

# Tas Valley Church Schools Federation



## Social, Emotional and Mental Health (SEMH) Policy

Date policy last reviewed: \_\_\_\_\_

Signed by:

\_\_\_\_\_ Headteacher                      Date: \_\_\_\_\_

\_\_\_\_\_ Chair of governors                      Date: \_\_\_\_\_

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## **1. Statement of intent**

1.1 This policy outlines the framework for Tas Valley Federation 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.

1.2 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.

1.3 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

## **2. Legal framework**

2.1 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

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

- DfE (2022) 'Keeping children safe in education 2022'
- 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'

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

- Child Protection and Safeguarding Policy
- SEND Policy
- Behaviour Policy

- Supporting Pupils with Medical Conditions Policy
- Staff Code of Conduct
- Administering Medication Policy
- Suspension and Exclusion Policy

### **3. Roles and responsibilities**

3.1 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.
- Identifying and 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.

3.2 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 they have an EHC plan.
- Endeavouring to secure the special educational provision called for by a pupil's SEMH difficulties.
- Designating an appropriate member of staff to be the SENCO 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.
- Identifying an appropriate staff member to act as the senior mental health lead, with sufficient authority to develop and oversee the school's approach to mental health and wellbeing.

### 3.3 The Executive Headteacher is responsible for:

- Ensuring that those teaching or working with pupils with SEMH difficulties are aware of their needs and have arrangements in place to meet them.
- Ensuring that teachers monitor and review pupils' academic and emotional progress during the course of the academic year.
- Ensuring that the SENCO has sufficient time and resources to carry out their functions, in a similar way to other important strategic roles within the school.
- Reviewing the quality of teaching for pupils at risk of underachievement, as a core part of the school's performance management arrangements.
- Ensuring that staff members understand the strategies used to identify and support pupils with SEMH difficulties.
- Ensuring that procedures and policies for the day-to-day running of the school do not directly or indirectly discriminate against pupils with SEMH difficulties.
- Establishing and maintaining a culture of high expectations and including pupils with SEMH difficulties in all opportunities that are available to other pupils.
- Consulting health and social care professionals, pupils and parents to ensure the needs of pupils with SEMH difficulties are effectively supported.
- Keeping parents and relevant staff up-to-date with any changes or concerns involving pupils with SEMH difficulties.
- Ensuring staff members have a good understanding of the mental health support services that are available in their local area, both through the NHS and voluntary sector organisations.

### 3.4 The Senior Mental Health Lead is responsible for:

- Advising the SLT on a whole-school approach to mental health, including how this is reflected in policies, the curriculum and pastoral support, how staff are supported with their own mental health, and how the school engages pupils and parents with regards to pupils' mental health and awareness.
- Collaborating with the SENCO, headteacher and governing board to outline and strategically develop SEMH policies and provisions for the school.

### 3.5 The SENCO is responsible for:

- Collaborating with the governing board, headteacher and the 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 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.

- Coordinating with the SENCO and mental health support teams to provide a high standard of care to pupils who have SEMH difficulties.
- Being a key point of contact with external agencies, especially the mental health support services, the LA, LA support services and mental health support teams.
- Providing professional guidance to colleagues about mental health and working closely with staff members, parents and other agencies, including SEMH charities.
- Referring pupils with SEMH difficulties to external services, e.g. specialist children and young people's mental health services (CYPMHS), to receive additional support where required.
- Overseeing the outcomes of interventions on pupils' education and wellbeing.
- Liaising with parents of pupils with SEMH difficulties, where appropriate.
- Liaising with other schools, educational psychologists, health and social care professionals, and independent or voluntary bodies.
- Liaising with the potential future providers of education to ensure that pupils and their parents are informed about options and a smooth transition is planned.

3.6 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. The relevant figures of authority include: SENCO/headteacher/subject leader.

3.7 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.

3.8 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.
- Liaising with the senior mental health lead and, where available, the Mental Health Support Team, where safeguarding concerns are linked to mental health.

## **4 Creating a supportive whole-school culture**

- 4.1 Senior leaders will clearly communicate their vision for good mental health and wellbeing with the whole school community.
- 4.2 The schools 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
  - Positive classroom management
  - Developing pupils' social skills
  - Working with parents
  - Peer support
  - Counselling and referrals to external agencies
- 4.3 The Behaviour Policy includes measures to prevent and tackle bullying, and contains an individualised, graduated response when behaviour may be the result of mental health needs or other vulnerabilities.
- 4.4 The SLT 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.

## **5 Staff training**

- 5.1 The SLT will ensure that all teachers have a clear understanding of the needs of all pupils, including those with SEMH needs.
- 5.2 The SLT 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.
- 5.3 Clear processes are in place to help staff who identify SEMH problems in pupils escalate issues through clear referral and accountability systems.
- 5.4 Staff should be aware of:
- Promoting good mental health and wellbeing throughout the school.
  - Identifying individual pupils who need support with their mental health.
  - How to refer pupils to such support where needed.
  - How abuse, neglect, and/or other traumatic adverse childhood experiences can have a lasting impact on a pupil's mental health, behaviour and education.

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

- 6.1 The Federation is committed to identifying pupils with SEMH difficulties at the earliest stage possible.
- 6.2 Staff are trained to know how to identify possible mental health problems and understand what to do if they spot signs of emerging difficulties.

6.3 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
- 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

6.4 When the schools suspect that a pupil is experiencing mental health difficulties, the following graduated response is employed:

- Consideration of wishes and feelings of the child.
- Collaboration with parents
- An analysis of the pupil's needs and a plan is set out to determine how the pupil will be supported

6.5 Where appropriate, the school may ask parents to give consent to their child's GP to share relevant information regarding SEMH with the school.



- 6.6 Staff members 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 consider all previous assessments and progress over time, and then refer the pupil to the appropriate services.
- 6.7 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
- 6.8 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 lead to a pupil developing SEND, it could result in a pupil requiring an 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.
- 6.9 The Federation will promote resilience to help encourage positive SEMH.
- 6.10 Poor behaviour is managed in line with the school's Behaviour Policy.
- 6.11 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.
- 6.12 Pupils' data is reviewed on a regular basis by the SLT so that patterns of attainment, attendance or behaviour are noticed and can be acted upon if necessary.
- 6.13 An effective pastoral system is in place so that every pupil is well known to staff members, who can spot where disruptive or unusual behaviour may need investigating and addressing.
- 6.14 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.

## 7 Vulnerable groups

- 7.1 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.

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

7.3 Vulnerable groups include the following:

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

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

## **8 Children in need, LAC and PLAC**

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

8.2 Children in need, LAC and PLAC are more likely to struggle with executive functioning skills, forming trusting relationships, social skills, managing strong feelings, sensory processing difficulties, foetal alcohol syndrome and coping with change.

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

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

8.5 The impact of these pupils' experiences is reflected in the design and application of the Behaviour Policy, including through individualised graduated responses.

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

8.7 Where a pupil is being supported by LA children's social care services (CSCS), the schools 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.

8.8 When the Federation 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.

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

## 9 Adverse childhood experiences (ACEs) and other events that impact pupils' SEMH

- 9.1 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.
- 9.2 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.
- 9.3 The Federation 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.
- 9.4 Support may come from the Federation's existing support systems or via specialist staff and support services.

## 10 SEND and SEMH

- 10.1 The Federation 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.
- 10.2 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.
- 10.3 Early intervention to address the underlying causes of disruptive behaviour includes an assessment of whether appropriate support is in place to address the pupil's SEND.
- 10.4 The Executive 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.
- 10.5 The Federation recognises that not all pupils with mental health difficulties have SEND.
- 10.6 A 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).

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

10.8 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.

## 11 Risk factors and protective factors

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

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

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

	<ul style="list-style-type: none"> <li>• Discrimination</li> <li>• Breakdown in or lack of positive friendships</li> <li>• Deviant peer influences</li> <li>• Peer pressure</li> <li>• Peer-on-peer abuse</li> <li>• Poor pupil-to-teacher/school staff relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Staff behaviour policy (also known as code of conduct)</li> <li>• 'Open door' policy for children to raise problems</li> <li>• A whole-school approach to promoting good mental health</li> <li>• Good pupil-to-teacher/school staff relationships</li> <li>• Positive classroom management</li> <li>• A sense of belonging</li> <li>• Positive peer influences</li> <li>• Positive friendships</li> <li>• Effective safeguarding and child protection policies.</li> <li>• An effective early help process</li> <li>• Understand their role in, and are part of, effective multi-agency working</li> <li>• Appropriate procedures in place to ensure staff are confident enough to raise concerns about policies and processes and know they will be dealt with fairly and effectively</li> </ul>
In the community	<ul style="list-style-type: none"> <li>• Socio-economic disadvantage</li> <li>• Homelessness</li> <li>• Disaster, accidents, war or other overwhelming events</li> <li>• Discrimination</li> <li>• Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation</li> <li>• Other significant life events</li> </ul>	<ul style="list-style-type: none"> <li>• Wider supportive network</li> <li>• Good housing</li> <li>• High standard of living</li> <li>• High morale school with positive policies for behaviour, attitudes and anti-bullying</li> <li>• Opportunities for valued social roles</li> <li>• Range of sport/leisure activities</li> </ul>

The following table contains common warning signs for suicidal behaviour:

Speech	Behaviour	Mood
The pupil has mentioned the following:	The pupil displays the following behaviour:	The pupil often displays the following moods:
Killing themselves	Increased use of alcohol or drugs	Depression
Feeling hopeless	Looking for ways to end their lives, such as searching suicide online	Anxiety
Having no reason to live	Withdrawing from activities	Loss of interest
Being a burden to others	Isolating themselves from family and friends	Irritability

Feeling trapped	Sleeping too much or too little	Humiliation and shame
Unbearable pain	Visiting or calling people to say goodbye	Agitation and anger
	Giving away possessions	Relief or sudden improvement, e.g. through self-harm activities
	Aggression	
	Fatigue	
	Self-harm	

## 12 Stress and mental health

- 12.1 The Federation 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.

## 13 SEMH intervention and support

- 13.1 The curriculum for PSHE and RSHE focusses on promoting pupils' resilience, confidence and ability to learn.
- 13.2 Positive classroom management and working in small groups is utilised to promote positive behaviour, social skills and development and high self-esteem.
- 13.3 Relevant external services are utilised where appropriate. The school will continue to support the pupil as much as possible throughout the process.
- 13.4 Where appropriate, parents have a direct involvement in any intervention regarding their child. The school supports parents in the management and development of their child.
- 13.5 The school implements the following approach to interventions:
- Interventions are structured in a way that addresses behavioural issues through education and training programmes
  - Small group sessions will take place and focus on developing cognitive skills and positive social behaviour
  - Nurture groups can be implemented to address any emerging SEMH difficulties in pupils
  - Specific classroom management techniques for supporting pupils are in place. These techniques may include, for example, using a token system for rewards or changing seating arrangements

## 14 Suicide concern intervention and support

- 14.1 Where a pupil discloses that they have self-harmed, or thoughts of self-harming or suicide, 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.
  - Respect confidentiality, only disclosing information on a need-to-know basis.
  - Be non-judgemental, making sure the pupil knows they are being taken seriously.
  - Be open, providing the pupil a chance to be honest about their true intentions.
  - Supervise the pupil closely whilst referring the pupil to the DSL for support.
  - Record details of their observations or discussions and share them with the DSL.
- 14.1 Once any such concerns have been referred to the DSL, local safeguarding procedures are followed and the pupil's parents are contacted. Medical professionals, such as the pupil's GP, are notified as needed.
- 14.2 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.
- 14.3 Safety plans:
- Are always created in accordance with advice from external services and the pupil themselves.
  - Are reviewed regularly by the DSL.
  - Can include reduced timetables or dedicated sessions with counsellors.

## **15 Commissioning local services**

- 15.1 The Federation 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.
- 15.2 The Federation 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.
- 15.3 The Federation commissions support from The School Nursing Team 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**

- 16.1 The Federation works with parents wherever possible to ensure that a collaborative approach is utilised which combines in-school support with at-home support.
- 16.2 Parents and pupils are expected to seek and receive support, including from their GP, NHS services, trained professionals working in CYPMHS, voluntary organisations and other sources.



## **17 Working with alternative provision (AP) settings**

- 17.1 The Federation may work with AP settings to develop plans for reintegration back into school where appropriate.
- 17.2 The school shares information with AP settings that enables clear plans to be developed to measure pupils' progress towards reintegration into mainstream schooling, further education or employment. These plans link to EHC plans for pupils with SEND.

## **18 Administering medication**

- 18.1 The full arrangements in place to support pupils with medical conditions requiring medication can be found in the school's Supporting Pupils with Medical Conditions Policy and the Administering Medication Policy.
- 18.2 Medication will be included in a pupil's IHP where recommended by health professionals.
- 18.3 Staff know what medication pupils are taking, and how it should be stored and administered.

## **19 Suspensions and exclusions**

- 19.1 When suspension or exclusion is a possibility, the Federation considers contributing factors, which could include mental health difficulties. All decisions to suspend or exclude a pupil will be taken in line with the Suspension and Exclusion Policy.
- 19.2 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, child protection concerns or mental health problems, in line with the Behaviour Policy.
- 19.3 Where underlying factors are likely to have contributed to the pupil's behaviour, the school considers whether action can be taken to address the underlying causes of the disruptive behaviour, rather than issue a suspension or exclusion. If a pupil has SEND or is a looked-after child, exclusion will only be used as a last resort.
- 19.4 In all cases, the school balances the interests of the pupil against the mental and physical health of the whole school community.

## **20 Safeguarding**

- 20.1 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 and speak to the DSL or deputy DSL.

## **21 Monitoring and review**



- 21.1 The policy is reviewed every 3 years by the headteacher in conjunction with the governing board – any changes made to this policy are communicated to all members of staff.
- 21.2 This policy is reviewed in light of any serious SEMH-related incidents.
- 21.3 The next scheduled review date for this policy is September 2026.