



Social, Emotional, Mental Health (SEMH) Policy

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Statement of intent

At St. Thomas' CofE Primary Academy, we aspire for all to achieve their God-given academic and personal potential, so that all in our school community can make a positive impact in the world. **Learning for life with Jesus** is at the centre of what we do, underpinned by our distinctively Christian values to ensure that we are wholly inclusive. The policy and strategy for Social, Emotional and Mental Health aims to promote and support our key Bible verse (John 10:10) – **'Jesus said, I have come that they may have life, and have it to the full,'** which is at the heart of all that we do.

This policy outlines the framework for St. Thomas' CofE Academy 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

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
- Suspension and Exclusion Policy
- Medical policy

2. Roles and responsibilities

The school's leadership as a whole is responsible for:

- Reducing the risk of mental health and well-being difficulties by creating a safe and calm environment built on our vision and values 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. Throughout the year, awareness days and weeks are held to promote positive mental health and what to do if anyone felt like they were struggling with their mental health. The PSHRE curriculum also helps to support and understanding of self-awareness and emotions.
- Ensuring that any mental health concerns are quickly triaged and directed to appropriately trained professionals to make a diagnosis of a mental health problem including working closely with CAMHS and MHST.
- Training staff through termly training and regular updates to identify pupils whose behaviour suggests they may be experiencing a mental health problem or be at risk of developing one.
- Training staff to report concerns on 'My Concern' so the inclusion team can work closely with the classroom staff to identify early support and interventions which may help pupils to address mental health concerns.
- Supporting pupils with SEND to identify individual need and prioritise the critical steps needed within a class to support any mental health difficulties.
- Identifying where wellbeing concerns represent safeguarding concerns, and ensuring that 'My Concern' is completed in a timely manner with referrals made in line with the Child Protection and Safeguarding Policy.

The governing board is responsible for:

- 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.
- Ensuring that the SEND and Inclusion team 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.
- Ensuring the governors for safeguarding and SEND oversees the school's arrangements for SEMH.
- Ensuring there are clear systems and processes in place for identifying possible SEMH problems, which will be shared during the termly visits to the school to discuss practices and procedures.

The principal 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.
- 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 all staff members receive termly training and regular updates to enable them 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.
- 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.
- 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 senior mental health lead 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, Principal and governing board, as part of the SLT, to outline and strategically develop SEMH policies and provisions for the school.

- Providing professional guidance to colleagues about mental health.
- Leading mental health CPD.
- Developing and implementing initiatives and procedures to support and improve the wellbeing of the school community.
- Acting as a source of support, advice and expertise for all staff.
- Liaising with staff on matters of safety, safeguarding and welfare.

The Inclusion team is responsible for:

- Coordinating with the SENCO and mental health support teams to provide a high standard of care to pupils who have 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.
- 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' 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 to ensure that pupils and their parents are informed about options and a smooth transition is planned.
- Undertaking day-to-day responsibilities for the successful operation of the SEMH Policy.
- Working effectively with external agencies to ensure the school can provide swift access or referrals to specialist support and treatment.
- 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 SENCO is responsible for:

- Collaborating with the governing board, principal and the mental health lead and assistant SENCO, as part of the SLT, to determine the strategic development of SEMH policies and provisions in the school.
- 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.

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.
- Using restorative approaches to enable pupils to reflect on behaviour/emotions

- Engaging with relevant training, as directed by the senior leadership team, including ACE's training.
- Keeping the relevant people up-to-date with any changes in behaviour, academic developments and causes of concern. The relevant people include: SENCO/principal/assistant SENCO/.

Teaching staff are responsible for:

- Planning and reviewing support for their pupils with SEMH difficulties in collaboration with parents, the assistant SENCO 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.

3. Common SEMH difficulties

persist, a person can develop post-traumatic stress disorder.

Anxiety: Anxiety refers to feeling fearful or panicked, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a student'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 student'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 student'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 student 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 student experiencing a daily depressed mood for at least two years.

Hyperkinetic disorders: Hyperkinetic disorders refer to a student who is excessively easily distracted, impulsive or inattentive. If a student 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. Students 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 disorder: 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.

4. [Creating a supportive whole-school culture](#)

At St Thomas CofE Primary Academy, we aim to promote positive mental health and wellbeing for our whole school community (children, staff, parents and carers), and recognise how important mental health and emotional wellbeing is to our lives in just the same way as physical health to enable all to flourish. We recognise that children's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. All children go through ups and downs during their school career and some face significant life events.

We take a whole school approach to promoting positive mental health that aims to help children become more resilient, happy and successful and to prevent problems before they arise.

This encompasses seven aspects:

1. Following the 'Golden Rules' to ensure all pupils feels safe, respected and can learn without distraction and disruption.
2. Helping children to develop social relationships, support each other and seek help when they need it.
3. Helping children to be resilient learners by giving pupils strategies to overcome difficulties they may encounter.
4. Teaching children social and emotional skills and an awareness of mental health as part of the PSHRE curriculum and regular awareness events throughout school.
5. Early identification of children who have mental health needs and planning support to meet their needs, including working with specialist services.
6. Effectively working with parents and carers including providing opportunities to develop their own knowledge and understanding around emotional wellbeing and mental health.
7. Supporting and training staff to develop their skills and their own resilience.

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues. We therefore aim to create an open and positive culture that encourages discussion and understanding of these issues.

The school's Behaviour Policy and Anti-Bullying 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. Our academy values all God's children and encourages the children, through our curriculum, vision and values to celebrate each other's uniqueness and encourages children to embrace the same nurturing and protective nature as Jesus demonstrated towards the disadvantaged. Through our curriculum and collective worship, academy staff provide "a school culture that offers a compassionate acceptance that allows young people to explore who they are and how best to be themselves." (Valuing All God's Children 2019).

The SLT will ensure that there are clear awareness initiatives in place to reduce stigma and make pupils feel comfortable enough to discuss mental health concerns and creating a supportive whole-school culture.

5. Staff training

The principal, the mental health lead and the inclusion team will ensure that all teachers have a clear understanding of the needs of all pupils, including those with SEMH needs through regular training, updates and coaching. This will help 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 needs in pupils escalate concerns through clear referral and accountability systems.

6. 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 who to speak if they spot signs of emerging difficulties to ensure appropriate support and monitoring is in place.

Staff members are aware of the signs that may indicate if a pupil is struggling with their SEMH. The signs of SEMH needs 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

In the event that the school suspects that a child is experiencing mental health difficulties, then their parent/carer will be involved in all considerations (unless this may place the child at greater risk). Their needs will be assessed by a member of staff to identify whether specialist intervention needs to be prioritised, or whether a school-led assess, plan, do, review cycle may be implemented as part of a graduated approach.

The assessment, intervention and support processes available from the LA are in line with the local offer. All assessments are in line with the provisions outlined in the school's SEND Policy.

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 may 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
- Persistent mental health difficulties can lead to a pupil developing SEND. If this occurs, the principal 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.

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 regularly and at least termly by the SLT and class teachers. so that patterns of attainment, attendance or behaviour are noticed and can be acted upon if necessary. Pupil progress meetings take place between the class teacher and their line manager so a picture can be made around pupils where necessary – ensuring conversation around any factors that may be impacting attainment or progress are identified promptly.

Staff members are mindful that some groups of pupils are more vulnerable to mental health difficulties than others; these include LAC, pupils with SEND and pupils from disadvantaged backgrounds.

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
- 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 wellbeing.

8. Children in need, LAC and PLAC

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 head (VSH) 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 VSH 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 can be 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 experienced ACEs, even if they are not presenting any obvious signs of distress – early help may prevent further problems.

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

10. 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.

The principal and SENDCO consider the use of a multi-agency assessment for pupils demonstrating persistently disruptive behaviour. These assessments are designed to explore 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.

A 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 SENCO 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.

11. 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 student:

	Risk factors	Protective factors
In the student	<ul style="list-style-type: none"> • Genetic influences • Low IQ and learning difficulties • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem 	<ul style="list-style-type: none"> • 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 student's family	<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, emotional abuse, or neglect • 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 relationships or the absence of severe discord
In the school	<ul style="list-style-type: none"> • Bullying including online (cyber bullying) • Discrimination • Breakdown in or lack of positive friendships 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct) • 'Open door' policy for children

	<ul style="list-style-type: none"> • Deviant peer influences • Peer pressure • Peer-on-peer abuse • Poor student-to-teacher/school staff relationships 	<p>to raise problems</p> <ul style="list-style-type: none"> • A whole-school approach to promoting good mental health • Good student-to-teacher/school staff relationships • Positive classroom management • 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 and policies and processes and know they will be dealt with fairly and effectively
In the community	<ul style="list-style-type: none"> • 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 	<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

12. Stress and mental health

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

13. SEMH intervention and support

Throughout the curriculum pupils are given strategies to promote developing pupils' resilience, confidence and ability to learn and these are displayed on the working walls.

Positive classroom management is utilised to promote positive behaviour, social development and high self-esteem. Pupils receive regular praise and rewards for following the 'golden rules'. Where behaviour does not meet the high expectations, restorative approaches and emotional coaches are used alongside sanctions to support better behaviour choices.

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. The school supports parents in the development of their child.

As part of a graduated approach, referrals and commissioning support may take the place of or supplement 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 and/or information about their SEMH difficulties
- Understand the criteria that are used by specialist CAMHS in determining whether a pupil needs their services
- Refer to appropriate tier 2 services when CAMHS would be too specialised for a child's needs

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 (especially for younger children) than ones that involve parents, and so parents are involved in interventions where appropriate
- Small group sessions take place and focus on developing cognition & learning and positive social behaviour
- Play-based approaches are in place to develop more positive relationships between pupils and their parents
- Classroom management techniques are embedded through school, including behaviour and rewards.

Through the curriculum and worship, 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.
- 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 and targeted support for the pupil.
- One-to-one therapeutic work with the pupil delivered by mental health specialists.
- The creation of a care plan when caring for pupils with complex medical needs.
- Seeking professional mental health recommendations regarding medication.

14. Suicide concern intervention and support

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

- 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. In the first instance, this communication will be verbal to the DSL/DDSL and then recorded on MyConcern.
- 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 or DDSL, local safeguarding procedures are followed and the pupil's parents are contacted.

An urgent CAMHS referral would likely be made, ideally with parental consent.

The SENCo 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 or SENCo.
- May include reduced timetables or dedicated sessions with mental health professionals.

15. Working with other schools

The school works collaboratively to share resources and expertise regarding SEMH.

The school collectively commissions specialist support where appropriate.

16. 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.

17. Working with parents

The school works with parents 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 through signposts which may include the website, school newsletters and social media.

Parents and pupils receive support elsewhere, including from their GP, NHS services, trained professionals working in CAMHS, voluntary organisations and other sources.

18. 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 any SEN support plans for pupils with SEND.

19. 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 care plan where recommended by health professionals.

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

20. 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. Staff receive regular updates and training to ensure they kept up to date of safeguarding information.

21. Monitoring and review

The policy is reviewed on a 3-year basis by the mental health lead 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 critical incident.

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 July 2023.