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Urchfont C E Primary School

Social, Emotional and Mental Health (SEMH) Policy

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| Date policy last reviewed: |  |

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| Signed by: |
|  | Headteacher | Date: |  |
|  | Chair of governors | Date: |  |

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## **Statement of intent**

This policy outlines the framework for Urchfont C E Primary 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 and promote equal opportunities for pupils with SEMH difficulties.
* Ensure all pupils with SEMH difficulties are identified and we aim to appropriately support.

We will work with the LA with regards to the following:

* The involvement of pupils and their parents in decision-making
* The early identification of pupils’ needs
* Collaboration between education, health and social care services to provide support when required

# 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 2021’
* 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
* Rewards and Sanctions Policy
* Supporting Pupils with Medical Conditions Policy
* Staff Behaviour Policy
* Administering Medication Policy
* Exclusion Policy

From September 2020, the Health Education elements of PSHE education was made compulsory in all schools. The statutory guidance for Health Education covers physical health, mental health and emotional wellbeing. It recognises that physical health and mental health are interlinked, that good physical health contributes to good mental health, and vice versa. Irrespective of statutory requirements, teaching about mental health and emotional wellbeing as part of a comprehensive PSHE education curriculum is vital. It promotes pupils’ wellbeing through an understanding of their own and others’ emotions and the development of healthy coping strategies. It also contributes to safeguarding, providing pupils with knowledge, understanding and strategies to keep themselves healthy and safe, as well as equipping them to support others who are facing challenges. Finally, talking openly about mental health issues is an effective means of breaking down any associated stigma.

Where pupil’s mental health needs overlap with medical issues and SEND the relevant policies should be read in conjunction with this one. It should also sit alongside child protection procedures.

# Roles and responsibilities

The school’s leadership as a whole is responsible for:

* Using a preventative approach to create a safe and calm environment in order to improve the mental health and wellbeing of the school community and instil resilience in pupils. A preventative approach includes teaching pupils about mental wellbeing through the curriculum and reinforcing these messages in our activities and ethos.
* Ensuring that only appropriately trained professionals should attempt to make a diagnosis of a mental health problem.
* Equipping staff with the knowledge required to identify pupils whose behaviour suggests they may be experiencing a mental health problem or be at risk of developing one.
* Working effectively with external agencies to ensure the school can provide access or referrals to specialist support and treatment.
* Identifying and supporting pupils with SEND, and considering how to use some of the SEND resources to provide support for pupils with mental health difficulties that amount to SEND.
* Identifying where wellbeing concerns represent safeguarding concerns, and ensuring that appropriate safeguarding referrals are made in line with the Child Protection Policy.

The governing board is responsible for:

* Ensuring provision is in place for all pupils with SEMH difficulties, whether or not they have an EHC plan.
* Endeavouring to secure the special educational provision called for by a pupil’s SEMH difficulties.
* Designating the SENCO ensuring they coordinate provisions for pupils with SEMH difficulties.
* Taking all necessary steps to ensure that pupils with SEMH difficulties are not discriminated against, harassed or victimised.
* Ensuring arrangements are in place to support pupils with SEMH difficulties.
* 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 headteacher is responsible for:

* Ensuring that those teaching or working with pupils with SEMH difficulties are aware of their needs and have arrangements in place to meet them.
* Ensuring that teachers monitor and review pupils’ academic and emotional progress during the course of the academic year.
* Ensuring that the SENCO has sufficient time and resources to carry out their functions, in a similar way to other important strategic roles within the school.
* 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.
* Ensuring staff members have a good understanding of the mental health support services that are available in their local area.

The mental health lead 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 SENCO, to outline and strategically develop SEMH policies and provisions.
* Coordinating with the SENCO and mental health support teams to provide a high standard of care to pupils who have SEMH difficulties.
* Being a key point of contact with external agencies.
* 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 and a smooth transition is planned.

The SENCO is responsible for:

* Collaborating with the governing board, 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.
* Supporting teachers in assessing a pupil’s particular strengths and areas for improvement, and advising on the effective implementation of support.

All staff are responsible for:

* Being aware of the signs of SEMH difficulties.
* Being aware that mental health problems can, in some cases, be an indicator that a pupil has suffered or is at risk of suffering abuse, neglect or exploitation.
* 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 and headteacher

Teaching staff are responsible for:

* Planning and reviewing support for their pupils with SEMH difficulties in collaboration with parents, the SENCO and, where appropriate, the pupils themselves.
* 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.

The DSL is responsible for:

* Acting as a source of support, advice and expertise for all staff.
* Liaising with staff on matters of safety, safeguarding and welfare.
* Liaising with the mental health lead and, where safeguarding concerns are linked to mental health.

# Creating a supportive whole-school culture

At Urchfont CE Primary School, we are dedicated to supporting the emotional and physical health and wellbeing of our pupils and staff. Our ethos is supportive and caring alongside our respectful approach in which every individual is accepted and valued.

It is imperative that at our school we all understand everyone experiences challenges within their life and these can make us vulnerable and at times, anyone may need additional emotional support both children and staff. Our vision is to promote positive mental health and ensuring everyone, unitedly, has a role to play in this.

Within our school we:

* support children to understand their emotions and feelings
* create a comfortable and safe environment where children feel comfortable sharing any concerns or worries
* help children socially to form and maintain relationships
* ensure all children know they are important and promote self-esteem
* encourage children to be confident and individual
* promote an environment where everyone is accepted and valued
* help children to develop emotional resilience and to manage setbacks through the use of emotional logic

We aim to 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 through the school council
* within class and Friday celebration assembly, celebrating academic and non-academic achievements
* providing opportunities to develop a sense of worth through taking responsibility for themselves and others – school responsibilities and roles
* providing opportunities to reflect
* access to appropriate support that meets their needs

We pursue our aims through:

* universal, whole school approaches
* support for pupils going through recent difficulties including bereavement through our pastoral care team
* specialised, targeted approaches and mentoring aimed at pupils with more complex or long term difficulties including attachment disorder
* Teaching about mental health and wellbeing through curriculum subjects such as:
	+ PSHE
	+ RSHE
* the school’s Rewards and Sanctions Policy
* availability of staff so 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.

# Staff training

School will ensure that all teachers have a clear understanding of the needs of all pupils, including those with SEMH needs and will promote CPD to ensure that staff can recognise common symptoms of mental health problems, understand what represents a concern, and know what to do if they believe they have spotted a developing problem.

# Identifying signs of SEMH difficulties

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

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 | Unable to make choices | Low self-worth |
| Low Mood | Isolating themselves | Refusing to accept praise  |
| Being withdrawn | Failure to engage  | Poor personal presentation  |
| Avoiding risks  | 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  | Absconding  |
| Disproportionate reactions to situations  | Difficulties with change/transitions | Eating issues |
| Lack of empathy | Lack of personal boundaries  | Poor awareness of personal space |

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

* A conversation between the class teacher /teaching assistant raising the concern and the SENCo or Headteacher or Mental Health Lead
* 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
* Regular reviews are undertaken to assess the effectiveness of the provision, and changes are made as necessary

A SEND/Child Protection Support RAG Sheet is available to be used when a pupil is suspected of having SEMH difficulties. – appendix 1

An SEND/ Child Protection Support RAG sheet can assist staff members in creating an overview of the pupil’s mental health and making a judgement about whether the pupil is likely to be suffering from any SEMH difficulties.

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

Staff members are aware of the following:

* Factors that put pupils at risk of SEMH difficulties, such as low self-esteem, physical illnesses, academic difficulties and family problems
* The fact that risks are cumulative and that exposure to multiple risk factors can increase the risk of SEMH difficulties

Staff members understand the following:

* Familial loss or separation, significant changes in a pupil’s life or traumatic events are likely to cause SEMH difficulties
* Where SEMH difficulties may lead to a pupil developing SEND, it could result in a pupil requiring an EHC plan.

The school will promote resilience to help encourage positive SEMH.

Poor behaviour is managed in line with the school’s Promoting Positive Behaviours 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 termly basis by the SLT so that patterns of attainment, attendance or behaviour are noticed and can be acted upon if necessary.

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

# 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
* LAC
* PLAC
* 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.

# 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.

# 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 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.

# 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 | * Genetic influences
* Low IQ and learning disabilities
* Specific development delay or neuro-diversity
* Communication difficulties
* Difficult temperament
* Physical illness
* Academic difficulties
* Low self-esteem
 | * Secure attachment experience
* Outgoing temperament
* Good communication skills and sociability
* Being a planner and having a belief in control
* Humour
* A positive attitude
* Experiences of success and achievement
* Faith or spirituality
* Capacity to reflect
 |
| In the pupil’s family | * Overt parental conflict including domestic violence
* Family breakdown (including where children are taken into care or adopted)
* Inconsistent or unclear discipline
* Hostile and rejecting relationships
* Failure to adapt to a child’s changing needs
* Physical, sexual, emotional abuse, or neglect
* Parental psychiatric illness
* Parental criminality, alcoholism or personality disorder
* Death and loss – including loss of friendship
 | * At least one good parent-child relationship (or one supportive adult)
* Affection
* Clear, consistent discipline
* Support for education
* Supportive long-term relationships or the absence of severe discord
 |
| In the school | * Bullying including online (cyber bullying)
* Discrimination
* Breakdown in or lack of positive friendships
* Deviant peer influences
* Peer pressure
* Child-on-child abuse
* Poor pupil-to-teacher/school staff relationships
 | * Clear policies on behaviour and bullying
* Staff Rewards and Sanctions Policy (also known as code of conduct)
* ‘Open door’ policy for children to raise problems
* A whole-school approach to promoting good mental health
* Good pupil-to-teacher/school staff relationships
* Positive classroom management
* A sense of belonging
* Positive peer influences
* Positive friendships
* Effective safeguarding and child protection policies.
* An effective early help process
* Understand their role in, and are part of, effective multi-agency working
* 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
 |
| In the community | * Socio-economic disadvantage
* Homelessness
* Disaster, accidents, war or other overwhelming events
* Discrimination
* Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation
* Other significant life events
 | * Wider supportive network
* Good housing
* High standard of living
* High morale school with positive policies for behaviour, attitudes and anti-bullying
* Opportunities for valued social roles
* Range of sport/leisure activities
 |

# Stress and mental health

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.

# Teaching about Mental Health

The skills, knowledge and understanding needed by our students to keep themselves mentally healthy and safe are included as part of our developmental PSHE curriculum. The specific content of lessons will be determined by the specific needs of the class but teachers will also use the Jigsaw resources to ensure that as a school, we teach mental health and emotional wellbeing issues in a safe and sensitive manner. We teach about emotions especially ensuring that children can identify how they are feeling and that there is open discussion about how you could manage real-life situations. This will encourage children to take ownership of their feelings, emotions and actions and encourage more independence as they progress through our school.

The curriculum for PSHE and RSHE 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.

The school develops and maintains pupils’ social skills, for example, through one-to-one social skills training.

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 CYPMHS.

# Targeted Support

The school will offer support through targeted approaches for individual pupils or groups of pupils which may include:

* Circle time approaches or discussion activities.
* Targeted use of emotional resources
* Managing feelings resources e.g. ‘worry boxes’ and ‘worry eaters’
* Regular mindfulness practise within the classroom including Mini-Me Yoga exercises
* Mental health ambassadors to promote positive mental health across the school and community
* ELSA support groups/interventions
* Therapeutic activities including art, relaxation and mindfulness techniques.
* Brain breaks/daily mile everyday
* Each class will have a way children can communicate with the teacher privately such as a picture where they can put their name if they want to talk.

While appropriate disclosures by pupils about mental health issues should be seen as a positive impact of this learning, it is important that if pupils make personal disclosures to school staff they do so in a suitable setting. Pupils shouldn’t talk about sensitive personal matters in the classroom. An ethos of openness is needed to break down the stigma that surrounds mental health issues, but this will be earthed within specific boundaries and governed by our safeguarding policy.

Mental health should not be taboo; it should be openly and honestly discussed within a safe, supportive environment. Class discussions should be positive and affirming, while allowing pupils the opportunity to share their concerns. The children may have existing beliefs, misunderstandings and inappropriate attitudes towards mental health and it is important that these can be explored without fear of being judged or ridiculed. Teachers will explain that it is okay to disagree with another person’s point of view, but it is never okay to judge, make fun of or put down others. Teachers and pupils will be aware that lesson time is not the appropriate setting to directly discuss their own personal experiences or the private lives of others. General situations can be used as examples, but names and identifying descriptions must be left out.

Before teaching about mental health issues and emotional wellbeing, clear ‘ground rules’ will be established in each class, and the concepts of confidentiality and anonymity covered at the start of the lesson. Ground rules are fundamental to creating and maintaining a safe teaching and learning environment. Establishing a safe learning environment for both pupils and staff is important for PSHE education lessons, especially those focusing on mental health and emotional wellbeing, as it:

* protects pupils from possible distress
* enables them to feel comfortable exploring values and attitudes
* enables them to express their own opinions and consider the views and opinions of others, without the fear of negative feedback.

Teachers will remind pupils to take care in their use of language and they should not use vocabulary that is inaccurate or offensive. There are many words surrounding mental health that have negative connotations or may be misunderstood by pupils. It is important to discuss these and especially how negative and hurtful they are.

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 the school’s ELSA.
* 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 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.

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.

# Working with other schools

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

# Working with parents

In order to support parents, we will:

* Highlight sources of information and support about mental health and emotional wellbeing on our school website.
* Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their child.
* Make our SEMH policy available on the school’s website
* Share ideas about how parents can support positive mental health in their children.
* Keep parents informed about the topics their children are learning about in PSHE

# Working with other agencies

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

* The school nurse
* Educational psychology services
* Paediatricians
* CAMHS (child and adolescent mental health service)
* Parent Support Worker
* AP settings to develop plans for reintegration back into the school where appropriate.

# 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 andtheAdministering Medication Policy.

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

# 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 may consider using the school’s SEND/Child Protection Support RAG Sheet.

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. If a pupil has SEND or is a looked-after child, 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.

# 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 Policy and speak to the DSL or deputy DSL.

# Monitoring and review

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.

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 June 2025.

Appendix 1

