Policy Title:	**SEMH Policy (Social, Emotional and Mental Health)**
Version:	1.5
Member of Staff Responsible:	Deputy Headteacher, Pastoral
Approval Level:	Headteacher
Status:	Non-Statutory
Date adopted by governing body:	Nov 2017
Cycle of Review:	Annual
Date for next review:	02.05.2026

Change Record

Version	Date	Description
1.1	Nov 2017	New policy
	Nov 2018	Reviewed, no changes
1.2	Nov 2019	General updates to section 1 & 2 and Roles and Responsibilities
1.3	Mar 2022	General updates
1.4	Sep 2023	Updates to SEMH Team names and role titles
1.5	Dec 2024	Update to SEMH Team role titles
1.5	May 2025	Reviewed, no changes

"Settle College promotes the safeguarding and welfare of children in its care; all policies support the "Child Protection Policy"

Social, Emotional and Mental Health (SEMH) Policy

Statement of intent

This policy outlines the framework for Settle College 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.

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.

We will work with the LA and outside agencies with regards to the following:

• 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 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 (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 other policies including, but not limited to, the following:

POLICY
- Attendance Policy - Students with SEMH often have issues with regard to attendance.
- Behaviour Principles and Policy - Students with SEMH may demonstrate challenging behaviour.
- Child Protection Policy - SEMH and some aspects of CP often have close correlations.
- NYCC LAC Policy - The emotional development and resilience of students can often be hindered significantly as a consequence of home life.
- Curriculum Policy Statement - Subjects through SEMH have a significant role in supporting the positive SEMH ethos of the school.
- Substance Misuse Policy - Students with SEMH may be involved in substance misuse.
- Exams Policy - To ensure the examinations do not increase the levels of anxiety and SEMH issues for our students.
- ICT Acceptable Usage Policy for Students - Social media can play a significant role in students SEMH.
- Curriculum Statement - Core delivery of the SEMH Education & PSHCE
- Sex and Relationship Education Policy - Young people can find this phase of their life challenging.
- Supporting Students with Medical Conditions - This is important in cases where a student's mental health overlaps with or in linked to a medical issue and the SEND policy where a student hasn't identified special educational need.
- Safeguarding Policy - Poor SEMH can potentially lead students into extremism and radicalisation

"Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." World Health Organisation

Aims:

We aim to promote positive mental health for every member of our student body and staff. In addition, and linked to the whole school aims of creating active, responsible citizens who are prepared for their future, we aim to support students to be able to manage change. We pursue these aims using both universal, whole school approaches and specialised targeted approaches aimed at vulnerable students.

Reporting SEMH concerns:

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to one of the SEMH Team in the first instance. If there is a fear that the student is in danger of immediate harm, then the normal child protection procedures must be followed with an immediate referral to the Designated Safeguarding Lead (DSL) or deputies if the DSL is unavailable. If the student presents a medical emergency then the normal procedures for medical emergencies must be followed, including alerting student support, first aid staff and contacting the emergency services if necessary.

Using a range of data and information, the school will identify and record students about who we have SEMH concerns. CPOMS (safeguarding and child protections software) will be used to record incidents, behaviours and emotions, which can be interpreted as expressions of SEMH e.g. self-harm, anxiety, suicidal thoughts, being withdrawn, challenging behaviour etc. CPOMS This data and information will allow Student Services / safeguarding teams working in conjunction with the SENCO to flag students who have significant SEMH concerns. Risk Assessments for some students who require them will be shared with staff via the BAU and U drive.

Where a referral is required, including Healthy Child Team, Trailblazers, Compass Reach, Child & Adolescent Mental Health Services (CAMHS) or other external agencies; this will be led and managed by the Mental Health Lead. Staff OT referrals or other agency support for mental health and wellbeing will be lead and managed by the SENCO, Deputy Headteacher or Headteacher.

SEMH team:

All governors and staff have a responsibility to promote the mental health of students and staff a core group of governors and staff will play a significant role in the development of the SEMH strategy and for ensuring successful application for the Mental Health Award.

Gareth Paisley	**Mental Health Lead – Deputy Headteacher**
Gareth Whitaker	**Headteacher / Deputy DSL**
Rachel Grimshaw	**SENCO**
Charlotte Lambert	**Head of Year 7 and 8, safeguarding team**
Joanne Isherwood	**Attendance officer, safeguarding team**
Amanda Jennings	**Head of Year 9 and 10, safeguarding team**
Gill Walker	**Pastoral officer for Year 11 and Careers**
Thomas Bayram	**Head of Sixth Form**
Alison Ruston	**Staff Mental Health First Aid Trained**

Individual Care Plans:

Individual care plan for students causing concern or who receive a diagnosis pertaining to their mental health. This must be drawn up involving the student, the parents, carers and guardians and relevant health professionals. This can include:
• Details of a student's condition
• Special requirements and precautions
• Medication and any side effects
• What to do and who to contact in an emergency
• The role the school can play

Teaching about Mental Health:

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our subject curriculum, through the assembly programme and well-being days.

The specific content of lessons will be determined by the specific needs of the cohort, but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding,

language and confidence to seek help, as needed, for themselves or others. Signposting will be an important aspect for all four of these elements as well as teaching about the underlying factors of SEMH. Each subject area will be required to develop and identify when SEMH is being taught.

We will follow the PSHCE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner, which helps rather than harms.

Signposting:

We will ensure that staff, students and parents, carers and guardians are aware of sources of support within school and in the local community. This will be provided on the School Website, on information boards in classroom and through the SEMH emails to parents.

We will regularly highlight sources of support to students within relevant parts of the curriculum and in other presentations and assemblies. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

• What help is available
• Who it is aimed at
• How to access it
• Why to access it
• What is likely to happen next

Warning Signs

School staff may become aware of warning signs, which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with our SEMH team. This must be recorded on CPOMS. Listed below are some possible examples of warning signs of SEMH. This list is not comprehensive but give a small insight into some examples of SEMH expression:

• Physical signs of harm that are repeated or appear non-accidental
• Changes in eating or sleeping habits
• Increased isolation from friends or family, becoming socially withdrawn
• Changes in activity and mood
• Lowering of academic achievement
• Talking or joking about self-harm or suicide
• Abusing drugs or alcohol
• Expressing feelings of failure, uselessness or loss of hope.
• Change in clothing, e.g. long sleeves in warm weather
• Secretive behaviour
• Skipping PE or getting changed secretively lateness to or absence from school
• Repeated physical pain or nausea with no evident cause

Managing Disclosures

A student may choose to disclose concerns about themselves or a friend to any member of staff, so all staff need to know how to respond appropriately to a disclosure. Staff must follow the guidance

in the schools Child Protection Policy. If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental. Staff should listen rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?' All disclosures must be recorded in writing and then transferred to CPOMS as part of the student's confidential file. This written record should include:

• Date
• The name of the member of staff to whom the disclosure was made
• Main points from the conversation
• Agreed next steps
• This information must be shared, via CPOMS but as these incidents are often urgent, personal contact is also required to communicate the issue with the DSL or deputy DSL. Support and advice about next steps will then be agreed.

<u>Working with Parents and Carers</u>

Where it is deemed appropriate to inform parents and carers, we need to be sensitive in our approach. Before disclosing to parents, carers and guardians we should consider the following questions (on a case-by-case basis):

• Can the meeting happen face to face? This is preferable.
• Where should the meeting happen? At school, at their home or somewhere neutral?
• Who should be present? Consider parents, carers and guardians, the student and other members of staff. Social, Emotional and Mental Health
• What are the aims of the meeting? It can be shocking and upsetting for parents, carers and guardians to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect. We should always highlight further sources of information (signposting) and give them information to take away where possible, as they will often find it hard to take much in whilst coming to terms with the news that is being shared. Sharing sources of further support aimed specifically at parents, carers and guardians can also be helpful too, e.g. the school website, parent helplines and forums. We should always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call right away as parents, carers and guardians often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record on CPOMS. Parents, carers and guardians are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents, carers and guardians we will:
 • Highlight sources of information and support about common mental health issues on our school website
• Ensure that all parents, carers and guardians are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
 • Make our mental health policy easily accessible to parents, carers and guardians
• Share ideas about how parents, carers and guardians can support positive mental health in their children through our regular information evenings

• Keep parents, carers and guardians informed about the mental health topics their children are learning about in PSHCE and share ideas for extending and exploring this learning at home.

Supporting Peers

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

• What it is helpful for friends to know and what they should not be told

• How friends can best support

 • Things friends should avoid doing or saying which may inadvertently cause upset

• Warning signs that their friend may need help (e.g. signs of relapse).

Additionally, we will want to highlight with peers:

• Where and how to access support for themselves

• Safe sources of further information about their friend's condition

• Healthy ways of coping with the difficult emotions they may be feeling

Student voice – student wellbeing body:

The student leadership team will include one committee with the brief of Equality including SEMH. The council will be formed from a selected group of students; this will be done by the Pastoral and Welfare team. This council will have the following aims:

• To represent the students with regard to outlining SEMH issues within the student body

• To help in assemblies and with dissemination of signposting Social, Emotional and Mental Health

• To help evaluate current provision for students and propose solutions

• This council will be appropriately trained, with agreement from PCGs where necessary, to ensure that they and those they speak to remain safe, particularly as they will be involved in 'Peer Listening'

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)

• Socio-economically disadvantaged students, including those in receipt of, or previously in receipt of, free school meals and the student 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 students.

Children in need, LAC and previously LAC (PLAC)

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

The school uses multi-agency working as an effective way to inform assessment procedures. • Where a student is being supported by LA children's social care services (CSCS), 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.

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 student.

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

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:

o 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.

o 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:

o Opportunity to establish a close relationship with a primary caregiver.

o The quality of caregiving.

 o The child's characteristics.

 o Family context.

Eating disorders: Eating disorders are serious mental illnesses which affect an individual's relationship with food. Eating disorders often emerge when worries about weight begin to dominate a person's life.
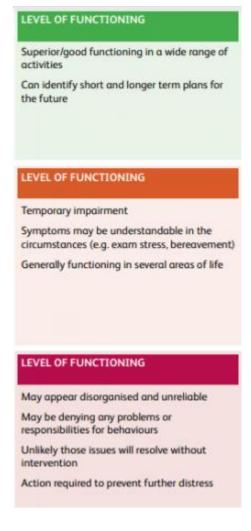
Substance misuse: Substance misuse is the use of harmful substances, e.g. drugs and alcohol.

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

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

Appendix 1 – Level of support and referrals

- Students' levels of functioning will be supported with NHS Trailblazers and Youth In Mind support around stress/anxiety.

LEVEL OF FUNCTIONING

Superior/good functioning in a wide range of activities

Can identify short and longer term plans for the future

LEVEL OF FUNCTIONING

Temporary impairment

Symptoms may be understandable in the circumstances (e.g. exam stress, bereavement)

Generally functioning in several areas of life

LEVEL OF FUNCTIONING

May appear disorganised and unreliable

May be denying any problems or responsibilities for behaviours

Unlikely those issues will resolve without intervention

Action required to prevent further distress

- Students' cognitive and academic functioning will be referred to SEMH Hub referral, CAMHS, GP and Safeguarding.

COGNITIVE AND ACADEMIC FUNCTIONING

High achieving

Performing well in the workplace/studies

Concentrates on tasks and seems alert

Generally attends school on time

Study/work capacity fulfilled

COGNITIVE AND ACADEMIC FUNCTIONING

Capable student who is experiencing transient problems

May have temporary setbacks due to challenge of unfamiliar academic/work task

May demonstrate reduced self confidence/decreased self esteem

May use avoidance as a safety mechanism

May have reduced level of concentration

COGNITIVE AND ACADEMIC FUNCTIONING

Impaired ability due to reduced concentration and learning capacity

Unable to prioritise tasks

Difficulty meeting lesson and school requirement

Conflict in group work or situations

Altered decision making

Inconsistent behaviour

Worrying or anxious thoughts

May appear vague

Changing beliefs

- Students' social functioning will be referred to Social Prescriber, and Trailblazers - support around isolation and anxiety and safeguarding.

SOCIAL FUNCTIONING

Engaged in a range of activities

Positive relationships with peers

Displays emotional warmth

Spends time in social activities

Energy to perform the majority of daily tasks required

SOCIAL FUNCTIONING

Occasional arguments

Minor ups and downs in relationships

Engaged in social situations with peers

May withdraw briefly

SOCIAL FUNCTIONING

Few friends, limited integration in team processes

Conflict with peers/staff

May be withdrawn or isolated

Increased hours on internet

Behaviour may be having a negative effect on others

Others may express concern or make complaints

Generating rumours which cause concern to others

Low level use of written, verbal or physical abuse (e.g. pushing or shoving)

Concerning or unwelcome comments of a sexual nature or relationship seeking

Out of character behaviours/out of context behaviours

- Students' coping behaviours will be referred to in school mentoring, nurture group and the SEMH Hub

COPING BEHAVIOURS

Positive coping skills

Good functioning overall

Able to consider problems/issues in an appropriate fashion

COPING BEHAVIOURS

Understandable stress reaction to difficult situations

Returns to normal once situation resolved

Increase in level of irritability

COPING BEHAVIOURS

Poor coping

May be demanding of others to find solution

Overall functioning compromised

Inappropriate, changeable emotional expression (e.g. tearful or aggressive outbursts)

Excessive online chat and other internet activity

Impulse control problems may lead to high risk behaviours (e.g. unsafe sex, overspending, gambling, self harm or harm to others)

Intentional theft

Damage to property

Threatening communications which make you feel uncomfortable

Recent improvements in mood or daily motivation after a period of low mood

- Students' psychological functioning will be referred to Trailblazers, GP and CAMHS

PSYCHOLOGICAL FUNCTIONING

No or minimal symptoms, resilient, generally happy. May have mild anxiety in response to events (e.g. exams)

Describes enjoyment in several different activities

PSYCHOLOGICAL FUNCTIONING

Period of understandable low mood or irritability

Anxiety symptoms such as brief sleep or appetite disturbance

Worrying thoughts

Thoughts of inability to cope

PSYCHOLOGICAL FUNCTIONING

Feel out of control or have panic attacks

Increase/decrease sleep

Impaired judgement and decision making

Impaired organisation

May appear chaotic

Fear regarding poor performance/letting others down

Thoughts of escaping

Any thoughts or expressions of suicide/any non-suicidal self injury/harm to others

Difficulty making plans for longer term

Limited/reduced hope for future

Depression

Change in levels of energy

Thoughts/behaviours out of context or character

Guilt

Anger/blaming others for how they feel

History of harm to self or others

Past mental health presentations/admission to hospital

High anxiety, distress/agitation

- Students' response and recommendations will be referred to CAMHS, Kooth and Safeguarding links

RESPONSE AND RECOMMENDATIONS

Keep socially active

Make plans for periods of enjoyment

Nutrition is important for all aspects of health

Regular physical exercise to help maintain mental wellbeing

RESPONSE AND RECOMMENDATIONS

Offer support and problem solving/peer support

Encourage to talk to a trusted friend

Speak to colleague such as form tutor, head of year or pastoral lead

Pastoral team may wish to contact parents to express concern if necessary

RESPONSE AND RECOMMENDATIONS

Needs psychological assessment and intervention

Encourage them to talk to their family and close friends for support

May help to discuss current or future workload

Contact designated safeguarding lead immediately

Designated safeguarding lead will follow safe guarding policy

When a student demonstrates more than one area, the SEMH team will discuss and establish a support plan reflecting the most appropriate referral.