



SOCIAL, EMOTIONAL AND MENTAL HEALTH (SEMH) POLICY



September 2023

STATEMENT OF INTENT

This policy outlines the framework for Twycross House School to meet its duty in providing and ensuring a high quality of education to all of its students, including students with social, emotional and mental health (SEMH) difficulties, and to do everything it can to meet the needs of students with SEMH difficulties.

Policy to be overseen by the:

*Mr Knight (Lead **DSL** & SLT), Mrs Avaraki (Well-being Officer and DSL – **Wb.O**) and Mrs Holmes (**SENCO**)*

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

- Promote a positive outlook regarding students with SEMH difficulties.
- Eliminate prejudice towards students with SEMH difficulties.
- Promote equal opportunities for students with SEMH difficulties.
- Ensure all students with SEMH difficulties are identified and appropriately supported – minimising the risk of SEMH difficulties escalating into physical harm.
- Establish a clear link between SEND and Safeguarding to best support our SEMH students.

Multi- agency response (when required)

- Safeguarding always comes first and disclosures will always be guided by Designated Safeguarding Leads. Referrals to be made with
- The involvement of students and their parents in decision-making
- The early identification of students' needs
- Collaboration between education, health and social care services to provide support when required
- Greater choice and control for students and their parents over their support

This policy works alongside, but is not limited to: Child Protection and Safeguarding Policy, SEND Policy and Code of Conduct.

Also following all relevant legislation and statutory guidance including:

KCSIE (2023), Mental health and behaviour in schools (2018), Children and Families Act 2014, Health and Social Care Act 2012, Equality Act 2010, Education Act 2002, Mental Capacity Act 2005, Children Act 1989

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 student'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 student'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 student'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 student 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 student experiencing a daily depressed mood for at least two years.

Hyperkinetic disorders: Hyperkinetic disorders refer to a student who is excessively easily distracted, impulsive or inattentive. If a student 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. Students 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. drug 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.

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, the leadership can improve the mental health and wellbeing of the school community and instil resilience in students. A preventative approach includes teaching students about mental wellbeing through the curriculum and reinforcing these messages in our activities and ethos.
- Identifying mental health and wellbeing difficulties: By equipping staff with the knowledge required, early and accurate identification of emerging problems is enabled.
- Providing early support for students experiencing mental health and wellbeing difficulties: The DSL, Wb.O and SENCO will provide a structured programme of support for any child identified with a SEMH need.
- Accessing specialist support to assist students 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. Internal support will be led by the DSL, Wb.O and SENCO.
- Identifying and supporting students with SEND: As part of this duty, the school's leadership considers how to use some of the SEND resources to provide support for students with mental health difficulties that amount to SEND. Termly meetings will take place between the DSL, Wb.O and SENCO to help continually monitor students of concern.
- Identifying where wellbeing concerns represent safeguarding concerns: Where mental health and wellbeing concerns could be an indicator of abuse, neglect or exploitation, the school will ensure that appropriate safeguarding referrals are made in line with the Safeguarding Policy.

Role of the DSL, Wb.O and SENCO:

- 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 students and parents with regards to students' mental health and awareness.
- To outline and strategically develop SEMH policies and provisions for the school.
- Be key points of contact with external agencies, especially the mental health support services from Local Authorities.
- Provide professional guidance to colleagues about mental health and working closely with staff members, parents and other agencies.
- When appropriate, referring students with SEMH difficulties to external services, e.g. specialist children and young people's mental health services, to receive additional support.
- Overseeing the outcomes of interventions on students' education and wellbeing.
- Liaising with parents of students 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 students and their parents are informed about options and a smooth transition is planned.
- Leading mental health CPD.
- The strategic development of SEMH policies and provisions in the school.
- Supporting the subject teachers in the further assessment of a student's particular strengths and areas for improvement, and advising on the effective implementation of support.
- To work in collaboration with mental health support workers who are trained professionals who act as a bridge between schools and mental health agencies.

School staff are responsible for:

- Being aware of the signs of SEMH difficulties.
- Planning lessons to address potential areas of difficulty to ensure that there are no barriers to every student achieving their full potential, and that every student with SEMH difficulties will be able to study a broad and balanced curriculum.
- Being aware of the needs, outcomes sought and support provided to any students with SEMH difficulties.
- Keeping the relevant figures of authority up-to-date with any changes in behaviour, academic developments and causes of concern.

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 students 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
 - RSE
 - Wellbeing appointments
 - Positive classroom management
 - Developing students' social skills
 - Working with parents
 - Peer support

The school's Behaviour Policy and Child Protection 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 students feel comfortable enough to discuss mental health concerns.

Students 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.

STAFF TRAINING

The DSL, Wb.O and SENCO will ensure that all teachers have a clear understanding of the needs of all students, including those with SEMH needs in annual training sessions and updates via email when appropriate.

The SLT promotes 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.

Staff receive training to ensure they:

- Can recognise common suicide risk factors and warning signs.
- Understand what to do if they have concerns about a student demonstrating suicidal behaviour.
- Know what support is available for students and how to refer students to such support where needed.

IDENTIFYING SIGNS OF SEMH DIFFICULTIES

The school is committed to identifying students 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 student is experiencing mental health difficulties, the following graduated response is employed:

- Pastoral support is put into place alongside support from Wb.O and if appropriate DSL and SENCO.
- A plan is set out to determine how the student 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

Staff members understand that persistent mental health difficulties can lead to a student developing SEND, it could result in a student requiring an EHC plan. If this occurs, the DSL or Headteacher ensures that correct provisions are implemented to provide the best learning conditions for the student, such as providing school counselling. Both the student and their parents are involved in any decision-making concerning what support the student needs.

Where appropriate, the DSL or Headteacher 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 students who are diagnosed with SEMH difficulties, especially when these may impact the student's behaviour and attainment at school.

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

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

Staff members are aware of factors that put students 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 student'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, students distancing themselves from other students or changes in attitude.

Poor behaviour is managed in line with the school's Behaviour policy.

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

An effective pastoral system is in place so that disruptive or unusual behaviour can be easily identified and investigated and addressed, if needed.

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

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

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

VULNERABLE GROUPS

Some students 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 students in vulnerable groups and remain vigilant to early signs of difficulties.

Vulnerable groups include the following:

- Students who have experienced abuse, neglect, exploitation or other adverse contextual circumstances
- Children in need
- LAC
- Previously LAC (PLAC)

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

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

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

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

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

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

Where a student is being supported by the school works with their allocated social worker to better understand the student's wider needs and contextual circumstances. This collaborative working informs assessment of needs and enables prompt responses to safeguarding concerns.

ADVERSE CHILDHOOD EXPERIENCES (ACES) AND OTHER EVENTS THAT IMPACT STUDENTS' SEMH

The balance between risk and protective factors is disrupted when traumatic events happen in students' 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 student, 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.

The school supports students 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.

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 students 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 student's SEND.

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

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 student has SEND).

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

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

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.

Common risk factors for SEMH difficulties (as outlined by the DfE):

Risk Factors:

In the student:

Genetic influences.	Communication difficulties	Academic failure
Low IQ and learning disabilities	Difficult temperament	Low self-esteem
Specific development delay or neuro-diversity	Physical illness	Capacity to reflect

In the student's family

Overt parental conflict including domestic violence	Hostile and rejecting relationships	Parental psychiatric illness
Family breakdown (including where children are taken into care or adopted)	Failure to adapt to a child's changing needs	Parental criminality, alcoholism or personality disorder
Inconsistent or unclear discipline	Physical, sexual, emotional abuse, or neglect	Death and loss – including loss of friendship

In the school

Bullying including online (cyber bullying)	Deviant peer influences	Peer-on-peer abuse
Discrimination	Peer pressure	Poor
Breakdown in or lack of positive friendships		student-to-teacher/school staff relationships

Common warning signs for suicidal behaviour:

Increased use of alcohol or drugs	Anxiety	Being a burden to others
Depression	Having no reason to live	Isolating themselves from family and friends
Feeling hopeless	Withdrawing from activities	Irritability
Looking for ways to end their lives, such as searching suicide online	Loss of interest	Feeling trapped
	Humiliation and shame	Sleeping too much or too little
	Self Harm	

STRESS AND MENTAL HEALTH

The school recognises that short-term stress and worry is a normal part of life and that most students 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.

SEMH INTERVENTION AND SUPPORT

The curriculum for PSHE focusses on promoting students' resilience, confidence and ability to learn.

Positive classroom management and promoting positive behaviour, social development and high self-esteem.

School-based counselling is offered to students who require it.

Relevant external services are utilised where appropriate, e.g. MindEd, Rethink or ThinkTwice.

A child educational psychologist is made available where a student requires such services.

The school develops and maintains students' social skills.

Where appropriate, parents have a direct involvement in any intervention regarding their child.

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

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.
- Parents are directly involved in the intervention, where possible.
- 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, students 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 students with more complex problems, additional in-school support includes:

- Supporting the student's teacher to help them manage the student's behaviour.
- One-to-one therapeutic work with the student delivered by Wb.O.
- Seeking professional mental health recommendations regarding medication.
- Family support and/or therapy where recommended by mental health professionals.

SUICIDE CONCERN INTERVENTION AND SUPPORT

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

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

Once suicide concerns have been referred to the DSL, local safeguarding procedures are followed and the student's parents are contacted.

Medical professionals, such as the student's GP, are notified as needed.

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

Safety Plans

- Are always created in accordance with advice from external services and the student themselves.
- Are reviewed regularly by the assigned DSL.

WORKING WITH PARENTS

The school works with parents wherever possible to ensure that a collaborative approach is utilised.

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

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

BEHAVIOUR AND EXCLUSIONS

Where there are concerns over behaviour, the school takes into consideration whether behaviour is a result of underlying factors such as undiagnosed learning difficulties, speech and language difficulties, child protection concerns or mental health problems.

MONITORING AND REVIEW

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 and annual training.