St George's Junior School

Social, Emotional and Mental Health



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Statement of intent

St George's Junior School is committed to safeguarding and promoting the social, emotional and mental health (SEMH) of all pupils. We recognise that mental health and emotional wellbeing are intrinsically linked to safeguarding, behaviour, attendance, inclusion and academic progress. Our approach reflects the expectations of KCSIE 2025, which places mental health within the wider safeguarding framework, and the Ofsted Education Inspection Framework, which evaluates how effectively schools identify need early, remove barriers to learning and promote positive behaviour and attitudes.

We adopt a whole-school, trauma-informed and inclusive approach, underpinned by early help, strong relationships, clear systems and effective multi-agency working. We are committed to ensuring that pupils feel safe, listened to and supported, and that staff are confident in identifying concerns and acting promptly.

1. Legal framework

This policy has due regard to the following legislation:

- Children Act 1989 and Children Act 2004
- Children and Families Act 2014
- Education Act 2002
- Equality Act 2010
- Health and Social Care Act 2012
- Mental Capacity Act 2005
- Human Rights Act 1998

This policy reflects the following statutory and non-statutory guidance:

- DfE (2025) Keeping Children Safe in Education
- DfE (2024) Working Together to Safeguard Children
- DfE (2023) Behaviour in Schools
- DfE (2023) Suspension and Permanent Exclusion Guidance
- DfE (2018, updated) Mental Health and Behaviour in Schools
- DfE (2015, updated) SEND Code of Practice: 0–25 years
- Ofsted Education Inspection Framework (EIF) and Safeguarding Guidance

Mental health concerns are recognised as potential indicators of abuse, neglect, exploitation or peer-on-peer abuse, in line with KCSIE 2025.

2. Roles and responsibilities

The school'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 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.
- Ensuring that staff are aware of how potentially traumatic adverse childhood experiences (ACE), including abuse and neglect, can impact on a pupil's mental health, behaviour and education.
- 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.
- Raising awareness and employing efficient referral processes in order to help pupils access evidence-based early support and interventions.
- Working effectively with external agencies to ensure the school can provide swift 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 and Safeguarding Policy.

The governing board is responsible for:

- Fully engaging pupils with SEMH difficulties and their parents when drawing up policies that affect them.
- 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 an appropriate member of staff to be 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.
- Appointing an individual governor or sub-committee to oversee the school's arrangements for SEMH.
- Ensuring there are clear systems and processes in place for identifying possible SEMH problems, including routes to escalate and clear referral and accountability systems.
- Identifying an appropriate staff member to act as the senior mental health lead, with sufficient authority to develop and oversee the school's approach to mental health and wellbeing.

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.

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

The senior 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 Head of Inclusion, SENCO, headteacher and governing board, as part of the SLT, to outline and strategically develop SEMH policies and provisions for the school.
- Coordinating with the Head of Inclusion, SENCO and LSAs to provide a high standard of care to pupils who have SEMH difficulties.
- Advising on the deployment of the school's budget and other resources in order to effectively meet the needs of pupils 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 pupils with SEMH difficulties to external services, e.g. specialist children and young people's mental health services (CYPMHS), to receive additional support where required.
- Overseeing the outcomes of interventions on pupils' education and wellbeing.
- Liaising with parents of pupils with SEMH difficulties, where appropriate.
- Liaising with other schools, educational psychologists, health and social care professionals, and independent or voluntary bodies.
- Liaising with the potential future providers of education, such as secondary school teachers, to ensure that pupils and their parents are informed about options and a smooth transition is planned.
- Leading mental health CPD.
- Undertaking mental health lead training.

The Child & Family Support Worker and SENCO are responsible for:

- Collaborating with the governing board, headteacher and the mental health lead, as part of the SLT, 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 the subject teachers in the further assessment of 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.
- Understanding how potentially traumatic adverse childhood experiences can impact a pupil's mental health, behaviour and education.
- 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: Head of Inclusion/SENCO/headteacher/subject leader.

Teaching staff are responsible for:

- Planning and reviewing support for their pupils with SEMH difficulties in collaboration with parents, the Head of Inclusion, SENCO and, where appropriate, the pupils themselves.
- Setting high expectations for every pupil 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 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 senior mental health lead and, where available, the Mental Health Support Team, where safeguarding concerns are linked to mental health.

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the DSL (cohort leader) in the first instance. They will then access CPOMS to see if there are safeguarding concerns and alert the Head of Inclusion or

SENDCO. Where a referral to BeeU is appropriate, this will be led and managed by the SENCO or Head of Inclusion.

If there is a fear that the pupil is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to one of the Designated Safeguarding Leads.

If the pupil presents a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

3. 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 pupils who are experiencing high levels of psychological stress, or who are at risk of developing SEMH problems, including:

- Teaching about mental health and wellbeing through curriculum subjects such as:
    - PSHE
    - RSHE
    - Circle Time
- Counselling
- Positive classroom management
- Developing pupils' social skills
- 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 will ensure that there are clear policies and processes in place to reduce stigma and make pupils feel comfortable enough to discuss mental health concerns.

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.

4. Staff training

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

The SLT 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 pupils escalate issues through clear referral and accountability systems.

Staff receive training to ensure they:

- Promote good mental health and wellbeing throughout the school.
- Can quickly identify individual pupils who need support with their mental health.
- Can recognise common suicide risk factors and warning signs.
- Understand what to do if they have concerns about a pupil demonstrating suicidal behaviour.
- Know what support is available for pupils and how to refer pupils to such support where needed.
- Are aware of how abuse, neglect, and/or other traumatic adverse childhood experiences can have a lasting impact on a pupil's mental health, behaviour and education.

5. Identifying signs of SEMH difficulties

The school is committed to identifying pupils 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 pupil 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 school suspects that a pupil is experiencing mental health difficulties, the following graduated response is employed:

- 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 strengths and difficulties questionnaire (SDQ) is utilised when a pupil is suspected of having SEMH difficulties. An SDQ 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. A SPENCE Anxiety Scale could also be completed.

Where appropriate, the headteacher 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 pupils who are diagnosed with SEMH difficulties, especially when these may impact the pupil's behaviour and attainment at school.

Staff members discuss concerns regarding SEMH difficulties with the parents of pupils who have SEMH difficulties, and take any concerns expressed by parents, other pupils, colleagues and the pupil in question seriously. Staff consider all previous assessments and progress over time, and then refer the pupil 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 school's SEND Policy.

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
- What indicators they should be aware of that may point to SEMH difficulties, such as behavioural problems, pupils distancing themselves from other pupils or changes in attitude
- Where SEMH difficulties may lead to a pupil developing SEND, it could result in a pupil requiring an EHC plan.
- Persistent mental health difficulties can lead to a pupil developing SEND. If this occurs, the headteacher ensures that correct provisions are implemented to provide the best learning conditions for the pupil, such as providing school counselling. Both the pupil and their parents are involved in any decision-making concerning what support the pupil needs.

The school will promote resilience to help encourage positive SEMH.

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

6. 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.

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 school than most pupils.

School staff are aware of how these pupils' experiences and SEND can impact their behaviour and education.

The impact of these pupils' 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 pupil is being supported by LA children's social care services (CSCS), the school works with their allocated social worker to better understand the pupil'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 pupil.

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

8. 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.

9. 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 headteacher considers the use of a multi-agency assessment for pupils 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 pupil.

The school recognises that not all pupils 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 school, regardless of whether or not a pupil has SEND).

All staff understand their responsibilities to pupils with SEND, including pupils with persistent mental health difficulties.

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.

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 pupil:

	Risk factors	Protective factors
In the pupil	• Genetic influences • Low IQ and learning disabilities Specific • development delay or • neurodiversity • Communication difficulties Difficult temperament Physical illness Academic failure Low self-esteem	• 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 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	• 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

	• 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	
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 behaviour 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

The following table contains common warning signs for suicidal behaviour:

Speech	Behaviour	Mood
The pupil has mentioned the following:	The pupil displays the following behaviour:	The pupil 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 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.

12. SEMH intervention and support

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and 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 cohort we're teaching but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. In order to provide relevant information and support to pupils, it is important to understand the pressures that they are under such as fear of failure, bullying, body image or the online environment.

We will follow the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner. Incorporating this into our curriculum at all stages is a good opportunity to promote pupils' wellbeing through the development of healthy coping strategies and an understanding of pupils' own emotions as well as those of other people. We have units dedicated to growth mindset, metacognition, mindfulness identity and equality and expectations at St. George's Juniors. Within our curriculum we are teaching all children a wellbeing and mindfulness course, Paws B from the Mindfulness in Schools project as well as weekly circle time.

Additional days linked to mental wellbeing, Safeguarding Club and 'Chill and Chat' are just a few of the ways we support our children outside of the curriculum as well as our emphasis upon restorative practice and restorative justice.

We create a supportive culture through positive behaviour management, developing pupils' social skills, buddy support and working with parents/carers. Our behaviour policy includes measures to prevent and tackle bullying, and contains individualised, graduated response when behaviour may be the result of mental health needs or other vulnerabilities.

We have a three-tier system for school-based intervention to ensure all pupils who require it, and the relevant external services are utilised where appropriate. Some examples of this include Zones of Regulation, Drawing and Talking Therapy, CBT, anger management and time with the school dog.

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.

To ensure referring pupils to CYPMHS is effective, staff follow the process below:

- Use a clear, approved process for identifying pupils in need of further support
- Document evidence of their SEMH difficulties
- Encourage the pupil and their parents to speak to the pupil'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 pupil needs their services
- Consult CYPMHS about the most effective things the school can do to support pupils whose needs aren't so severe that they require specialist CYPMHS

The school commissions individual health and support services directly for pupils who require additional help. The services commissioned are suitably accredited and are able to demonstrate that they will improve outcomes for pupils. (Education Access, SPECTRA, Outreach, School nurse, Educational Psychologists, Play Therapists.)

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 mental health specialists.
- The creation of an IHP – a statutory duty for schools when caring for pupils with complex medical needs.
- Seeking professional mental health recommendations regarding medication.

- Family support and/or therapy, where recommended by mental health professionals.

13. Suicide concern intervention and support

Where a pupil discloses suicidal thoughts or a teacher has a concern about a pupil, teachers will:

- 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.

Medical professionals, such as the pupil's GP, are notified as needed.

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. Safety plans:

- Are always created in accordance with advice from external services and the pupil themselves.
- Are reviewed regularly by the DSL.
- Can include reduced timetables or dedicated sessions with counsellors.

14. Working with other schools

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

The school collectively commissions specialist support where appropriate.

15. Commissioning local services

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

The school does not take self-reported claims of adherence to these requirements on face value and always obtains evidence to support such claims before commissioning services.

The school commissions support from school nurses and their teams to:

- Build trusting relationships with pupils.
- Support the interaction between health professionals and schools – they work with mental health teams to identify vulnerable pupils and provide tailored support.
- Engage with pupils in their own homes – enabling early identification and intervention to prevent problems from escalating.

16. Working with parents

We recognise the family plays a key role in influencing children and young people's mental health and wellbeing; we will work in partnership with parents and carers to promote emotional health and wellbeing by:

- Highlighting sources of information and support about common mental health issues on our school website
- Ensuring that all parents are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child
- Making our mental health policy easily accessible to parents
- Sharing ideas about how parents can support positive mental health in their children through our regular information evenings and workshops
- Keeping parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home
- Sharing the National Online Safety newsletter with parents on a weekly basis
- Updating our weekly newsletter with the mental health events or extra-curricular activities we will be participating in
- Updating parents of community hubs or groups available through our newsletters and school website.

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents, 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, the pupil, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents 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 and give them leaflets 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 can also be helpful too e.g., 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 often have many questions as they process the information. Each meeting should be finished with agreed next steps and this should be recorded confidentially on the schools CPOMS digital system.

17. Working with alternative provision (AP) settings

The school works with AP settings to develop plans for reintegration back into the school where appropriate.

The school shares information with AP settings that enables clear plans to be developed to measure pupils' progress towards reintegration into mainstream schooling, further education or employment. These plans link to EHC plans for pupils with SEND.

18. 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 and the Administering Medication Policy.

The governing board will ensure that medication is included in a pupil's IHP where recommended by health professionals.

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

19. Misbehaviour, suspensions and exclusions

When suspension or exclusion is a possibility, the school considers contributing factors, which could include mental health difficulties. All decisions to suspend or exclude a pupil will be taken in line with the Suspension and Exclusion Policy.

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, child protection concerns or mental health problems, in line with the Behaviour Policy. 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 a suspension or

exclusion. If a pupil has SEND or is a lookedafter child, 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.

20. Safeguarding

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

21. Staff Wellbeing

It is recognised at St. George's Juniors that promoting staff health and emotional wellbeing should be an integral part of the whole school approach to mental health and wellbeing. Therefore, training and signposting to materials about mental health and emotional wellbeing is available for all staff. An open-door policy to the Senior Leadership Team and the designated Wellbeing lead is always made available if staff are in need of speaking to someone about any issues of concern and a fully committed, supportive governing body. All staff members have access to health and wellbeing support through the Schools Advisory Service (SAS) and the majority of teaching staff have completed the mindfulness course 'Dot.b'.
Staff are able to access supervision and regular informal check-ins are made.

22. 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 **January 2027**