Kings Langley School
Unlocking Potential for Life

Mental Health and Emotional Wellbeing Policy

Date agreed: September 2022

Review date: September 2025

RATIONALE

A mentally healthy school is one that adopts a whole-school approach to mental health and wellbeing. It is a school that helps children flourish, learn and succeed by providing opportunities for them, and the adults around them, to develop the strengths and coping skills that underpin resilience. A mentally healthy school sees positive mental health and wellbeing as fundamental to its values, mission and culture. It is a school where child, staff and parent/carer mental health and wellbeing is seen as 'everybody's business'."

The Anna Freud National Centre for children and families

At Kings Langley school we believe strongly that positive emotional wellbeing and mental wellness are not only crucial in enabling students to feel happy and fulfilled within themselves as individuals, but also in enabling them to thrive and flourish during their time with us here at school. Students who enjoy positive mental health and wellbeing are better able to cope with the normal stresses of life, work productively and fruitfully, fulfil their own potential and make a contribution to their wider community.

This policy exists to provide a framework for supporting our stated aim of "ensuring the happiness of every individual in our community", to promote a climate which enables all students to flourish, regardless of ability or special needs, and supports our desired outcomes of developing "strong character".

In addition, in the application of this policy, Kings Langley School will strive to reflect the school aims to ensure that members of our community develop resilience, grit and self-reliance as this helps them remain safe and secure in a range of challenging circumstances.

INTRODUCTION

Statement of intent

This policy outlines the framework for Kings Langley School to meet its duty in providing and ensuring a high quality of education to all of its pupils, including pupils with emotional and mental health difficulties, and to do everything it can to meet the needs of pupils with emotional and mental health difficulties.

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

- Promote a positive outlook regarding pupils with emotional and mental health difficulties.
- Eliminate prejudice towards pupils with emotional and mental health difficulties.
- Promote equal opportunities for pupils with emotional and mental health difficulties.
- Ensure all pupils with identified emotional and mental health difficulties are appropriately supported – minimising the risk of emotional and mental health difficulties escalating into physical harm.

We will work with the LA with regards to the following:

- The involvement of pupils and their parents in decision-making

- The early identification of pupils' needs
- Collaboration between education, health and social care services to provide support when required
- Greater choice and involvement for pupils and their parents over their support

This policy forms part of a suite of documents and policies which all relate to the supporting positive mental health and emotional wellbeing at Kings Langley School.

In particular, this policy should be read in conjunction with:

- The Child Protection Policy
- The Behaviour Policy
- The Code of Conduct (staff behaviour policy)
- The safeguarding response to children who go missing from education,
- SEND Policy
- Supporting Pupils with Medical Conditions Policy
- Administering Medication Policy

Copies of policies will be provided to staff at induction.

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

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

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

- DfE (2021) 'Keeping children safe in education'
- DfE (2018) 'Mental health and behaviour in schools'
- DfE (2016) 'Counselling in schools: a blueprint for the future'
- DfE (2015) 'Special educational needs and disabilities code of practice: 0 to 25'

Aims of the policy:

- To promote positive mental health and emotional wellbeing in all staff and students.
- To increase understanding and awareness of common mental health issues.
- To enable staff to identify and respond to early warning signs of mental ill health in students.
- To enable staff to understand how and when to access support when working with young people with mental health issues.

- To provide the right support to students with mental health issues, and know where to signpost them and their parents/carers for specific support.
- To develop resilience amongst students and raise awareness of resilience-building techniques.
- To raise awareness amongst staff and gain recognition from the Leadership Group that staff may have mental health issues, and that they are supported in relation to looking after their wellbeing; instilling a culture of staff and student welfare where everyone is aware of signs and symptoms with effective signposting underpinned by behaviour and welfare around school.

Common Emotional and Mental Health Difficulties

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.

STAFF RESPONSIBILITIES

This policy aims to ensure all staff take responsibility to promote the mental health of students, however key members of staff have specific roles to play:

- Pastoral Staff – Principal Assistant Headteacher: Pastoral, Pastoral Leaders and Learning Mentors.

- Designated Safeguarding Lead and the Deputy Safeguarding Leads

- Mental Health Lead and Deputy Mental Health Lead

- Mental Health First Aiders

- The Student and Family Services Team

- The School Counsellors

- SENCO

- Deputy Headteacher: Personal Development

The school'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 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 pupil's 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:** As part of this duty, 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**.

The governing board is responsible for:

- Fully engaging pupils with emotional and mental health difficulties and their parents when drawing up policies that affect them.

- Identifying, assessing and organising provision for all pupils with SEMH difficulties, whether or not they have an EHC plan.

- Endeavouring to secure the special educational provision called for by a pupil's SEMH difficulties.

- Designating an appropriate member of staff to be the SENCO and coordinating provisions for pupils with SEMH difficulties.

- Taking all necessary steps to ensure that pupils with SEMH difficulties are not discriminated against, harassed or victimised.

- Ensuring arrangements are in place to support pupils with SEMH difficulties.

- Appointing an individual governor or sub-committee to oversee the school's arrangements for SEMH.

- Ensuring there are clear systems and processes in place for identifying possible SEMH problems, including routes to escalate and clear referral and accountability systems.

The headteacher is responsible for:

- Ensuring that those teaching or working with pupils with SEMH difficulties are aware of their needs and have arrangements in place to meet them.

- Ensuring that teachers monitor and review pupils' academic and emotional progress during the course of the academic year.

- 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 the school's performance management arrangements.

- Ensuring that staff members understand the strategies used to identify and support pupils with SEMH difficulties.

- Ensuring that procedures and policies for the day-to-day running of the school do not directly or indirectly discriminate against pupils with SEMH difficulties.

- Establishing and maintaining a culture of high expectations and including pupils with SEMH difficulties in all opportunities that are available to other pupils.

- Consulting health and social care professionals, pupils and parents to ensure the needs of pupils with SEMH difficulties are effectively supported.

- Keeping parents and relevant staff up-to-date with any changes or concerns involving pupils with SEMH difficulties.

- Ensuring staff members have a good understanding of the mental health support services that are available in their local area, both through the NHS and voluntary sector organisations.

The mental health lead is responsible for:

- Overseeing the whole-school approach to mental health, including how this is reflected in policies, the curriculum and pastoral support, how staff are supported with their own mental health, and how the school engages pupils and parents with regards to pupils' mental health and awareness.

- Collaborating with the SENCO, headteacher and governing board, as part of the SLT, to outline and strategically develop SEMH policies and provisions for the school.

- Coordinating with the SENCO and mental health support teams to provide a high standard of care to pupils who have SEMH difficulties.

- Advising on the deployment of the school's budget and other resources in order to effectively meet the needs of pupils 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.

- Referring pupils with SEMH difficulties to external services, e.g. specialist 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 difficulties, where appropriate.

- Liaising with other schools, educational psychologists, health and social care professionals, and independent or voluntary bodies.

- Liaising with the potential future providers of education, such as **secondary school** teachers, to ensure that pupils and their parents are informed about options and a smooth transition is planned.

- Leading mental health CPD.

The SENCO is responsible for:

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

- Undertaking day-to-day responsibilities for the successful operation of the SEMH Policy.

- Supporting 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.

Teaching staff are responsible for:

- Being aware of the signs of SEMH difficulties.

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

- Setting high expectations for every pupil and aiming to teach them the full curriculum, whatever their prior attainment.

- Planning lessons to address potential areas of difficulty to ensure that there are no barriers to every pupil achieving their full potential, and that every pupil with SEMH difficulties will be able to study the full national curriculum.

- Being responsible and accountable for the progress and development of the pupils in their class.

- Being aware of the needs, outcomes sought and support provided to any pupils 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/headteacher/subject leader**.

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

If a member of staff is concerned about the mental health or wellbeing of student, in the first instance they should speak to the appropriate Pastoral Lead or a member of the DSL team. They should also record their concern on CPOMS.

If there is a concern that the student is high risk or in danger of immediate harm, the school's child protection procedures should be followed.

If the child presents a high risk medical emergency, relevant procedures should be followed, including involving the emergency services if necessary.

INDIVIDUAL HEALTH CARE PLANS (IHCP)

When a student has been identified as having cause for concern, has received a diagnosis of a mental health issue, or is receiving support either through CAMHS or another similar organisation, it is recommended that an Individual Health Care Plan should be drawn up. The development of the plan should involve the students, parents, and relevant professionals.

Suggested elements of this plan include:
- Details of the pupil's situation/condition/diagnosis
- Special requirements or strategies, and necessary precautions
- Medication and any side effects
- Who to contact in an emergency
- The role the school and specific staff

In some cases, a risk assessment may also be needed and can be developed in conjunction with the plan.

See separate policy, guidance and flowcharts on 'Supporting Students with Medical Conditions'.

TEACHING ABOUT MENTAL HEALTH

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

The school utilises various strategies to support pupils 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 curriculum subjects such as:

  - PSHE

  - RSE

- Counselling

- Positive classroom management

- Developing pupils' social skills

- Working with parents

- Peer support

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

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

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

All our Year 7 students are given resilience training, enhanced by a wider PSHE curriculum which continues throughout their time at school and covers in more detail subject matter such as e-safety, bullying, mental wellbeing and personal development. Students are made aware of the importance of looking after their own mental health through PSHE lessons, assemblies and talks by outside speakers and during tutor time activities. They are also encouraged to support others with their mental wellbeing and be active in recognising those in the community who may need extra support.

Additionally, we will use such lessons as a vehicle for providing students who do develop difficulties with strategies to keep themselves healthy and safe, as well as supporting students to support any of their friends who are facing challenges.

Staff training

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.

SIGNPOSTING

Attitudes

We will ensure that staff, students and parents/carers are aware of the support and services available to them, and how they can access these services.

Within the school (tutor noticeboards, toilets etc.) and through our communication channels (school website), we will share and display relevant information about local and national support services and events.

The aim of this is to ensure students understand:

- What help is available
- Who it is aimed at
- How to access it
- Why should they access it
- What is likely to happen next

SOURCES OF SUPPORT AT SCHOOL AND IN THE COMMUNITY

All school staff are required to complete Mental Health awareness training and a number of key staff across the school have also completed a Mental Health First Aid qualification provided by Mental Health First Aid England. This focuses on enabling staff to spot signs of poor mental health and offer timely and appropriate advice to our students when they are most in need. Our SEND department also deliver targeted interventions and support to those students who have been identified as having Social, Emotional and Mental Health needs (SEMH).

In the first instance students are encouraged to self-refer to the appropriate Key Stage office where a member of staff can discuss with them what support may be available and might be most appropriate. Students are also encouraged to take responsibility for seeking out ways in which they can support themselves and may be signposted to engage with online support and additional external services where this is appropriate.

To support our students resilience further we have also developed a range of self-help guides for both parents/careers and their children to utilise.

Understanding and managing stress	Managing Self Esteem	Developing a resilience plan
All about anger	The importance of sleep	Helping to copy with self-harm

For those who require more targeted emotional support and guidance or who are experiencing a time of crisis, our pastoral teams will make a referral to our in-school Counselling service which operates five days a week on a one to one appointment basis. We have two fully trained Counsellors who are able to offer support to students in dealing with a range of mental health concerns which may impact on a student's progress in school.

The support we offer to students in school is constantly under review and we try and work collaboratively with parents at every stage. Where we feel that students require support beyond what we are able to offer, we will always encourage referrals to appropriate external support services such as the local Children and Adolescent Mental Health Service (CAMHS) or the School Nurse team.

We are fortunate that Kings Langley School is also the lead school in the Partnership of Dacorum Schools providing support services to the whole community. Our Student and Family Support Team is an integral part of the school's pastoral support programme and work with us closely to offer support not only to students but also to the wider family. The team run regular evenings for parents on topics such as the 'Teen Brain' and 'How to boost Children's Resilience and Positive Mental Health' along with offering individual family support.

Additional external support:

The School Nurse team

The school nurse team is available to support young people with a range of wellbeing needs that centre on health and physiological wellbeing. Referrals can be made by parents, schools and the GP and can be done so by accessing the website at the following link https://www.hct.nhs.uk/our-services/school-nursing/

There is also a 'Chat Health' service which is a text messaging service for all young people to access confidentially. It is available Monday to Friday from 9am to 5pm. Young people can message for advice on all kinds of health issues such as sexual health, emotional health and wellbeing, bullying, healthy eating and any general health concerns.

The text number is: 07480 635050

YC Hertfordshire

YC Hertfordshire is a service which provides youth work projects and programmes, information, advice, guidance, work related learning, outdoor education and support for young people. Nicky Honeywell is our Personal Advisor in school and she can be accessed via student services.

Child and Adolescent Mental Health Services

An external agency that supports students with a broad spectrum of wellbeing needs. It can be accessed by seeking a referral from a GP, or in some cases a referral from a member of the pastoral team at school. In order to support students completely, it is essential that school is aware of any referral that has been made to CAMHS so that we can work together to support the young person.

Education Support Teams for Medical Absences

Occasionally, a young person's wellbeing can be poor enough for them to be unable to attend school. The ESTMA team support young people who are unable to attend school temporarily because of medical reasons, whether that be emotional, psychological or physical. The teams work closely with the school to minimise the disruption to the child's education and to support their re-integration as soon as possible. As well as schools the team works with parents, the young people and other professionals to ensure children and young people's education continues as normally as possible.

WARNING SIGNS

Staff may become aware of warning signs that indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should alert the Pastoral Leader or a member of the DSL team. The concern should be logged in CPOMS.

Possible warning signs, which all staff should be aware of include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretively
- Lateness to, or absence from, school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism
- 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

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

A strengths and difficulties questionnaire (SDQ) is utilised when a pupil is suspected of having SEMH difficulties. 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 difficulties.

Staff members understand that 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 and their parents are involved in any decision-making concerning what support the pupil needs.

Where appropriate, the Pastoral Lead or the SENCO 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 Behaviour Policy.

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

Pupils' data is reviewed twice a year by the **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.

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
- CLA
- 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.

Children in need, CLA and previously LAC (PLAC)

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

Children in need, CLA 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 headteacher considers 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.

Risk factors and protective factors

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

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

	Risk factors	Protective factors
In the pupil	- Genetic influences - Low IQ and learning disabilities - Specific development delay or neuro-diversity - 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 violence - Family breakdown (including where children are taken into care or adopted) - Inconsistent or unclear discipline - Hostile and rejecting relationships - Failure to adapt to a child's changing needs - Physical, sexual, emotional abuse, or neglect - Parental psychiatric illness - Parental criminality, alcoholism or personality disorder - Death and loss – including loss of friendship	- At least one good parent-child relationship (or one supportive adult) - Affection - Clear, consistent discipline - Support for education - Supportive long-term relationships or the absence of severe discord
In the school	- Bullying including online (cyber bullying) - Discrimination - Breakdown in or lack of positive friendships - Deviant peer influences - Peer pressure - Peer-on-peer abuse - Poor pupil-to-teacher/school staff relationships	- Clear policies on behaviour and bullying - Staff behaviour policy (also known as code of conduct) 'Open door' policy for children to raise problems - A whole-school approach to promoting 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 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	

TARGETED SUPPORT

We recognise some children and young people are at greater risk of experiencing poorer mental health. For example, those who are in care, young carers, those who have had previous access to CAMHS, those living with parents/carers with a mental illness and those living in households experiencing domestic violence.

We work closely with school nurses and their teams in supporting the emotional and mental health needs of school-aged children and are equipped to work at community, family and individual levels. Their skills cover identifying issues early, determining potential risks and providing early intervention to prevent issues escalating.

We ensure timely and effective identification of students who would benefit from targeted support and ensure appropriate referral to support services by:

- providing specific help for those children most at risk (or already showing signs) of social, emotional, and behavioural problems;
- working closely with Children's Services, CAMHS and other agencies services to follow various protocols including assessment and referral;
- identifying and assessing in line with the Early Help Assessment Tool (EHAT), children who are showing early signs of anxiety, emotional distress, or behavioural problems
- discussing options for tackling these problems with the child and their parents/carers. Agree an Individual Care Plan as the first stage of a 'stepped care' approach;
- providing a range of interventions that have been proven to be effective, according to the child's needs;
- ensuring young people have access to pastoral care and support, as well as specialist services, including CAMHS, so that emotional, social and behavioural problems can be dealt with as soon as they occur;
- providing young people with clear and consistent information about the opportunities available for them to discuss personal issues and emotional concerns. Any support offered should take account of local community and education policies and protocols regarding confidentiality;
- providing young people with opportunities to build relationships, particularly those who may find it difficult to seek support when they need it; and the identification, assessment, and support of young carers under the statutory duties outlined in the Children & Families Act 2014.

1. **Stress and mental health**

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

2. **SEMH intervention and support**

The curriculum for PSHE 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.
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.

The school develops and maintains pupils' social skills, for example, through one-to-one social skills training.

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

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

Peer Mentoring

Peer mentoring can be used to encourage and support pupils suffering with SEMH difficulties.

Mentors can act as confidants, with the aim of easing the worries of their mentees.

Mentors should always be 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 must report any significant concerns they may have to a **member of staff**.

Mentees would be 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. 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 local specialist CAMHS to make the referral process as quick and efficient as possible
- Understand the criteria that are used by specialist CAMHS in determining whether a pupil needs their services
- Have a close working relationship with the local CAMHS specialist
- Consult CAMHS about the most effective things the school can do to support pupils whose needs aren't so severe that they require specialist CAMHS

The school implements the following approach to interventions:

- School-based counselling will often take the form of talking therapy, drawing on creative approaches where appropriate and necessary.
- Parents are directly involved in the intervention, where possible.
- For severe cases, a range of tailored and multi-component interventions are established and used, in conjunction with external services..
- For chronic and enduring problems, 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 resilience 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 support includes:

- Supporting the pupil's teacher to help them manage the pupil's behaviour.
- Additional educational one-to-one support for the pupil, if required.

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

3.   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 and/or risk assessment outlining how the pupil is kept safe and the support available.

Safety plans and/or risk assessments:
- 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.

4.   Working with other schools

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

5.   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 also 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.

6.   Working with parents

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

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

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

7.   Working with alternative provision (AP) settings

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

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

For pupils in AP at the end of Year 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.

8.   Administering medication

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

The **governing 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.

9.   Behaviour and exclusions

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

Where there are concerns over behaviour, 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.

To assess underlying issues, the school uses an SDQ.

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 child looked-after, permanent exclusion will only be used as a last resort.

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

10.   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 Policy**.

11.   Monitoring and review

The policy is reviewed on an **annual** basis by the **headteacher** 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 **September 2022.**

MANAGING DISCLOSURES

If a student chooses to disclose concerns about themselves, or a friend, to any member of staff, the response will be calm, supportive and non-judgemental. The Student must also be made aware that the disclosure may have to be passed on to other teachers/professionals.

All disclosures should be recorded confidentially on CPOMS, including:
▪ Date
▪ Name of member of staff to whom the disclosure was made
▪ Nature of the disclosure & main points from the conversation
▪ Agreed next steps

This information will be shared with **DSL team** and the appropriate members of the **Pastoral Team.**

CONFIDENTIALITY

If a member of staff feels it is necessary to pass on concerns about a student to either someone within or outside of the school, then this will be first discussed with the student. **We will tell them:**

• Who we are going to tell
• What we are going to tell them
• Why we need to tell them
• When we're going to tell them

Ideally, consent should be gained from the student first, however, there may be instances when information must be shared, such as students up to the age of 16 who are in danger of harm.

It is important to also safeguard staff emotional wellbeing. By sharing disclosures with a colleague this ensures one single member of staff isn't solely responsible for the student. This also ensures continuity of care should staff absence occur and provides opportunities for ideas and support.

Parents should always be informed, but students may choose to tell their parents themselves. If this is the case, a timescale of 24 hours is recommended to share this information before the school makes contact with the parents/carers.

If a student gives us reason to believe that they are at risk, or there are child protection issues, parents should not be informed, but the child protection procedures should be followed.

SUPPORTING PEERS

When a student is suffering from mental health issues, it can be a difficult time for their friends who may want to support but do not know how. To keep peers safe, we will consider on a case-by-case basis which friends may need additional support. Support will be provided in one to one or group settings and will be guided by conversations by the student who is suffering and their parents with whom we will discuss:

What it is helpful for friends to know and what they should not be told:
- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend needs help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:
- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

TRAINING AND SUPPORT FOR STAFF

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep students safe. Numerous members of the pastoral team will receive professional Mental Health First Aid training or equivalent.

We host relevant information on our website for staff who wish to learn more about mental health.

The MindEd learning portal or the National College provides free online training suitable for staff wishing to know more about a specific issue.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more students.

Where the need to do so becomes evident, we will host training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group or whole school CPD should be discussed with the Designated Safeguarding Lead who can also highlight sources of relevant training and support for individuals as needed.