Learning for Life

SEMH Policy

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Statement of intent

a. Statement of intent

This policy outlines the framework for Calveley Acadmey School 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.

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

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

1. Legal framework

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

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

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

- **[New]** DfE (2020) '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'

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

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

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. 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.

2.3. **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.

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. 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.

2.5. **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.

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 a person intentionally inflicting 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.

3. Roles and responsibilities

3.1. 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

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:** By equipping staff with the knowledge required, early and accurate identification of emerging problems is supported by using the Oxfordshire Identification document
- **Providing early support for pupils experiencing mental health and wellbeing difficulties:** By raising awareness and employing efficient referral processes, the school's leadership can help pupils access evidence-based early support and interventions. (See the Pathway)
- **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 SEMH:** As part of this duty, the school's leadership considers how to use some of the SEMH teacher 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.

3.2.   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.
- 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.

3.3.   The Mental Health Lead is responsible for:

- Overseeing the whole-school approach to mental health, including planning 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, through themed weeks/days.
- Collaborating with the SEND Team, headteacher, SLT and governing board, to develop SEMH provisions for the school.
- Being part of the school Safeguarding Team and work with the SEND team and external Mental health teams to provide a high standard of care to pupils who have SEMH difficulties.
- Purchasing of resources in order to effectively meet the needs of pupils with SEMH difficulties.
- Providing guidance to colleagues about mental health and working closely with staff members, parents and other agencies.
- In collaboration with the Safeguarding and SEND team, refer pupils with SEMH difficulties to external services, e.g. specialist children and young people's mental health services (CYPMHS), to receive additional support where required.

- Oversee and monitor the impact of interventions on pupils' education and wellbeing.
- Leading mental health CPD.
- Working closely with the Mental Health First Aider to provide support for identified pupils.

3.4. The SEND/Safeguarding Teams are responsible for:

- Collaborating with the governing board, headteacher and the Mental Health Lead 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.
- 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
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3.5. Teaching staff are responsible for:

- Being aware of the signs of SEMH difficulties and assessing the children each half term using the Leuvan Scales and inputting data onto Sims. Informing the Safeguarding Team/SEND Team of children moving to level 2 or 1.
- See Pathway Below

A child gaining level 4 or 5 on the scale.	No support required. Teacher to continue to assess half termly and inputting data onto SIMS.
A child gaining a 3 score on the scale.	Support given in class for the child by teacher/TA using resources in the SEMH Teacher toolkit on the staff network. Teacher to continue to assess half termly and inputting data onto TT.
A child gaining a 2 score on the scale.	The teacher must log this on CPOMS explaining why this judgement has been made and highlighting that this is a move down the scale. The teacher must explain what actions/activities have already been carried out in class and any information they already have regarding why there may be a change in behaviours observed. The teachers must carry out an assessment of the child using the Oxfordshire Identification document SEMH section and send this to the Safeguarding/SEND Team via CPOMS. Then the teacher must carry out activities with the child from this document. This will be discussed at Safeguarding Team meetings every two weeks. Support will be provided out of class by the Mental Health First Aider as required which may be timetabled- breaks/lunch etc. Mental Health First Aider will set up a Mental Health First Aid box for the child and a plan (on Edukey) will be put in place to support the child including

		identifying appropriate resources, strategies and actions.

Parents will be informed and encouraged to support school with activities and actions identified.

The teacher will continue to assess the child each half term including reviewing their plan.

A child can be moved to a 2 at any time once their behaviours have been monitored for a sufficient amount of time. |
| | A child gaining a 1 score on the scale. | The teacher must log this on CPOMS explaining why this judgement has been made and highlight that this is a move down the scale. The teacher must explain what actions/activities have already been carried out in class and any information they already have regarding why there may be a change in behaviours observed.

The teacher must carry out an assessment of the child using the Oxfordshire Identification document SEMH section and send this to the Safeguarding/SEND Team via CPOMS. Then the teacher must carry out activities with the child from this document. This will be discussed at Safeguarding Team meetings every two weeks.

Support will be provided out of class by the Mental Health First Aider through a structured timetabled or as required on a day to day basis.

Mental Health First Aider will set up a Mental Health First Aid box for the child and a plan will be put in place (on Edukey) to support the child including identifying appropriate resources, strategies and actions.

Draw and Talk sessions with the Mental Health First Aider may be considered as an activity to support the child and Mental Health First Aider in identifying the difficulty the child has before other actions can be put in place.

A referral will be put in place if the appropriate support can be identified eg play therapy.

Parents will be informed and encouraged to support school with activities and actions identified.

The teacher will continue to assess the child each half term including reviewing their plan. |

	A child can be moved to a 1 at any time once their behaviours have been monitored for a sufficient amount of time.
In exceptional circumstances the Headteacher/Safeguarding Team may over ride the WB scale for a child.	

Teachers will also;
- set high expectations for every pupil and aiming to teach them the full curriculum, whatever their prior attainment.
- plan 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.
- be responsible and accountable for the progress and development of the pupils in their class.
- be aware of the needs, outcomes sought and support provided to any pupils with SEMH difficulties.
- Each will have a class worry Monster (EYFS/KS1), Worry Box (KS2). This will be used by children to express their worries and regularly monitored (weekly) by the class teacher.

3.6. 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.

4. Creating a supportive whole-school culture

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

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

- Teaching about mental health and wellbeing through curriculum subjects such as:
    - PSHE
    - RSE
- Counselling
- Positive classroom management
- Developing pupils' social skills
- Working with parents
- Peer support

4.3. The school'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.

4.4. 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.

4.5. 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.

5. Staff training

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

5.2. 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.

5.3. When the school has concerns about a looked-after child's behaviour, the designated teacher and virtual school head (VSH) are informed at the earliest opportunity so they can help to determine the best way to support the pupil.

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

6. Stress and mental health

6.1. The school recognises that short-term stress and worry is a normal part of life and that most pupils will face mild or transitory changes that induce short-term mental health effects. Staff are taught to differentiate between 'normal' stress and more persistent mental health problems.

7. SEMH intervention and support

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

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

7.3. The school develops and maintains pupils' social skills, for example, through Talk- about sessions.

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

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

7.6. Mentoring is used to encourage and support pupils suffering with SEMH difficulties.

7.7. Mentors act as confidants, with the aim of easing the worries of their mentees.

7.8. Mentees are expected to meet with their mentor at least once a week.

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8. Working with other schools

8.1. The school works with local schools to share resources and expertise regarding SEMH.eh SEMH teacher.

9. Commissioning local services

9.1. The school commissions appropriately trained, supported, supervised and insured external providers who work within agreed policy frameworks and standards and are accountable to a professional body with a clear complaints procedure.

10. Working with parents

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

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

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

11. Safeguarding

11.1. 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.

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

12. Monitoring and review

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

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

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

12.4. The next scheduled review date for this policy is date.