




## Mental Health & Wellbeing Policy

Signed:	
Position:	Head teacher
Date Agreed:	September 2024
Next Review:	September 2025

### Equality Statement

Centre Academy London is committed to a policy of equality and aims to ensure that no employee, job applicant, pupil or other member of the school community is treated less favourably on grounds of sex, race, colour, ethnic or national origin, marital status, age, sexual orientation, disability or religious belief. We provide a safe, supportive and welcoming environment.



*Centre Academy London is committed to safeguarding and promoting the welfare of children and young people and expects all staff to share this commitment.*

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## 1. Aims

At Centre Academy London (CAL), we are committed to the protection and promotion of positive mental health for all students and staff. We will continuously endeavour to improve the mental health of the school community by utilising a whole school approach to mental health, and via the identification and implementation of positive processes and practices, which promote good mental health and wellbeing. In addition to promoting positive mental health, we aim to identify and provide timely and appropriate support for all members of the school community affected both directly and indirectly by mental health problems.

This policy was written in consultation with staff and professionals involved in mental health and wellbeing.

During the past few years (and especially during and after the Covid-19 pandemic) we have seen an increase in the number of children and young people with mental health issues. Unfortunately, children and young people with SEN and Disability (SEND) have again been disproportionately affected (although those without SEND have also suffered greatly).

## 2. Policy Statement

At Centre Academy London, we are committed to supporting the emotional health and wellbeing of all our pupils and staff. We have a supportive and caring ethos, and our approach is respectful and kind, where each individual and contribution is valued. We strive to provide a nurturing and “enabling environment” to support the student to access learning. At CAL we know that everyone experiences life challenges that can make us vulnerable and at times, anyone may need additional emotional support. We take the view that positive mental health is everybody’s business and that we all have a role to play.

At CAL we:

- help children to understand their emotions and feelings better through a total communication approach suited to their needs and abilities.
- help children socially to form and maintain relationships.
- promote self-esteem and ensure children know that they count through praise and positive reinforcement.
- encourage children to be confident ‘take informed risks’.
- help children to develop emotional resilience and to manage setbacks.

We promote a mentally healthy environment through:

- Promoting our school values and encouraging a sense of belonging.
- Promoting pupil voice and opportunities to participate in decision-making.
- Celebrating all achievements.

- Providing opportunities to develop a sense of worth through taking responsibility for themselves.
- Access to appropriate support that meets their needs.

We pursue our aims through:

- Whole school approaches.
- Support for pupils going through recent difficulties including bereavement.
- Targeted approaches aimed at pupils with more complex or long-term difficulties including attachment disorder.

### 3. Legal framework

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

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

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

- DfE (2021) 'Keeping children safe in education' and all updates since
- 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 Policy
- Student Behaviour and Statement of Principles Policy
- Supporting Pupils with Medical Conditions Policy
- Staff Code of Conduct outlined in the Staff Handbook
- Dignity at Work policy
- Exclusion Policy

## 4. Scope

This document describes the CAL's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for teaching and non-teaching staff and governors. The policy and procedures will also be made available for the perusal of students and their parents and carers. This policy should be read and understood in conjunction with other relevant school policies.

### 4.1 Common SEMH difficulties

**Anxiety:** Anxiety refers to feeling fearful or panicked, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a pupil's ability to develop, learn and sustain and maintain friendships. Specialists reference the following diagnostic categories:

- **Generalised anxiety disorder:** This is a long-term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event.
- **Panic disorder:** This is a condition in which people have recurring and regular panic attacks, often for no obvious reason.
- **Obsessive-compulsive disorder (OCD):** This is a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter their mind, causing them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to try to prevent an obsession coming true).
- **Specific phobias:** This is the excessive fear of an object or a situation, to the extent that it causes an anxious response such as a panic attack (e.g. school phobia).
- **Separation anxiety disorder:** This disorder involves worrying about being away from home, or about being far away from parents, at a level that is much more severe than normal for a pupil's age.
- **Social phobia:** This is an intense fear of social or performance situations.
- **Agoraphobia:** This refers to a fear of being in situations where escape might be difficult or help would be unavailable if things go wrong.

**Depression:** Depression refers to feeling excessively low or sad. Depression can significantly affect a pupil's ability to develop, learn or maintain and sustain friendships. Depression can often lead to other issues such as behavioural problems. Generally, a diagnosis of depression will refer to one of the following:

- **Major depressive disorder (MDD):** A pupil with MDD will show several depressive symptoms to the extent that they impair work, social or personal functioning.
- **Dysthymic disorder:** This is less severe than MDD and characterised by a pupil experiencing a daily depressed mood for at least two years.

**Hyperkinetic disorders:** Hyperkinetic disorders refer to a pupil who is excessively easily distracted, impulsive or inattentive. If a pupil is diagnosed with a hyperkinetic disorder, it will be one of the following:

- **Attention deficit hyperactivity disorder (ADHD):** This has three characteristic types of behaviour: inattention, hyperactivity and impulsivity. While some children show the signs of all three characteristics, which is called 'combined type ADHD', other children diagnosed show signs of only inattention, hyperactivity or impulsiveness.
- **Hyperkinetic disorder:** This is a more restrictive diagnosis but is broadly similar to severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. The core symptoms must also have been present from before the age of seven, and must be evident in two or more settings, e.g. at school and home.

**Attachment disorders:** Attachment disorders refer to the excessive distress experienced when a child is separated from a special person in their life, like a parent. Pupils suffering from attachment disorders can struggle to make secure attachments with peers. Researchers generally agree that there are four main factors that influence attachment disorders, these are:

- Opportunity to establish a close relationship with a primary caregiver.
- The quality of caregiving
- The child's characteristics
- Family context.

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

**Substance misuse:** Substance misuse is the use of harmful substances, e.g. drugs and alcohol.

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

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

### 3. Policy Objectives:

- Promote positive mental health in all staff and students.

- Reduce discrimination and stigma by increasing awareness and understanding of mental health problems.
- Increase awareness of early warning signs of mental health problems.
- Provide support to staff working with young people with mental health issues.
- Provide support to students experiencing mental health problems and their peers and parents or carers.
- Provide opportunities for staff and students to look after their mental wellbeing.

This policy should be read in conjunction with our SEND, safeguarding and child protection policies in cases where pupils mental health needs overlap with these. This policy should also be read in conjunction with policies for Behaviour, PSHE and SMSC policies. It should also sit alongside child protection procedures.

## 4. Lead Members of Staff

Whilst all staff have a responsibility to promote the mental health of students, staff with a specific, relevant remit include:

- Halima Shaker Designated child protection / safeguarding officer (DSL);
- Kas Lee-Douglas Deputy DSL
- Maria Palmartsuk Deputy DSL & SENDCo
- Neema Marshall School Counsellor/ELSA
- Karen Scully Lead first aider
- Michael Jeffrey Careers & Work Experience Lead
- Rohan Murphy Designated Governor/Proprietor

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the DSL/SENDCo in the first instance.

In the event of any concerns that a student may be at risk of immediate harm, the school's child protection procedures should be followed, with an immediate referral to the designated child protection officer, the head teacher or the designated governor.

If the student presents as a medical emergency, then the school's procedures for medical emergencies should be followed, including the involvement of first aid staff and contacting the emergency services.

Where a referral to Children and Young Peoples Mental Health Services (CYPMHS, also sometimes known as CAMHS) is appropriate, this will be led and managed as a team by the SENDCo, DSL and School Counsellor.

## 5. Roles and responsibilities

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, all staff endeavour 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
- **Identifying mental health and wellbeing difficulties:** equipping staff with the knowledge required enables early and accurate identification of emerging problems. Weekly meetings with the SENDCo, DSL and School Counsellor ensure that no student is overlooked.
- **Providing early support for pupils experiencing mental health and wellbeing difficulties:** By raising awareness and employing efficient referral processes, the school's leadership helps 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 Child Protection and Safeguarding Policy.

The **governing board** is responsible for:

- Fully engaging pupils with SEMH difficulties and their parents when drawing up policies that affect them.
- Identifying, assessing and organising provision for all pupils with SEMH difficulties, whether or not they have an EHC plan.
- Endeavouring to secure the special educational provision called for by a pupil's SEMH difficulties.
- Designating an appropriate member of staff to be the SENDCO and coordinating provisions for pupils with SEMH difficulties.
- Taking all necessary steps to ensure that pupils with SEMH difficulties are not discriminated against, harassed or victimised.
- Ensuring arrangements are in place to support pupils with SEMH difficulties.
- Appointing an individual governor or sub-committee to oversee the school's arrangements for SEMH.



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

The **Head of School** is responsible for:

- Ensuring that our CAL Mental Health team consists of the DSL, SENDCo, School Counsellor and Head of school meets on a weekly basis to discuss current cases and triage any cases that have been referred
- 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 SENDCO has sufficient time and resources to carry out their functions, in a similar way to other important strategic roles within the school.
- On an annual basis, carefully reviewing the quality of teaching for pupils at risk of underachievement, as a core part of the school's performance management arrangements.
- Ensuring that staff members understand the strategies used to identify and support pupils with SEMH difficulties.
- Ensuring that procedures and policies for the day-to-day running of the school do not directly or indirectly discriminate against pupils with SEMH difficulties.
- Establishing and maintaining a culture of high expectations and including pupils with SEMH difficulties in all opportunities that are available to other pupils.
- Consulting health and social care professionals, pupils and parents to ensure the needs of pupils with SEMH difficulties are effectively supported.
- Keeping parents and relevant staff up-to-date with any changes or concerns involving pupils with SEMH difficulties.
- Ensuring staff members have a good understanding of the mental health support services that are available in their local area, both through the NHS and voluntary sector organisations.

The mental health team is responsible for:

- Overseeing the whole-school approach to mental health, including how this is reflected in policies, the curriculum and pastoral support, how staff are supported with their own mental health, and how the school engages pupils and parents with regards to pupils' mental health and awareness.
- Collaborating with the governing board, as part of the SLT, to outline and strategically develop SEMH policies and provisions for the school.
- Supporting staff to provide a high standard of care to pupils who have SEMH difficulties.
- Advising on the deployment of the school's budget and other resources in order to effectively meet the needs of pupils with SEMH difficulties.
- Being a key point of contact with external agencies, especially the mental health support services 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 (CAMHS), to receive additional support where required.
- Overseeing the outcomes of interventions on pupils' education and wellbeing.
- Liaising with parents of pupils with SEMH difficulties, where appropriate.
- Liaising with other schools, educational psychologists, health and social care professionals, and independent or voluntary bodies.
- Liaising with the potential future providers of education, such as secondary school teachers, to ensure that pupils and their parents are informed about options and a smooth transition is planned

The **SENDCO** is responsible for:

- Collaborating with the Proprietor, governing board, Head of School and the School counsellor, to determine the strategic development of SEMH policies and provisions in the school.
- Undertaking day-to-day responsibilities for the successful operation of the SEMH Policy.
- Supporting the subject teachers in the further assessment of a pupil's particular strengths and areas for improvement and advising on the effective implementation of support.

**Teaching staff** are responsible for:

- Being aware of the signs of SEMH difficulties.
- Planning and reviewing support for their pupils with SEMH difficulties in collaboration with parents, the SENCO and, where appropriate, the pupils themselves.
- Setting high expectations for every pupil and aiming to teach them the full curriculum, whatever their prior attainment.
- Planning lessons to address potential areas of difficulty to ensure that there are no barriers to every pupil achieving their full potential, and that every pupil with SEMH difficulties will be able to study the full national curriculum.
- Being responsible and accountable for the progress and development of the pupils in their class.
- Being aware of the needs, outcomes sought and support provided to any pupils with SEMH difficulties.
- Keeping the relevant figures of authority up-to-date with any changes in behaviour, academic developments and causes of concern.
- The relevant figures of authority include: SENCO, DSL and School Counsellor.

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.

## 6. Individual Care Plans

The care plan may include:

- Details of the student's mental health problem and any diagnosis.
- Details of any prescribed medication and any reported side effects.
- Special requirements and precautions.
- What to do and who to contact in an emergency.
- The role the school can play.
- The role that parents and carers can play.

## 7. Teaching about Mental Health

The content of lessons will be determined by the specific needs of the cohort we are teaching, but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to identify when mental health problems may be emerging, and to seek appropriate support when needed, for themselves or others. The specific content of lessons will be determined by the specific needs of the cohort we are teaching but we will also use the curriculum guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner.

## 8. Creating a supportive whole-school culture

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

The school utilises various strategies to support pupils who are experiencing high levels of psychological stress, or who are at risk of developing SEMH problems, including:

- Staff training in creating a nurturing and “enabling environment” – a whole school approach
- Teaching about mental health and wellbeing through curriculum subjects.
- Counselling
- Positive classroom management
- Developing pupils' social skills
- Working with parents
- Peer support

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

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

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

## 9. Support and Signposting

Whenever we highlight sources of support, we will increase the chance of student help seeking. We will ensure that staff, students, and parents and carers are aware of sources of support within school and in the local community, including outlining:

- The support that is available.
- Who the support is for.
- The reasons for accessing the support.
- When to access the support.
- How to access the support.
- What is likely to happen once the student has accessed the support.

We will display relevant sources of support in communal areas such as classrooms, common rooms, libraries and toilets, and will regularly highlight sources of support to students within relevant parts of the curriculum.

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

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

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

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

- An assessment is undertaken by the DSL/SENDCo to establish a clear analysis of the pupil's needs
- A plan is set out to determine how the pupil will be supported
- Action is taken to provide that support
- Regular reviews are undertaken to assess the effectiveness of the provision, and changes are made as necessary

Appropriate assessment tools, such as an entry and exit questionnaire, are utilised to assess need and impact.



Staff members understand that persistent mental health difficulties can lead to a pupil developing SEND. If this occurs, the Head of School ensures that correct provisions are implemented to provide the best learning conditions for the pupil, such as providing school counselling. Both the pupil and their parents are involved in any decision-making concerning what support the pupil needs.

Where appropriate, the Head of School asks parents to give consent to their child's GP to share relevant information regarding SEMH with the school.

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

Staff members discuss concerns regarding SEMH difficulties with the parents of pupils who have SEMH difficulties.

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

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

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

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

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

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

Staff members promote resilience to help encourage positive SEMH.

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

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

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

Poor behaviour is managed in line with the school's Student Behaviour Policy and Statement of Behaviour Principles Policy.

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

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

An effective pastoral system is in place so that every pupil is well known by at least one member of staff, for example, the Achievement Mentor, who can spot where disruptive or unusual behaviour may need investigating and addressing.

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

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

## 10. Vulnerable groups

Some pupils are particularly vulnerable to SEMH difficulties. These 'vulnerable groups' are more likely to experience a range of adverse circumstances that increase the risk of mental health problems.

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

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

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

### 10.1 Children in need

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

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

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

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

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

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

Where a pupil is being supported by local authority children's social care services (CSCS), the school works with their allocated social worker to better understand the pupil's wider needs and contextual circumstances. This collaborative working informs assessment of needs and enables prompt responses to safeguarding concerns.

When the school has concerns about a looked-after child's behaviour, the designated teacher will be informed at the earliest opportunity so they can help to determine the best way to support the pupil.

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

## **10.2 Adverse childhood experiences (ACEs) and other events that impact pupils'**

### **SEMH**

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

- **Loss or separation:** This may include a death in the family, parental separation, divorce, hospitalisation, loss of friendships, family conflict, a family breakdown that displaces the pupil, being taken into care or adopted, or parents being deployed in the armed forces.
- **Life changes:** This may include the birth of a sibling, moving house, changing schools or transitioning between schools.
- **Traumatic experiences:** This may include abuse, neglect, domestic violence, bullying, violence, accidents or injuries.
- **Other traumatic incidents:** This may include natural disasters or terrorist attacks.

Some pupils may be susceptible to such incidents, even if they are not directly affected. For example, pupils with parents in the armed forces may find global disasters or terrorist incidents particularly traumatic.

The school supports pupils when they have been through ACEs, even if they are not presenting any obvious signs of distress – early help is likely to prevent further problems.

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

## **10.3 SEND and SEMH**

The school recognises it is well-placed to identify SEND at an early stage and works with partner agencies to address these needs. The school's full SEND identification and support procedures are available in the SEND Policy.



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

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

The Head of School considers the use of a multi-agency assessment for pupils demonstrating persistently disruptive behaviour. These assessments are designed to identify unidentified SEND and mental health problems, and to discover whether there are housing or family problems that may be having an adverse effect on the pupil.

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

The graduated response is used to determine the correct level of support to offer (this is used as good practice throughout the school, regardless of whether or not a pupil has SEND).

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

The SENCO ensures that staff understand how the school identifies and meets pupils' needs, provides advice and support as needed, and liaises with external SEND professionals as necessary.

#### **10.4 Identifying needs and Warning Signs**

The SLT will monitor pupils aimed at identifying a range of possible difficulties including:

- Attendance
- Relationships
- Approach to learning
- Physical indicators
- Negative behaviour patterns/unusual changes in behaviour
- Family circumstances
- Recent bereavement
- Health indicators

School staff may also become aware of warning signs which indicate a student/adult is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the designated child protection and safeguarding officer or the emotional wellbeing lead as appropriate.

Possible warning signs may include:

- Changes in eating / sleeping habits / weight loss or gain.

- Becoming socially withdrawn.
- Changes in activity and mood.
- Talking or joking about self-harm or suicide.
- Expressing feelings of failure, uselessness or loss of hope.
- Repeated physical pain or nausea with no evident cause.
- A decrease in school attendance.

## 11. Working with Parents and Carers

We recognise the importance of working with and supporting parents and carers as part of our whole school approach to mental health and wellbeing. In order to support parents and carers, we will:

- Ensure that this policy is available in accessible formats.
- Make the policy, and other sources of information and support about common mental health issues, available in a prominent position on our school website.
- Involve parents and carers in the ongoing review and development of this policy.
- Ensure that all parents are aware of who to contact and how, if they have concerns about their own child or a friend of their child.
- Ensure that parents and carers are involved in our whole school approach to mental health and wellbeing.
- Ensure that parents and carers are aware of the support available within the school and externally.
- Keep parents and carers informed about the mental health topics their children are learning about and share ideas for extending and exploring this learning at home.
- Provide opportunities for parents to be involved in any training or other activities which may help them support their child's mental health.

It may be necessary to inform parents or carers of any concerns relating to the mental health of their child. In this event, we will be sensitive in our approach.

## 12. Working with other agencies and partners

As part of our targeted provision the school will work with other agencies to support children's emotional health and wellbeing including:

- The Nursing Team.
- Educational psychology services.
- Behaviour support
- Paediatricians and medical professionals
- LD CAMHS (child and adolescent mental health service)
- Family support workers
- Therapists

## 13. Supporting Peers

When a student is experiencing a mental health problem, it can be a difficult time for their friends, who may want to offer support, but do not know how to do so. In the case of selfharm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations with the student who is suffering and their parents or carers, with whom we will discuss:

- What it is helpful for friends to know and what they should not be told.
- How friends can best provide support whilst managing their own wellbeing.
- Things friends should avoid doing or saying which may inadvertently cause distress.
- Warning signs that their friend may need help (e.g. signs of relapse).

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves.
- Safe sources of further information about their friend's condition.
- Healthy ways of coping with the difficult emotions they may be feeling.

## 14. Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep students safe. Additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more pupils.

### 14.1 Risk factors and protective factors

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

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

	Risk factors	Protective factors
In the pupil	<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> <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>• Clear policies on behaviour and bullying</li> <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> </ul>

		<ul style="list-style-type: none"> <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>
<p>In the community</p>	<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	

## 14.2 Stress and mental health

At CAL, we recognise 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.

## 14.3 SEMH intervention and support

Our curriculum focusses on promoting pupils' resilience, confidence and ability to learn.

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

School-based counselling is offered to pupils who require it. Where it has been identified that a student's mental health is of concern, members of our Inclusion Team will refer to our Head of Pastoral Care and School Counsellor. Together they will review what concerns have been raised about the young person's emotional wellbeing alongside what interventions have taken place already. A decision will then be made about the most appropriate pathway to move forwards with. This could include further mentoring and interventions from:

- Class mentors
- Mental Health Leads – all the members of the SLT are trained
- Careers Development & Work Experience Lead
- School Counsellor
- External Services such as CAMHS

School based counselling provides a safe and confidential space for students to talk to a trained professional about their issues and concerns. The school counsellor will help the student explore their thoughts, feelings, and behaviours so that they can develop a better understanding of themselves and others. School based counselling follows the humanistic school of counselling where therapy is person-centred and non-directive. (BACP, 2021)

As a school we will always endeavour to inform and gain consent from parents for their child to access school-based counselling. There may be times where the child requests to access counselling without parental consent. We may respect this request, specifically in relation to matters of a safeguarding nature.

School based counselling has been found to be of most benefit to students who are willing to engage and get things off their chest, learn about themselves, and find different ways of relating and coping. Young people who find it difficult to be open and feel uncomfortable talking to others may find counselling is not suitable to their needs. Where a student has been referred to school counselling, they will be offered to attend some sessions. A review of those sessions will then take place and longer term counselling will be proposed only on a case-by-case basis.

Where appropriate, parents have a direct involvement in any intervention regarding their child. Where appropriate, the school supports parents in the management and development of their child. Mentors act as confidants, with the aim of easing the worries of their mentees and always open and receptive to students sharing information with them.

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

To ensure referring pupils to CAMHS is effective, staff follow the process below:

- The school quality assures all internal and external provisions. The school implements the following approach to interventions:
- School-based counselling will often take the form of talking therapy, drawing on creative approaches where appropriate and necessary.
- For severe cases, a range of tailored and multi-component interventions are established and used.
- For chronic and enduring problems, specialist foster placement with professional support is utilised, within the context of an integrated multi-agency intervention.

Through the curriculum, pupils are taught how to:

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

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

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

#### **14.4 Suicide concern intervention and support**

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

- Listen carefully, remembering it can be difficult for the pupil to talk about their thoughts and feelings.
- Respect confidentiality, only disclosing information on a need-to-know basis.
- Be non-judgemental, making sure the pupil knows they are being taken seriously.

- Be open, providing the pupil a chance to be honest about their true intentions.
- Supervise the pupil closely whilst referring the pupil to the DSL for support.
- Record details of their observations or discussions and share them with the DSL.

Once suicide concerns have been referred to the DSL, local safeguarding procedures are followed, and the pupil's parents are contacted. Medical professionals, such as the pupil's GP, are notified as needed. The DSL and any other relevant staff members, alongside the pupil and their parents, work together to create a safety plan outlining how the pupil is kept safe and the support available.

Safety plans:

- Are always created in accordance with advice from external services and the pupil themselves.
- Are reviewed regularly by the DSL.
- Can include reduced timetables or dedicated sessions with counsellors.

#### **14.5 Working with other schools**

The school liaises with local schools to share resources and expertise regarding SEMH.

The school seeks to take a lead both locally and nationally with its SEMH provision.

#### **14.6 Working with parents**

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

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

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

## **15. Administering medication**

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

The governing board will ensure that medication is included in a pupil's IHP where recommended by health professionals.

Staff know what medication pupils are taking, and how it should be stored and administered.



## 16. Behaviour and exclusions

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

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

To assess underlying issues, the school uses assessment tools.

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. Permanent exclusion will only be used as a last resort.

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

## 17. Safeguarding

All staff are aware that SEMH issues can, in some cases, be an indicator that a pupil has suffered or is at risk of suffering abuse, neglect or exploitation.

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

## 18. Monitoring and review

The policy is reviewed on an annual basis by the Head of School in conjunction with the governing board – any changes made to this policy are communicated to all members of staff.

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

All members of staff are required to familiarise themselves with this policy as part of their induction programme. The next scheduled review date for this policy is: **September 2025**

If you have a question or suggestion about improving this policy, this should be addressed to Counsellor at the email [LondonSchool@centreacademy.co.uk](mailto:LondonSchool@centreacademy.co.uk)

This policy will always be immediately updated to reflect personnel changes.