

# Social, Emotional and Mental Health (SEMH) Policy

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## Statement of intent

This policy outlines the framework for Ernulf Academy to meet its duty in providing and ensuring a high quality of education to all of its pupils, including pupils with social, emotional and mental health (SEMH) difficulties, and 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
- Ensuring 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/carers in decision making
- The early identification of pupils needs
- Collaboration between education, health and social care services to provide support when required
- Greater choices and control for pupil and their parents/carers over their support

## **1. Legal framework**

1.1. This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Health and Social Care Act 2012
- Equality Act 2010
- Education Act 2002
- Mental Capacity Act 2005
- Children Act 1989

1.2. This policy has been created with regard to the following DfE guidance:

- DfE (2018) 'Mental health and behaviour in Academies
- DfE (2016) 'Counselling in Academies: a blueprint for the future'
- DfE (2015) 'Special educational needs and disabilities code of practice: 0 to 25'

1.3. This policy also has due regard to the Academy's policies including, but not limited to, the following:

- Astrea Safeguarding and Child Protection Policy
- Positive Behaviour Management and Rewards Policy
- First Aid Policy
- Supporting Scholars with Medical Conditions Policy
- SEND Information Report
- Astrea Exclusions Policy
- Code of Conduct Policy

## 2. Common SEMH difficulties

2.1. **Anxiety:** Anxiety refers to feeling fearful or panicked, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a scholar's ability to develop, learn and sustain and maintain friendships. Specialists reference the following diagnostic categories:

- **General Anxiety Disorder:** This is a long-term condition which causes people to feel anxious about a wide range of situation and issues, rather than on a 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. Academy 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 scholar'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.

2.2. **Depression:** Depression refers to feeling excessively low or sad. Depression can significantly affect a scholar's ability to develop, learn or maintain and sustain friendships. Depression can often lead to other issues such as behavioural problems. Generally, a diagnosis of depression will refer to one of the following:

- **Major depressive disorder (MDD):** A student with MDD will show several depressive symptoms to the extent that they impair work, social or personal functioning.
- **Dysthymic disorder:** This is less severe than MDD and characterised by a student experiencing a daily depressed mood for at least two years.

2.3. **Hyperkinetic disorders:** Hyperkinetic disorders refer to a student who is excessively easily distracted, impulsive or inattentive. If a student is diagnosed with a hyperkinetic disorder, it will be one of the following:

- **Attention deficit hyperactivity disorder (ADHD):** This has three characteristic types of behaviour: inattention, hyperactivity and impulsivity. While some children show the signs of all three characteristics, which is called 'combined type ADHD', other children diagnosed show signs of only inattention, hyperactivity or impulsiveness.
- **Hyperkinetic disorder:** This is a more restrictive diagnosis but is broadly similar to severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. The core symptoms must also have been present from before the age of seven, and must be evident in two or more

settings, e.g. at Academy and home.

**2.4. 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. Scholars 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.

**2.5. 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.

**2.6. Substance misuse:** Substance misuse is the use of harmful substances, e.g. drugs and alcohol.

**2.7. Deliberate self-harm:** Deliberate self-harm is a person intentionally inflicting physical pain upon themselves.

**2.8. Post-traumatic stress:** Post-traumatic stress is recurring trauma due to experiencing or witnessing something deeply shocking or disturbing. If symptoms persist, a person can develop post-traumatic stress disorder.

### 3. Roles and responsibilities

**3.1. The Academy's leadership as a whole 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 Academy community and instil resilience in scholars. A preventative approach includes teaching scholars about mental wellbeing through the curriculum and reinforcing these messages in our enrichment 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 scholars experiencing mental health and wellbeing difficulties: By raising awareness and employing efficient referral processes, the Academy can help scholars access evidence-based early support and interventions.
- Accessing specialist support to assist scholars with mental health and wellbeing difficulties: By working effectively with external agencies, the Academy can provide access or referrals to specialist support and treatment.
- Identifying and supporting scholars with SEND: As part of this duty, the Academy's leadership considers how to use some of the SEND resources to provide support for scholars 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 Academy will ensure that appropriate safeguarding referrals are made in line with the Astrea Safeguarding and Child Protection Policy.

### 3.2. The Local Governing Committee (LGC) is responsible for:

- Fully engaging scholars with SEMH difficulties and their parents when drawing up policies that affect them.
- Identifying, assessing and organising provision for all scholars with SEMH difficulties, whether or not they have an EHCP.
- Endeavouring to secure the special educational provision called for by a scholars SEMH difficulties.
- Designating an appropriate member of staff to be the SENCO and coordinating provisions for scholars with SEMH difficulties.
- Taking all necessary steps to ensure that scholars with SEMH difficulties are not discriminated against, harassed or victimised.
- Ensuring arrangements are in place to support scholars with SEMH difficulties.
- Appointing an individual governor or sub-committee to oversee the Academy's

arrangements for SEMH under the wider umbrella of Personal Development.

### 3.3. The Principal – Mark Neesam

Is responsible for ensuring that those teaching or working with scholars with SEMH difficulties are

- aware of their needs and have arrangements in place to meet them.
  - Ensuring that teachers monitor and review scholars' 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 Academy.
  - Ensuring that staff members understand the strategies used to identify and support scholars with SEMH difficulties.
  - Ensuring that procedures and policies for the day-to-day running of the Academy do not directly or indirectly discriminate against scholars with SEMH difficulties.
  - Establishing and maintaining a culture of high expectations and including scholars with SEMH difficulties in all opportunities that are available to other scholars.
  - Consulting health and social care professionals, scholars and parents to ensure the needs of scholars with SEMH difficulties are effectively supported.
  - Keeping parents and relevant staff up-to-date with any changes or concerns involving scholars with SEMH difficulties.
  - Ensuring staff members have a good understanding of the mental health support services that are available in their local area, both through the NHS and voluntary sector organisations.

### 3.4. The Mental Health Lead – Kimberley Stamford.

Is responsible for:

- Overseeing the whole-Academy 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 Academy engages scholars and parents with regards to scholars' mental health and awareness.
- Collaborating with the SENCO, SLT and LGC to outline and strategically develop SEMH policies and provisions for the Academy.



- Coordinating with the SENCO and mental health support teams to provide a high standard of care to scholars who have SEMH difficulties.
- Advising on the deployment of the Academy's budget and other resources in order to effectively meet the needs of scholars with SEMH difficulties.
- Being a key point of contact with external agencies, especially the mental health support services, the LA, LA support services and mental health support teams.
- Providing professional guidance to colleagues about mental health and working closely with staff members, parents and other agencies, including SEMH charities.
- Liaising with parents of scholars with SEMH difficulties, where appropriate.
- Liaising with other Academies, educational psychologists, health and social care professionals, and independent or voluntary bodies.
- Liaising with the potential future providers of education, such as further education leaders, to ensure that scholars and their parents are informed about options and a smooth transition is planned.
- Leading mental health CPD

3.5. The SENCO, Catherine Hunter, is responsible for:

- Collaborating with the LGC, Principal and the Mental Health Lead to determine the strategic development of SEMH policies and provisions in the Academy.
- Undertaking day-to-day responsibilities for the successful operation of the SEMH Policy.
- Supporting the subject teachers in the further assessment of a scholars particular strengths and areas for improvement and advising on the effective implementation of support.

3.6. Teaching staff are responsible for:

- Being aware of the signs of SEMH difficulties.
- Planning and reviewing support for their scholars with SEMH difficulties in collaboration with parents, the SENCO and, where appropriate, the scholars themselves.
- Setting high expectations for every student 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 student achieving their full potential, and that every student with SEMH difficulties will be able to study the full national curriculum.
- Being responsible and accountable for the progress and development of the scholars in their class.

- Being aware of the needs, outcomes sought and support provided to any scholars with SEMH difficulties.
- Keeping the relevant figures of authority up-to-date with any changes in behaviour, academic developments and causes of concern. The relevant figures of authority include: SENCO/Principal/subject leader.

3.7. The Academy employs a Mental Health Lead who acts as a bridge between the Academy and mental health agencies.

## **4. Creating a supportive whole-Academy culture**

4.1. Senior leaders will clearly communicate their vision for good mental health and wellbeing with the whole Academy community.

4.2. The Academy utilises various strategies to support scholars who are experiencing high levels of psychological stress, or who are at risk of developing SEMH problems, including:

- Teaching about mental health and wellbeing through Personal Development
- Positive classroom management
- Developing scholars' social skills
- Working with parents and carers
- Peer support

4.3. The Academy's Positive Behaviour Management and Rewards Policy and Anti-Bullying Policy 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.

4.4. The SLT ensures that there are clear policies and processes in place to reduce stigma and make scholars feel comfortable enough to discuss mental health concerns.

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

## **5. Staff training**

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

5.2. 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.

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

5.4. Designated 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 student demonstrating suicidal behaviour.
- All staff know what support is available for scholars and how to refer scholars to such support where needed.

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

6.1. The Academy is committed to identifying scholars with SEMH difficulties at the earliest stage possible.

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

6.3. When the Academy suspects that a student is experiencing mental health difficulties, the following graduated response is employed:

- An assessment is undertaken to establish a clear analysis of the scholars needs
- A plan is set out to determine how the student 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

6.4. Staff members understand that persistent mental health difficulties can lead to a student developing SEND. If this occurs, the Principal ensures that correct provisions are

implemented to provide the best learning conditions for the student. Both the student and their parents are involved in any decision-making concerning what support the student needs.

6.5 Where possible, the Academy is aware of any support programmes GPs are offering to scholars who are diagnosed with SEMH difficulties, especially when these may impact the scholars behaviour and attainment at Academy.

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

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

6.10. Staff members take any concerns expressed by parents, other scholars, colleagues and the student in question seriously.

6.11. The assessment, intervention and support processes available from the LA are in line with the local offer.

6.12. All assessments are in line with the provisions outlined in the Academy's SEND Information Report.

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

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

6.15. Staff members promote resilience to help encourage positive SEMH.

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

6.17. Staff members understand what indicators they should be aware of that may point to SEMH difficulties, such as behavioural problems, scholars distancing themselves from other scholars or changes in attitude.

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

6.19. Poor behaviour is managed in line with the Academy's Positive Behaviour Management and Rewards Policy.

6.20. Staff members will observe, identify and monitor the behaviour of scholars potentially displaying signs of SEMH difficulties; however, only medical professionals will make a diagnosis of a mental health condition.

6.21. Scholars' data is reviewed on a termly basis so that patterns of attainment, attendance or behaviour are noticed and can be acted upon if necessary.

6.22. An effective pastoral system is in place so that every student 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.

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

6.24 Staff members are aware of the signs that may indicate if a student is struggling with their SEMH.

The signs of SEMH difficulties may include, but are not limited to, the following list:

- Anxiety
- Low mood
- Being withdrawn
- Avoiding risks
- Unable to make choices
- Low self-worth
- Isolating themselves
- Refusing to accept praise
- Failure to engage
- Poor personal presentation
- Lethargy/apathy
- Daydreaming

- Unable to make and maintain friendships
- Speech anxiety/reluctance to speak
- Task avoidance
- Challenging behaviour
- Restlessness/over-activity
- Non-compliance
- Mood swings
- Impulsivity
- Physical aggression
- Verbal aggression
- Perceived injustices
- Disproportionate reactions to situations
- Difficulties with change/transitions
- Absconding
- Eating issues
- Lack of empathy
- Lack of personal boundaries
- Poor awareness of personal space

## 7. Vulnerable groups

7.1. Some scholars 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.

7.2. Staff are aware of the increased likelihood of SEMH difficulties in scholars in vulnerable groups and remain vigilant to early signs of difficulties.

7.3. Vulnerable groups include the following:

- Scholars who have experienced abuse, neglect, exploitation or other adverse contextual circumstances
- Children on a Child Protection Plan
- Children in need
- Children in Care and previously in care

- Socio-economically disadvantaged scholars, including those in receipt of, or previously in receipt of, free Academy meals and the student premium
- SEND
- LGBTQ+

7.4. 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 scholars.

## **8.Children in need and Children in Care**

8.1. CP, CiN, CiC and Previously CiC are more likely to have SEND and experience mental health difficulties than their peers.

8.2. 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.

8.3. 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 Academy than most scholars.

8.4. Academy staff are aware of how these scholars' experiences and SEND can impact their behaviour and education.

8.5. The impact of these scholars' experiences is reflected in the design and application of the Academy's Positive Behaviour Management and Rewards Policy, including through individualised graduated responses.

8.6. The Academy uses multi-agency working as an effective way to inform assessment procedures.

8.7. Where a student is being supported by LA children's social care services, the Academy works with their allocated social worker to better understand the scholars wider needs and contextual circumstances. This collaborative working informs assessment of needs and enables prompt responses to safeguarding concerns

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

9.1. The balance between risk and protective factors is disrupted when traumatic events happen in scholars' 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 student, 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 Academy's or transitioning between Academy's.
- 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.

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

9.3. The Academy supports scholars 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.

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

## **10. SEND and SEMH**

10.1. The Academy recognises it is well-placed to identify SEND at an early stage and works with partner agencies including the Academy Nursing Service, CAMHs and Educational



Psychology to address these needs. The Academy's full SEND identification and support procedures are available in the SEND Information Report, which is updated annually.

10.2. Where scholars 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. It is vital that scholars' needs are considered holistically and that a person centred approach is taken when planning provision, to ensure that support is tailored appropriately for each individual.

10.3. Early intervention to address the underlying causes of disruptive behaviour includes an assessment of whether appropriate support is in place to address the scholars SEND. The Academy is proactive in engaging with all stakeholders: parents / guardians, teachers and the student themselves to ensure that, where appropriate, reasonable adaptations are made and a consistent approach to managing and de-escalating inappropriate behaviour is applied.

10.4. The Principal considers the use of a multi-agency assessment for scholars 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 student.

10.5. The Academy recognises that not all scholars with mental health difficulties have SEND, though raising staff awareness of particular scholars with mental health difficulties is important to ensure they are appropriately supported.

10.6. The graduated response is used to determine the correct level of support to offer (this is used as good practice throughout the Academy, regardless of whether or not a student has SEND).

10.7. All staff understand their responsibilities to scholars with SEND, including scholars with persistent mental health difficulties.

10.8. The SENCO ensures that staff understand how the Academy identifies and meets scholars' needs, provides advice and support as needed, and liaises with the Academy's Mental Health Lead and external SEND professionals as necessary

## **11. Risk factors and protective factors**

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

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

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



	<ul style="list-style-type: none"> <li>Physical, sexual, emotional abuse, or neglect</li> </ul>	
<b>In the school</b>	<p>Bullying including online (cyber bullying)</p> <ul style="list-style-type: none"> <li>Discrimination</li> <li>Breakdown in or lack of positive friendships</li> <li>Deviant peer influences</li> <li>Peer pressure</li> <li>Peer-on-peer abuse</li> <li>Poor pupil-to-teacher/school staff relationships</li> </ul>	<ul style="list-style-type: none"> <li>Clear policies on behaviour and bullying</li> <li>Staff behaviour policy (also known as code of conduct)</li> <li>'Open door' policy for children to raise problems</li> <li>A whole-school approach to promoting good mental health</li> <li>Good pupil-to-teacher/school staff relationships</li> <li>Positive classroom management</li> <li>A sense of belonging</li> <li>Positive peer influences</li> <li>Positive friendships</li> <li>Effective safeguarding and child protection policies.</li> <li>An effective early help process</li> <li>Understand their role in, and are part of, effective multi-agency working</li> <li>Appropriate procedures in place to ensure staff are confident enough to raise concerns about policies and processes and know they will be dealt with fairly and effectively</li> </ul>
<b>In the community</b>	<p>Socio-economic disadvantage</p> <ul style="list-style-type: none"> <li>Homelessness</li> </ul>	<p>Wider supportive network</p> <ul style="list-style-type: none"> <li>Good housing</li> <li>High standard of living</li> </ul>

	<ul style="list-style-type: none"> <li>• Disaster, accidents, war or other</li> <li>• overwhelming events</li> <li>• Discrimination</li> <li>• Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation</li> <li>• Other significant life events</li> </ul>	<ul style="list-style-type: none"> <li>• High morale school with positive policies for behaviour, attitudes and anti-bullying</li> <li>• Opportunities for valued social roles</li> <li>• Range of sport/leisure activities</li> </ul>
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11.3. The following table contains common warning signs for suicidal behaviour:

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

	Self harm	
	Limited interaction with peers and adults- quiet and withdrawn	

## 12. Stress and mental health

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

## 13. SEMH intervention and support

13.1. The curriculum for PSHE focusses on promoting scholars’ resilience, confidence and ability to learn.

13.2. Positive classroom management and working in small groups is utilised to promote positive behaviour, social development and high self-esteem.

13.3. Academy-based support via the wellbeing hub is offered to scholars who require it.

13.4. Relevant external services are utilised where appropriate:

- YOUnited
- Young Minds
- Kooth
- NHS Mental Health Support Team
- NESSie

13.5. The Academy develops and maintains scholars’ social skills, for example, through one-to-one social skills training.

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

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

13.8. When in-Academy intervention is not appropriate, referrals and commissioning support will take the place of in-Academy interventions. The Academy will continue to support the student as much as possible throughout the process.

13.9. Serious cases of SEMH difficulties are referred to CAMH

13.10. To ensure referring scholars to CAMH is effective, staff follow the process below:

- Use a clear, approved process for identifying scholars in need of further support
- Document evidence of their SEMH difficulties
- Encourage the student and their parents to speak to the scholars GP
- Work with local specialist CAMH to make the referral process as quick and efficient as possible
- Understand the criteria that are used by specialist CAMH in determining whether a student needs their services
- Consult CAMH about the most effective strategies the Academy can employ to support scholars whose needs aren't so severe that they require specialist support

13.11. Through the curriculum, scholars 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 Academy life and related decision-making.

13.12. For scholars with more complex problems, additional in-Academy support includes:

- Supporting the scholars teacher to help them manage the scholars behaviour.
- One-to-one support with the student delivered by inhouse team

- Seeking professional mental health recommendations regarding medication.
- Family support where recommended by mental health professionals.

## **14. Suicide concern intervention and support**

14.1. Where a student discloses suicidal thoughts or a teacher has a concern about a student, teachers should:

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

14.2. Once suicide concerns have been referred to the DSL, local safeguarding procedures are followed and the scholars parents are contacted.

14.3. Medical professionals, such as the scholars GP, are notified as needed.

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

14.5. Safety plans:

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

## **15. Working with other Academies**

15.1. The Academy works with local Academy's to share resources and expertise regarding SEMH.

15.2. The Academy collectively commissions specialist support where appropriate from Astrea Academy Trust.

## **16. Commissioning local services**

16.1. The Academy 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.

16.2. The Academy 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.

16.3. The Academy commissions support from Academy nurses and their teams to:

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

## **17. Working with parents**

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

17.2. The Academy ensures that scholars and parents are aware of the mental health support services available

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



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

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

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

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

## **19. Administering medication**

19.1. The full arrangements in place to support scholars with medical conditions requiring medication can be found in the Academy's Supporting Scholars with Medical Conditions Policy and the First Aid Policy.

19.2. The LGC will ensure that medication is included in a scholars IHCP (Individual Health Care Plan) where recommended by health professionals.

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

## **20. Behaviour and exclusions**

20.1. When exclusion is a possibility, the school considers contributing factors, which could include mental health difficulties.

20.2. Where there are concerns over behaviour, the school carries out an assessment to

determine whether the behaviour is a result of underlying factors such as undiagnosed learning difficulties, speech and language difficulties, child protection concerns or mental health problems.

20.3. Where underlying factors are likely to have contributed to the pupil's behaviour, the school considers whether action can be taken to address the underlying causes of the disruptive behaviour, rather than issue an exclusion. If a pupil has SEND or is a looked after child, permanent exclusion will only be used as a last resort.

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

## **22. Monitoring and review**

21.1. 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.

21.2 This policy is reviewed in light of any serious SEMH related incidents.

21.3. All members of staff are required to familiarise themselves with this policy as part of their induction programme.

21.4. The next scheduled review date for this policy is September 2023.