Social, Emotional and Mental Health (SEMH) Policy
Wickham C of E Primary School

Approved by the Headteacher: May 2026

Review Date: May 2027

Our Intent

At Wickham Church of England Primary School, we are passionate about making a difference to the lives of the children within our care. We believe in working with each other across the school, with the wider school community and, most importantly, with the young people in our school. We act with love, courage and respect. Whatever difficulties our pupils, their families, our staff team or the community face, we always support, react and collaborate in the best interests of the child. Finally, we are committed to making a difference; we are not passive players in children's lives but active participants who endeavour to make a positive impact and develop life-long skills.

Our curriculum is based on the following six drivers. The table below explains how these specifically link to supporting children's mental well-being.

Aspiration:	We believe that **every** child has the potential to be successful, and we have high expectations of all. They should have the greatest chance at developing the skill set to be the best version of themselves.
Conceptual:	Children are provided with a curriculum that develops their language skills and their ability to listen and respond appropriately (using agree, build on, challenge). We look to provide children with opportunities to develop autonomy and for their learning to be meaningful and linked to the world they experience.
Experience led:	Teachers plan learning tasks that offer rich experiences, which will motivate children and provide them with the chance to take risks and challenge themselves in a nurturing environment.

Language rich:	Children are actively encouraged and sessions are planned to provide them with opportunities to learn language associated with emotions. Children are encouraged to use this language throughout their day in school and across the curriculum both when reflecting on themselves and when considering situations of others.
Enquiry based:	We encourage children to be confident in asking questions so they are not just accepting of the way things are. This deepens their understanding of concepts.
Outward looking:	We provide children with opportunities to contribute to their class, other classes within the school and the wider community. We seek opportunities for children to represent the school in a range of different ways. This provides them with a sense of fulfilment and pride which supports positive mental well-being.

Our moral purpose is linked with our core Christian values of: **Love, Courage and Respect.**

We know that talking about social, emotional or mental health difficulties can take a great deal of **courage**; for both families and children. Through developing trusting and open relationships with families, we work openly to support both parents/carers and the children in school to develop their mental health.

We are a fully inclusive setting and demonstrate **love** to all – visitors tell us that they can feel this this as soon as they enter the school.

We model **respect** to others and expect respect from all stakeholders in return. Our school environment is calm and purposeful with a specifically designed curriculum to encourage children to develop and embed the skills needed to manage and share their emotions as needed, both in the classroom and beyond.

Mental Health Definition
"Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community."
World Health Organisation, 2018

What supporting Positive Mental Health means to us:

- The child stays at the centre of every conversation;
- We prioritise those who need our help most, but we promote positive mental health with everyone;
- We embed social, emotional and mental health awareness across the curriculum;
- Children are taught skills to build resilience and manage everyday stressors;
- Staff wellbeing, resilience and mental health is a key focus and regularly discussed with staff;
- We have a highly trained pastoral team who lead on evidence-based practice for all our interventions.

How we ensure best practice:

- Staff read and understand Part 1 of Keeping Children Safe in Education and keep relevant documented notes on our confidential, whole school system;

- All staff know our whole school positive behaviour policy and are consistent in its delivery;
- The wider school community and links to our church, provide regular opportunities for reflection and time to consider strategies that can further support well-being;
- The pastoral team and class teachers work together with families to identify needs, monitor SEMH interventions and adjust where necessary;
- All staff have training and provision to effectively support pupils SEMH needs.

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

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

We will work with the Local Authority 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;
- Provide support to enable parents and pupils to have greater choice and involvement in the decision making around support strategies.

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 (2025) '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'.

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

- Child Protection and Safeguarding Policy;
- SEND information report / SEND Policy;
- Behavioural Policy;
- Supporting Pupils with Medical Conditions Policy;
- Staff Code of Conduct;
- Administering Medication Policy;
- Exclusion Policy.

Below are some of the common mental health difficulties experienced:

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.

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:

- **Hyperkinetic disorders**: Hyperkinetic disorders refer to a pupil who is excessively easily distracted, impulsive or inattentive and present behaviours that can be associated with ADHD;
- **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 experiencing attachment disorders can struggle to make secure attachments with peers and staff. 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.

1. Roles and Responsibilities

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

- **Preventing mental health and well-being difficulties:** By creating a safe and calm environment where mental health problems are less likely to occur, the leadership aim 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 this includes the delivery of whole school strategies, school worships and bespoke programmes for individuals.
- **Identifying mental health and wellbeing needs:** By equipping staff with the knowledge required, early and accurate identification of emerging needs is enabled;
- **Providing early support for pupils experiencing mental health and wellbeing difficulties:** By raising awareness and employing efficient systems of communication, the school's leadership team 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 Special Educational Needs and Disabilities (SEND):** As part of this duty, the school's leadership team considers how to use some of the SEND resources to provide support for pupils with mental health needs 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.

1.2. **The school governors are responsible for:**

- Endeavouring to secure the special educational provision called for by a pupil's SEMH needs.
- Designating an appropriate member of staff to be the SENCO and coordinating provisions for pupils with SEMH needs.
- Taking all necessary steps to ensure that pupils with SEMH needs are not discriminated against, harassed or victimised.
- Ensuring arrangements are in place to support pupils with SEMH needs
- Appointing an individual 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.

1.3. **The Headteacher is responsible for:**

- Ensuring that those teaching or working with pupils with SEMH needs are aware of these 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.
- Liaising with the school leadership team to regularly review 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 needs.
- Ensuring that procedures and policies for the day-to-day running of the school do not directly or indirectly discriminate against pupils with SEMH needs.
- Establishing and maintaining a culture of high expectations and including pupils with SEMH needs in all opportunities that are available to other pupils.
- Consulting health and social care professionals, pupils and parents to ensure the needs of pupils with SEMH needs are effectively supported.
- Keeping staff up-to-date with any changes or concerns involving pupils with SEMH needs.
- 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.

1.4. **The mental health lead is responsible for:**

- Working alongside the PDL Lead and ELSA/FSW to ensure the whole-school approach to mental health is embedded within the curriculum and targeted 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 body, as part of the SLT, to outline and strategically develop SEMH policies and provisions for the school;
- Coordinating with the SENCO 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 effectively to 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;
- Overseeing the outcomes of interventions on pupils' education and wellbeing;
- Liaising with parents of pupils with SEMH needs;
- 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.

1.5. **The SENCO is responsible for:**

- Collaborating with the governing body, 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 teachers in the further assessment of a pupil's particular strengths and areas for improvement, and advising on the effective implementation of support.

1.6. **Teaching staff are responsible for:**

- Being aware of the signs of SEMH needs;
- Planning and reviewing support for their pupils with SEMH needs 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 need to ensure that there are no barriers to every pupil achieving their full potential, and that every pupil with SEMH needs will be able to study the full 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 needs;

- Using whole school systems to note any changes in behaviour, academic developments and causes of concern;

1.7. 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.

2. Creating a Supportive Whole-School Culture

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

2.2. 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:
  - PDL
  - myHappymind programme
  - RSE
- Collective worship;
- Positive classroom management;
- Developing pupils' social skills;
- Working with parents;
- Peer support.

2.3. The school's behaviour policy and anti-bullying 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.

2.4. 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.

3. Staff training

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

3.2. The SLT promotes CPD to ensure that staff can recognise common symptoms of mental health difficulties, understand what represents a concern, and know what to do if they believe they have spotted a developing problem.

3.3. Clear processes are in place to help staff who identify SEMH needs in pupils to escalate issues through clear systems. Staff understand what to do if they have concerns about a pupil demonstrating self-harm.

4. Identifying Signs of SEMH difficulties

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

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

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

- Observations and, where appropriate, assessments are undertaken to establish a clear analysis of the pupil's needs;
- Teachers, parents and SLT will discuss whether behaviours are consistent across both settings (home and school);
- 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.

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

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

4.6. Staff members discuss concerns with the parents of pupils who have SEMH needs.

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

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

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

4.10. All assessments are in line with the provisions outlined in the school's SEND Policy.

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

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

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

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

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

4.16. Staff members understand that where SEMH needs may lead to a pupil developing SEND, it could result in a pupil requiring an EHC plan.

4.17. Difficulties regulating behaviour is managed in line with the school's behaviour policy.

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

4.19. Pupils' data is reviewed on a termly basis by the SLT so that patterns of attainment, attendance or behaviour are noticed and can be acted upon if necessary.

4.20. Relationships are key throughout the school so that every pupil is able to build a secure bond with at least one member of staff within the school.

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

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

- Anxiety
- Low mood
- Being withdrawn
- Avoiding risks
- Unable to make choices
- Low self-worth
- Isolating themselves
- Refusing to accept praise
- Failure to engage
- Poor personal presentation
- Lethargy/apathy
- Daydreaming
- Unable to make and maintain friendships
- Speech anxiety/reluctance to speak
- Task avoidance
- Challenging behaviour
- Restlessness/over-activity
- Non-compliance
- Mood swings
- Impulsivity
- Physical aggression
- Verbal aggression
- Perceived injustices
- Disproportionate reactions to situations
- Difficulties with change/transitions
- Eating difficulties
- Lack of empathy
- Lack of personal boundaries

- Poor awareness of personal space

5. Vulnerable Groups

5.1. 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.

5.2. Staff are aware of the increased likelihood of SEMH needs in pupils in vulnerable groups and remain vigilant to early signs of these.

5.3. Vulnerable groups include the following:

- Pupils who have experienced abuse, neglect, exploitation or other adverse contextual circumstances;
- Children in need;
- LAC;
- Previously LAC (PLAC);
- Socio-economically disadvantaged pupils, including those in receipt of, or previously in receipt of, free school meals and the pupil premium.

5.4. 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.

6. Children in Need, LAC and Previously LAC (PLAC)

6.1. 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.

6.2. 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.

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

6.4. The impact of these pupils' experiences is reflected in the design and application of the school's behaviour policy, including through individualised graduated responses.

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

6.6. Where a pupil is being supported by LA Children's Services, 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.

6.7. 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.

6.8. When the school has concerns about a previously looked-after child's behaviour, the pupil's parents/carers or the designated teacher will hold regular meetings to discuss and review their child's progress. If required, the school will seek advice from the VSH to determine the best way to support the pupil.

7. Adverse Childhood Experiences (ACEs) and other Events that Impact Pupils' SEMH

7.1. 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 injurie;
- **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.

8. SEND and SEMH

8.1. 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.

8.2. Where pupils have certain types of SEND, there is an increased likelihood of mental health difficulties. For example, children with autism or learning difficulties are significantly more likely to experience anxiety.

8.3. Early intervention to address the underlying causes of dysregulated behaviour includes an assessment of whether appropriate support is in place to address the pupil's SEND.

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

8.5. 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).

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

8.7. 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.

9. Risk Factors and Protective Factors

9.1. There are some 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.

9.2. The table below displays common risk factors for SEMH difficulties (as outlined by the DfE) for which staff remain vigilant, 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	• Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct)

	• Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer-on-peer abuse • Poor pupil-to-teacher/school staff relationships	• '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 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.

10. SEMH Intervention and Support

10.1. The curriculum for PDL focusses on promoting pupils' resilience, confidence and ability to learn. We follow the '**SCARF' programme** (Safety, Caring, Achievement, Resilience, Friendship) and teach children skills to promote positive mental health and wellbeing using strategies from **'myHappymind'** (https://myhappymind.org/)

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

10.3. Our full time ELSA (Emotional literacy support assistant) and FSW (Family support worker) work alongside both pupils and parents to deliver one to one or small group interventions

around targeted areas, such as building friendships, social skills, play skills, managing worries, using CBT and parenting support.

10.4. Relevant external services are utilised where appropriate.

10.5. When deemed necessary and following discussions with parents, schools will liaise with the educational psychology service to provide further insight into a child's behaviours.

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

10.7. 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.

10.8. More serious cases of SEMH difficulties are referred to The Mental Health Support Team (CAMHS early help service) or directly to CAMHS.

10.9. To ensure referring pupils to the MHST and/or 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 needs;
- 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.

10.10. The school implements the following approach to interventions:

- 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;
- Play-based approaches are in place to develop more positive relationships between pupils and their parents;
- Specific classroom management techniques for supporting pupils are in place. These include:
    - Brain breaks
    - Personalised behaviour management systems
    - Safe spaces within the classroom
    - Specific seating
    - Regular check ins with key adults
    - Calm tasks
    - Emotion check ins
    - Alternative lunchtime and break time arrangements
    - Support with points of transition
    - In specific situations, flexibility with the timetable.

10.11. 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;

10.12. For pupils with the most complex needs, additional in-school support includes:
- Supporting the pupil's teacher to help them manage the pupil's behaviour;
- Additional educational one-to-one support for the pupil;
- One-to-one therapeutic work with the pupil delivered by mental health specialists;
- Family support and/or therapy, where recommended by mental health professionals;
- Personalised risk assessments;
- Removal of scissors from the classroom (monitored use of any sharp equipment).

In these instances, the DSL or SENCO and any other relevant staff members, alongside the pupil and their parents, work together to create a risk assessment outlining how the pupil is kept safe and the support available.

10.13. Personal risk assessments:
- Are always created in accordance with advice from external services and the pupil themselves;
- Are reviewed regularly by the SENCO / SLT**;**
- Can include reduced timetables.

11. Commissioning Local Services

11.1. 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.

11.2. 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.

11.3. The school commissions support from school nurses and other external agencies 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.

12. Working with Parents

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

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

12.3. 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.

13. Behaviour and Suspensions

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

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

13.3. To assess underlying issues, the school uses an SDQ.

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

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

14. Safeguarding

14.1. 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.

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

15. Monitoring and Review

15.1. The policy is reviewed on an annual basis by the Mental Health Lead in conjunction with the Headteacher and school governors − any changes made to this policy are communicated to all members of staff.

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

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