On-going programme of CPD for all staff informed by the MHS</p> <p>Systems in place to develop multi-system webs of support for children and families</p> <p>Each family and child to have been assessed to identify support needed in and out of school</p> <p>Therapists to co-work to inform the MHS and its delivery</p> <p>Initiate a review of the school environment</p> <p>Develop an induction programme for all new staff</p> <p>Develop a mentor programme led by therapist</p> <p>Inform teams about self care</p> <p>Provide regular drop-in sessions for parents</p> <p>Provide a dedicated staff member to manage all LAC's, PEP's paperwork and meetings</p> <p>Design a needs led behaviour management strategy</p> <p>Deliver bespoke training on key issues impacting on children experience of school</p> <p>Develop Theraplay as a targeted family therapy</p> <p>Design programmes of counselling/therapist support</p> <p>Introduce co-coaching for staff</p> <p>Ensure a good understanding of PACE as a positive school wide attitude</p> <p>Clear policy on bullying and practice to manage this</p> <p>Trial parent workshops on psycho-education issues. Therapist and family support</p> <p>Multi-system webs of support in place in all school. All teams have an understanding of the web and its function</p> <p>New students have a bespoke transition package informed by the therapist and family support</p> <p>Develop resources that support children and families understanding of diagnosis, behaviour and support available</p>		
2	Run regular psycho-education workshops for parents		

	<p>Rolling programme of TLDs to inform and support good practice</p> <p>Encourage reflective practice and healthy debate</p> <p>Expand mentor programme</p> <p>Expand resources that support children and families understanding of diagnosis, behaviours and support available</p> <p>Dedicated full time mentor in place</p> <p>Dedicated family support worker in each school</p> <p>Therapist led case formulation</p> <p>Therapist to lead training on use of case formulation for SLT</p> <p>Each school to provide non-directive play/art therapy/counselling/THRIVE sessions for a min. two days each week. Therapist led</p> <p>Clear definition of pastoral roles</p> <p>Classroom teams to demonstrate an understanding of students issues and how this impacts on their ability to learn</p> <p>Theraplay available to families. Referred from family support</p> <p>PACE embedded in practice and visible in practice</p> <p>Co-coaching programme supporting staff in delivering consistently good practice</p> <p>Anti-bullying policy embedded in practice</p> <p>All staff well informed on strategies to challenge bullying behaviour</p> <p>Mentor training programme in place and additional staff to receive mentor training and/or mental health training</p>		
3	<p>Across Trust social worker in post to support family work</p> <p>Across Trust educational psychologist/SALT to inform assessment and positive classroom management</p> <p>Programme of therapist led assessment</p> <p>Provision of short term family therapy in school</p> <p>All students accessing psycho-education programmes</p> <p>All students accessing anxiety management strategies</p> <p>All students accessing class room curriculum</p>		

	<p>All students accessing enrichment programmes</p> <p>Regular programme of parent workshops, parent support</p> <p>Mentor programme for individualised support in school</p> <p>Teaching teams confident in planning and delivering appropriate and engaging lessons</p> <p>All staff working with a sound understanding of issues facing students</p> <p>All staff taking responsibility for pupil well being</p> <p>All staff able to identify distressed behaviour and have a range of effective strategies to manage this</p>		
4	<p>Review year 3</p> <p>Continue to plan, do and review</p> <p>Review induction of new staff</p> <p>Continue to provide high quality education and pastoral support</p>		
5	<p>Trust wide team of professionals to support pastoral, teaching and family work in all schools</p> <p>On-going CPD</p> <p>On-going support for new staff</p> <p>Supervision model embedded into staff teams</p> <p>Professionals involved assessment of students and to provide support to teaching, pastoral and family teams</p>		

Organisation Commitment to its team

Advance Trust recognises that working in SEMH schools is physically and emotionally demanding. It will support its staff with the following

- TLD's to support an understanding of students needs and behaviour as communication of distress
- TLD's to provide an understanding of the issues students face
- A strong SLT who communicate positively with the team and who model good practice in work with students
- A well informed SLT who acknowledge the needs of less experienced staff and are committed to support them
- That the school environment is a place of safety for staff as well as students

- That self-care is encouraged and supported
- That opportunities for celebration are encouraged
- That opportunities for supervision are made available
- That good practice is disseminated across the Trust

School Strategy

This document is intended to be an overall strategy across the Trust. However it is recognised that each school has differing sets of skills within the teams, provides education to a variety of students with SEN and that each school has its own 'personality'. The Trust will support each school with developing its own mental health strategy five-year plan. This will be led by the Trust document. Support will be provided to each school to develop an achievable and practical mental health strategy that can be shared with each team.

References

'Mental health and behaviour in schools. Departmental advice for school staff' Department for Education, March 2016 DFE-00435-2014

'Counselling in schools: a blueprint for the future. Departmental advice for school leaders and counsellors', Department for Education, February 2016 DFE-00117-2015

'Working with Relational and Development Trauma in children and adolescents' K Treisman 2017

'It is widely recognised that the capacity to cope with adversity and even be strengthened by it – resilience – is an important factor in children and young people's wellbeing. Evidence shows that these coping strategies are learnable and teachable. Resilience is relevant for all children and young people, not just those who might be considered vulnerable. Schools will have a range of activities in place to support this. These range from those with a direct focus on mental wellbeing, for example, using mindfulness techniques, to others which build character and provide emotional fulfilment, for example the Duke of Edinburgh award, music and cultural activities. Other activities encourage teamwork and healthy living, for example, sport and physical activities. '

from 'Mental health and Behaviour', Department for Education 2014

- **Appendix 1**

Table 1: Risk and protective factors for child and adolescent mental health

	Risk factors	Protective factors
In the	<p>Genetic influences</p> <ul style="list-style-type: none"> • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem 	<ul style="list-style-type: none"> • Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect

<p>In the family</p>	<ul style="list-style-type: none"> • 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, neglect or emotional abuse • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship 	<ul style="list-style-type: none"> • At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord
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<p>In the school</p>	<ul style="list-style-type: none"> • Bullying • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Poor pupil to teacher relationships 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences
<p>In the community</p>	<ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events 	<ul style="list-style-type: none"> • 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