



## Durham Cathedral Schools Foundation

### SOCIAL, EMOTIONAL AND MENTAL HEALTH POLICY

#### 1. Policy Aims

- 1.1. This policy outlines the framework for Durham Cathedral Schools Foundation 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; and
  - Ensure all pupils with SEMH difficulties are identified and appropriately supported – minimizing the risk of SEMH difficulties escalating into physical harm.
- 1.3. We will work with the Local Authority with regards to the following:
  - The involvement of pupils and their parents in decision-making;
  - The early identification of pupils' needs;
  - Collaboration between education, health and social care services to provide support when required; and
  - Greater choice and control for pupils and their parents over their support.
- 1.4. The Foundation commits in this policy to observing the principles of the Equality Act 2010 and does not discriminate on any grounds

#### 2. Common SEMH difficulties

- 2.1. **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.
- 2.2. **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.
- 2.3. **Hyperkinetic disorders:** Hyperkinetic disorders refer to a pupil who is excessively easily distracted, impulsive or inattentive. This includes:
- 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.
- 2.4. **Attachment disorders:** Attachment disorders refer to the excessive distress experienced when a child is separated from a special person in their life, like a parent. Pupils suffering from attachment disorders can struggle to make secure attachments with peers.
- 2.5. **Eating disorders:** Eating disorders are serious mental illnesses which affect an individual's relationship with food.
- 2.6. **Substance misuse:** Substance misuse is the use of harmful substances, e.g., drugs and alcohol.
- 2.7. **Deliberate self-harm:** Deliberate self-harm is when a person intentionally inflicts physical pain upon themselves.
- 2.8. **Post-traumatic stress:** Post-traumatic stress is recurring trauma due to experiencing or witnessing something deeply shocking or disturbing. If symptoms persist, a person can develop post-traumatic stress disorder (PTSD).

### 3. Creating a supportive whole-Foundation culture

- 3.1. The Foundation utilises various strategies to support pupils who are experiencing high levels of psychological stress, or who are at risk of developing SEMH problems, including:
- Teaching about mental health and wellbeing through curriculum subjects such as LWE. This includes teaching pupils 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; and
- Get involved in school life and related decision-making.
- The Foundation's 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.
- The Foundation 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.
- SEMH is spoken about publicly, for example by marking Mental Health Awareness Week, Children's Mental Health Week, and in a variety of assemblies, Chapel services and Tutor activities.
- The Senior Mental Health Lead (SMHL) is a source of advice and support for staff, including the provision of relevant staff training, and works with pupils across the Foundation.
- All staff have a basic knowledge of SEMH difficulties, with some staff having undertaken additional training, e.g., Mental Health First Aid. All staff are available to speak to pupils about SEMH issues and know how to refer them to the pastoral team and the SMHL. (See point 4 below.)
- The Director of Wellbeing coordinates a number of proactive initiatives to support staff and pupil mental health and wellbeing. This includes the selection and training of pupil Wellbeing Ambassadors.
- The Medical Centre is staffed by RGNs who have a good knowledge of children's SEMH difficulties and how to signpost pupils to additional support.
- At Durham School, some senior pupils receive additional training on being peer mentors, acting to overcome the stigma attached to SEMH difficulties, safeguarding etc.
- Staff members promote resilience to help encourage positive SEMH.
- The Foundation ensures that parents are aware of the school-based mental health support services available.

#### **4. Staff training**

- 4.1. Training is made available through new staff induction, whole staff INSET, twilight CPD and more informally as the need arises to ensure that all staff can:
- recognise common risk factors and symptoms of SEMH problems;
  - understand what represents a concern;
  - know what to do if they believe they have spotted a developing problem;
  - understand what to do if they have concerns about a pupil demonstrating suicidal behaviour; and
  - know what support is available for pupils and how to refer pupils to such support where needed.

- 4.2. Information and data is made available as appropriate to ensure that teachers are aware of the needs of all pupils, including those with SEMH needs.
- 4.3. Clear processes are in place to help staff who identify SEMH problems in pupils escalate issues through clear referral and accountability systems.
- 4.4. The Foundation 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.

## **5. Identifying signs of SEMH difficulties**

- 5.1. In line with its commitment to identifying pupils with SEMH difficulties at the earliest stage possible, within the Foundation:
  - Staff members take any concerns expressed by parents, other pupils, colleagues and the pupil in question seriously;
  - Staff members are aware of factors that put pupils at risk of SEMH difficulties, such as low self-esteem, physical illnesses, academic difficulties, family problems including familial loss or separation, significant changes in a pupil's life or traumatic events;
  - Staff members are aware that risks are cumulative and that exposure to multiple risk factors can increase the risk of 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 their peers or changes in attitude;
  - 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 Curriculum Leads, Heads of Section and pastoral staff, 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, Form Tutor or Housemaster/mistress 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 Looked After Children (CLA), pupils with SEND and pupils from disadvantaged backgrounds (see point 7 below);
  - 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
- Self-harm
- Lack of empathy
- Lack of personal boundaries
- Poor awareness of personal space

## **6. Risk factors and protective factors**

- 6.1. There are a number of risk factors 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.
- 6.2. 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>• Learning disabilities</li> <li>• Learning difficulties</li> <li>• Specific development delay or neuro-diversity</li> <li>• Communication difficulties</li> <li>• Difficult temperament</li> <li>• Long term medical conditions</li> <li>• Academic failure</li> <li>• Low self-esteem</li> <li>• Gender identity issues / gender dysphoria</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>• Child-on-child 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 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> </ul>

		<ul style="list-style-type: none"> <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>• 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><b>In the community</b></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 and extra-curricular activities</li> </ul>

## 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 (CIN);
  - CLA and previously CLA; and
  - Socio-economically disadvantaged pupils, including those in receipt of, or previously in receipt of, free school meals and the pupil premium.
- 7.4. CIN, CLA and previously CLA are more likely to experience mental health difficulties than their peers. They are also more likely to struggle with executive functioning skills, forming trusting relationships, social skills, managing strong feelings, sensory processing difficulties and coping with change.

- 7.5. CIN 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.
- 7.6. Foundation staff are aware of how these pupils' experiences can impact their behaviour and education, and this is reflected in the design and application of the Foundation's Behaviour Policy, including through individualised graduated responses.
- 7.7. When the school has concerns about a looked-after child's behaviour, the designated teacher is informed at the earliest opportunity so they can help to determine the best way to support the pupil.
- 7.8. 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 Virtual School Head (VSH) to determine the best way to support the pupil.
- 7.9. In line with multi-agency working, where a pupil is being supported by LA children's social care services (CSCS), the Foundation 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.

## **8. Adverse childhood experiences (ACEs) and other events that impact pupils' SEMH**

- 8.1. The balance between risk and protective factors (see point 6 above) 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.
- 8.2. 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.
- 8.3. The Foundation 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.
- 8.4. Support may come from the school's existing support systems or via specialist staff and support services.

## **9. SEND and SEMH**

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



- 9.2. 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. However, the Foundation also recognises that not all pupils with mental health difficulties have SEND and vice versa.
- 9.3. 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.
- 9.4. The Deputy Head (Pastoral), Deputy Head, SMHL and Head of Learning Support (as appropriate) consider 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 family problems that may be having an adverse effect on the pupil.
- 9.5. The graduated response is used to determine the correct level of support to offer (this is used as good practice throughout the Foundation, regardless of whether or not a pupil has SEND).
- 9.6. All staff understand their responsibilities to pupils with SEND, including pupils with persistent mental health difficulties.
- 9.7. The Head of Learning Support ensures that staff understand how the Foundation identifies and meets pupils' needs, provides advice and support as needed, and liaises with external SEND professionals as necessary.

## **10. SEMH intervention and support**

- 10.1. When the Foundation suspects that a pupil is experiencing SEMH difficulties, the following graduated response is employed:
  - An assessment is undertaken 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; and
  - Regular reviews are undertaken to assess the effectiveness of the provision, and changes are made as necessary.
- 10.2. Action could include, but is not limited to, further mentoring and interventions from:
  - Form Tutor and/or House team;
  - Nursing team (see 10.3 below);
  - Head of Learning Support;
  - Deputy Head (Pastoral), Deputy Head or SMHL;
  - School-based talking therapy;
  - School-based art therapy; and/or
  - Referral to external services such as CAMHS, GP and/or charitable/voluntary organisations.
- 10.3. The school nurses:
  - Build trusting relationships with pupils;
  - Support the interaction between health professionals and the Foundation;
  - Know what medication pupils are taking, and how it should be stored and administered; and
  - Create, manage and review Individual Healthcare Plans, if appropriate.

- 10.4. School-based talking therapy provides a safe and confidential (subject to safeguarding considerations) space for pupils to talk to a trained professional about their issues and concerns. The SMHL will help the pupil to explore their thoughts, feelings, and behaviours so that they can develop a better understanding of themselves and others. School-based intervention is person-centred and non-directive.
- 10.5. There is no expectation as to how often the SMHL will support a pupil; this is pupil-led.
- 10.6. As a Foundation, we will always endeavour to inform and gain consent from parents for their child to access school-based support. This is so as to ensure that a collaborative approach is utilised which combines in-school support with at-home support. There may be times where the pupil requests to access support without parental consent. We may respect this request, specifically in relation to matters of a safeguarding nature and/or where pupils are deemed to be Gillick competent.
- 10.7. School-based support has been found to be of most benefit to pupils who are willing to engage, learn about themselves, and find different ways of relating and coping. Pupils who find it difficult to be open and feel uncomfortable talking to others may find talking/drawing therapy is not suitable for their needs. Where pupils are struggling to engage, the SMHL will discuss alternative means of accessing support with the parent and/or pupil, i.e., refer to the pupil's GP.
- 10.8. When in-school intervention is not appropriate, referrals for external support will take place. The Foundation will continue to support the pupil and his/her parents as much as possible throughout the process.
- 10.9. Complex cases of SEMH difficulties are referred to CAMHS or other appropriate organisations. Professional mental health recommendations will always be sought regarding medication.
- 10.10. Staff members understand that persistent SEMH difficulties can lead to a pupil developing difficulties with learning. If this occurs, the Pastoral Lead, SMHL, and Head of Learning Support (as appropriate) ensure that correct provisions are implemented to provide the best learning conditions for the pupil, such as providing in-school talking therapy. Both the pupil and their parents are involved in any decision-making concerning what support the pupil needs.

## **11. SEMH and behaviour management**

- 11.1. Where there are concerns over behaviour, the Foundation carries out an assessment to determine whether a pupil's behaviour is a result of underlying factors such as undiagnosed learning difficulties, speech and language difficulties, child protection concerns or mental health problems.
- 11.2. Where underlying factors are likely to have contributed to a pupil's behaviour, the Foundation 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.
- 11.3. In all cases, the Foundation balances the interests of the individual pupil against the mental and physical health of the whole Foundation community.

## 12. Suicide concern intervention and support

12.1. 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	Delusional or irrational beliefs
	Fatigue	
	Self-harm	

12.2. 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 Designated Safeguarding Lead (DSL) or one of her deputies for support.
- Record details of their observations or discussions and share them with the DSL.

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

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

12.5. 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.

- 12.6. Safety plans are:
- always created in accordance with advice from external services and the pupil themselves; and
  - reviewed regularly by the DSL.

### **13. Safeguarding**

- 13.1. All staff are aware that SEMH issues can, in some cases, be an indicator that a pupil has suffered or is at risk of suffering abuse, neglect or exploitation.
- 13.2. If a staff member has a SEMH concern about a pupil that is also a safeguarding concern, they must take action in line with the Safeguarding Policy.

### **14. Responsibilities**

- 14.1. The Principal is responsible for:
- Designating an appropriate member of staff to be the SMHL and coordinating provisions for pupils with SEMH difficulties.
  - Ensuring that the SMHL, DSL and Head of Learning Support have 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 Foundation's performance/departmental management arrangements.
  - Ensuring that procedures and policies for the day-to-day running of the Foundation do not directly or indirectly discriminate against pupils with SEMH difficulties.
  - Taking all necessary steps to ensure that pupils with SEMH difficulties are not discriminated against, harassed or victimised.
  - Establishing and maintaining a culture of high expectations and including pupils with SEMH difficulties in all opportunities that are available to other pupils.
- 14.2. The SMHL with the Deputy Head (Pastoral)/Deputy Head is responsible for:
- Overseeing the whole-Foundation 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 Foundation engages pupils and parents with regards to pupils' mental health and awareness.
  - Collaborating with the Principal, governing body, SLT and Head of Learning Support to outline and strategically develop SEMH policies and provisions for the Foundation.
  - Undertaking day-to-day responsibilities for the successful operation of the SEMH Policy.
  - Equipping staff with the knowledge required to enable early and accurate identification of SEMH problems.
  - 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.

- Ensuring there are clear systems and processes in place for identifying possible SEMH problems, including routes to escalate and clear referral and accountability systems.
  - Assessing and organising provision for pupils with SEMH difficulties.
  - Being a key point of contact for external agencies, especially the mental health support services, the LA, LA support services and mental health support teams.
  - Referring pupils with SEMH difficulties to external services, e.g., CAMHS, to receive additional support where required.
  - Overseeing the outcomes of school-based talking and art therapy interventions on pupils' education and wellbeing.
  - 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 who are being supported by them.
  - 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.
  - Identifying where wellbeing concerns represent safeguarding concerns: Where mental health and wellbeing concerns could be an indicator of abuse, neglect or exploitation, the DSL and SMHL will ensure that appropriate safeguarding referrals are made in line with the Safeguarding Policy.
- 14.3. The Foundation's pastoral teams are responsible for:
- Clearly communicating their vision for good mental health and wellbeing to the whole Foundation community.
  - Preventing mental health and wellbeing difficulties: by creating a safe and calm environment, where mental health problems are less likely to occur, and instilling resilience in pupils. A preventative approach includes teaching pupils about mental wellbeing through the curriculum and reinforcing these messages in our activities and ethos.
  - Providing early support for pupils experiencing mental health and wellbeing difficulties.
  - Ensuring that those teaching or working with pupils with SEMH difficulties are aware of their needs and have arrangements in place to meet them.
- 14.4. The Heads of Learning Support are responsible for:
- Endeavouring to secure the special educational provision called for by a pupil's SEMH difficulties.
  - 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.
  - Identifying and supporting pupils with SEND: As part of this duty, the Foundation considers how to use some of the SEND resources to provide support for pupils with mental health difficulties that amount to SEND.
- 14.5. 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 the SMHL and pastoral staff, parents, the Head of Learning Support and 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 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.
- Reporting any changes in behaviour, academic developments and causes of concern to the relevant member of staff.

## **15. Cross reference to other policies and documents**

15.1. 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
- DfE (2022) 'Keeping children safe in education'
- DfE (2018) 'Mental health and behaviour in schools'
- DfE (2016) 'Counselling in schools: a blueprint for the future'
- DfE (2015) 'Special educational needs and disabilities code of practice: 0 to 25'

15.2. This Policy is linked to the following policies and documents:

- Safeguarding Policy
- Special Educational Needs and Disability Policy
- Behaviour Policy
- First Aid and Healthcare Policy
- Staff and Volunteer Code of Conduct
- Equality, Diversity and Inclusion Policy
- Attendance Policy

## **16. Oversight**

Oversight of this Policy is undertaken by the Health, Safety and Welfare Committee, and the Policy will be reviewed annually.

**Policy written by:**

Patricia Abbott, Senior Mental Health Lead, 1 November 2023