



**CORPUS CHRISTI
CATHOLIC SCHOOL**

Social, Emotional and Mental Health Policy

January 2023

MISSION STATEMENT

Corpus Christi Catholic School is a welcoming, vibrant and diverse community with the Christian values of respect, equality and love for all at its core.

We aim to nurture, motivate, educate and to inspire all children to become lifelong learners and to achieve the best that they can.

Following the example of Jesus, we uphold our school motto:
To Learn, To Live, To Love.

Discere Vivere Amare




CORPUS CHRISTI CATHOLIC SCHOOL

POLICY STATEMENT:

We believe we have an important role in the fostering of good SEMH wellbeing among young people so that they can fulfil their potential at school and are well prepared for adult life. Schools with clear expectations on behaviour and with well-planned provision for character and personal development can help promote good SEMH wellbeing.

STATEMENT OF INTENT:

This policy outlines the framework for Corpus Christi School to meet its duty in providing and ensuring a high quality of education to all 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 Local Authority 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

Signed by:

Designated Senior SEMH Health Lead Kate Smart

ELSA & Bereavement trained staff member Alex Brand

Co Headteachers Robert Coyle & Jean Connery

Chair of governors Miranda Sawyer

Date: 3.1.23

We ensure staff are 'well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a SEMH health problem or be at risk of developing one.'

We are aware that children who have 'suffered abuse or neglect or other potentially traumatic adverse childhood experiences', may experience a lasting 'impact throughout childhood, adolescence and into adulthood'. Children's experiences can have an impact on their SEMH health, behaviour and education.

We work hard to be a SEMH healthy school by adopting a whole-school approach to SEMH health and wellbeing, and by developing a positive ethos and culture where everyone feels that they belong. We believe that by adopting a whole-school approach to SEMH health and wellbeing that it will not be seen as a one-off activity but as an ongoing process.

We believe schools can help children and young people living with SEMH health conditions by listening to what they have to say and by so doing schools then become more inclusive and positive places for all pupils, not just those with SEMH health needs.

We agree with the statement from the DfES publication 'Promoting Children's SEMH Health within Early Years and School Settings' which states that "Schools can play a vital part in ensuring that SEMH health problems are quickly recognised and treated. If SEMH health problems are not recognised early they can lead to school or home breakdown, or both, with significant costs for education or social services. On the other hand, unrecognized learning difficulties can themselves lead to emotional and conduct problems."

We agree with the concluding statement in the report 'No Health without Public SEMH Health: the Case for Action' by the Royal College of Psychiatrists that "tackling SEMH health problems early in life will improve educational attainment, employment opportunities and physical health, and reduce the levels of substance misuse, self-harm and suicide, as well as family conflict and social deprivation."

The report clearly states that half of all SEMH health problems begin by the age of 14 so therefore we have a duty to ensure that SEMH health problems are identified and treated at an early age.

K Smart 2023

We believe children who experience SEMH health problems or disorders are children who experience a range of emotional and behavioural problems that are outside the normal range for their age or gender. Children at risk of SEMH ill-health include:

- children and young people with SEN;
- children who have been or are at risk of being abused, exploited or neglected;
- Children in Need;
- children looked-after, or previously looked-after;
- adopted children;
- children living with socio-economic disadvantage; or
- children who have lived through adverse circumstances

(Mental Health and Behaviour in Schools (DfE 2018))

COMMON SEMH DIFFICULTIES

We recognise the more common SEMH problems amongst children/young people are:

- emotional disorders, for example phobias, anxiety states and depression;
- conduct disorders, for example stealing, defiance, fire-setting, aggression and anti-social behaviour;
- hyperkinetic disorders, for example disturbance of activity and attention;
- Develop SEMH disorders, for example delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive develop SEMH disorders;
- attachment disorders, for example children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers;
- Trauma disorders, such as post-traumatic stress disorder, as a result of traumatic experiences or persistent periods of abuse and neglect; and
- other SEMH health problems including eating disorders, habit disorders, somatic disorders; and psychotic disorders such as schizophrenia and manic-depressive disorder

(Mental Health and Behaviour in Schools (DfE 2018))

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.

ROLES & RESPONSIBILITIES:

We believe we have a role to play in supporting pupils to be resilient and SEMH healthy by having a close working relationship with the Child and Adolescent Mental Health Services (CAMHS) and by supporting families by providing information about local health services and national organisations that offer materials, help and advice. Also, we have a role to play by teaching children about SEMH health via the guidance produced by the PSHE Association.

We are concerned that according to the NSPCC that a fifth of children referred to SEMH health services in England have been refused treatment because they did not meet the clinical threshold for receiving treatment from (CAMHS). We believe it is imperative that children receive the right kind of help and support.

In the light of this we will continue to provide up to date training for school personnel in identifying SEMH health problems, counselling and in the use of MindEd which enables school personnel to learn more about specific SEMH health problems.

We understand that a medical or SEMH health condition may cause frequent short absences or times when part-time attendance is the most that pupils can manage. We have to be sympathetic to the nature of the disruption and to give pupils the best possible chance of continuing their education.

We acknowledge the recent findings of a UK study that found obesity and SEMH health were closely linked and that obese seven-year-olds are at greater risk of suffering emotional problems, such as anxiety and low mood, when they reach 11. Therefore, there is a strong case for early prevention in overweight children.

Many staff are either Level 1 or Level 3 Mental Health 1st Aiders. They are trained to recognise the signs and symptoms of common SEMH issues, provide help on a first aid basis, guide someone towards the right support services.

We believe that if a member of the school personnel is going through some form of SEMH health issue then they should consider going to one of the MHFAs who will provide guidance on the relevant help that is needed. MHFAs will have the relevant knowledge to be able to spot someone who is developing a SEMH health issue and therefore will intervene before it escalates. We also subscribe to Smart Clinic, online counselling and SEMH support, free to all staff.

We acknowledge that the MHFAs are not qualified to provide therapy to someone who may need it but only to provide support and to encourage them to access the professional support that is available.

Also, we have in place an awareness training programme for parents in identifying SEMH problems and how to deal with SEMH health issues in their children. The results from a recent survey show that 'young men take cues from their fathers when it comes to their attitudes towards SEMH.' Therefore, we actively encourage fathers to attend the training programme in order 'to encourage them to talk more openly about SEMH so that if and when their sons do develop SEMH problems they can be more supportive of them.'

The awareness training programme for parents is designed to 'break the negative cycle of men feeling unable to speak out about SEMH' and to 'create a new generation of men who no longer feel isolated, ashamed and unable to reach out for the help that they need to successfully manage their SEMH.'

We are very concerned that many teachers are suffering SEMH health problems as a result of excessive workloads and therefore high-quality education cannot be delivered by stressed and anxious teachers.

We support recent recommendations to reduce teacher workload in three areas namely marking, planning and resources and data management and will put these into practice immediately in order to ensure the health and wellbeing of teachers and senior school leaders.

We want all children to have good SEMH and to have the ability to develop psychologically, emotionally, intellectually and spiritually. Therefore, we need to ensure that 'young people need to learn about wellbeing and resilience from a young age, so when they leave school they are equipped to deal with problems and have the confidence to seek help'.

We support 'Children's Mental Health Week' by holding awareness raising workshops for parents and a variety of events with our pupils such as assemblies, plays and fund raising events in order to emphasise the need for pupils to view themselves in a more positive way.

We are aware that the coronavirus outbreak may have caused significant SEMH or wellbeing difficulties for some children and, therefore, we must support them in a variety of ways.

We will implement flexible working practices in a way that promotes good work-life balance for all school personnel in order to ensure their SEMH and wellbeing.

We as a school community have a commitment to promote equality. Therefore, an equality impact assessment has been undertaken and we believe this policy is in line with the Equality Act 2010.

We all have a responsibility to ensure equality permeates into all aspects of school life and that everyone is treated equally irrespective of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. We want everyone connected with this school to feel safe, secure, valued and of equal worth.

We believe it is essential that this policy clearly identifies and outlines the roles and responsibilities of all those involved in the procedures and arrangements that is connected with this policy.

THE SCHOOL'S LEADERSHIP TEAM IS RESPONSIBLE FOR:

Preventing mental health and wellbeing difficulties: By creating a safe and calm environment, where mental health problems are less likely to occur, the leadership can 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.

Identifying mental health and wellbeing difficulties: By equipping staff with the knowledge required, early and accurate identification of emerging problems is enabled.

Providing early support for pupils experiencing mental health and wellbeing

difficulties: By raising awareness and employing efficient referral processes, the school's leadership can help pupils access evidence-based early support and interventions.

Accessing specialist support to assist pupils with mental health and wellbeing difficulties: By working effectively with external agencies, the school can provide swift access or referrals to specialist support and treatment.

Identifying and supporting pupils with SEND: the school's leadership considers how to use some of the SEND resources to provide support for pupils with mental health difficulties that amount to SEND.

Identifying where wellbeing concerns represent safeguarding concerns: Where mental health and wellbeing concerns could be an indicator of abuse, neglect or exploitation, the school will ensure that appropriate safeguarding referrals are made in line with the Child Protection and Safeguarding Policy.

AIMS AND OBJECTIVES:

- To ensure that SEMH health problems are quickly recognised at an early age and treated.
- To support pupils who may have developed significant SEMH health or wellbeing difficulties due to the coronavirus outbreak.
- To ensure compliance with all relevant legislation connected to this policy.
- To work with other schools and the local authority to share good practice in order to improve this policy.

We believe this policy should be a working document that is fit for purpose, represents the school ethos, enables consistency and quality across the school and is related to the following legislation:

Date	Review Date	SEMH Lead	Nominated Governor
January 2023	January 2024	Kate Smart	M Sawyer

- Mental Health Act 2007
- Equality Act 2010
- Mental Health (Approval Functions) Act 2012
- Mental Health (Discrimination) Act 2013

The following documentation is also related to this policy:

- (Mental Health and Behaviour in Schools (DfE 2018))
- Promoting Children's Mental Health within Early Years and School Settings (DfES)
- Equality Act 2010: Advice for Schools (DfE)
- Race Disparity Audit - Summary Findings from the Ethnicity Facts and Figures Website (Cabinet Office)
- Managing and Supporting Mental Health at Work: Disclosure Tools for Managers (Mind)
- Character Education (DfE)

ROLE OF THE GOVERNING BODY

The Governing Body has:

- appointed a member of staff to be the Coordinator for Special Educational Needs;
- Trained all members of the school MLT to act as Mental health first aiders;
- delegated powers and responsibilities to the Headteachers to ensure all school personnel and visitors to the school are aware of and comply with this policy;
- responsibility for ensuring that the school complies with all equalities legislation;
- nominated a designated Equalities governor to ensure that appropriate action will be taken to deal with all prejudice related incidents or incidents which are a breach of this policy;
- responsibility for ensuring funding is in place to support this policy;
- make effective use of relevant research and information to improve this policy;
- responsibility for ensuring this policy and all policies are maintained and updated regularly;
- responsibility for ensuring all policies are made available to parents;
- nominated a link governor to:
 - visit the school regularly;
 - work closely with the Headteachers and the pastoral care coordinator;
 - ensure this policy and other linked policies are up to date;
 - ensure that everyone connected with the school is aware of this policy;
 - attend training related to this policy;
 - report to the Governing Body every term;
 - annually report to the Governing Body on the success and development of this policy
- responsibility for the effective implementation, monitoring and evaluation of this policy

THE GOVERNING BODY WILL:

Fully engage with pupils with SEMH difficulties and their parents when drawing up policies that affect them.

- Identify, assess and organise provision for all pupils with SEMH difficulties, whether or not they have an EHC plan.
- Endeavour to secure the special educational provision called for by a pupil's SEMH difficulties.
- Designate an appropriate member of staff to be the SENCO and coordinate provisions for pupils with SEMH difficulties.
- Take all necessary steps to ensure that pupils with SEMH difficulties are not discriminated against, harassed or victimised.
- Ensure arrangements are in place to support pupils with SEMH difficulties.
- Ensure there are clear systems and processes in place for identifying possible SEMH problems, including routes to escalate and clear referral and accountability systems.

ROLE OF THE HEADTEACHERS

The co headteachers will:

- work hard to establish a SEMH healthy school by adopting a whole-school approach to SEMH and wellbeing;
 - involve all parts of the school working together and being committed;
 - establish a partnership working between governors, senior leaders, school personnel, pupils, parents/carers the parish and the wider community;
 - develop a positive ethos and culture where everyone feels that they belong;
 - work with families and making sure that the whole school community is welcoming, inclusive and respectful;
 - maximise children's learning through promoting good SEMH health and wellbeing across the school – through the curriculum, early support for pupils, staff-pupil relationships, leadership and a commitment from everybody;
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- look at all aspects of school life in order to address the issue of SEMH health;
 - work hard to create and maintain a sensitive, supportive and compassionate school environment by tackling prejudice, promoting diversity and removing the stigma around SEMH health;
 - develop inclusive behaviour systems so that pupils feel safe and secure;
 - listen to the views and concerns of pupils;
 - have in place pupil wellbeing programmes in order to deal with stress and anxiety such as mindfulness and yoga;

- ensure the curriculum promotes SEMH health and well-being to ensure that pupils have a clear understanding of SEMH issues;
- ensure pupils understand that SEMH health is just as important as physical health;
- ensure the PSHE curriculum promotes self-esteem, independence and personal responsibility;
- promote positive SEMH health with all school personnel;
- encourage a culture of openness for school personnel to freely discuss SEMH health problems without fear of ridicule;
- have in place systems and processes to support staff well-being and tackle work-related stress;
- provide guidance, support and training to all staff to ensure they are able to:
 - identify pupils with underlying SEMH health issues;
 - differentiate between pupils with SEMH health issues and those who are behaving badly
 - provide training for school personnel on:
 - how to recognise stress symptoms
 - how to finding ways on how to reduce stress
 - how to cope with stressful situations
 - work-life balance
 - offer counselling for school personnel;
- provide early help support to those families struggling with SEMH health issues;
- organise workshops to show parents/carers how to promote pupils' wellbeing and SEMH health;
- ensure school personnel on return to school after the lockdown strike an appropriate balance between reintegrating pupils into a reassuring and family work ethic to support their SEMH wellbeing on the one hand, and identifying and taking time to address explicitly individual concerns or problems on the other;
- support pupils who have:
 - developed significant SEMH health or wellbeing difficulties due to the coronavirus outbreak;
 - experienced bereavements in their immediate family or wider circle of friends or family or had increased/new caring responsibilities due to coronavirus outbreak;
 - missed the routine of school and seeing their friends;
- work in conjunction with the Senior Leadership Team to ensure all school personnel, pupils and parents are aware of and comply with this policy;
- ensure risk assessments are:
 - in place and cover all aspects of this policy;
 - accurate and suitable;
 - reviewed annually;
 - easily available for all school personnel
- work closely with the link governor and coordinator;

- provide leadership and vision in respect of equality;
- make effective use of relevant research and information to improve this policy;
- monitor the effectiveness of this policy by speaking with school personnel, parents and governors;
- annually report to the Governing Body on the success and development of this policy
- Ensure that those teaching or working with pupils with SEMH difficulties are aware of their needs and have arrangements in place to meet them.
- Ensure that teachers monitor and review pupils' academic and emotional progress during the course of the academic year.
- Ensure that the SENCO has sufficient time and resources to carry out their functions, in a similar way to other important strategic roles within the school.
- Ensure that staff members understand the strategies used to identify and support pupils with SEMH difficulties.
- Ensure that procedures and policies for the day-to-day running of the school do not directly or indirectly discriminate against pupils with SEMH difficulties.
- Establish and maintain a culture of high expectations and including pupils with SEMH difficulties in all opportunities that are available to other pupils.
- Consult health and social care professionals, pupils and parents to ensure the needs of pupils with SEMH difficulties are effectively supported.
- Keep parents and relevant staff up-to-date with any changes or concerns involving pupils with SEMH difficulties.
- Ensure 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.

ROLE OF THE SEMH LEAD

It is the responsibility of the SEMH Lead to oversee 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.

The SEMH Lead will:

- lead the development of this policy throughout the school;
- actively promote the emotional wellbeing of children by:
- ensuring that the RULER programme is followed by all classes
- continually raise the profile of our Safe Space for children to access support
- create stable childcare arrangements;
- organise regular workshops by the NSPCC and links to well-being support on the school's website and class Google pages;
- work closely with parents/carers in order to build on children's previous experiences, knowledge, understanding and skills;

- establish good relationships with children;
- plan leadership opportunities where children have a voice and a platform for raising awareness;
- plan activities that promote emotional, moral, spiritual and social development alongside intellectual development;
- provide support for children with behavioural and communication difficulties in order for them to develop socially and emotionally
- establish the importance of trust, integrity, democracy, equality of opportunity for all children;
- value everyone who is engaged in the care and supervision of children;
- have in place clear policies and sanctions for behaviour and bullying;
- set high professional standards;
- motivate and arouse pupils interest by skilful teaching;
- work closely with parents;
- introduce emotional literacy programmes, parenting programmes and circle time
- Collaborate with the SENCO, Headteacher and governing body, as part of the SLT, to outline and strategically develop SEMH policies and provisions for the school.
- Coordinate with the SENCO and mental health support teams to provide a high standard of care to pupils who have SEMH difficulties.
- Advise on the deployment of the school's budget and other resources in order to effectively meet the needs of pupils with SEMH difficulties.
- Be a key point of contact with external agencies, especially the mental health support services, the LA, LA support services and mental health support teams.
- Provide professional guidance to colleagues about mental health and working closely with staff members, parents and other agencies, including SEMH charities.
- Refer 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.
- Oversee the outcomes of interventions on pupils' education and wellbeing.
- Liaise with parents of pupils with SEMH difficulties, where appropriate.
- Liaise with other schools, educational psychologists, health and social care professionals, and independent or voluntary bodies.
- Liaise with the potential future providers of education, such as secondary school teachers, to ensure that pupils and their parents are informed about options and a smooth transition is planned.
- Lead mental health CPD.
- Listen to staff
- Refer staff to SMART clinic
- Monitor staff workload to ensure staff wellbeing is maintained.

- use the following questions when assessing support for a child who is displaying SEMH health problems:
 - What kind of problem is the child displaying?
 - What is the impact of the child's problem on them and those around them?
 - What factors have caused this problem?
 - What strengths are there to work with?
 - What other viewpoints should we consider in order to understand the cause and what support to give?
 - coordinate support within school and will liaise with outside agencies in order to meet the SEMH health needs of children/young people;
 - work closely with the Headteacher and the nominated governor;
 - make effective use of relevant research and information to improve this policy;
 - provide guidance and support to all staff;
 - provide training for all staff on induction and when the need arises regarding;
 - provide awareness training for parents;
 - keep up to date with new developments and resources;
 - undertake risk assessments when required;
 - review and monitor;
 - annually report to the Governing Body on the success and development of this policy

ROLE OF MENTAL HEALTH FIRST AIDERS

Mental Health First Aiders will:

- use the follow strategies when responding to someone in SEMH distress by using the '**ALGEE**' action plan:
 - ☐ **A:** Approach, assess, assist with any crisis
 - ☐ **L:** Listen and communicate non-judgmentally
 - ☐ **G:** Give support and information
 - ☐ **E:** Encourage the distressed to get appropriate professional help
 - ☐ **E:** Encourage other supports

ROLE OF SCHOOL STAFF

School staff will:

- comply with all aspects of this policy;
- teach SEMH health throughout the curriculum;

- attend training to develop their knowledge of SEMH health and behaviour which will include:
 - a clear understanding of the needs of pupils with SEMH health needs;
 - an awareness of some common symptoms of SEMH health problems: an understanding of what is, and is not a cause for concern;
 - an understanding of what to do if they think they have spotted a developing problem;
 - strategies to ensure that stigma is reduced and pupils feel comfortable talking about SEMH health concerns;
 - the ability to differentiate between pupils with SEMH health issues and those who are behaving badly
 - training opportunities to be effective in recognising stress and changes in behaviour
- work closely the SENCO and with CAMHS;
- be trained to use the RULER programme
- work closely with pupils and parents;
- be made aware of good SEMH health by:
 - learning to recognise the signs of stress
 - realising stress must not be regarded as a weakness;
 - finding ways on how to reduce stress
 - coping with stressful situations
 - finding a work-life balance
 - the merits of counselling
 - being supportive to colleagues dealing with stress;
 - being supportive to colleagues who have been off work due to stress
 - creating a supportive network within and outside school
 - be alert to symptoms of stress with their colleagues;
 - implement the school's equalities policy and schemes;
 - report and deal with all incidents of discrimination;
 - attend appropriate training sessions on equality;
 - report any concerns they have on any aspect of the school community

ROLE OF PARENTS

Parents/carers will:

- be aware of and comply with this policy;
- work in partnership with the school;
- comply with this policy for the benefit of their children;
- be invited to attend an awareness training programme;
- be asked to take part periodic surveys conducted by the school;

- support the school Code of Conduct and guidance necessary to ensure smooth running of the school

RAISING AWARENESS OF THIS POLICY

We will raise awareness of this policy via:

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| <ul style="list-style-type: none"> ▪ School Handbook/Prospectus; ▪ School website; ▪ Staff Handbook; ▪ Meetings with parents such as introductory, transition, parent-teacher consultations and periodic curriculum workshops; ▪ School events; ▪ Meetings with school personnel; ▪ Written communications with home such as weekly newsletters and of end of half term newsletters; ▪ Annual report to parents; | <ul style="list-style-type: none"> ▪ Headteacher reports to the Governing Body; ▪ Information displays in the main school entrance; ▪ Text messages ▪ Email ▪ Class pages on Google Classroom ▪ Social media: <ul style="list-style-type: none"> <input type="checkbox"/> Instagram <input type="checkbox"/> Twitter |
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TRAINING

All school personnel:

- have equal chances of training, career development and promotion
- receive training on induction which specifically covers:

<ul style="list-style-type: none"> • All aspects of this policy • The identification of SEMH health problems in children • Anti-Bullying • Pupil Behaviour and Discipline • Pastoral Care 	<ul style="list-style-type: none"> • Stress Management • Early Help • Food and Fitness • Equal opportunities • Inclusion
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receive periodic training so that they are kept up to date with new information

receive equal opportunities training on induction in order to improve their understanding of the Equality Act 2010 and its implications

- The SLT ensures that all teachers have a clear understanding of the needs of all pupils, including those with SEMH needs.

- The SLT promotes CPD 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 problems in pupils escalate issues through clear referral and accountability systems.
- Staff receive training to ensure they:
 - 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.

EQUALITY IMPACT ASSESMENT

Under the Equality Act 2010 we have a duty not to discriminate against people on the basis of their age, disability, gender, gender identity, pregnancy or maternity, race, religion or belief and sexual orientation.

This policy has been equality impact assessed and we believe that it is in line with the Equality Act 2010 as it is fair, it does not prioritise or disadvantage any pupil and it helps to promote equality at this school.

RACE DISPARITY AUDIT

We acknowledge the findings of the Race Disparity Audit that clearly shows how people of different ethnicities are treated across the public services of health, education, employment and the criminal justice system.

The educational section of the audit that covers: differences by region; attainment and economic disadvantage; exclusions and abuse; and destinations, has a significant importance for the strategic planning of this school.

MONITORING THE IMPLEMENTATION AND EFFECTIVENESS OF THE POLICY

The practical application of this policy will be reviewed annually or when the need arises by the coordinator, the Headteacher and the nominated governor.

A statement of the policy's effectiveness and the necessary recommendations for improvement will be presented to the Governing Body for further discussion and endorsement.

LINKED POLICIES

- Anti-Bullying
- Curriculum
- Early Help
- Health and Safety at Work
- Health and Well-being of School Personnel
- Management of Health and Safety Regulations
- Safeguarding and Child Protection
- Outside Agencies
- Pupil Behaviour and Discipline
- School Environment
- Stress Management
- Teaching and Learning
- Work-life Balance
- Food and Fitness
- Bereavement

MONITORING AND REVIEW

The policy is reviewed on an annual basis by the Principal 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 serious SEMH related incidents.

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 date.

APPENDICES

- I. Identifying signs of SEMH difficulties**
- II. Vulnerable groups**
- III. Risk factor and protective factor comparison grids**
- IV. School based SEMH intervention and support**
- V. Suicide concern intervention and support**
- VI. Commissioning local services**
- VII. Safeguarding**

APPENDIX I 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 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

- A plan is 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

Appropriate assessment tools, such as an entry and exit questionnaire, are utilised to assess need and impact.

Staff members understand that 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.

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

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 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.

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 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.

Staff members understand that where SEMH difficulties may lead to a pupil developing SEND, it could result in a pupil requiring an EHC plan.

Poor behaviour is managed in line with the school's Behavioural 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 regular basis by Achievement Leads 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 every pupil is well known by at least one member of staff, for example, the Achievement Mentor, who can spot where disruptive or unusual behaviour may need investigating and addressing.

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. 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

APPENDIX II 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
- 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.

CP, CIN, LAC and PLAC

Children in need, LAC and PLAC are more likely to have SEND and experience mental health difficulties than 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 design and application of 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 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.

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.

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.

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.

The Headteachers consider the use of a multi-agency assessment for pupils demonstrating persistently disruptive behaviour. These assessments are designed to identify 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.

The 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.

APPENDIX III RISK FACTOR & PROTECTIVE FACTOR COMPARISON GRIDS

	Risk factors	Protective factors
In the pupil	<ul style="list-style-type: none">• Genetic influences• Low IQ and learning disabilities• Specific development delay or neuro-diversity• Communication difficulties• Difficult temperament• Physical illness• Academic failure• Low self-esteem	<ul style="list-style-type: none">• 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

<p>In the family</p>	<ul style="list-style-type: none"> • Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, 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
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In the school	<ul style="list-style-type: none"> • 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 	<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 to raise problems • A whole-school approach to promoting good 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	<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

The curriculum for PSHE, RSE and RULER 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 (ELSA, Safe Space and bereavement counselling) is offered to pupils who require it. Where it has been identified that a student's mental health is of concern, members of our Inclusion Team will refer to our Pastoral lead and SEMH lead. Together they will review what concerns have been raised about the young person's emotional wellbeing alongside what interventions have taken place already. A decision will then be made about the most appropriate pathway to move forwards with. This could include further mentoring and interventions from:

- Chosen member of staff to mentor
- School-based Counselling (ELSA)
- External Services such as TADS, Compass and/or CAMHS. (List not exhaustive)

School based counselling provides a safe and confidential space for students to talk to a trained member of staff about their issues and concerns. The school counsellor will help the student explore their thoughts, feelings, and behaviours so that they can develop a better understanding of themselves and others. School based counselling follows the humanistic school of counselling where therapy is person-centred and non-directive. (BACP, 2021)

As a school we will always gain consent from parents for their child to access the ELSA. There may be times where the child wants a quick chat, rather than a six week programme. We will respect this request, specifically in relation to matters of a safeguarding nature.

School based counselling has been found to be of most benefit to students who are willing to engage and get things off their chest, learn about themselves, and find different ways of relating and coping. Young people who find it difficult to be open and feel uncomfortable talking to others may find counselling is not suitable to their needs. (University of Roehampton, 2021)

Where a student has been referred to ELSA school counselling, they will be offered a session once a week for six weeks. A review will then take place where an additional six weeks may be offered. Longer term counselling will be proposed only on a case-by-case basis.

Relevant external services are utilised where appropriate, e.g., Compass, CAMHS.

An Educational Psychologist is made available where a pupil requires such services.

The school develops and maintains pupils' social skills, for example, through group social skills or life skills training, when needed.

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, including 1:1 parent counselling sessions and parenting classes which are school based and inclusive.

Staff Mentors are always open and receptive to students sharing information with them.

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 relevant member of support staff.

There is no expectation on how often the Mentor supports the student and this is student-led.

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 Compass if appropriate 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 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 quality assures all internal and external provisions.

The school implements the following approach to interventions:

- ELSA 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, specialist foster placement with 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 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 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 it is recommended by mental health professionals.

Where a pupil or member of staff discloses suicidal thoughts or a teacher has a concern about a pupil or member of staff, teachers should:

- Listen carefully, remembering it can be difficult for the person to talk about their thoughts and feelings.
- Respect confidentiality, only disclosing information on a need-to-know basis.
- Be non-judgemental, making sure the person knows they are being taken seriously.
- Be open, providing the person a chance to be honest about their true intentions.
- Supervise the person 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 person's GP, are notified as needed.

The DSL and any other relevant staff members, alongside the pupil and their parents, or the member of staff, work together to create a safety plan outlining how the person 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.

Speech	Behaviour	Mood
The pupil/staff member has mentioned the following:	The pupil/staff member displays the following behaviour:	The pupil/staff member 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	

APPENDIX VI 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.

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

- Build trusting 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.

The LA has a multi-agency Local Transformation Plan setting out how children's mental health services are being improved. The school feeds into this to improve local provision.

APPENDIX VII 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.