Three Counties Academy Trust

Social, Emotional and Mental Health (SEMH) Policy

#SG21

Last amended 13th August 2026 (v1.1)

Policy lifespan 3 years. Subject to annual review. To be reviewed no later than 19th March 2029

Version history

Date	Version	Details	Actioned by	PDF to Websites	Word to Governor Hub
20.03.26	1.0	Formatted to house style and checked against model for updates	MF	✓	✓
13.08.26	1.1	Generally formatting update, role clarification, addition of summaries	MF	✓	✓

Contents:

Policy Abbreviations and Acronyms

ACE	Adverse Childhood Experience	**LGBTQ+**	Lesbian, Gay, Bisexual, Trans, Queer and others
AP	Alternative Provision	**NHS**	National Health Service
CEO	Chief Executive Officer	**PLAC**	Previously Looked After Child
CFO	Chief Financial Officer	**PSHE**	Personal, Social, Emotional and Health Education
CPD	Continuing Professional Development	**RSHE**	Relationships, Sex and Health Education
DfE	Department for Education	**SDQ**	Strengths and Difficulties Questionnaire
DSL	Designated Safeguarding Lead	**SEMH**	Social, Emotional and Mental Health
EHCP	Education, Health and Care Plan	**SEND**	Special Educational Needs and Disabilities
GP	General Practitioner	**SENCO**	Special Educational Needs Coordinator
IHP	Individual Healthcare Plan	**SRE**	Sex and Relationships Education
IQ	Intelligence Quotient	**SLT**	Senior Leadership Team
LA	Local Authority	**TCAT**	Three Counties Academy Trust
LAC	Looked After Child	**VSH**	Virtual School's Head

NB. Where the term "parent" or "parents" is used this includes those who act as carers or have parental responsibility.

Statement of intent

This policy outlines the framework for Three Counties Academy Trust (TCAT) 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) needs, and to do everything it can to meet those needs.

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

- Promote a positive outlook regarding pupils with SEMH needs
- Eliminate prejudice towards pupils with SEMH needs
- Promote equal opportunities for pupils with SEMH needs
- Ensure all pupils with SEMH needs are identified and appropriately supported – minimising the risk of SEMH needs 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

Member, Trustee, Local Governor and Staff Summary

Purpose of the Policy

- Sets out how TCAT supports pupils with social, emotional and mental health needs
- Promotes early identification, inclusive practice and timely intervention
- Ensures compliance with statutory duties and safeguarding expectations

Governance and Leadership

- Trust Board oversees SEMH provision and strategic direction
- CEO, Executive Headteachers, Headteachers, Heads of School and SENCOs coordinate implementation
- Senior Mental Health Leads and DSLs ensure effective support and referral pathways

Staff Responsibilities

- Recognise signs of SEMH needs and escalate concerns promptly
- Maintain awareness of safeguarding links to mental health
- Work collaboratively with families and external agencies
- Support pupils through inclusive teaching and positive relationships

Identification and Support

- Graduated approach of assess, plan, do and review
- Use of SDQ and other assessment information where appropriate
- Early intervention prioritised before issues escalate
- Access to counselling, mentoring and specialist services when required

Vulnerable Pupils

- Additional vigilance for children in need, LAC, PLAC and pupils with SEND

- Consider impact of ACEs, trauma, family change and disadvantage
- Use multi-agency working to coordinate support

Safeguarding and Suicide Concerns

- Mental health concerns may indicate abuse, neglect or exploitation
- Immediate referral to DSL where safeguarding concerns arise
- Clear procedures for responding to suicidal thoughts or behaviours

Key Assurance for Governors and Staff

- Policy promotes a whole-school culture of wellbeing
- Behaviour responses should consider underlying SEMH factors
- Exclusion decisions must take mental health and vulnerability into account
- Regular review, training and monitoring support continuous improvement

Parent and Pupil Summary

What this policy means

- Every TCAT school is committed to supporting pupils' social, emotional and mental health
- Mental wellbeing is treated as an important part of pupils' education, safety and development
- Schools aim to identify concerns early and provide appropriate support

How pupils are supported

- Staff are trained to recognise signs that a child may be struggling
- Support may include pastoral help, mentoring, counselling, wellbeing activities and referrals to specialist services
- Support plans are reviewed regularly to ensure they remain effective

Working with parents

- Parents are viewed as important partners in supporting children
- Schools will share concerns sensitively and involve families in decisions wherever appropriate
- Families may be signposted to external health, wellbeing and support services

Creating a positive school environment

- Schools promote resilience, positive relationships and emotional wellbeing
- Teaching through PSHE and related curriculum areas helps pupils understand mental health and wellbeing
- Bullying, discrimination and stigma relating to mental health are challenged

Additional support for vulnerable pupils

- Extra consideration is given to pupils who may be more vulnerable to mental health difficulties
- This includes children in need, looked after children, previously looked after children and pupils with SEND
- Schools work with other agencies where additional support is required

Safety and safeguarding

- Any concern that a pupil may be at risk is treated seriously
- Mental health concerns linked to safeguarding are referred quickly to safeguarding leads
- Clear procedures are in place if a pupil expresses suicidal thoughts or behaviours

What pupils can expect

- To be listened to and treated with respect
- To know where to seek help if worried about themselves or others
- To receive support aimed at helping them feel safe, included and able to learn successfully

1. Legal framework

This policy has due regard to all relevant legislation and statutory guidance and good practice 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
- DfE 'Keeping children safe in education'
- DfE 'Mental health and behaviour in schools'
- DfE 'Counselling in schools: a blueprint for the future'
- DfE 'Special educational needs and disabilities code of practice: 0 to 25'

Where legislation has been passed or updated during the shelf life of this policy, we will always apply the latest version available irrespective of the version quoted here.

This policy operates in conjunction with the following policies:

- Behaviour Policy
- Suspension and Exclusion Policy (GN18)
- Staff Code of Conduct (HR26)
- Special Educational Needs and Disabilities (SEND) Policy (SD3)
- Child Protection and Safeguarding Policy and Procedures (SG1)
- Supporting Pupils with Medical Conditions Policy (SG4)
- Administering Medication Policy (SG20)

Central TCAT policies have the policy number identified, e.g. “SG1”. Where no policy number is identified this indicates the policy is a school specific policy available from an individual TCAT school’s website.

2. Roles and responsibilities

TCAT’s and individual school leadership as a whole is responsible for:

- Using a preventative approach to create a safe and calm environment where mental health needs are less likely to occur, in order to improve the mental health and wellbeing of the school community and instil resilience in pupils. A preventative approach includes teaching pupils about mental wellbeing through the curriculum and reinforcing these messages in our activities and ethos
- Ensuring that only appropriately trained professionals should attempt to make a diagnosis of a mental health problem
- Ensuring that staff are aware of how potentially traumatic adverse childhood experiences (ACE), including abuse and neglect, can impact on a pupil’s mental health, behaviour, and education
- Equipping staff with the knowledge required to identify pupils whose behaviour suggests they may be experiencing a mental health problem or be at risk of developing one
- Raising awareness and employing efficient referral processes in order to help pupils access evidence-based early support and interventions
- Working effectively with external agencies to ensure TCAT can provide swift access or referrals to specialist support and treatment
- Identifying and supporting pupils with SEND, and considering 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, and ensuring that appropriate safeguarding referrals are made in line with the Child Protection and Safeguarding Policy and Procedures

The Trust Board is responsible for:

- Fully engaging pupils with SEMH needs and their parents when drawing up policies that affect them
- Ensuring provision is in place for all pupils with SEMH needs, whether or not they have an Education Health and Care (EHC) plan
- Endeavouring to secure the special educational provision called for by a pupil’s SEMH needs
- Designating an appropriate member of staff to be the SENCO ensuring they coordinate provisions for pupils with SEMH needs
- Taking all necessary steps to ensure that pupils with SEMH needs are not discriminated against, harassed or victimised

- Ensuring arrangements are in place to support pupils with SEMH needs
- Appointing an individual Trustee or sub-committee to oversee TCAT's arrangements for SEMH
- Ensuring there are clear systems and processes in place for identifying possible SEMH needs, including routes to escalate and clear referral and accountability systems
- Identifying an appropriate staff member to act as the Senior Mental Health Lead, with sufficient authority to develop and oversee the TCAT's approach to mental health and wellbeing

The CEO in collaboration with Executive Headteachers, Headteacher, Heads of School and the CFO is responsible for:

- Ensuring that procedures and policies for the day-to-day running of TCAT do not directly or indirectly discriminate against pupils with SEMH needs
- Establishing and maintaining a culture of high expectations and including pupils with SEMH needs in all opportunities that are available to other pupils
- Overseeing TCAT's approach to mental health, including how this is reflected in policies, how staff are supported with their own mental health, and how our schools engage pupils and parents with regards to pupils' mental health and awareness
- Collaborating with the SENCOs, Executive Headteachers, Headteachers, Heads of School, Local Governing Bodies and the Trust Board, to outline and strategically develop SEMH policies and provisions for TCAT
- 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
- Advising on the deployment of TCAT's budget and other resources in order to effectively meet the needs of pupils with SEMH needs

Executive Headteachers, Headteachers and where delegated, Heads of School are responsible for:

- Ensuring that teachers monitor and review pupils' academic and emotional progress during the course of the academic year
- Ensuring 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
- On an annual basis, carefully reviewing the quality of teaching for pupils at risk of underachievement, as a core part of TCAT's performance management arrangements
- Ensuring that procedures and policies for the day-to-day running of their school do not directly or indirectly discriminate against pupils with SEMH needs

- Establishing and maintaining a culture of high expectations and including pupils with SEMH needs in all opportunities that are available to other pupils
- Overseeing their school's approach to mental health, including the curriculum and pastoral support, how staff are supported with their own mental health, and how our schools engage pupils and parents with regards to pupils' mental health and awareness
- Coordinating with the SENCO and mental health support teams to provide a high standard of care to pupils who have SEMH needs
- 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 to external services, e.g., Children and Young People's Mental Health Services (CYPMHS), to receive additional support where required
- Overseeing the outcomes of interventions on pupils' education and wellbeing
- Liaising with parents of pupils with SEMH needs, 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
- Leading mental health CPD within their school or appointing a member of their SLT to do so
- Undertaking and/or directing appropriate staff to undertake Senior Mental Health Lead training

SENCOs in collaboration with the Trust Assistant SENCO and Inclusion Support Officer is responsible for:

- Collaborating with the Trust Board, CEO and Executive Headteachers/Headteachers/Heads of School, to determine the strategic development of SEMH policies and provisions for the school
- Undertaking day-to-day responsibilities for the successful operation of the SEMH Policy
- 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 needs
- Being aware that mental health needs can, in some cases, be an indicator that a pupil has suffered or is at risk of suffering abuse, neglect or exploitation

- Understanding how potentially traumatic adverse childhood experiences can impact a pupil's mental health, behaviour, and education
- Being aware of the needs, outcomes sought, and support provided to any pupils with SEMH needs
- Keeping the relevant figures of authority up to date with any changes in behaviour, academic developments and causes of concern. The relevant figures of authority include the, SENCO or Trust Assistant SENCO and Inclusion Support Officer, Headteachers/Heads of School and Pastoral Staff

Teaching staff are responsible for:

- Planning and reviewing support for their pupils with SEMH needs in collaboration with parents, the SENCO/ Trust Assistant SENCO and Inclusion Support Officer 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 needs will be able to study the full school curriculum
- Being responsible and accountable for the progress and development of the pupils in their class

DSLs/Deputy DSLs are responsible for:

- Acting as a source of support, advice, and expertise for all staff
- Liaising with staff on matters of safety, safeguarding and welfare
- Liaising with the Mental Health Support Team, where safeguarding concerns are linked to mental health

TCAT 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

TCAT's approach to supporting and promoting mental health and wellbeing will be as follows:

- Prevention: creating safe and calm environments where mental health needs are less likely, improving the mental health and wellbeing of the whole school population in each of our schools, and equipping pupils to manage the normal stress of life effectively
- Identification: recognising emerging issues as early and accurately as possible

- Early support: helping pupils to access evidence based early support and interventions
- Access to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment

Senior leaders in each school will clearly communicate their vision for good mental health and wellbeing with the whole school community.

TCAT schools will utilise various strategies to support pupils who are experiencing high levels of psychological stress, or who are at risk of developing SEMH needs, including:

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

Each TCAT school's Behaviour Policy and TCAT's Anti-Bullying Policy will include measures to prevent and tackle bullying, and contain an individualised, graduated response when behaviour may be the result of mental health needs or other vulnerabilities.

TCAT will ensure that there are clear policies and processes in place to reduce stigma and make pupils feel comfortable enough to discuss mental health concerns.

Pupils will 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

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

TCAT will promote CPD to ensure that staff can recognise common symptoms of mental health needs, 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 issues through clear referral and accountability systems.

Staff receive training to ensure they:

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

5. Identifying signs of SEMH needs

TCAT is committed to identifying pupils with SEMH needs at the earliest stage possible.

Staff are trained to know how to identify possible mental health needs and understand what to do if they spot signs of emerging difficulties.

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

When TCAT 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

A strengths and difficulties questionnaire (SDQ) is utilised when a pupil is suspected of having SEMH needs. An SDQ can assist staff members in creating an overview of the pupil's mental health and making a judgement about whether the pupil is likely to be suffering from any SEMH needs.

Where appropriate, the Headteacher/Head of School asks parents to give consent for their child's GP to share relevant information regarding SEMH with TCAT.

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

Staff members discuss concerns regarding SEMH needs with the parents of pupils who have SEMH needs, and take any concerns expressed by parents, other pupils, colleagues, and the pupil in question seriously. Staff consider all previous assessments and progress over time and then refer the pupil to the appropriate services.

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 TCAT's SEND Policy.

Staff members are aware of the following:

- Factors that put pupils at risk of SEMH needs, 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 needs

Staff members understand the following:

- Familial loss or separation, significant changes in a pupil's life or traumatic events are likely to cause SEMH needs
- What indicators they should be aware of that may point to SEMH needs, such as behavioural problems, pupils distancing themselves from other pupils or changes in attitude
- Where SEMH needs may lead to a pupil developing SEND, it could result in a pupil requiring an EHC plan

- Persistent mental health difficulties can lead to a pupil developing SEND. If this occurs, the SENCO ensures that correct provisions are implemented to provide the best learning conditions for the pupil, such as providing school counselling. Both the pupil as appropriate and their parents are involved in any decision-making concerning what support the pupil needs

TCAT will promote resilience to help encourage positive SEMH. Poor behaviour is managed in line with each school's Behaviour Policy. Staff members will observe, identify, and monitor the behaviour of pupils potentially displaying signs of SEMH needs; however, only medical professionals will make a diagnosis of a mental health condition.

Pupils' data is reviewed on a termly basis by the school SLT 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, a Form Tutor, who can spot where disruptive or unusual behaviour may need investigating and addressing.

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

6. Vulnerable groups

Some pupils are particularly vulnerable to SEMH needs. These 'vulnerable groups' are more likely to experience a range of adverse circumstances that increase the risk of mental health needs.

Staff are aware of the increased likelihood of SEMH needs 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
- LGBTQ+

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.

7. 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. 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.

TCAT 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 each schools Behaviour Policy, including through individualised graduated responses.

TCAT 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), TCAT 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 TCAT 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 TCAT 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.

8. 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, incarcerated parents 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 abuse, 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 Trust 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 TCAT's existing support systems or via specialist staff and support services.

9. SEND and SEMH

TCAT recognises it is well-placed to identify SEND at an early stage and works with partner agencies to address these needs. TCAT'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 needs. 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.

Headteachers/Heads of School may 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 needs, and to discover whether there are housing or family problems that may be having an adverse effect on the pupil.

TCAT 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 TCAT schools, 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.

SENCOs ensure that staff understand how their school identifies and meets pupils' needs, provides advice and support as needed, and liaises with external SEND professionals as necessary.

10. Risk factors and protective factors

There are a number of risk factors beyond being part of a vulnerable group that are associated with an increased likelihood of SEMH needs, these are known as risk factors. There are also factors associated with a decreased likelihood of SEMH needs, these are known as protective factors.

The table below displays common risk factors for SEMH needs (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 neurodiversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem	• 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 pupil's family	• Overt parental conflict including domestic abuse	• At least one good parent-child relationship (or one supportive adult)

	• 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	• 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 • Child-on-Child 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 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	• 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 or eating too much or too little	Humiliation and shame
Unbearable pain	Visiting or calling people to say goodbye	Agitation and anger

[redacted]	Giving away possessions	Relief or sudden improvement, e.g., through self-harm activities
	Aggression	[redacted]
	Fatigue	
	Self-harm	

11. Stress and mental health

TCAT 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 needs.

12. SEMH intervention and support

The curriculum for PSHE, SRE 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, Rethink or ThinkTwice. A child psychologist is made available where a pupil requires such services.

TCAT 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. TCAT supports parents in the management and development of their child.

Peer mentoring can be used to encourage and support pupils suffering with SEMH needs. Mentors act as confidants, with the aim of easing the worries of their mentees. Mentors are always older, competent, and confident pupils. The mentee reports to their mentor about social anxieties, academic concerns, future aspirations, and anything else that is appropriate. The meetings are informal, and the mentor reports any significant concerns they may have to the pupil's teacher. Mentees are expected to meet with their mentor at least once a month.

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

Serious cases of SEMH needs are referred to CYPMHS.

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

TCAT 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.

Within our primary schools, TCAT 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 than ones that involve parents, and so parents are involved in interventions where appropriate
- Parental training programmes are combined with the pupil's intervention to promote problem-solving skills and positive social behaviours
- Small group sessions will take place and focus on developing cognitive skills and positive social behaviour
- Well-established nurture groups are in place to address any emerging SEMH needs in pupils, for example the use of Thrive
- Play-based approaches are in place to develop more positive relationships between pupils and their parents

- Specific classroom management techniques for supporting pupils are in place. These techniques may include, for example, using a token system for rewards or changing seating arrangements
- ‘Self-instruction’ programmes may be implemented in combination with parental support

Within our secondary school, TCAT implements the following approach to interventions:

- School-based counselling will often take the form of talking therapy, drawing on creative approaches where appropriate and necessary
- Parents are directly involved in the intervention, where possible
- For severe cases, a range of tailored and multi-component interventions are established and used
- For chronic and enduring problems, 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 Individual Healthcare Plan (IHP) – a statutory duty for schools when caring for pupils with complex medical needs
- Seeking professional mental health recommendations regarding medication
- Family support and/or therapy where recommended by mental health professionals

13. Suicide concern intervention and support

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

- Listen carefully, remembering it can be difficult for the pupil to talk about their thoughts and feelings
- Respect confidentiality, only disclosing information on a need-to-know basis
- Be non-judgemental, making sure the pupil knows they are being taken seriously
- Be open, providing the pupil a chance to be honest about their true intentions
- Supervise the pupil closely whilst referring the pupil to the DSL for support
- Record details of their observations or discussions and share them with the DSL

Once suicide concerns have been referred to the DSL, local safeguarding procedures are followed, and the pupil's parents are contacted. Medical professionals, such as the pupil's GP, are notified as needed.

The DSL and any other relevant staff members, alongside the pupil and their parents, work together to create a safety plan outlining how the pupil is kept safe and the support available.

Safety plans:

- Are always created in accordance with advice from external services and the pupil themselves
- Are reviewed regularly by the DSL
- Can include reduced timetables or dedicated sessions with counsellors

14. Working with other schools

TCAT works with local schools to share resources and expertise regarding SEMH and will collectively commission specialist support where appropriate.

15. Commissioning local services

TCAT 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.

TCAT 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.

TCAT 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. TCAT feeds into this to improve local provision.

16. Working with parents

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

TCAT ensures that pupils and parents are aware of the mental health support services available from TCAT.

Parents and pupils are expected to seek and receive support elsewhere, including from their GP, NHS services, trained professionals working in CYPMHS, voluntary organisations and other sources.

17. Working with alternative provision (AP) settings

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

TCAT 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 can be linked to EHC plans for pupils with SEND.

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

18. Administering medication

The full arrangements in place to support pupils with medical conditions requiring medication can be found in the TCAT's Supporting Pupils with Medical Conditions Policy and the Administering Medication Policy.

The Trust Board 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.

19. Misbehaviour, suspensions and exclusions

When suspension or exclusion is a possibility, TCAT considers contributing factors, which could include mental health difficulties. All decisions to suspend or exclude a pupil will be taken in line with the Suspension and Exclusion Policy.

Where there are concerns over behaviour, the school carries out an assessment to determine whether the behaviour is a result of underlying factors such as undiagnosed learning difficulties, speech and language difficulties, child protection concerns or mental health needs.

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

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

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 Procedures and speak to the DSL or deputy DSL.

Monitoring and review

Lifespan of Policy: 3 Years

At any point this policy is updated or fully reviewed, it will be updated on the main TCAT website and will automatically update on all TCAT school websites simultaneously.

Where an annual check or other check results in minor changes, the Version History will be reviewed and updated with a change in the number following the decimal point, for example, v1.1 ⇨ v1.2. Where the policy is reviewed in full, then the number before the decimal point will change and reset, for example v1.4 ⇨ v2.0.

Any changes made by the CEO in collaboration with the Board Appointed Trustee will be passed to the Trust Board for ratification and subsequently be notified to Clerks to Local Governing Bodies and Headteachers/Heads of School.

The next scheduled full review date for this policy is 19th March 2029.

Date approved by the Board Appointed Trustee: 20th March 2026.

To be ratified and recorded in the minutes at the first Trust Board Meeting after 20th March 2026.

Trust Glossary

AA	Admissions Authority	**H&S**	Health and Safety
AAI	Adrenaline Auto-Injector (Epi Pen)	**HoS**	Head of School
ACM	Asbestos Containing Materials	**HSE**	Health and Safety Executive
AHT	Assistant Headteacher	**ICO**	Information Commissioners Office
AIR	Attendance Intervention Reviews	**IDSR**	Inspection Data Summary Report
APDR	Assess Plan Do Review Cycle	**IHP**	Individual Healthcare Plan
APIs	Application Programming Interfaces	**IRMS**	Information and Records Management Society
ASC	Autistic Spectrum Condition	**IWF**	Internet Watch Foundation
ASP	Analyse School Performance	**KCSIE**	Keeping Children Safe in Education
ATH	Academy Trust Handbook	**KS1/2/3/4**	Key Stage 1/2/3/4
BAME	Black, Asian and Minority Ethnic Backgrounds	**LAC**	Looked After Child
BAT	Board Appointed Trustee	**LADO**	Local Authority Designated Officer
BCP	Business Continuity Plan	**LGB**	Local Governing Body
BFR	Budget Forecast Return	**LLC**	Low-Level Concerns
CEO	Chief Executive Officer	**LSA**	Learning Support Assistants
CFO	Chief Financial Officer	**MASH**	Multi-Agency Safeguarding Hub
CIF	Condition Improvement Fund	**MAT**	Multi-Academy Trust

CIN	Child in Need	**MFA**	Multi-Factor Authentication
CLA	Children Looked After	**MFL**	Modern Foreign Language
CMIE	Child Missing in Education	**NCSC**	National Cyber Security Centre
COO	Chief Operating Officer	**NoV**	Note of Visit
COSHH	Control of Substances Hazardous to Health	**NPQ**	National Professional Qualifications
CP	Child Protection	**PA**	Persistent Absence
CPD	Continuing Professional Development	**PAN**	Published Admission Number
CPOMS	Child Protection Online Management System	**PECR**	Privacy and Electronic Communications Regulations
CSCS	Children's Social Care Services	**PEP**	Personal Education Plan
CSE	Child Sexual Exploitation	**PEEP**	Personal Emergency Evacuation Plan
CTIRU	Counter-Terrorism Internet Referral Unit	**PEx**	Permanent Exclusion
CWD	Children with Disabilities	**PP**	Pupil Premium
CYPMHS	Children and Young People's Mental Health Services	**PPG**	Pupil Premium Grant
DBS	Disclosure and Barring Service	**PSHE**	Personal, Social and Health Education
DDSL	Deputy Designated Safeguarding Lead	**PSED**	Public Sector Equality Duty
DfE	Department for Education	**PTFA**	Parent, Teacher and Friends Association
DHT	Deputy Headteacher	**QA**	Quality Assurance

DSE	Display Screen Equipment	**RIDDOR**	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
DSL	Designated Safeguarding Lead	**RHE**	Relationships and Health Education
DPO	Data Protection Officer	**RPA**	Risk Protection Arrangement
EAL	English as an Additional Language	**RSHE**	Relationships, Sex and Health Education
ECT	Early Career Teacher	**SA**	Severely Absent
EDIB	Equality, Diversity, Inclusion and Belonging	**SALT**	Speech and Language Therapist
EHA	Early Help Assessment	**SARC**	Sexual Assault Referral Centre
EHCNA	Education, Health and Care Needs Assessment	**SBM**	School Business Manager
EHCP	Education, Health and Care Plan	**SCC**	Standard Contractual Clause
EHE	Elective Home Education	**SCITT**	School-Centred Initial Teacher Training
ELSA	Emotional Literacy Support Assistant	**SCR**	Single Central Record
ESFA	Education and Skills Funding Agency	**SDP**	School Development Plan
EVC	Educational Visit Coordinator	**SDQ**	Strengths and Difficulties Questionnaire
EWOSSO	Education Welfare and Safeguarding Support Officer	**SEF**	Self-Evaluation Form
EYFS	Early Years Foundation Stage	**SEMH**	Social, Emotional, and Mental Health
FBV	Fundamental British Values	**SENCO**	Special Educational Needs Coordinator
FFT	Fischer Family Trust	**SEND**	Special Educational Needs and Disabilities

FGM	Female Genital Mutilation	**SIP**	School Improvement Partner
FGMPO	FGM Protection Order	**SLA**	Service Level Agreement
FOI	Freedom of Information	**SLCN**	Speech, Language and Communication Needs
FSM	Free School Meals	**SLT**	Senior Leadership Team
FTS	Find a Tender Service	**SPOC**	Single Point of Contact
GAG	General Annual Grant	**STEM**	Science, Technology, Engineering and Maths
GDPR	General Data Protection Regulation	**TA**	Teaching Assistant
GIAS	Get Information about Schools	**TAC**	Team Around the Child
HASH	Herefordshire Association of Secondary Heads	**TCAT**	Three Counties Academy Trust
HBA	Honour Based Abuse	**TUPE**	Transfer of Undertakings (Protection of Employment)
HR	Human Resources	**VSH**	Virtual School Headteacher