Thameside Primary School: Social, Emotional & Mental Health (SEMH) & Wellbeing Policy

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Approved by Governors: July 2023

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Contents

Policy reviewed by:	SMHL and The Mental Health & Wellbeing Working Party 22-23
Key Changes:	Previous policy focused on staff The policy has been re-written to better reflect the needs and support of the whole school community. Pupils, staff, governors and parents were surveyed to ensure their voices are heard in this policy. The part of this policy that is for our pupils has been published in a child friendly book format.

Statement of Intent

This policy outlines the framework for Thameside Primary School 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. A key aspect of our role is prioritising the wellbeing of the whole child and their development of self. Good mental health is just as important to a child's wellbeing as good physical health. At Thameside, we recognise that the best support for pupils comes from mentally healthy adults which means that staff wellbeing and support for families is crucial. We are, therefore, committed to providing an ever more nurturing environment that allows pupils, their families and staff to develop and work in a supportive and collaborative environment.

Through 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.
- Ensure that staff are supported and encouraged to develop personally and professionally.
- Ensure structures are in place that allow both staff and pupils to work in a safe, healthy and productive way.
- Work with the outside agencies with regards to the following:
    -Involvement of pupils and their parents in decision-making
    -Ensuring early identification of pupils' needs
    Collaboration between education, health and social care services to provide support when required
    -Offering greater choice and control for pupils and their parents over their support

Specific support, advice and guidance for pupils, staff and families is located in the appendix of this policy. The Mental Health & Wellbeing Working Party (22-23) surveyed these different groups to inform the content of the appendices and the format of the support given.

1. Legal Framework

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

- Children and Families Act 2014
- Health and Social Care Act 2012
- Equality Act 2010

- Education Act 2002
- Mental Capacity Act 2005
- Children Act 1989

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

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

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

- Safeguarding & Child Protection Policy
- Relationships & Behaviour Policy
- Anti-Bullying & Anti-Racism Policy
- SEND Policy
- Behavioural Policy
- Supporting Pupils with Medical Conditions Policy
- Staff Code of Conduct
- Medical Conditions Policy

2. Indicators of difficulties

Adults, children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or distressing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.

People with SEMH difficulties may display **passive** behaviours such as:

- Anxiety
- Low mood
- Being withdrawn
- Avoiding risks
- Unable to make choices
- Low self-worth

- Isolated
- 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

People with SEMH difficulties may display **active** behaviours such as:

- Challenging behaviours
- 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

3. Common SEMH Difficulties

These common SEMH difficulties could be experienced by any member of the school community. Through listing key symptoms, this section of the policy supports staff and families to identify possible difficulties.

3.1. Anxiety:

Anxiety refers to feeling fearful or panicked, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect the ability to develop, learn or 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.

3.2. Depression:

Depression refers to feeling excessively low or sad. Depression can significantly affect a person'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 person with MDD will show a number of 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 person experiencing a daily depressed mood for at least two years.

3.3. Hyperkinetic disorders:

Hyperkinetic disorders refer to a person who is excessively easily distracted, impulsive or inattentive. If a person 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 people show the signs of all three characteristics, which is called 'combined type ADHD', other people 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.

3.4. Attachment disorders:

Attachment disorders refer to the excessive distress experienced when a child is separated from a special person in their life, like a parent. 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.

3.5. Eating disorders:

Eating disorders are serious mental illnesses which affect an individual's relationship with food. Eating disorders often emerge when worries about weight begin to dominate a person's life.

3.6. Substance misuse:

Substance misuse is the usage of harmful substances, e.g. drugs and alcohol.

3.7. Deliberate self-harm:

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

3.8. Post-traumatic stress:

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

4. Roles and Responsibilities

4.1. 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 pupils access evidence-based early support and interventions.
- **Accessing specialist support to assist pupils with mental health and wellbeing difficulties:** By working effectively with external agencies, the school can provide swift access or referrals to specialist support and treatment.
- **Identifying and supporting pupils with SEND:** 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 Safeguarding & Child Protection Policy.
- **Promoting a healthy workplace and practices so that staff wellbeing and mental health is well supported:** Alongside the support identified in Appendix 1, school leaders will pay attention to any indication of changes in performance or behaviour in staff and promote sympathetic alertness to staff who show signs of being under stress.

4.2. The Mental Health & Wellbeing Working Party is responsible for:

- Reviewing this policy and engaging the school community in ensuring the content and format of the policy is appropriate to best meet needs of those requiring its support.

4.3. The governing body is responsible for:

- 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.
- Ensuring an individual governor or sub-committee oversees the school's arrangements for SEMH.

4.3 The head teacher is responsible for:
- Designating an appropriate member of staff to be the Assistant Head of Inclusion (AHI) and supporting the coordination of provisions for pupils with SEMH difficulties.

- Ensuring that teachers monitor and review pupils' academic and emotional progress during the course of the academic year.
- Ensuring that the AHI and Assistant SENDCOs have sufficient time and resources to carry out their functions, in a similar way to other important strategic roles within the school.
- Continually 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 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.

4.4. The Senior Mental Health lead is responsible for (at Thameside the SMHL is the Headteacher):

- 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 AHI team and governing board to outline and strategically develop SEMH policies and provisions for the school.
- Coordinating with the AHI 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.
- Alongside the AHI, being a key point of contact with external agencies, especially the mental health support services, the 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.

- Alongside the AHI and SENDCOs, 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.
- Alongside the AHI and SENDCOs, liaising with other schools, educational psychologists, health and social care professionals, and independent or voluntary bodies.
- Leading mental health CPD.

4.5. The Assistant Head of Inclusion and SENDCOs are responsible for:

- Identifying, assessing and organising provision for all pupils with SEMH difficulties, whether or not they have an EHC plan.
- Ensuring that those teaching or working with pupils with SEMH difficulties are aware of their needs and have arrangements in place to meet them
- Endeavouring to secure the special educational provision called for by a pupil's SEMH difficulties.
- Collaborating with the governing board and the headteacher/ senior 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 & Wellbeing Policy.
- Supporting teachers in the further assessment of a pupil's particular strengths and areas for improvement and advising on the effective implementation of support.
- 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.

4.6. The teaching staff are responsible for:

- Being aware of the signs of SEMH difficulties.
- Plan and review support for their pupils with SEMH difficulties in collaboration with parents, the class SENDCo 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 SENDCo, Head teacher and Designated Safeguarding Leads up-to-date with any changes in behaviour, academic developments and causes of concern.

4.7. The PSCHE (Physical Social Citizenship & Health Education) lead is responsible for:

- Ensuring the PSCHE curriculum supports pupils to be mentally heathy and is well-delivered by class teachers.

4.8. The Emotional, Behaviour, Well-being, Welfare Officer is responsible for:

- Leading the school's Family Hub provision to work with families in a number of different ways to support good mental health e.g. worries, anxieties, difficulties managing behaviour at home, breaking barriers to good attendance, domestic abuse support, making links to external bodies and professionals.
- ELSA (Emotional Literacy Support) by planning and delivering individualised programmes of support for children to develop their emotional literacy, including:
  - Awareness of own and other people's emotions
  - Development of an increased range of emotional vocabulary
  - Management of stress, grief, anxiety, anger and conflict
  - Development of social interaction and friendship skills
  - Promotion of a realistic self-concept and good self-esteem
  - Coping with significant life changes including loss and bereavement

4.9. 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.

5. Creating a supportive whole-school culture

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

5.1. 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:

    - PSCHE (Physical Social Citizenship & Health Education)

    - Relationships and sex education (RSE)

- School Values
- Arranging counselling/therapy
- Positive classroom management
- Developing pupils' social skills
- Working with parents
- Peer support e.g. our buddy system or peer mediator conflict support at playtimes
- ELSA/social skills sessions
- Primary Mental Health Worker surgeries and referrals for support
- Insideout Days

5.2. The school's Relationships & Behaviour Policy and Anti-Bullying & Anti-Racism 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.

5.3. 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.

5.4. Pupils know how to ask 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.

6. Staff Training

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

6.2. The SLT promotes CPD to ensure that staff are able to recognise common symptoms of mental health problems, what represents a concern, and what to do if they believe they have spotted a developing problem.

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

7. Identifying Signs of SEMH Difficulties

7.1. Thameside Primary School is committed to striving for early identification with regards to pupils with SEMH difficulties and follows the assess, plan, do, review model (taken from the SEND Code of Practice). Following SEND review meetings with staff, the SEND team update the school inclusion register termly to acknowledge how many children at school are identified as requiring SEMH support (beginning at Wave 2, then moving through Waves 2+, 3, 3+). Children identified with an SEMH difficulty at Waves 2 or 2+ are offered ELSA support. Children at Waves 3 or 3+ would receive ELSA and additional bespoke support to best meet their needs. Please note that only children receiving Wave 3 support are classified by the school as having a special educational need – the inclusion register includes support given at Wave 2 so that identified difficulties and support are recorded. See section 11 of this policy for more information on SEMH and SEND.

7.2. Staff are trained to know how to identify possible mental health problems and understand what to do if they spot signs of emerging difficulties, with some staff having received additional specialist training. These staff members include members of SLT, The Assistant Head for Inclusion and the ELSA.

7.3. Staff members understand that persistent mental health difficulties can lead to a pupil developing SEND. If this occurs, the Assistant Head of Inclusion or Assistant SENDCo ensures that correct provisions are implemented to provide the best learning conditions for the pupil, such as providing ELSA, therapy or external support. Both the pupil (where age appropriate) and their parents are involved in any decision making concerning what support the pupil needs.

7.4. Where appropriate, the Assistant Head of Inclusion or Assistant SENDCo asks parents to give consent to their child's GP to share relevant information regarding SEMH with the school. School may also share information with the GP with parental permission, usually in the form of a letter.

7.5. Where possible, the school is aware of any support programmes GPs, PMHWs or CAMHS are offering to pupils who are diagnosed with SEMH difficulties, especially when these may impact the pupil's behaviour and attainment at school.

7.6. Staff members discuss concerns regarding SEMH difficulties with the parents of pupils who have SEMH difficulties. A learning plan may be put in place for children identified as needing Wave 3 support.

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

7.8. Staff members take any concerns expressed by parents, other pupils, colleagues and the pupil in question seriously.

The assessment, intervention and support processes of Early Help and other outside agencies.

7.9. All assessments are in line with the provisions outlined in the school's SEND & Inclusion Policy.

7.10. 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.

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

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

7.13. Staff members understand that familial loss or separation, significant changes in a pupil's life or traumatic events are likely to cause SEMH difficulties.

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

7.15. Staff members understand that where SEMH difficulties may lead to a pupil developing SEND, it could result in a pupil requiring an EHC plan. Staff can discuss concerns with the Assistant Head of Inclusion or Assistant SENDCo who can make the application for assessment where appropriate, following a period of evidence gathering.

7.16. Poor behaviour is managed in line with the school's Relationships & Behaviour Policy. In some cases, children with SEMHD may require a behaviour plan detailing individual arrangements for managing behaviour.

7.17. The school considers whether continuing disruptive behaviour might be the result of unmet educational or other needs. The SENDCO and others within the setting's pastoral team have a vital role to play in joined up working. In some cases, an Education Health Care Plan referral may be required – this is only for those young people with long term significant problems that will require an EHC Assessment based on:

- Persistence over time
- Intensity/severity
- Duration

- Frequency
- Perceptions of degree of inappropriateness

7.18. Staff members will observe, identify and monitor the behaviour of pupils potentially displaying signs of SEMH difficulties; however, only medical professionals (including Educational Psychologists or PMHWs) will make a diagnosis of a mental health condition.

7.19. Pupils' data is reviewed on a termly basis by the family hub lead so that patterns of attainment, attendance or behaviour are noticed and can be acted upon if necessary.
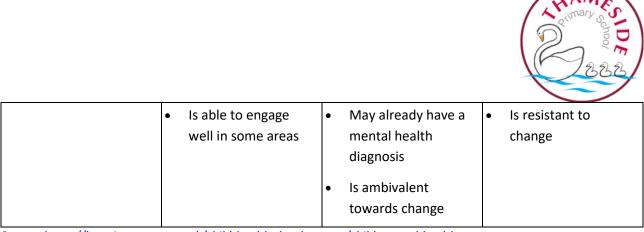
7.20. Staff members are mindful that some groups of pupils are more vulnerable to mental health difficulties than others; these include children looked-after (CLA), pupils with SEND and pupils from disadvantaged backgrounds.

7.21. Staff members are aware of the signs that may indicate if a pupil is struggling with their SEMH – see list in section 2.

7.22. Staff refer to the **NSPCC's Continuum of Mental Health** when speaking to a child for the first time, or during ongoing conversations. They find it useful to think about whether children are doing OK, struggling, unwell or in crisis. This continuum helps staff to understand how a child is feeling at that particular point in time. Staff can use it to better understand a young person's mental health and wellbeing. It is important to remember that a person's mental health changes continuously – so this continuum should be referred to regularly.

Doing OK – Struggling – Unwell – In Crisis

Doing OK	Struggling	Unwell	In crisis
• Communicates effectively with others	• Struggles communicating with others	• Feels overwhelmed and isolated	• Has made recent suicide attempts
• Seeks help when needed	• Is unsure how to access help	• Struggles to focus on specific issues	• Is distrustful of support services
• Can focus on specific issues	• Relationships are beginning to suffer	• Struggles to access and/or engage with services	• Mental health symptoms are unmanageable
• Has healthy relationships	• Begins to use unhealthy coping strategies	• Has disturbed sleep	• Has escalating self-harming behaviours
• Identifies and tries to solve problems	• Has some sleep issues, low energy and fatigue	• May have suicidal thoughts	• Distress may not reduce when talking
• Uses healthy coping strategies		• Relies on unhealthy coping strategies	• Not engaging at home or school

	• Is able to engage well in some areas	• May already have a mental health diagnosis • Is ambivalent towards change	• Is resistant to change

Source: https://learning.nspcc.org.uk/child-health-development/child-mental-health

Processes for Addressing Social, Emotional and Mental Health Difficulties

This flowchart demonstrates the process to follow when addressing social, emotional and mental health difficulties.

SEMH causes concern to teacher. Teacher looks at the barriers to learning and determines the context and conditions in which the child/young person displays inappropriate behaviour. The child's/young person's views are gathered. Additional needs are identified. An assessment of learning occurs.

Teacher checks that they have been implementing the school's Relationships & Behaviour Policy in a positive way. NB: This may be identified by a member of the SEND team or SLT in an observation.

If behaviour improves, continue consistent whole class approach.

If not - teacher to address classroom practice, so that it is inline with policy. Once embedded, review behaviours of child to see

Set SMART targets and plan interventions (involving child/young person and parents/carers), undertake informal, ongoing reviews. Set formal review date.

If school's Relationships & Behaviour Policy is being implemented in a positive & consistent way and the child/young person is still experiencing barriers then teacher speaks to SEND team for support.

If targeted behaviour improves plan further SMART targets supported by specific interventions if/as required.

If child/young person has further needs, school to seek advice from support services.

Taking account of multi-disciplinary support service advice, assess needs. Involve the child/young person, parent/carers and other professionals to plan a programme of support, setting SMART targets and review dates. This programme of support will likely be recorded on a Learning or Behaviour Plan.

If targeted behaviour improves plan further SMART targets supported by specific interventions if/as required.

If the child/young person's social, emotional and/or mental health continues to require an intensive support programme and the pupil is not making adequate progress set a review meeting. Together the school, pupil, parent/carers and support services can consider further support.

Together the school, pupil and parent/carers after following the recommendations from multi-agency support may make a referral for additional support e.g. alternative provision, short term placement at PRU and/or referral for an EHC Plan.

8. Vulnerable Pupil Groups

8.1. 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.

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

8.3. Vulnerable groups include the following:

- Pupils who have experienced abuse, neglect, exploitation or other adverse contextual circumstances (also known as adverse childhood experiences)
- Children in need
- Children Looked After (CLA)
- 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

8.4. These circumstances can have a far-reaching impact on behaviour and emotional states. These factors will be considered when discussing the possible exclusion of vulnerable pupils

9. Children in need, Children looked-after (CLA) and previously looked after children (PLAC)

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

9.2. 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.

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

9.4. School staff are aware of how these pupils' experiences and SEND can impact their behaviour and education.

9.5. The impact of these pupils' experiences is reflected in the design and application of the school's Relationships & Behaviour Policy, including through individualised graduated responses.

9.6. The school uses multi-agency working as an effective way to inform assessment procedures.

9.7. 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.

9.8. 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.

9.9 When the school has concerns about a previously looked-after child's behaviour, the pupil's parents or the designated teacher seeks advice from the VSH to determine the best way to support the pupil.

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

10.1. 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.

10.2. 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.

10.3. 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.

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

11. SEND and SEMH

11.1. 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.

11.2. 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.

11.3. 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.

11.4. 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.

11.5. The school recognises that not all pupils with mental health difficulties have SEND.

11.6. 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).

11.7. All staff understand their responsibilities to pupils with SEND, including pupils with persistent mental health difficulties.

11.8. The AHI and SENDCOs 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.

12. Risk Factors and Protective Factors

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

12.2. The table below displays common risk factors (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	• Resilience • Secure attachment experience • Outgoing temperament as an infant • Good communication skills and sociability • Being a planner and having a belief in control • Humour • A positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the pupil's family	• Overt parental conflict including domestic abuse • 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 to can 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	• Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying

	- 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	- Opportunities for valued social roles - Range of sport/leisure activities

13. Stress and mental health

13.1. 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. Staff look out for indicators of stress in pupils and in each other.

14. Working with other schools

14.1. The school works with specialist schools in the local authority (and wider areas) to share resources and expertise regarding SEMH.

14.2. Senior Mental Health Lead attends mental health network meetings when available.

14.3. The schools collectively commissions specialist support where appropriate.

15. Working with parents

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

15.2. The school ensures that pupils, parents and staff are aware of the mental health support services available from the school – please see the school website and the appendices of this policy for this information.

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

16. Working with alternative provision (AP) settings

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

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

17. Monitoring and review

17.1. The policy is reviewed on an annual basis by the Senior Mental Health Lead in conjunction with the Mental Health & Wellbeing Working Party and the voices of surveyed members of the school community i.e. pupils, parents, staff.

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

17.3. The next scheduled review date for this policy is July 2024.

Mental Health & Wellbeing Working Party, July 2023