



7.9

Social, Emotional and Mental Health (SEMH) Policy

Contents:

Statement of intent

1. Legal framework
2. Roles and responsibilities
3. Creating a supportive whole-organisation culture
4. Staff training
5. Identifying signs of SEMH difficulties
6. Vulnerable groups
7. Children in need, LAC and PLAC
8. Adverse childhood experiences (ACEs) and other events that impact Children and young peoples' SEMH
9. SEND and SEMH
10. Risk factors and protective factors
11. Stress and mental health
12. SEMH intervention and support
13. Suicide concern intervention and support
14. Working with other organisations
15. Working with parents
16. Administering medication
17. Behaviour and exclusions
18. Safeguarding
19. Monitoring and review

Statement of intent



This policy outlines the framework for St Chads Community Project to meet its duty in providing and ensuring a high quality of care and education to all of its children and young people, including children and young people with social, emotional and mental health (SEMH) difficulties, and to do everything it can to meet the needs of children and young people with SEMH difficulties.

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

- Promote a positive outlook regarding children and young people with SEMH difficulties.
- Eliminate prejudice towards children and young people with SEMH difficulties.
- Promote equal opportunities for children and young people with SEMH difficulties.
- Ensure all children and young people 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 children and young people and their parents in decision-making
- The early identification of children and young people's needs
- Collaboration between education, health and social care services to provide support when required
- Greater choice and control for children and young people and their parents over their support

1. 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 (2015) 'Special educational needs and disabilities code of practice: 0 to 25'



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

- Chapter 13 - Child Protection and Safeguarding Policy
- 10.1 SEND Policy
- 11.1 Behaviour Policy
- Staff Code of Conduct
- 7.4 Administering Medication Policy

2. Roles and responsibilities

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

- Using a preventative approach to create a safe and calm environment where mental health problems are less likely to occur, in order to improve the mental health and wellbeing of the St Chads Community Project's own community and instil resilience in children and young people. A preventative approach includes teaching children and young people 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 children and young people whose behaviour suggests they may be experiencing a mental health problem or be at risk of developing one.
- Raising awareness and employing efficient referral processes in order to help children and young people access evidence-based early support and interventions.
- Working effectively with external agencies to ensure the organisation can provide swift access or referrals to specialist support and treatment.
- Identifying and supporting children and young people with SEND, and considering how to use some of the SEND resources to provide support for children and young people 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 and Safeguarding Policy.

The Chief Executive Officer is responsible for:

- Fully engaging children and young people with SEMH difficulties and their parents when drawing up policies that affect them.
- Ensuring provision is in place for all children and young people with SEMH difficulties, whether or not they have an EHC plan.



- Endeavouring to secure the special educational provision called for by a child or young person's SEMH difficulties.
- Designating an appropriate member of staff to be the SENCO ensuring they coordinate provisions for children and young people with SEMH difficulties.
- Taking all necessary steps to ensure that children and young people with SEMH difficulties are not discriminated against, harassed or victimised.
- Ensuring arrangements are in place to support children and young people 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 Head of Children Services is responsible for:

- Ensuring that those teaching or working with children and young people with SEMH difficulties are aware of their needs and have arrangements in place to meet them.
- Ensuring that practitioners monitor and review children and young people's 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 organisation.
- On an annual basis, carefully reviewing the quality of teaching for children and young people at risk of underachievement, as a core part of the organisation's performance management arrangements.
- Ensuring that staff members understand the strategies used to identify and support children and young people with SEMH difficulties.
- Ensuring that procedures and policies for the day-to-day running of the organisation do not directly or indirectly discriminate against children and young people with SEMH difficulties.
- Establishing and maintaining a culture of high expectations and including children and young people with SEMH difficulties in all opportunities that are available to other children and young people.
- Consulting health and social care professionals, children and young people and parents to ensure the needs of children and young people with SEMH difficulties are effectively supported.
- Keeping parents and relevant staff up to date with any changes or concerns involving children and young people 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 other voluntary sector organisations.



The Mental Health First Aid lead in collaboration with the Head of Children Services is responsible for:

- Overseeing the whole-organisation 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 organisation engages children and young people and parents with regards to children and young people's mental health and awareness.
- Collaborating with the SENCO, CEO and Board of trustees, to outline and strategically develop SEMH policies and provisions for the organisation.
- Coordinating with the SENCO and mental health support teams to provide a high standard of care to children and young people who have SEMH difficulties.
- Advising on the deployment of the organisation's budget and other resources in order to effectively meet the needs of children and young people with SEMH difficulties.
- 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 children and young people with SEMH difficulties to external services, e.g. specialist children and young people's mental health services (CYPMHS), to receive additional support where required.
- Overseeing the outcomes of interventions on children and young people's education and wellbeing.
- Liaising with parents of children and young people with SEMH difficulties, where appropriate.
- Liaising with other organisations, educational psychologists, health and social care professionals, and independent or other voluntary bodies.
- Liaising with the potential future providers of education, such as primary and secondary school teachers, to ensure that children and young people and their parents are informed about options and a smooth transition is planned.

The SENCO is responsible for:

- Collaborating with the Board of Trustees, CEO, Head of Children Services, Deputy Project Manager and the Mental Health Lead, to determine the strategic development of SEMH policies and provisions in the organisation.
- Undertaking day-to-day responsibilities for the successful operation of the SEMH Policy.
- Supporting the practitioners and key person's in the further assessment of a child or young person'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 child or young person has suffered or is at risk of suffering abuse, neglect or exploitation.
- Being aware of the needs, outcomes sought and support provided to any children and young people 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 of Children Services/ CEO.

Practitioners and key Person's are responsible for:

- Planning and reviewing support for their children and young people with SEMH difficulties in collaboration with parents, the SENCO and, where appropriate, the children and young people themselves.
- Setting high expectations for every child and young person and aiming to teach them the full curriculum, whatever their prior attainment.
- Planning activities to address potential areas of difficulty to ensure that there are no barriers to every child or young person achieving their full potential, and that every child or young person with SEMH difficulties will be able to learn and take part in activities.
- Being responsible and accountable for the progress and development of the children and young people in the session.

The Designated Safeguarding Lead 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 available, where safeguarding concerns are linked to mental health.

The organisation works in collaboration with mental health support workers who are trained professionals who act as a bridge between organisations, schools and mental health agencies.

3. Creating a supportive whole-organisation culture

Line managers will clearly communicate their vision for good mental health and wellbeing with the whole organisation community.

The organisation utilises various strategies to support children and young people 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 activities
- Positive room management
- Developing children and young peoples' social skills
- Working with parents
- Peer support

The organisation'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 Head of Children Services will ensure that there are clear policies and processes in place to reduce stigma and make children and young people feel comfortable enough to discuss mental health concerns.

Children and young people 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.

4. Staff training

The Head of Children Services will ensure that all practitioners have a clear understanding of the needs of all children and young people, including those with SEMH needs.

The Head of Children Services 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.

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

Staff receive training to ensure they:

- Can recognise common suicide risk factors and warning signs.
- Understand what to do if they have concerns about a child or young person demonstrating suicidal behaviour.
- Know what support is available for children and young people and how to refer children and young people to such support where needed.
- Are aware of how abuse, neglect, and/or other traumatic adverse childhood experiences can have a lasting impact on children and young people's mental health, behaviour and education.



5. Identifying signs of SEMH difficulties

The organisation is committed to identifying children and young people 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. Staff members are aware of the signs that may indicate if a child or young person 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



When the organisation suspects that a child or young person is experiencing mental health difficulties, the following graduated response is employed:

- An assessment is undertaken to establish a clear analysis of the child or young person's needs
- A plan is set out to determine how the child or young person 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

Where appropriate, the Head of Children Services asks parents to give consent to their child's GP to share relevant information regarding SEMH with the setting.

Where possible, the setting is aware of any support programmes GPs are offering to children or young people who are diagnosed with SEMH difficulties, especially when these may impact the child or young person's behaviour and attainment at the setting.

Staff members discuss concerns regarding SEMH difficulties with the parents of children and young people who have SEMH difficulties, and take any concerns expressed by parents, other children or young people, colleagues and the child or young person in question seriously. Staff consider all previous assessments and progress over time, and then refer the child or young person to the appropriate services.

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 organisation's SEND Policy.

Staff members are aware of the following:

- Factors that put children or young people 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 child or young person's life or traumatic events are likely to cause SEMH difficulties
- What indicators they should be aware of that may point to SEMH difficulties, such as behavioural problems, children and young people distancing themselves from other children or young people or changes in attitude
- Where SEMH difficulties may lead to a child or young person developing SEND, it could result in a child or young person requiring an EHC plan.
- Persistent mental health difficulties can lead to a child or young person developing SEND. If this occurs, the Head of Children Services ensures that correct provisions are



implemented to provide the best learning conditions for the child or young person. Both the child or young person and their parents are involved in any decision-making concerning what support the child or young person's needs.

The organisation will promote resilience to help encourage positive SEMH.

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

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

Children and young peoples' data is reviewed on a termly basis by the Head of Children Services so that patterns of attainment, attendance or behaviour are noticed and can be acted upon if necessary.

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

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

6. Vulnerable groups

Some children and young people 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 children and young people in vulnerable groups and remain vigilant to early signs of difficulties.

Vulnerable groups include the following:

- Children and young people who have experienced abuse, neglect, exploitation or other adverse contextual circumstances
- Children in need
- LAC
- PLAC
- Socio-economically disadvantaged children and young people, 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 children or young people.

7. Children in need, LAC and 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 the organisation than most children or young people.

Staff are aware of how these children and young peoples' experiences and SEND can impact their behaviour and education.

The impact of these children and young peoples' experiences is reflected in the design and application of the organisation's Behaviour Policy, including through individualised graduated responses.

The organisation uses multi-agency working as an effective way to inform assessment procedures.

Where a child or young person is being supported by LA children's social care services (CSCS), the organisation works with their allocated social worker to better understand the child or young person's wider needs and contextual circumstances. This collaborative working informs assessment of needs and enables prompt responses to safeguarding concerns.

When the organisation has concerns about a looked-after child's behaviour, the Virtual School Head (VSH) is informed at the earliest opportunity so they can help to determine the best way to support the child or young person.

When the organisation has concerns about a previously looked-after child's behaviour, the child or young person's parents/carers or the Head of Children Services seeks advice from the VSH to determine the best way to support the Child or young person.

8. Adverse childhood experiences (ACEs) and other events that impact children and young peoples' SEMH

The balance between risk and protective factors is disrupted when traumatic events happen in children and young peoples' 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 child or young person, 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 children and young people may be susceptible to such incidents, even if they are not directly affected. For example, children and young people with parents in the armed forces may find global disasters or terrorist incidents particularly traumatic.

The organisation supports children and young people 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 organisation's existing support systems or via specialist staff and support services.

9. SEND and SEMH

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

Where children and young people 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 child or young person's SEND.

The Head of Children Services considers the use of a multi-agency assessment for children or young people demonstrating persistently disruptive behaviour. These assessments are designed to identify unidentified SEND and mental health problems, and to discover whether there are housing or family problems that may be having an adverse effect on the child or young person.

The organisation recognises that not all children and young people with mental health difficulties have SEND.



The graduated response is used to determine the correct level of support to offer (this is used as good practice throughout the organisation, regardless of whether or not a child or young person has SEND).

All staff understand their responsibilities to children and young people with SEND, including children or young people with persistent mental health difficulties.

The SENCO ensures that staff understand how the organisation identifies and meets children and young people’s needs, provides advice and support as needed, and liaises with external SEND professionals as necessary.

10. 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 child or young person:

	Risk factors	Protective factors
In the child or young person	<ul style="list-style-type: none"> Genetic influences Low IQ and learning disabilities Specific development delay or neuro-diversity Communication difficulties Difficult temperament Physical illness Academic failure Low self-esteem 	<ul style="list-style-type: none"> Secure attachment experience Outgoing temperament as an infant 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 child or young person’s family	<ul style="list-style-type: none"> Overt parental conflict including domestic violence Family breakdown (including where children are taken into care or adopted) Inconsistent or unclear discipline 	<ul style="list-style-type: none"> At least one good parent-child relationship (or one supportive adult) Affection Clear, consistent discipline Support for education

	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Supportive long-term relationships or the absence of severe discord
In the setting	<ul style="list-style-type: none"> • Bullying including online (cyber bullying) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer-on-peer abuse • Poor child-to-practitioner/ setting staff relationships 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct) • 'Open door' policy for children to raise problems • A whole-organisation approach to promoting good mental health • Good child-to-practitioner/setting staff relationships • Positive room 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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Wider supportive network • Good housing • High standard of living • High morale organisation with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities
------------------	---	---

The following table contains common warning signs for suicidal behaviour:

Speech	Behaviour	Mood
The child or young person has mentioned the following:	The child or young person displays the following behaviour:	The child or young person often displays the following moods:
Killing themselves	Increased use of alcohol or drugs	Depression
Feeling hopeless	Looking for ways to end their lives, such as searching suicide online	Anxiety
Having no reason to live	Withdrawing from activities	Loss of interest
Being a burden to others	Isolating themselves from family and friends	Irritability
Feeling trapped	Sleeping too much or too little	Humiliation and shame
Unbearable pain	Visiting or calling people to say goodbye	Agitation and anger
	Giving away possessions	Relief or sudden improvement, e.g. through self-harm activities



	Aggression	
	Fatigue	
	Self-harm	

11. Stress and mental health

The organisation recognises that short-term stress and worry is a normal part of life and that most children and young people 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.

12. SEMH intervention and support

The setting aims to include activities in sessions focussing on promoting children and young peoples’ resilience, confidence and ability to learn.

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

The organisation develops and maintains children and young peoples’ social skills, for example, through one-to-one social skills training.

Where appropriate, parents have a direct involvement in any intervention regarding their child. The organisation supports parents in the management and development of their child.

Peer mentoring is used to encourage and support children and young people suffering with SEMH difficulties. Mentors act as confidants, with the aim of easing the worries of their mentees. Mentors are always older, competent and confident children and young people.

The mentee reports to their mentor about social anxieties, concerns, future aspirations and anything else that is appropriate.

The meetings are informal, and the mentor reports any significant concerns they may have to the child or young person’s Key Person.

Mentees are expected to be present in the same sessions as their mentor.

When in-house intervention is not appropriate, referrals and commissioning support will take the place of in-house interventions. The organisation will continue to support the child or young person as much as possible throughout the process.

Serious cases of SEMH difficulties are referred to CYPMHS.



To ensure referring children and young people to CYPMHS is effective, staff follow the process below:

- Use a clear, approved process for identifying children and young people in need of further support
- Document evidence of their SEMH difficulties
- Encourage the child or young person and their parents to speak to the Child or young person's GP
- Work with local specialist CYPMHS to make the referral process as quick and efficient as possible
- Understand the criteria that are used by specialist CYPMHS in determining whether a child or young person needs their services
- Have a close working relationship with the local CYPMHS specialist
- Consult CYPMHS about the most effective things the organisation can do to support children and young people whose needs aren't so severe that they require specialist CYPMHS

The organisation implements the following approach to interventions:

- Interventions are structured in a way that addresses behavioural issues through education and training programmes
- Individual child-orientated interventions are less effective than ones that involve parents, and so parents are involved in interventions where appropriate
- Parental training programmes are combined with the child or young person's intervention to promote problem-solving skills and positive social behaviours
- Small group sessions will take place and focus on developing cognitive skills and positive social behaviour
- Nurture groups can be put in place to address any emerging SEMH difficulties in children and young people
- Play-based approaches are in place to develop more positive relationships between children or young people and their parents
- Specific room management techniques for supporting children and young people are in place. These techniques may include, for example, using a token system for rewards

13. Suicide concern intervention and support

Where a child or young person discloses suicidal thoughts or a practitioner has a concern about a child or young person, practitioners should:

- Listen carefully, remembering it can be difficult for the child or young person to talk about their thoughts and feelings.
- Respect confidentiality, only disclosing information on a need-to-know basis.



- Be non-judgemental, making sure the child or young person knows they are being taken seriously.
- Be open, providing the child or young person a chance to be honest about their true intentions.
- Supervise the child or young person closely whilst referring the child or young person to the DSL for support.
- Record details of their observations or discussions on a disclosure form and share them with the DSL.

Once suicide concerns have been referred to the DSL, local safeguarding procedures are followed and the child or young person's parents are contacted.

Medical professionals, such as the child or young person's GP, are notified as needed.

The DSL and any other relevant staff members, alongside the child or young person and their parents, work together to create a safety plan outlining how the child or young person is kept safe and the support available.

Safety plans:

- Are always created in accordance with advice from external services and the child or young person themselves.
- Are reviewed regularly by the DSL.

14. Working with other organisations

The setting works collectively with other organisation's and agencies where appropriate.

15. Working with parents

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

The organisation ensures that children, young people and parents are aware of the mental health support available from the organisation.

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

16. Administering medication

The full arrangements in place to support children and young people with medical conditions requiring medication can be found in the organisation's Administering Medication Policy.



The Head of Children Services will ensure that medication is included in a child or young person's IHP where recommended by health professionals.

Staff know what medication children and young people are taking, and how it should be stored and administered.

17. Behaviour and exclusions

When exclusion is a possibility, the organisation considers contributing factors, which could include mental health difficulties.

Where there are concerns over behaviour, the organisation 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.

Where underlying factors are likely to have contributed to the child or young person's behaviour, the organisation considers whether action can be taken to address the underlying causes of the disruptive behaviour, rather than issue an exclusion. If a child or young person has SEND or is a looked-after child, permanent exclusion will only be used as a last resort.

In all cases, the organisation balances the interests of the child or young person against the mental and physical health of the whole setting community.

18. Safeguarding

All staff are aware that SEMH issues can, in some cases, be an indicator that a child or young person has suffered or is at risk of suffering abuse, neglect or exploitation.

If a staff member has a SEMH concern about a child or young person that is also a safeguarding concern, they take immediate action in line with the Child Protection and Safeguarding Policy and speak to the DSL or deputy DSL.

19. Monitoring and review

The policy is reviewed on an annual basis by the CEO in conjunction with the Board of Trustees – 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 July 2025.

