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## Statement of intent

This policy outlines the framework for Red Rose School to meet its duty in providing and ensuring a high quality of education to all of its pupils, including pupils with social, emotional and mental health (SEMH) difficulties, and to do everything it can to meet the needs of pupils with SEMH difficulties.

Through the successful implementation of this policy, we aim to:

- Promote a positive outlook regarding pupils with SEMH difficulties.
- Eliminate prejudice towards pupils with SEMH difficulties.
- Promote equal opportunities for pupils with SEMH difficulties.
- Ensure all pupils with SEMH difficulties are identified and appropriately supported – minimising the risk of SEMH difficulties escalating into physical harm.

We will work with the LA with regards to the following:

- The involvement of pupils and their parents in decision-making
- The early identification of pupils' needs
- Collaboration between education, health and social care services to provide support when required
- Greater choice and control for pupils and their parents over their support

Mrs Gill Makinson

Head Teacher

January 2022

## 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 (2022) 'Keeping children safe in education 2022'
- 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

## 2. 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.

### 3. Roles and responsibilities

The Head Teacher and Proprietor are responsible for:

- Using a preventative approach to create a safe and calm environment where mental health problems are less likely to occur, in order to improve the mental health and wellbeing of the school community and instil resilience in pupils.
- A preventative approach includes teaching pupils about mental wellbeing through the curriculum and reinforcing these messages in our activities and ethos.
- Ensuring that only appropriately trained professionals should attempt to make a diagnosis of a mental health problem.
- Ensuring that staff are aware of how potentially traumatic adverse childhood experiences (ACE), including abuse and neglect, can impact on a pupil's mental health, behaviour and education.
- Equipping staff with the knowledge required to identify pupils whose behaviour suggests they may be experiencing a mental health problem or be at risk of developing one.
- Raising awareness and employing efficient referral processes in order to help pupils access evidence-based early support and interventions.
- Working effectively with external agencies to ensure the school can provide swift access or referrals to specialist support and treatment.
- Identifying where wellbeing concerns represent safeguarding concerns, and ensuring that appropriate safeguarding referrals are made in line with the Child Protection and Safeguarding Policy.
- 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.
- 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 the day-to-day running of the school does 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 understand the mental health support services that are available in their local area, both through the NHS and voluntary organisations.
- Liaising with the potential future providers of education, to ensure that pupils and their parents are informed about options and a smooth transition is planned.
- Liaising with other schools, educational psychologists, health and social care professionals, and independent or voluntary bodies.

The key staff for mental health is responsible for:

- Overseeing the whole-school approach to mental health, including how this is reflected in policies, the curriculum and pastoral support, how staff are supported with their own mental health, and how the school engages pupils and parents with regards to pupils' mental health and awareness.
- Collaborating with the SENCO /Headteacher, to outline and strategically develop SEMH policies and provisions for the school.
- Coordinating with the SENCO and staff 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 to effectively meet the needs of pupils with SEMH difficulties.
- Being a key point of contact with external agencies, especially the mental health support services, the LA, LA support services and mental health support teams.
- Providing professional guidance to colleagues about mental health and working closely with staff members, parents and other agencies, including SEMH charities.
- Referring pupils with SEMH difficulties to external services, e.g. specialist children and young people's mental health services (CAMHS), 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.
- Leading mental health CPD.
- Undertaking senior mental health lead training.

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 and support provided to any pupils with SEMH difficulties.
- Keeping the relevant figures of authority up-to-date with any changes in behaviour, academic developments and causes of concern.
- The relevant figures of authority include: SENCO/ headteacher/ class teacher.

- Planning and reviewing support for their pupils with SEMH difficulties in collaboration with parents 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 so that there are no barriers to every pupil achieving their full potential, and that pupils with SEMH difficulties will have access to the full curriculum.
- Being responsible and accountable for the progress and development of the pupils in their class.

The DSL is responsible for:

- Acting as a source of support, advice and expertise for all staff.
- Liaising with staff on matters of safety, safeguarding and welfare.
- Liaising with the 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.

#### **4. 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
  - RSE
- Counselling
- Positive classroom management
- Developing pupils' social skills
- Working with parents
- Peer support

The school's Behaviour Policy includes measures to prevent and tackle bullying, and contains an individualised, graduated response when behaviour may be the result of mental health needs or other vulnerabilities.

The Head Teacher ensures that there are clear processes in place to reduce stigma and make pupils feel comfortable enough to discuss mental health concerns.

Pupils know where to go for further information and support should they wish to talk about their mental health needs or concerns over a peer's or family member's mental health or wellbeing.

#### **5. Staff training**

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

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

Staff receive guidance to ensure they:

- Promote good mental health and wellbeing throughout the school.
- Can quickly identify individual pupils who need support with their mental health.
- Can recognise common suicide risk factors and warning signs.
- Understand what to do if they have concerns about a pupil demonstrating suicidal behaviour.
- Know what support is available for pupils and how to refer pupils to such support where needed.
- Are aware of how abuse, neglect, and/or other traumatic adverse childhood experiences can have a lasting impact on pupil's mental health, behaviour and education.

## **6. Identifying signs of SEMH difficulties**

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

Staff liaise with each other, professionals, parents and carers in identifying possible mental health problems and understand what to do if they spot signs of emerging difficulties.

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
- Strategies are 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) may be utilised when a pupil is suspected of having SEMH difficulties. An SDQ 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.

Staff members understand that persistent mental health difficulties can be linked to a pupil's SEND. The Head Teacher ensures that the 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.

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

Staff members discuss concerns regarding SEMH difficulties with the parents of pupils who have SEMH difficulties.

Staff members consider all previous assessments and progress over time, and then refer the pupil to the appropriate services.

Staff members take any concerns expressed by parents, other pupils, colleagues and the pupil in question seriously.

Staff members are aware of factors that put pupils at risk of SEMH difficulties, such as low self-esteem, physical illnesses, academic difficulties and family problems.

Staff members are aware that risks are cumulative and that exposure to multiple risk factors can increase the risk of SEMH difficulties.

Staff members promote resilience to help encourage positive SEMH.

Staff members understand that familial loss or separation, significant changes in a pupil's life or traumatic events are likely to cause SEMH difficulties.

Staff members understand 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.

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 by the class teacher, 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 staff can spot where disruptive or unusual behaviour may need investigating and addressing.

Staff members are mindful that some groups of SEND pupils are more vulnerable to mental health difficulties than others; these may include Looked After Children (LAC) and pupils from disadvantaged backgrounds.

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

## **7. 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
- Children in need
- LAC, and previously LAC (PLAC)
- Socio-economically disadvantaged pupils, including those in receipt of, or previously in receipt of, free school meals and the pupil premium

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.

## 8. Children in need, LAC and previously LAC (PLAC)

Children with SEND and in need (CIN), LAC and PLAC are more likely to experience mental health difficulties than some of their peers.

Children in need, LAC and PLAC are more likely to struggle with executive functioning skills, forming trusting relationships, social skills, managing strong feelings, sensory processing difficulties, foetal alcohol syndrome and coping with change.

Children in need may also be living in chaotic circumstances and be suffering, or at risk of, abuse, neglect and exploitation. They are also likely to have less support available outside of school than most pupils.

School staff are aware of how these pupils' experiences and SEND can impact their behaviour and education.

The impact of these pupils' experiences is reflected in the 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 so the pupil's wider needs and contextual circumstances are understood. This collaborative working informs assessment of needs in school and enables prompt responses to safeguarding concerns both in school (by the child's key staff) and in the community (by the social worker).

When the school has concerns about a looked-after child's behaviour, the designated teacher may consult with the virtual school head (VSH) at the earliest opportunity so they can help to determine the best way to support the pupil.

When the school has concerns about a previously looked-after child's behaviour, the pupil's parents/carers or the designated teacher seeks advice from the VSH or Post-Adoption team to determine the best way to support the pupil.

## 9. Adverse childhood experiences (ACEs) and other events that impact pupils' SEMH

The balance between risk and protective factors is disrupted when traumatic events happen in pupils' lives, such as the following:

- **Loss or separation:** This may include a death in the family, parental separation, divorce, hospitalisation, loss of friendships, family conflict, a family breakdown that displaces the pupil, being taken into care or adopted, or parents being deployed in the armed forces.
- **Life changes:** This may include the birth of a sibling, moving house, changing schools or transitioning between schools.

- **Traumatic experiences:** This may include abuse, neglect, domestic violence, bullying, violence, accidents or injuries.
- **Other traumatic incidents:** This may include natural disasters or terrorist attacks.

Some pupils may be susceptible to such incidents, even if they are not directly affected. For example, pupils with parents in the armed forces may find global disasters or terrorist incidents particularly traumatic.

The school supports pupils when they have been through ACEs, even if they are not presenting any obvious signs of distress – early help is likely to prevent further problems.

Support may come from the school's existing support systems or via specialist staff and support services.

## 10. 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	<ul style="list-style-type: none"> <li>• Genetic influences</li> <li>• Low IQ and learning disabilities</li> <li>• Specific development delay or neuro-diversity</li> <li>• Communication difficulties</li> <li>• Difficult temperament</li> <li>• Physical illness</li> <li>• Academic failure</li> <li>• Low self-esteem</li> </ul>	<ul style="list-style-type: none"> <li>• Secure attachment experience</li> <li>• Outgoing temperament as an infant</li> <li>• Good communication skills and sociability</li> <li>• Being a planner and having a belief in control</li> <li>• Humour</li> <li>• A positive attitude</li> <li>• Experiences of success and achievement</li> <li>• Faith or spirituality</li> <li>• Capacity to reflect</li> </ul>
In the pupil's family	<ul style="list-style-type: none"> <li>• Overt parental conflict including domestic violence</li> <li>• Family breakdown (including where children are taken into care or adopted)</li> <li>• Inconsistent or unclear discipline</li> <li>• Hostile and rejecting relationships</li> </ul>	<ul style="list-style-type: none"> <li>• At least one good parent-child relationship (or one supportive adult)</li> <li>• Affection</li> <li>• Clear, consistent discipline</li> <li>• Support for education</li> <li>• Supportive long-term relationships or the absence of severe discord</li> </ul>

	<ul style="list-style-type: none"> <li>• Failure to adapt to a child's changing needs</li> <li>• Physical, sexual, emotional abuse, or neglect</li> <li>• Parental psychiatric illness</li> <li>• Parental criminality, alcoholism or personality disorder</li> <li>• Death and loss – including loss of friendship</li> </ul>	
In the school	<ul style="list-style-type: none"> <li>• Bullying including online (cyber bullying)</li> <li>• Discrimination</li> <li>• Breakdown in or lack of positive friendships</li> <li>• Deviant peer influences</li> <li>• Peer pressure</li> <li>• Peer-on-peer abuse</li> <li>• Poor pupil-to-teacher/school staff relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Clear policies on behaviour and bullying</li> <li>• Staff behaviour policy (also known as code of conduct)</li> <li>• 'Open door' policy for children to raise problems</li> <li>• A whole-school approach to promoting good mental health</li> <li>• Good pupil-to-teacher/school staff relationships</li> <li>• Positive classroom management</li> <li>• A sense of belonging</li> <li>• Positive peer influences</li> <li>• Positive friendships</li> <li>• Effective safeguarding and child protection policies.</li> <li>• An effective early help process</li> <li>• Understand their role in, and are part of, effective multi-agency working</li> <li>• 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</li> </ul>
In the community	<ul style="list-style-type: none"> <li>• Socio-economic disadvantage</li> <li>• Homelessness</li> <li>• Disaster, accidents, war or other overwhelming events</li> <li>• Discrimination</li> <li>• Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation</li> <li>• Other significant life events</li> </ul>	<ul style="list-style-type: none"> <li>• Wider supportive network</li> <li>• Good housing</li> <li>• High standard of living</li> <li>• High morale school with positive policies for behaviour, attitudes and anti-bullying</li> <li>• Opportunities for valued social roles</li> <li>• Range of sport/leisure activities</li> </ul>

The following table contains common warning signs for suicidal behaviour:

Speech	Behaviour	Mood
The pupil has mentioned the following:	The pupil displays the following behaviour:	The pupil often displays the following moods:
Killing themselves	Increased use of alcohol or drugs	Depression
Feeling hopeless	Looking for ways to end their lives, such as searching suicide online	Anxiety
Having no reason to live	Withdrawing from activities	Loss of interest
Being a burden to others	Isolating themselves from family and friends	Irritability
Feeling trapped	Sleeping too much or too little	Humiliation and shame
Unbearable pain	Visiting or calling people to say goodbye	Agitation and anger
	Giving away possessions	Relief or sudden improvement, e.g. through self-harm activities
	Aggression	
	Fatigue	
	Self-harm	

## 11. 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, though knowledge of their pupils, differentiate between 'normal' stress and more persistent mental health problems.

## 12. SEMH intervention and support

The curriculum for PSHE focusses 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 is offered to pupils who require it.

Relevant external services are utilised where appropriate, e.g. [MindEd](#), [Rethink](#) or [ThinkTwice](#).

A child psychologist may be available through the LA or CAMHS where a pupil requires such services.

The school develops and maintains pupils' social skills, for example, through one-to-one social skills training.

Where appropriate, parents have a direct involvement in any intervention regarding their child.

Where appropriate, the school supports parents in the management and development of their child.

Peer mentoring may be used to encourage and support pupils suffering with SEMH difficulties. Mentors act as confidants, with the aim of easing the worries of their mentees. Mentors are always older, competent and confident pupils.

The mentee reports to their mentor about social anxieties, academic concerns, future aspirations and anything else that is appropriate.

The meetings are informal, and the mentor reports any significant concerns they may have to the pupil's teacher.

Mentees are expected to meet with their mentor at regularly agreed times.

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 CAMHS.

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

The school commissions individual support services directly for pupils who require additional help e.g. children's counsellor, SaLT with specialism in Neuro-Linguistic programming (NLP)

The services commissioned are suitably accredited and provided to improve outcomes for pupils.

For Primary aged 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.
- In order to increase effectiveness, 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.
- 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.

For Secondary aged pupils the school implements the following approach to interventions:

- School-based counselling will often take the form of talking therapy, drawing on creative approaches where appropriate and necessary.
- Parents are directly involved in the intervention, where possible.
- For severe cases, a range of tailored and multi-component interventions are established and used.
- For chronic and enduring problems, an integrated multi-agency intervention is utilised..

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 therapeutic specialists.
- The creation of an Individual Health Plan (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.

### **13. 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.

## **14. Commissioning local services**

Where appropriate 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.

LA's have multi-agency Local Transformation Plan setting out how children's mental health services are being improved. The school seeks support where necessary to access services for pupils.

## **15. 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 CAMHS, voluntary organisations and other sources.

## **16. Working with alternative provision (AP) settings**

Where appropriate 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 the setting to measure pupils' progress towards further education or employment. These plans link to EHC plans for pupils with SEND.

For pupils in AP at the end of Year 11, the school works with the provider to ensure ongoing arrangements are in place to support the pupil's mental wellbeing when the pupil moves on.

## **17. 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..

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

## **18. 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 may use an SDQ.

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.

## **19. 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 DSL.

## **20. Monitoring and review**

The policy is reviewed on an annual basis by the Head Teacher – 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.