Social, Emotional And Mental Health Policy

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Statement of intent

This policy outlines the framework for Lord St 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 SEMH
- Promote a positive outlook towards pupils with SEMH difficulties.
- Eliminate prejudice towards pupils with SEMH difficulties.
- Create an environment where SEMH difficulties can be identified and appropriately supported.

We will collaborate with external agencies, as appropriate, with regards to the following:

- The involvement of pupils and their parents in decision-making, ensuring the pupil's voice is heard and respected.
- The early identification of pupils' needs.
- Provision of appropriate 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 (most recent version) 'Keeping children safe in education'
- 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. Roles and responsibilities

The Trustees and Governors are responsible for:

- Ensuring provision is in place to support positive SEMH
- Ensuring that a pupil's SEMH difficulties are addressed as appropriate accessing internal and external support.
- Ensuring statutory requirements are met.
- Ensuring that effective monitoring and assessment procedures are in place to quality assure the SEMH provision in schools.

The Headteacher and school leadership are responsible for:

- Creating a safe and calm environment where SEMH is celebrated and where concerns can be raised without prejudice.
- Ensuring that only appropriately trained professionals should attempt to make a diagnosis of a mental health problem.

- Equipping staff with the relevant knowledge to recognise SEMH issues and signpost mental health support services and organisations available in the local area.
- Providing SEMH support for those pupils whose mental health difficulties amount to SEND.
- Reviewing SEMH provision as part of ongoing quality assurance, including Quality First Teaching
- Ensuring that procedures and policies for the day-to-day running of the school do not directly or indirectly discriminate against pupils, maintaining a culture of high expectations for all.
- Consulting health and social care professionals, pupils and parents to ensure the needs of pupils with poor SEMH are effectively supported.
- Ensuring effective communication between pupils, parents and relevant staff with regard to SEMH

The 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 SENDCo and other relevant staff to develop a culture of positive mental health and appropriate SEMH support.
- Advising on the deployment of the school's budget to enable high quality SEMH resources and care
- Being a key point of contact with appropriate external agencies
- 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 needs specific to external services to receive additional support where required.
- Monitoring the impact of interventions on pupils' education and wellbeing.
- Liaising with all relevant parties as appropriate.
- Effective communication with next step education and to ensure smooth transitions are planned.
- Leading SEMH CPD.

The SENCO is responsible for:

- Collaborating with the headteacher and the mental health lead to determine the strategic development of SEMH policies and provisions in the school.
- Undertaking day-to-day responsibilities for the successful operation of the SEMH Policy.
- Supporting all relevant staff 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 poor SEMH
- Being aware that poor SEMH can be linked to other safeguarding concerns

- Being aware of the needs, outcomes sought and support provided to any pupils with specific SEMH needs
- Ensuring accurate and timely recording and reporting of any SEMH concerns

Teaching staff are responsible for:

- Supporting the whole school approach to SEMH and seeking opportunities to enhance and encourage positive mental health, offer individual support and signpost wider poor mental health support
- Display empathy, sensitivity and compassion when dealing with SEMH

The DSL is responsible for:

- Acting as a source of support, advice and expertise for all staff.
- Liaising with relevant staff on matters of safety, safeguarding and welfare.
- Liaising with the mental health lead and other professionals, where safeguarding concerns are linked to mental health.

The school works in collaboration with mental health support workers who are trained professionals who act as a bridge between schools and mental health agencies.

3. Creating a supportive whole-school culture

Senior leaders will clearly communicate their vision for good mental health and wellbeing with the whole school community. The SLT will work with staff to cultivate a positive SEMH environment which seeks to reduce stigma and make pupils feel comfortable enough to discuss mental health concerns.

The school utilises various strategies to promote positive SEMH including:

- Teaching about mental health and wellbeing through curriculum subjects such as:
    - PSHE
    - RSHE
    - Intrinsic PD
- Counselling
- Positive classroom management
- Positive framing
- Developing pupils' social skills
- Working with parents
- Peer support

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

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.

4. Staff training

The SLT will ensure that all teachers have a clear understanding of the needs of all pupils, including those with SEMH needs through effective and current CPD.

CPD will ensure:

- Staff can recognise poor SEMH including common suicide risk factors and warning signs.
- Staff know what to do if they believe they have spotted a developing problem.
- 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.

5. Identifying signs of SEMH difficulties

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

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

- Anxiety
- Low mood
- Being withdrawn
- Avoiding risks
- Unable to make choices
- Low self-worth
- Isolating themselves
- Refusing to accept praise
- Failure to engage
- Poor personal presentation
- Lethargy/apathy
- Daydreaming
- Unable to make and maintain friendships
- Speech anxiety/reluctance to speak
- Task avoidance
- Challenging behaviour
- Restlessness/over-activity
- Non-compliance
- Mood swings
- Impulsivity
- Physical aggression
- Verbal aggression
- Perceived injustices

- Disproportionate reactions to situations
- Difficulties with change/transitions
- Absconding
- Eating issues
- Lack of empathy
- Lack of personal boundaries
- Poor awareness of personal space

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

- An assessment is undertaken to establish a clear analysis of the pupil's needs.
- If a plan of support and/or risk assessment is needed this will be appropriately logged
- Action is taken to execute the plan of support and/ or risk assessment.
- Regular reviews are undertaken to assess the effectiveness of the provision, and changes are made as necessary.

If deemed appropriate, a strengths and difficulties questionnaire (SDQ) is utilised when a pupil is suspected of having SEMH difficulties to inform next steps.

Where appropriate, consent is sought from parents/ guardians.

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

Staff members and/ or members of the Pastoral Team will discuss concerns regarding SEMH difficulties with the parents of pupils who have SEMH difficulties, and take any concerns expressed by parents, other pupils, colleagues and the pupil in question seriously. 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 have a clear understanding of the needs of all pupils, including those with SEMH needs through effective and current CPD. Staff training includes, but is not limited to, an understanding that:

- Familial loss or separation, ACEs and/or significant changes in a pupil's life or traumatic events are likely to cause SEMH difficulties.
- Behavioural changes such as pupils distancing themselves from other pupils or changes in attitude can indicate an SEMH need.
- Students with SEMH may have an EHCP.
- Some groups of pupils are more vulnerable to mental health difficulties than others; these include LAC, pupils with SEND and pupils from disadvantaged backgrounds.

The school will promote resilience to help encourage positive SEMH.

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.

An effective pastoral system is in place so that every pupil is well known by at least one member of staff, for example, a form tutor, who can spot where disruptive or unusual behaviour may need investigating and addressing.

Vulnerable groups

Some pupils are particularly vulnerable to SEMH difficulties. 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 can 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 factors will be considered when discussing the possible exclusion of vulnerable pupils.

Children in need, LAC and PLAC

Children in need, LAC and PLAC are more likely to have SEND and experience mental health difficulties than their peers.

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 design and application of the school's Behaviour Policy, including through individualised graduated responses.

The school uses multi-agency collaboration as an effective way to inform assessment procedures.

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.

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

SEMH is affected 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. 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.

SEND and SEMH

The school recognises that not all pupils with mental health difficulties have SEND.

However, the school also 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.

Early intervention to address the underlying causes of disruptive behaviour includes an assessment of whether appropriate support is in place to address the pupil's SEND.

Multi-agency collaboration is used, as appropriate, to identify unidentified SEND and mental health problems.

The graduated response is used to determine the correct level of support to offer.

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.

6. Risk factors and protective factors

There are factors beyond being part of a vulnerable group that might increase the likelihood of SEMH difficulties, known as *risk factors*. There are also factors that might decrease the likelihood of SEMH difficulties, known as *protective factors*.

The table below displays common risk factors for SEMH difficulties (as outlined by the DfE) that staff remain vigilant of, and the protective factors that staff look for and notice when missing from a pupil:

	Risk factors	Protective factors
In the pupil	• Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Volatile temperament • Physical illness • Academic failure • Low self-esteem	• Secure attachment experience • Outgoing temperament as an infant • Good communication skills and sociability • Being a planner & ability to manage tasks • Humour • A positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the pupil's family	• Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse, or neglect • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long-term relationships or the absence of severe discord
In the school	• Bullying including online (cyber bullying) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer-on-peer abuse • Poor pupil-to-teacher/school staff relationships	• Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct) • 'Open door' policy for children to raise problems • A whole-school approach to promoting positive mental health • Good pupil-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 about policies and processes and know they will be dealt with fairly and effectively
In the community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation • Other significant life events	• Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

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	

7. Stress and mental health

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

8. SEMH intervention and support

The curriculum for PSHE and RSHE 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, and the relevant external services are utilised where appropriate, e.g. MindEd or Rethink. A child psychologist is made available where a pupil requires such services.

Schools support the development of pupils' social skills.

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

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

Serious cases of SEMH difficulties are referred to children and adolescent mental health services (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.

Schools will commission 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:

- 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 appropriate.
- For severe cases, a range of tailored and multi-component interventions are established and used.
- For chronic and enduring problems, specialist professional support is utilised, within the context of an integrated multi-agency intervention.

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

9. Suicide concern intervention and support

Where a pupil discloses suicidal thoughts or an adult has a concern about a pupil, staff should:

- Listen carefully, remembering it can be difficult for the pupil to talk about their thoughts and feelings.
- Respect confidentiality but disclose information on a need-to-know basis in line with safeguarding and child protection policies.
- 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 on CPOMS 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.

10. Working with other schools and schools

The school works with local schools/schools to share resources and expertise regarding SEMH.

The school collectively commissions specialist support where appropriate.

11. Commissioning local services

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

Self-reported claims of adherence to these requirements are not taken on face value and schools obtain evidence to support such claims before commissioning services.

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

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

12. Working with parents

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

Schools ensure 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.

13. Working with alternative provision (AP) settings

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

The school shares information with AP settings that enables clear plans to be developed to measure pupils' progress towards reintegration into mainstream schooling, further education or employment. These plans link to EHC plans for pupils with SEND.

For pupils in AP at the end of Year 6 or 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.

14. Administering medication

The full arrangements in place to support pupils with medical conditions requiring medication can be found in the Supporting Pupils with Medical Conditions Policy.

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

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

15. 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, schools carry 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, schools will normally use a Strengths and Difficulties Questionnaire (SDQ).

Where underlying factors are likely to have contributed to the pupil's behaviour, school leaders consider whether action can be taken to address the underlying causes of the disruptive behaviour, rather than issue a suspension.

In all cases, the school balances the interests of the pupil against the mental and physical health of the whole school community.

16. 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.

17. Monitoring and review

The policy is reviewed on an annual basis by the CEO and relevant senior mental health leads in the school − 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.

The next scheduled review date for this policy is April 2026.