

PARKVIEW ACADEMY

SOCIAL, EMOTIONAL AND MENTAL HEALTH (SEMH) POLICY

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Statement of intent

This policy outlines the framework for Parkview 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 to do everything it can to meet the needs of pupils with SEMH difficulties.

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

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

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

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

1. Legal framework

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

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

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

- DfE 'Keeping children safe in education 2026'
- DfE 'Working Together to Safeguard Children 2026'
- DfE 'Mental health and behaviour in schools'
- DfE 'Special educational needs and disabilities code of practice: 0 to 25'

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

- Safeguarding and Child Protection Policy
- SEND Policy
- Behaviour Policy
- Staff Code of Conduct
- Administering Medication Policy

2. Roles and responsibilities

The school's leadership as a whole is responsible for:

- Using a preventative approach to create a safe and calm environment where mental health problems are less likely to occur, in order to improve the mental health and wellbeing of the school community and instil resilience in pupils. A preventative approach includes teaching pupils about

mental wellbeing through the curriculum and reinforcing these messages in our activities and ethos.

- Ensuring that only appropriately trained professionals should attempt to make a diagnosis of a mental health problem.
- Ensuring that staff are aware of how potentially traumatic adverse childhood experiences (ACE), including abuse and neglect, can impact on a pupil's mental health, behaviour and education.
- Equipping staff with the knowledge required to identify pupils whose behaviour suggests they may be experiencing a mental health problem or be at risk of developing one.
- Raising awareness and employing efficient referral processes in order to help pupils access evidence-based early support and interventions.
- Working effectively with external agencies to ensure the school can provide swift access or referrals to specialist support and treatment.
- Supporting pupils with SEND, and considering how to use some of the SEND resources to provide support for pupils with mental health difficulties that amount to SEND.
- Identifying where wellbeing concerns represent safeguarding concerns, and ensuring that appropriate safeguarding referrals are made in line with the Child Protection and Safeguarding Policy.

The governing board is responsible for:

- Fully engaging pupils with SEMH difficulties and their parents when drawing up policies that affect them.
- Ensuring provision is in place for all pupils with SEMH difficulties, whether or not it is stated in their 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 ensuring they coordinate 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.
- Ensuring appropriate leadership oversight of the school's approach to mental health and wellbeing.

The headteacher is responsible for:

- Creating a culture where calmness, dignity and structure encompass every space and activity.
- 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 and/or Assistant SENDCo 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.
- Promoting CPD to ensure that staff are aware of common symptoms of mental health problems.
- 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 SENCO is responsible for:

- Collaborating with the governing board, SMT and headteacher, 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.
- Supporting referrals to appropriate external services, including specialist children and young people's mental health services (CYPMHS), where required.
- Overseeing the outcomes of interventions on pupils' education and wellbeing.
- Liaising with parents of pupils with SEMH difficulties, where appropriate.
- Collaborating with the governing board and headteacher to determine the strategic development of SEMH policies and provision in the school.

The DSL is responsible for:

- Acting as a source of support, advice and expertise for all staff.
- Liaising with staff on matters of safety, safeguarding and welfare.

All staff are responsible for:

- Being aware of the signs of SEMH difficulties.
- Being aware that mental health problems can, in some cases, be an indicator that a pupil has suffered or is at risk of suffering abuse, neglect or exploitation.
- Understanding how potentially traumatic adverse childhood experiences can impact a pupil's mental health, behaviour and education.
- Being aware of the needs, outcomes sought and support provided to any pupils with SEMH difficulties.
- Keeping the relevant figures of authority up-to-date with any changes in behaviour, academic developments and causes of concern.

Teaching staff are responsible for:

- 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.

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

3. Creating a supportive whole-school culture

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

- Prevention: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to manage the normal stress of life effectively.
- Identification: recognising emerging issues as early and accurately as possible.
- Early support: helping pupils to access evidence based early support and interventions.
- Access to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

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

The school will utilise 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.
 - RSHE.
 - Dedicated character development curriculum focusing on building resilience, and self-regulation, and positive social mindsets (confidence, ambition and creativity).
 - SALT sessions with a focus on psychoeducation and self awareness
- Counselling.
- Positive classroom management using trauma-informed and relational approaches.
- Developing pupils' social skills.
- Working with parents.

Parkview Academy takes a trauma-informed and relational approach to supporting pupils' social, emotional and mental health. Staff seek to understand the underlying needs and experiences that may influence a

pupil's presentation and use consistent, supportive approaches that promote positive relationships, emotional regulation and co-regulation.

Staff use relational approaches, including the principles of PACE (Playfulness, Acceptance, Curiosity and Empathy), where appropriate to support positive relationships and emotional regulation.

The school's Behaviour Policy will include 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 SMT will ensure that there are clear policies and processes in place to reduce stigma and make pupils feel comfortable enough to discuss mental health concerns.

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

4. Staff training

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

The SMT will promote 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 will be in place to help staff who identify SEMH problems in pupils escalate issues through clear referral and accountability systems.

Staff will receive training to ensure they:

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

Staff will also receive appropriate training and guidance in trauma-informed and relational approaches, emotional regulation and co-regulation, and how SEMH difficulties may present differently in pupils with SEND.

5. Identifying signs of SEMH difficulties

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

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

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

- Anxiety
- Low mood
- Being withdrawn
- Avoiding risks
- Unable to make choices
- Low self-worth
- Isolating themselves
- Refusing to accept praise
- Failure to engage
- Poor personal presentation
- Lethargy/apathy
- Daydreaming
- Unable to make and maintain friendships
- Speech anxiety/reluctance to speak
- Task avoidance
- Challenging behaviour
- Restlessness/over-activity
- Habitual body rocking

- Non-compliance
- Mood swings
- Indiscriminate contact or affection seeking, over-friendliness or excessive clinginess
- Demonstrating excessively 'good' behaviour to prevent disapproval
- Failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed
- Coercive controlling behaviour
- Lack of ability to understand and recognise emotions
- Impulsivity
- Physical aggression
- Verbal aggression
- Perceived injustices
- Disproportionate reactions to situations
- Difficulties with change/transitions
- Absconding
- Eating issues
- Lack of empathy
- Lack of personal boundaries
- Poor awareness of personal space

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

- Headteacher and SENDCos/Assistant SENDCo/DSL
- Updated assessment (SDQ)
- A plan is set on how to support the student
- Action: This may include in-school counselling, SEMH Partner support, ELSA, EMDR for trauma, or referral to appropriate external specialist services where required.

- Regular reviews are undertaken to assess the effectiveness of the provision, and changes are made as necessary

The Strengths and Difficulties Questionnaire (SDQ) is utilised twice per year for all pupils to support the monitoring of wellbeing. The SDQ may be used alongside professional observation, pupil voice, parent/carer views, attendance, behaviour, learning and other relevant assessment information to help identify patterns and monitor change. The SDQ is not a diagnostic tool and does not replace professional assessment.

Where possible, the school is aware of any support programmes the pupils are accessing externally, especially when these may impact or be impacted by the interventions offered in school.

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

The assessment, intervention and support processes available from the LA are in line with the local offer. All assessments are in line with the provisions outlined in the school's SEND Policy.

Staff members are aware of the following:

- Factors that put pupils at risk of SEMH difficulties, such as low self-esteem, physical illnesses, academic difficulties and family problems
- The fact that risks are cumulative and that exposure to multiple risk factors can increase the risk of SEMH difficulties

Staff members understand the following:

- Familial loss or separation, significant changes in a pupil's life or traumatic events are likely to cause SEMH difficulties
- 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
- Where SEMH difficulties may have a significant impact on the pupils' academic, personal and social development, it needs to be included in the EHC plan.
- Persistent mental health difficulties can lead to a pupil developing SEND. If this occurs, the headteacher 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.

The school will promote resilience to help encourage positive SEMH. 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 on a termly basis by the SMT 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/key stage lead teacher, who can spot where disruptive or unusual behaviour may need investigating and addressing.

Staff recognise that some pupils with SEND may experience increased vulnerability to social, emotional and mental health difficulties, particularly where they also experience communication difficulties, adverse childhood experiences, trauma, difficulties with emotional regulation or other additional vulnerabilities.

6. 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
- Looked-after children (LAC) and previously looked-after children (PLAC)
- Socio-economically disadvantaged pupils, including those in receipt of, or previously in receipt of, free school meals and the pupil premium

These factors will be considered when responding to behaviour and when making decisions about any potential suspension or exclusion, in accordance with the school's Behaviour Policy and statutory guidance.

7. Children in need, LAC and PLAC

Children in need, LAC and PLAC are more likely to have SEND and experience mental health difficulties than their peers. Children in need, LAC and PLAC are more likely to struggle with executive functioning skills, forming trusting relationships, social skills, managing strong feelings, sensory processing difficulties, foetal alcohol syndrome and coping with change.

Children in need may also be living in chaotic circumstances and be suffering, or at risk of, abuse, neglect and exploitation. They are also likely to have less support available outside of school than most pupils.

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 will use 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 will work 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) will be 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 will seek advice from the VSH to determine the best way to support the pupil.

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

The balance between risk and protective factors is disrupted when traumatic events happen in pupils' lives, such as the following:

- **Loss or separation:** This may include a death in the family, parental separation, divorce, hospitalisation, loss of friendships, family conflict, a family breakdown that displaces the pupil, being taken into care or adopted, 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 will support 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.

9. SEND and SEMH

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 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 will ensure 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.

Parkview Academy recognises that pupils with SEND may experience and communicate SEMH difficulties in different ways. Staff consider individual communication needs, sensory needs, emotional regulation, developmental differences, trauma and other relevant factors when identifying and responding to SEMH needs. Appropriate reasonable adjustments and communication support will be used to help pupils express their views and access support.

10. Risk factors and protective factors

There are a number of risk factors beyond being part of a vulnerable group that are associated with an increased likelihood of SEMH 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 • Learning difficulties or additional needs • 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 or family mental health difficulties • Family circumstances involving substance misuse,	• 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	criminality, instability or other significant adversity • Death and loss – including loss of friendship	
	• Bullying including online (cyber bullying) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Child-on-child abuse • Poor pupil-to-teacher/school staff relationships	• Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct) • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Good pupil-to-teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences • Positive friendships • Effective safeguarding and child protection policies. • An effective early help process • Understand their role in, and are part of, effective multi-agency working • Appropriate procedures in place to ensure staff are confident enough to raise concerns about policies and processes and know they will be dealt with fairly and effectively

In the community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation • Other significant life events	• Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities
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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	

11. 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.ΩΩ

12. SEMH intervention and support

The curriculum for PSHE and RSHE will focus 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. .

Where appropriate, pupils may be supported through school-based counselling or other therapeutic interventions, subject to their individual needs and the availability of appropriately qualified professionals. The school may also work with external specialist professionals and services where additional assessment or support is required.

The school will develop and maintain pupils' social skills, for example, through one-to-one or small group social skills training.

The school will provide psychoeducation to pupils and, where appropriate, parents, to improve understanding of mental health conditions, symptoms, and coping strategies

Where appropriate, parents will have a direct involvement in any intervention regarding their child. The school will support parents in the management and development of their child.

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

Serious cases of SEMH difficulties are referred to CYPMHS.

Where specialist mental health support is required, the school will:

- Ensure concerns and relevant evidence are appropriately recorded.
- Discuss concerns with the pupil and parents/carers where appropriate.
- Support access to appropriate health or mental health services through the relevant local referral pathway.
- Work collaboratively with external professionals to support the pupil in school.
- Take account of professional advice and recommendations when reviewing the pupil's support.

The school will commission individual health and support services directly for pupils who require additional help. The services commissioned will be suitably accredited and able to demonstrate that they will improve outcomes for pupils.

The school will implement the following approach to interventions for Primary students:

- In addition to talking therapy, support is provided through non-directive creative therapy
- Interventions are structured in a way that addresses behavioural issues through education and training programmes
- Individual pupil-orientated interventions are less effective than ones that involve parents, and so parents are involved in interventions where appropriate
- Parental training programmes are combined with the pupil's intervention to promote problem-solving skills and positive social behaviours
- Small group sessions will take place and focus on developing cognitive skills and positive social behaviour
- Specific classroom management techniques for supporting pupils are in place. These techniques may include, for example, using a token system for rewards

The school will implement the following approach to interventions for Secondary age pupils:

- 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

Through the curriculum, pupils are taught how to:

- Build self-esteem and a positive self-image.

- Foster the ability to self-reflect and problem-solve.
- Protect against self-criticism and social perfectionism.
- Foster self-reliance and the ability to act and think independently.
- Create opportunities for positive interaction with others.
- Get involved in school life and related decision-making.

For pupils with more complex problems, additional in-school support includes:

- Supporting the pupil's teacher to help them manage the pupil's behaviour.
- Additional educational one-to-one support for the pupil.
- One-to-one therapeutic or specialist work with the pupil, where appropriate and delivered by appropriately qualified professionals.
- Seeking professional mental health recommendations regarding medication.
- Family support and/or therapy, where recommended by mental health professionals.

The school may seek advice or support from relevant external professionals, which may include Educational Psychology, Speech and Language Therapy, mental health services and other appropriately qualified specialist practitioners.

The school recognises that SEMH difficulties may affect attendance, punctuality and engagement. Where emotional or mental health difficulties contribute to absence or difficulty attending school, the school will seek to understand the underlying barriers and work with the pupil, parents/carers and relevant professionals to develop appropriate support and reintegration arrangements. Attendance concerns will continue to be managed in accordance with the school's Attendance Policy.

13. Suicide concern intervention and support

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

- Listen carefully, remembering it can be difficult for the pupil to talk about their thoughts and feelings.
- Listen calmly and sensitively and explain that information cannot always be kept confidential where there is a concern about the pupil's safety or the safety of others. Concerns must be reported promptly to the DSL in accordance with the school's safeguarding procedures.
- 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, the school's safeguarding procedures will be followed. The DSL will determine appropriate information sharing with parents/carers and relevant professionals, taking into account the individual circumstances and the need to safeguard the pupil.

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

Safety plans:

- Are always created in accordance with advice from external services and the pupil themselves.
- Are reviewed regularly by the DSL.
- Can include appropriate supervision, adjustments to the school day or timetable, identified trusted adults, access to counselling or therapeutic support, strategies for managing distress, and arrangements for accessing further specialist support.

14. Working with other schools

The school will work with other schools to share resources and expertise regarding SEMH.

15. Commissioning local services

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

The school does not take self-reported claims of adherence to these requirements on face value and always obtains evidence to support such claims before commissioning services.

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

- Build trusting relationships with pupils.
- Support the interaction between health professionals and schools – they work with mental health teams to identify vulnerable pupils and provide tailored support.

- Engage with pupils in their own homes – enabling early identification and intervention to prevent problems from escalating.

16. Working with parents

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

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

Parents/carers and pupils will be encouraged and supported to access appropriate additional support where this is recommended or required.

17. Administering medication

The full arrangements in place to support pupils with medical conditions requiring medication can be found in the school's Administering Medication 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.

18. Safeguarding

If a staff member has a SEMH concern about a pupil that is also a safeguarding concern, they will take immediate action in line with the Safeguarding and Child Protection Policy and speak to the DSL or deputy DSL.

19. 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 2027.

SEMH Identification & Support Flow Chart

1. Identification of Concern

- Observe signs of SEMH difficulties: (e.g., anxiety, withdrawal, aggression, task avoidance, or changes in personal presentation).
- Identify risk factors: Be vigilant of cumulative risks like familial loss, abuse, or socio-economic disadvantage.
- Differentiate stress: Determine if the issue is "normal" short-term worry or a persistent mental health problem.
- Consider whether SEND, communication, sensory, developmental, trauma or other factors may influence the pupil's presentation

2. Immediate Action & Referrals

- **Is it a Safeguarding Concern?**

YES: Take immediate action in line with the Safeguarding and Child Protection Policy and speak to the DSL or Deputy DSL.

NO: Proceed to the school's graduated response.

- **Is it a Suicide Concern?**

YES: Listen carefully and non-judgementally. Do not promise confidentiality where there is a concern about safety. Supervise the pupil appropriately and refer immediately to the DSL

3. The Graduated Response (Internal Process)

1. Assessment
Consider the pupil's presentation alongside SEND, communication, sensory, attendance, behaviour, learning and wider circumstances.
2. Planning
Agree appropriate support with the pupil and parents/carers where appropriate.
3. Do
Implement agreed in-school support and/or make appropriate referrals.
4. Review
Review the effectiveness of support and adapt the plan as necessary.

4. External Specialist Support

- Referral to CYPMHS: If in-school intervention is insufficient, the SENCO refers the pupil to specialist children and young people's mental health services.
- Medical Advice: Encourage the pupil and parents to speak to their GP.
- Collaborative Working: If the pupil has an EHC plan, ensure SEMH needs are included if they significantly impact development.

5. Ongoing Monitoring

- Staff Responsibility: Continue to record observations and keep authority figures updated on behavioral or academic changes.
- SMT Review: Patterns of attainment, attendance, and behavior are reviewed by the SMT on a termly basis.

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