

Horizons Education



SOCIAL, EMOTIONAL AND MENTAL HEALTH POLICY

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Statement of intent

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

Legal framework

This policy has due regard to 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:

- 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'

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

- Safeguarding and Child Protection Policy
- SEND Policy
- Behaviour Policy
- Staff Code of Conduct

- Children with medical conditions and administration of medicine policy
- Exclusion Policy

Common SEMH difficulties

Anxiety: Anxiety refers to feeling fearful or panicked, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a student's ability to develop, learn and sustain and maintain friendships.

Specialists reference the following diagnostic categories:

Generalised anxiety disorder: This is a long-term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event.

Panic disorder: This is a condition in which people have recurring and regular panic attacks, often for no obvious reason.

Obsessive-compulsive disorder (OCD): This is a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter their mind, causing them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to try to prevent an obsession coming true).

Specific phobias: This is the excessive fear of an object or a situation, to the extent that it causes an anxious response such as a panic attack (e.g. school phobia)

Separation anxiety disorder: This disorder involves worrying about being away from home, or about being far away from parents, at a level that is much more severe than normal for a student's age.

Social phobia: This is an intense fear of social or performance situations.

Agoraphobia: This refers to a fear of being in situations where escape might be difficult or help would be unavailable if things go wrong.

Depression: Depression refers to feeling excessively low or sad. Depression can significantly affect a student's ability to develop, learn or maintain and sustain friendships. Depression can often lead to other issues such as behavioural problems. Generally, a diagnosis of depression will refer to one of the following:

Major depressive disorder (MDD): A student with MDD will show several depressive symptoms to the extent that they impair work, social or personal functioning.

Dysthymic disorder: This is less severe than MDD and characterised by a student experiencing a daily depressed mood for at least two years.

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

If a student is diagnosed with a hyperkinetic disorder, it will be one of the following:

Attention deficit hyperactivity disorder (ADHD): This has three characteristic types of behaviour: inattention, hyperactivity and impulsivity. While some children show the signs of all three characteristics, which is called 'combined type ADHD', other children diagnosed show signs of only inattention, hyperactivity or impulsiveness.

Hyperkinetic disorder: This is a more restrictive diagnosis but is broadly similar to severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. The core symptoms must also have been present from before the age of seven, and must be evident in two or more settings, e.g. at school and home.

Attachment disorders: Attachment disorders refer to the excessive distress experienced when a child is separated from a special person in their life, like a parent. Students suffering from attachment disorders can struggle to make secure attachments with peers.

Researchers generally agree that there are four main factors that influence attachment disorders, these are:

- Opportunity to establish a close relationship with a primary caregiver.
- The quality of caregiving.
- The child's characteristics.
- Family context.

Eating disorders: Eating disorders are serious mental illnesses which affect an individual's relationship with food. Eating disorders often emerge when worries about weight begin to dominate a person's life.

Substance misuse: Substance misuse is the use of harmful substances, e.g. 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.

Roles and responsibilities

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

Preventing mental health and wellbeing difficulties: By creating a safe and calm environment, where mental health problems are less likely to occur, the leadership can improve the mental

health and wellbeing of the school community and instill resilience in students. A preventative approach includes teaching students about mental wellbeing through the curriculum and reinforcing these messages in our activities and ethos.

Identifying mental health and wellbeing difficulties: By equipping staff with the knowledge required, early and accurate identification of emerging problems is enabled.

Providing early support for students experiencing mental health and wellbeing difficulties: By raising awareness and employing efficient referral processes, the school's leadership can help students' access evidence-based early support and interventions.

Accessing specialist support to assist students with mental health and wellbeing difficulties: By working effectively with external agencies, the school can provide swift access or referrals to specialist support and treatment.

Identifying and supporting students with SEND: As part of this duty, the school's leadership considers how to use some of the SEND resources to provide support for students with mental health difficulties that amount to SEND.

Identifying where wellbeing concerns represent safeguarding concerns: Where mental health and wellbeing concerns could be an indicator of abuse, neglect or exploitation, the school will ensure that appropriate safeguarding referrals are made in line with the Safeguarding and Child Protection Policy.

Fully engaging students with SEMH difficulties and their parents when drawing up policies that affect them.

Identifying, assessing and organising provision for all students with SEMH difficulties, whether or not they have an EHC plan.

Endeavouring to secure the special educational provision called for by a student's SEMH difficulties.

Designating an appropriate member of staff to be the SENCO and coordinating provisions for students with SEMH difficulties.

Taking all necessary steps to ensure that students with SEMH difficulties are not discriminated against, harassed or victimised.

Ensuring arrangements are in place to support students 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.

Designated Safeguarding Leads and the SENCO (Debbie Bentley/Nicola Griffiths) are responsible for:

Ensuring that those teaching or working with students with SEMH difficulties are aware of their needs and have arrangements in place to meet them.

Ensuring that teachers monitor and review students' academic and emotional progress during the course of the academic year.

Ensuring that the SENCO, if applicable, 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 students 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 students with SEMH difficulties.

Ensuring that procedures and policies for the day-to-day running of the school do not directly or indirectly discriminate against students with SEMH difficulties.

Establishing and maintaining a culture of high expectations and including students with SEMH difficulties in all opportunities that are available to other students.

Consulting health and social care professionals, students and parents to ensure the needs of students with SEMH difficulties are effectively supported.

Keeping parents and relevant staff up-to-date with any changes or concerns involving students with SEMH difficulties.

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.

Liaise with senior leaders and safeguarding leads as necessary.

Overseeing the whole-school approach to mental health, including how this is reflected in policies, the curriculum and pastoral support, how staff are supported with their own mental health, and how the school engages students and parents with regards to students' mental health and awareness.

Collaborating with others to outline and strategically develop SEMH policies and provisions for the school.

Coordinating with staff to provide a high standard of care to students who have SEMH difficulties.

Advising on the deployment of the school's budget and other resources in order to effectively meet the needs of students with SEMH difficulties.

Liaising with key members of staff to gather information and for support (such as Pastoral Staff)

Being a key point of contact with external agencies, especially the mental health support services, the LA, LA support services and mental health support teams.

Providing professional guidance to colleagues about mental health and working closely with staff members, parents and other agencies, including SEMH charities.

Referring students with SEMH difficulties to external services, e.g. specialist children and young people's mental health services (CAMHS), to receive additional support where required.

Overseeing the outcomes of interventions on students' education and wellbeing.

Liaising with parents of students with SEMH difficulties, where appropriate.

Liaising with other schools, educational psychologists, health and social care professionals, and independent or voluntary bodies.

Liaising with the potential future providers of education, such as Post-16 providers, to ensure that students and their parents are informed about options and a smooth transition is planned.

Leading mental health CPD.

Undertaking day-to-day responsibilities for the successful operation of the SEMH Policy.

Supporting the subject teachers in the further assessment of a student's particular strengths and areas for improvement, and advising on the effective implementation of support.

Teaching staff are responsible for:

- Being aware of the signs of SEMH difficulties.
- Planning and reviewing support for their students with SEMH difficulties in collaboration with parents, the SENCO and, where appropriate, the students themselves.
- Setting high expectations for every student 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 student achieving their full potential, and that every student with SEMH difficulties will be able to study the full national curriculum.

Being responsible and accountable for the progress and development of the students in their class.

Being aware of the needs, outcomes sought and support provided to any students with SEMH difficulties.

Keeping the relevant figures of authority up-to-date with any changes in behaviour, academic developments and causes of concern.

The relevant figures of authority include: SENCO/head teacher/SLT/Curriculum Leaders/Pastoral Staff.

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.

Creating a supportive whole-school culture

Senior leaders will clearly communicate their vision for good mental health and wellbeing with the whole school community. The school utilises various strategies to support students who are experiencing high levels of psychological stress, or who are at risk of developing SEMH problems, including:

- Teaching about mental health and wellbeing through curriculum subjects such as: - PSHE - RSE
- Counselling
- Positive classroom management
- Developing students' social skills (through therapeutic resources and provision) • Working with parents
- Peer support

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.

The SLT ensures that there are clear policies and processes in place to reduce stigma and make students feel comfortable enough to discuss mental health concerns. Students know

where to go for further information and support should they wish to talk about their mental health needs or concerns over a peer's or family member's mental health or wellbeing.

Staff training

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

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.

Clear processes are in place to help staff who identify SEMH problems in students, escalate issues through clear referral and accountability systems.

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

Identifying signs of SEMH difficulties

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

Staff are trained to know how to identify possible mental health problems and understand what to do if they spot signs of emerging difficulties.

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

An assessment is undertaken to establish a clear analysis of the student's needs

A plan is set out to determine how the student will be supported

Action is taken to provide that support

Regular reviews are undertaken to assess the effectiveness of the provision, and changes are made as necessary

A strengths and difficulties questionnaire (SDQ) is utilised when a student is suspected of having SEMH difficulties. An SDQ can assist staff members in creating an overview of the student's mental health and making a judgement about whether the student is likely to be suffering from any SEMH difficulties.

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

Where appropriate, the head teacher asks parents to give consent to their child's GP to share relevant information regarding SEMH with the school.

Where possible, the school is aware of any support programmes GPs are offering to students who are diagnosed with SEMH difficulties, especially when these may impact the student's behaviour and attainment at school.

Staff members discuss concerns regarding SEMH difficulties with the parents of students who have SEMH difficulties.

Staff members consider all previous assessments and progress over time, and then refer the student to the appropriate services.

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

The assessment, intervention and support processes available from the LA are in line with the local offer.

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

Staff members are aware of factors that put students at risk of SEMH difficulties, such as low self-esteem, physical illnesses, academic difficulties and family problems.

Staff members are aware that risks are cumulative and that exposure to multiple risk factors can increase the risk of SEMH difficulties.

Staff members promote resilience to help encourage positive SEMH.

Staff members understand that familial loss or separation, significant changes in a student's life or traumatic events are likely to cause SEMH difficulties. Staff members understand what indicators they should be aware of that may point to SEMH difficulties, such as behavioural problems, students distancing themselves from other students or changes in attitude.

Staff members understand that where SEMH difficulties may lead to a student developing SEND, it could result in a student requiring an EHC plan.

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

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

Students' 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.

An effective pastoral system is in place so that every student is well known by at least one member of staff, for example, a form tutor, who can spot where disruptive or unusual behaviour may need investigating and addressing.

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

Staff members are aware of the signs that may indicate if a student is struggling with their SEMH.

The signs of SEMH difficulties may include, but are not limited to, the following list:

- Anxiety
- 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
- Lack of empathy
- Lack of personal boundaries
- Poor awareness of personal space

Vulnerable groups

Some students are particularly vulnerable to SEMH difficulties. These 'vulnerable groups' are more likely to experience a range of adverse circumstances that increase the risk of mental health problems.

Staff are aware of the increased likelihood of SEMH difficulties in students in vulnerable groups and remain vigilant to early signs of difficulties.

Vulnerable groups include the following:

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

Adverse childhood experiences (ACEs) and other events that impact students' SEMH

The balance between risk and protective factors is disrupted when traumatic events happen in students' lives, such as the following:

- Loss or separation: This may include a death in the family, parental separation, divorce, hospitalisation, loss of friendships, family conflict, a family breakdown that displaces the student, being taken into care or adopted, or parents being deployed in the armed forces.
- Life changes: This may include the birth of a sibling, moving house, changing schools or transitioning between schools.
- Traumatic experiences: This may include abuse, neglect, domestic violence, bullying