The right support, at the right time

Social, Emotional and Mental Health (SEMH) Policy

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This policy outlines the framework for Leading Futures Alternative Provision to meet its duty in meeting the needs of learners with social, emotional, and mental health (SEMH) difficulties.

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1. Statement of intent

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

- Promote a positive outlook regarding learners with SEMH difficulties.
- Eliminate prejudice towards learners with SEMH difficulties.
- Promote equal opportunities for learners with SEMH difficulties.
- Ensure all learners with SEMH difficulties are identified and appropriately supported – minimising the risk of SEMH difficulties escalating into physical harm.

We will work with the LA (Local Authority) with regards to the following:

- The involvement of learners and their parents in decision-making.
- The early identification of learners' needs.
- Collaboration between education, health, and social care services to provide support when required.
- Greater choice and control for learners and their parents over their support.

2. 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 regarding the following DfE (Department for Education) guidance:

- DfE (latest edition) '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'
- DfE (latest edition) Working Together to Safeguard Children

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

- Safeguarding and Child Protection Policy
- SEND Policy
- Engagement for Learning Policy
- Equality, Diversity and Inclusion Policy
- Supporting Learners with Medical Conditions and Administering Medicines Policy
- Staff Code of Conduct
- Zero Tolerance - Discrimination, Bullying and Harassment Policy

3. 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 learner'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 learner'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.
- **Emotionally Based School Non-Attendance (EBSNA):** Some learners may present with EBSNA, where difficulties attending education are linked to anxiety, emotional distress, unmet needs or other SEMH factors. The provision adopts a supportive, needs-led approach focused on understanding and reducing barriers to engagement rather than viewing absence as a behavioural issue.

Depression

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

- **Major depressive disorder (MDD):** A learner 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 learner experiencing a daily depressed mood for at least two years.

Hyperkinetic disorders

Hyperkinetic disorders refer to a learner who is excessively easily distracted, impulsive or inattentive. If a learner 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. Learners 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.

4. Roles and responsibilities

Directors are responsible for:

- **Preventing mental health and well-being 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 well-being of the provision community and instil resilience in learners. A preventative approach includes teaching learners about mental well-being through the curriculum and reinforcing these messages in our activities and ethos. Directors are responsible for taking all necessary steps to ensure that learners with SEMH difficulties are not discriminated against, harassed or victimised. They will establish and maintain a

culture of elevated expectations and include learners with SEMH difficulties in all opportunities that are available to other learners.

- **Identifying mental health and well-being difficulties:** By equipping staff with the knowledge required early and accurate identification of emerging problems is enabled. Directors must ensure there are clear systems and processes in place for identifying possible SEMH problems, including routes to escalate and clear referral and accountability systems.
- **Providing early support for learners experiencing mental health and well-being difficulties:** By raising awareness and employing efficient referral processes, the Directors can help learners access evidence-based early support and interventions. They should ensure that those teaching or working with learners with SEMH difficulties are aware of their needs and have arrangements in place to meet them.
- **Accessing specialist support to assist learners with mental health and well-being difficulties:** By working effectively with external agencies, the provision can provide swift access or referrals to specialist support and treatment. Directors must ensure that they have consulted with health and social care professionals, learners, and parents to ensure the needs of learners with SEMH difficulties are effectively supported. They are also responsible for making sure that 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.
- **Identifying and supporting learners with SEND:** As part of this duty, the Directors consider how to use some of the SEND resources to provide support for learners with mental health difficulties that amount to SEND.
- **Identifying where well-being concerns represent safeguarding concerns:** Where mental health and well-being concerns could be an indicator of abuse, neglect or exploitation, the provision will ensure that appropriate safeguarding referrals are made in line with the Child Protection and Safeguarding Policy.
- **Quality assurance:** On an annual basis, carefully reviewing the quality of teaching for learners at risk of underachievement, as a core part of the provision's performance management arrangements. Directors are responsible for assuring staff monitor and review learners' academic and emotional progress during the academic year.

The Director of SEND/ SENDCo is responsible for:

- **Determining the strategic development of SEMH policies and provisions** in the provision.
- **Undertaking day-to-day responsibilities** for the successful operation of the SEMH Policy.
- **Supporting staff and providing professional guidance** in the further assessment of a learner's particular strengths and areas for improvement and advising on the effective implementation of support, ensuring a high standard of provision for learners who have SEMH difficulties.
- **Leading mental health CPD**.
- **Overseeing the whole-provision 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 provision engages learners and parents with regards to learners' mental health and awareness.

- **The deployment of the provision's budget** and other resources to effectively meet the needs of learners with SEMH difficulties.
- **Referring learners with SEMH difficulties to external services**, e.g. specialist children and young people's mental health services (CAMHS), to receive additional support where required.
- **Being a key point of contact with external agencies and additional professionals**, including home schools, educational psychologists, health and social care professionals, mental health support services, the Local Authority Support Services etc.
- **Overseeing the outcomes of interventions** on learners' education and wellbeing.
- **Liaising with parents/ carers** of learners with SEMH difficulties, where appropriate.

Teachers/ Tutors/ Support staff are responsible for:

- **Being aware of the signs of SEMH difficulties**.
- **Planning and reviewing support for their learners** with SEMH difficulties in collaboration with parents, the Director of SEND/ SENDCo and, where appropriate, the learners themselves.
- **Setting elevated expectations** for every learner and aiming to teach them the full curriculum, whatever their prior attainment.
- **Planning lessons to address potential areas of difficult**y to ensure that there are no barriers to every learner achieving their full potential, and that every learner with SEMH difficulties will be able to study the full curriculum.
- **Being responsible and accountable for the progress and development of the learners** in their class.
- **Being aware of the needs, outcomes sought, and support provided** to any learners with SEMH difficulties.
- **Keeping the relevant figures of authority up to date** with any changes in behaviour, academic developments and causes of concern.

5. Creating a supportive culture within the provision

At our alternative provision, we are committed to fostering a positive, inclusive, and emotionally nurturing environment where learners with Social, Emotional and Mental Health (SEMH) needs can thrive. The Directors lead this commitment by clearly articulating a shared vision that prioritises mental health and well-being across all aspects of the provision.

Our approach is holistic and proactive, encompassing a wide range of strategies designed to support learners who may be experiencing heightened psychological stress or are at risk of developing SEMH difficulties. These include:

- **Curriculum integration**: We embed teaching about mental health and well-being within key curriculum areas such as Personal Development and Relationships and Sex Education (RSE), equipping learners with the knowledge, language, and strategies to understand and manage their emotions.

- **Positive behaviour and trauma-informed practice**: Our staff employ positive classroom management techniques and adaptive teaching practices that are responsive to individual needs. We are firmly rooted in a trauma-informed approach, recognising the impact of adverse experiences on learning and behaviour.
- **Skill development and targeted interventions**: We actively promote the development of social and emotional skills through structured activities and targeted interventions tailored to individual learner profiles. These programmes help build resilience, self-regulation, and healthy interpersonal relationships.
- **Family engagement**: Strong partnerships with parents and carers are integral to our provision. We work collaboratively with families to ensure consistency of support and shared strategies for managing emotional and behavioural challenges.
- **Policy framework and governance**: Our provision operates under a robust policy framework, including our *Engagement for Learning Policy*, *Equality, Diversity and Inclusion Policy*, and *Zero Tolerance Policy*. These policies collectively underpin our commitment to creating a safe, inclusive, and respectful learning environment. Our Directors ensure these policies include clear, graduated responses that recognise when challenging behaviours may stem from unmet mental health needs or underlying vulnerabilities.
- **Anti-stigma and support pathways**: We are committed to reducing stigma around mental health. Learners are encouraged to speak openly and seek support when needed. We ensure that they are aware of the internal and external resources available to them, whether they are concerned about their own mental health or that of a peer or family member.

Together, these practices reflect our unwavering dedication to supporting every learner's emotional well-being and ensuring they feel valued, understood, and empowered to reach their full potential.

6. Staff training

Our Directors ensure that all staff have a clear and robust understanding of the diverse and often complex needs of our learners, particularly those experiencing SEMH challenges. We believe that well-informed, confident staff are central to the early identification and effective support of learners at risk.

To this end, the Directors actively promote high-quality Continuing Professional Development (CPD) to ensure that all staff are able to:

- **Recognise early signs and symptoms** of social, emotional and mental health difficulties, including behavioural indicators and changes in emotional regulation.
- **Understand what constitutes a cause for concern**, distinguishing between normal adolescent development and signs of more serious mental health needs.
- **Respond appropriately and sensitively** to emerging issues, following clear safeguarding and referral procedures that ensure accountability and timely intervention.

We have clear internal processes in place to support staff in escalating concerns. These include structured referral pathways, designated points of contact, and a culture of shared responsibility and transparency around learner welfare.

Staff receive targeted training to ensure they can:

- Identify common **suicide risk factors and warning signs**, and respond with urgency and care in line with established safeguarding protocols.
- Take appropriate action if they are concerned about a learner displaying **suicidal ideation or behaviour**, including referring them to designated safeguarding leads or external mental health professionals.
- Navigate the wider **support landscape**, understanding both in-house and external services available to learners, and how to make timely, effective referrals when necessary.
- Understand a broad range of SEMH needs, including **ADHD, anxiety disorders, attachment difficulties, trauma responses**, and other neurodevelopmental or emotional health conditions, and implement practical strategies to support learners experiencing these challenges.

By investing in staff training and developing clear systems of support, our provision creates a confident, compassionate, and well-informed workforce capable of addressing the mental health needs of all learners.

7. Identifying signs of SEMH difficulties

Our provision is deeply committed to the early identification of social, emotional and mental health (SEMH) difficulties in learners. We recognise that timely recognition and intervention are critical in promoting well-being, improving outcomes, and preventing escalation.

Early identification

Staff receive training to help them recognise a broad spectrum of signs that may indicate a learner is struggling with their mental health. These signs may be subtle or overt and can vary between individuals. Indicators may include, but are not limited to:

- Emotional indicators:
    - Anxiety
    - Low mood
    - Mood swings
    - Disproportionate emotional responses
    - Perceived injustices
- Social indicators:
    - Being withdrawn or isolated
    - Difficulty forming or maintaining friendships
    - Avoidance of risk-taking or decision-making
    - Speech anxiety or reluctance to speak
    - Lack of empathy

    - Poor understanding of personal space or boundaries
- Behavioural indicators:
    - Task avoidance
    - Refusal to accept praise
    - Challenging or non-compliant behaviour
    - Physical or verbal aggression
    - Impulsivity
    - Absconding
- Cognitive/academic indicators:
    - Daydreaming
    - Lethargy or apathy
    - Failure to engage in learning
    - Difficulty coping with transitions or change
- Physical/presentational indicators:
    - Poor personal hygiene or presentation
    - Eating difficulties

Staff are especially vigilant in recognising these signs in learners who are statistically more vulnerable to mental health difficulties, including children in care, those with special educational needs and disabilities (SEND), and learners from disadvantaged backgrounds.

Pastoral care and monitoring

A strong pastoral system is in place to ensure that each learner is well known by at least one trusted adult, such as a form tutor or key worker. This personalised approach helps staff identify changes in behaviour or emotional well-being that may warrant further investigation.

Learner data, including attendance, behaviour, and attainment, is reviewed termly by Directors to identify emerging patterns or areas of concern that may suggest an underlying SEMH need.

Graduated response to SEMH concerns

When a learner is suspected of experiencing SEMH difficulties, whether identified by staff or raised by parents/ carers, the following graduated response is implemented:

1. **Assessment** – A thorough evaluation is carried out to build a clear picture of the learner's needs. Tools such as the *Strengths and Difficulties Questionnaire (SDQ)* and/or the *Boxall Profile* may be used to guide this assessment.
2. **Planning** – A tailored support plan is developed, outlining the strategies and resources that will be used to meet the learner's needs.
3. **Action** – Interventions and support are put in place promptly and consistently.
4. **Review** – The effectiveness of the support is regularly reviewed and adapted as necessary to ensure positive progress.

SEND considerations and external support

Where persistent SEMH difficulties are identified, and these are likely to impact learning over time, the Director of SEND (SENDCo) will assess whether the learner's needs meet the criteria for SEND provision. If so, a *Learner Provision Plan (LPP)* is created in collaboration with the learner and their parent(s)/ carer(s), ensuring their voice is central to the process.

With parental consent, the SENDCo may request relevant information from the learner's GP or other external professionals to ensure a full picture of their needs is available. Consideration will be given to all previous assessments and the learner's development over time before making referrals to external agencies for additional specialist support where appropriate.

8. Vulnerable groups

Some learners 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 learners in vulnerable groups and remain vigilant to early signs of difficulties.

Vulnerable groups include the following:

- Learners who have experienced abuse, neglect, exploitation, or other adverse contextual circumstances
- Children in need
- Children in care
- Children previously in care
- Socio-economically disadvantaged learners, 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 learners.

9. Children in need, children in care (CIC) and children previously in care

Our provision recognises that children in need, children in care (CIC), and children previously in care are among the most vulnerable learners in education. These learners are significantly more likely than their peers to experience SEND and face challenges related to mental health and emotional well-being.

These children may present with a wide range of complex and interconnected needs, including but not limited to:

- Difficulties with executive functioning (e.g., organisation, impulse control, attention)
- Challenges in forming and maintaining trusting relationships

- Underdeveloped social communication and interaction skills
- Difficulties in regulating strong emotions and responses
- Sensory processing issues
- Coping challenges related to transitions or change
- Exposure to trauma, neglect, abuse, or exploitation
- Specific conditions such as Foetal Alcohol Spectrum Disorder (FASD)

Many children in need live in highly unstable or chaotic environments and may have limited support available to them outside of the educational setting. These contextual factors can significantly impact their ability to engage in learning and regulate behaviour.

Trauma-informed practice and policy

All staff are trained to understand how trauma and adverse childhood experiences (ACEs) can shape behaviour, cognitive development, and emotional regulation. This understanding is embedded into everyday practice and is reflected in our *Engagement for Learning Policy*, which includes individualised, graduated responses to behaviour. Our policies are designed to be flexible, compassionate, and responsive to the unique experiences and vulnerabilities of each learner.

Collaborative, multi-agency support

We are committed to working closely with external professionals to provide wraparound care that is holistic and effective. This includes:

- **Engagement with social workers**: For learners who are currently supported by local authority children's social care services, we maintain regular communication with their allocated social worker. This collaboration helps us build a full picture of the learner's needs and provides essential context to inform support and safeguarding decisions.
- **Designated teacher and virtual school headteacher (VSH) involvement**: Where concerns arise regarding the behaviour or well-being of a child in care, the designated teacher and the virtual school headteacher (VSH) are notified immediately. Their expertise and oversight help ensure that any intervention is timely, appropriate, and coordinated.
- **Support for children previously in care**: For learners who were previously in care, we work closely with their parents or carers to seek guidance from the VSH, where necessary. This helps to ensure that the legacy of early adverse experiences is acknowledged and responded to with appropriate sensitivity and support.

Holistic assessment and response

Through multi-agency collaboration, our provision strengthens its assessment procedures, ensuring that all contributing factors are considered when identifying needs and planning interventions. This approach enables us to respond promptly and effectively to safeguarding concerns while offering tailored educational and emotional support.

10. Adverse childhood experiences (ACEs) and other events that impact learners' SEMH

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

The provision supports learners 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 provision's existing support systems or via specialist staff and support services.

11. SEND and SEMH

Our provision is fully committed to the early identification and effective support of learners with SEND, including those with SEMH needs. We recognise that unmet SEND, particularly in areas such as communication, cognition, or sensory processing, can often contribute to the development of mental health difficulties or challenging behaviour. The provision recognises that neurodivergent learners may experience heightened levels of anxiety, emotional dysregulation, sensory overwhelm and social difficulties. Support is tailored to individual need and seeks to reduce environmental barriers which may negatively affect mental health and wellbeing.

Identification and early intervention

We follow a rigorous, inclusive approach to identifying SEND, with clear procedures outlined in our full *SEND Policy*. The provision works closely with partner agencies to ensure that learners' needs are accurately assessed and effectively supported.

Where specific types of SEND are present, such as autism spectrum conditions, learning difficulties, or speech and language needs, we acknowledge the significantly increased risk of associated mental health difficulties, including anxiety, emotional dysregulation, and low self-esteem.

We prioritise early intervention and ensure that when a learner exhibits persistent or escalating behavioural challenges, an assessment is undertaken to explore potential underlying needs. This includes evaluating whether:

- The learner's existing SEND is being effectively supported.
- There are unidentified SEND needs contributing to the behaviour.
- There are other contributing factors such as mental health difficulties, adverse family circumstances, or housing instability.

In such cases, the Directors may initiate a multi-agency assessment to build a holistic understanding of the learner's needs and circumstances. This approach allows us to identify and address a full range of barriers to learning and well-being.

Graduated response and support planning

We recognise that not all learners experiencing mental health challenges will have SEND, and conversely, that many learners with SEND may not have a formal mental health diagnosis. For this reason, our provision implements a *graduated response* as standard practice. This approach enables us to assess, plan, implement, and review support according to the level of need, regardless of diagnosis, ensuring that all learners receive appropriate and timely intervention.

Staff knowledge and leadership

All staff understand their statutory and pastoral responsibilities toward learners with SEND, including those with persistent SEMH difficulties. They are equipped with the training and support needed to deliver high-quality, inclusive teaching and to implement reasonable adjustments in the classroom.

The Director of SEND/ SENDCo plays a central role in leading the provision's SEND strategy. This includes:

- Ensuring staff understand how SEND is identified and supported within the provision
- Providing ongoing guidance and professional development for staff
- Coordinating and overseeing interventions and learner support plans
- Liaising with parents, carers, and external professionals (e.g. educational psychologists, CAMHS, speech and language therapists) to ensure that learners receive comprehensive and coordinated support

12. Risk factors and protective factors

While belonging to a vulnerable group can increase the likelihood of experiencing SEMH difficulties, a range of additional factors, both environmental and individual, also play a significant role. These are commonly referred to as **risk factors** and **protective factors**.

- **Risk factors** are characteristics or circumstances that increase the probability of SEMH difficulties developing.
- **Protective factors** are attributes or conditions that reduce the likelihood of SEMH issues and support positive mental health and resilience.

Staff are trained to remain vigilant for the presence of risk factors and to recognise when protective factors are missing or diminished. This awareness enables early identification and timely intervention for learners who may be vulnerable to developing SEMH challenges.

The following table outlines commonly recognised risk and protective factors, as identified by the Department for Education (DfE). These are used to inform pastoral care, curriculum planning, and intervention strategies:

	Risk factors	Protective factors
In the learner	● 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 ● Effective 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 learner's family	● Overt parental conflict including domestic violence ● Family breakdown (including where children are taken into care or adopted) ● Inconsistent or unclear discipline ● Hostile and rejecting relationships ● Failure to adapt to a child's changing needs ● Physical, sexual, emotional abuse, or neglect ● Parental psychiatric illness ● Parental criminality, alcoholism, or personality disorder ● Death and loss – including loss of friendship	● At least one good parent-child relationship (or one supportive adult) ● Affection ● Clear, consistent discipline ● Support for education ● Supportive long-term relationships or the absence of severe discord

	Risk factors	Protective factors
In the provision	● Bullying including online (cyber bullying) ● Discrimination ● Breakdown in or lack of positive friendships ● Deviant peer influences ● Peer pressure ● Peer-on-peer abuse ● Negative online experiences, including exposure to cyberbullying, harmful online content, online exploitation, unrealistic social comparisons, excessive screen use, and content promoting self-harm, suicide or eating disorders ● Poor learner-to-teacher/ provision 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-provision approach to promoting good mental health ● Good learner-to-teacher/ provision 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 provision 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 learner has mentioned the following:	The learner displays the following behaviour:	The learner 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	

13. Stress and mental health

The provision recognises that short-term stress and worry is a normal part of life and that most learners 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.

14. SEMH intervention and support

Curriculum and classroom support

- The Personal Development curriculum promotes learners’ resilience, confidence, and readiness to learn. Learners are taught to:
    - Build self-esteem and a positive self-image.
    - Develop self-reflection and problem-solving skills.
    - Resist self-criticism and perfectionism.
    - Cultivate self-reliance and independent thinking.

    - Engage in positive social interaction.
    - Participate in provision life and contribute to decision-making.
- Teachers/ tutors use a range of tangible resources, adaptive teaching and scaffolding strategies to meet individual needs.
- If necessary, learners have access to scheduled sensory breaks.
- Learners are given advanced notice of assessments and changes to routines.
- Positive classroom management and small group settings are employed to encourage positive behaviour, social development, and high self-esteem.
- Teachers/ tutors are trained in active listening, emotion coaching and trauma informed practice.
- Pastoral support and daily emotional 'check-ins' from a trusted adult/ family liaison officer.

Targeted interventions

Interventions address difficulties through structured education and training programmes. This may include small group sessions which focus on:

- Emotional literacy
- Self-regulation
- Mindfulness and relaxation
- Social skills

Some learners will benefit from the use of the Incredible Five-Point Scale.

Specialist support

Learners may require one to one support and bespoke education packages. This may include:

- One-to-one interventions.
- Individual risk assessments, behaviour plans or health care plans.
- Enhanced communication plans with parents/ carers.

A multi-professional approach

In collaboration with home schools, the provision can commission services with proven outcomes for learners requiring additional support.

- An educational psychologist is available for learners requiring specialist support.
- Support may also be sought from Mental Health Support Teams (MHSTs), counselling services and other relevant professionals where available.
- Serious SEMH cases are referred to CAMHS. To ensure effective referrals to CAMHS, staff:
    - Use a clear, approved identification process
    - Document evidence of SEMH concerns
    - Encourage discussions with the learner's GP
    - Collaborate with local CAMHS to streamline referrals
    - Understand CAMHS referral criteria
    - Maintain close working relationships with CAMHS professionals

- Seek guidance on supporting learners not meeting the threshold for CAMHS intervention

Parent/ carer support

The provision works with parents/ carers wherever possible to ensure that a collaborative approach is utilised which combines in-provision support with at-home support. Parent/ carer involvement is prioritised, as it enhances the impact of interventions.

The provision ensures that learners and their parents/ carers are aware of the mental health support services available from the provision and the wider community.

Parents/ carers are expected to seek and receive external support for their children when necessary, including from their GP, NHS services, CAMHS, voluntary organisations and other sources. Leading Futures is committed to supporting parents/ carers in managing their child's emotional and behavioural needs.

15. Suicide concern intervention and support

- **Initial response**

When a learner discloses suicidal thoughts or when a teacher has concerns about a learner's wellbeing, teachers should:

- Listen attentively, acknowledging that discussing thoughts and feelings can be challenging for the learner.
- Maintain appropriate confidentiality, sharing information only with necessary parties.
- Remain non-judgmental, ensuring the learner feels their concerns are being taken seriously.
- Encourage open communication, allowing the learner to express their genuine intentions.
- Provide close supervision while referring the learner to the Designated Safeguarding Lead (DSL).
- Document all observations and discussions thoroughly, sharing this documentation with the DSL.

- **Referral process**

Following referral to the DSL:

- Local safeguarding procedures will be implemented.
- Parents/ carers will be contacted promptly.
- Medical professionals, including the learner's GP, will be notified as appropriate.

- **Safety planning**

The DSL will coordinate with relevant staff members, the learner, and parents/ carers to develop a comprehensive safety plan that:

- Is developed in accordance with guidance from external support services and input from the learner.
- Undergoes regular review by the DSL.
- May include accommodations such as modified timetables or scheduled counselling sessions.

16. Working with other schools

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

17. Commissioning local services

Our provision only engages external providers who:

- Are appropriately trained, supported, supervised, and insured.
- Operate within agreed policy frameworks and standards.
- Maintain accountability to a recognised professional body.
- Have established clear complaints procedures.

We conduct thorough due diligence on all potential service providers, requiring verifiable evidence of qualifications and compliance rather than accepting self-reported claims.

We strategically commission support from school nurses and their teams to:

- Establish and maintain trusting relationships with learners.
- Facilitate effective collaboration between health professionals and educational staff, enabling mental health teams to identify vulnerable learners and deliver targeted support.
- Conduct home visits that promote early identification and intervention, preventing escalation of concerns.

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

- Build trusting relationships with learners.
- Support the interaction between health professionals and schools – they work with mental health teams to identify vulnerable learners and provide tailored support.

- Engage with learners in their own homes, enabling early identification and intervention to prevent problems from escalating.

18. Administering medication

At Leading Futures, we recognise that some learners may need to take medication to manage their social, emotional and mental health needs. The full arrangements in place to support learners with medical conditions requiring medication can be found in the provision's *Supporting learners with Medical Conditions and the Administering Medication Policy*.

Directors will ensure that medication included in a learner's individual healthcare plan (IHP) were recommended by health professionals.

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

19. Behaviour and exclusions

Our provision recognises that when exclusion becomes a possibility, we must carefully consider all contributing factors, including potential mental health difficulties. We understand that behavioural concerns often stem from underlying issues, which is why we conduct comprehensive assessments to determine whether a learner's behaviour may result from undiagnosed learning difficulties, speech and language challenges, child protection concerns, or mental health problems.

To effectively evaluate these underlying issues, our provision employs established screening tools, including the Boxall Profile and Strengths and Difficulties Questionnaire. This thorough assessment process helps us identify the root causes of disruptive behaviour.

When our assessment indicates that underlying factors likely contribute to a learner's behaviour, we prioritise addressing these root causes rather than immediately resorting to exclusion. This approach is particularly important for learners with Special Educational Needs and Disabilities (SEND) or those in care, for whom permanent exclusion is implemented only as an absolute last resort.

Throughout this process, our provision carefully balances the individual learner's interests against the mental and physical wellbeing of the entire provision community, ensuring fair and supportive outcomes for all concerned.

More information regarding the provision's approach to behaviour and exclusions can be found in our *Engagement for Learning Policy* and in our Exclusions Arrangements Policy.

20. Safeguarding

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

Staff undergo annual statutory training to ensure their knowledge of safeguarding procedures are up to date. Our Director of Service/ Designated Safeguarding Lead (DSL) also adopts a comprehensive approach to training and reinforcement by presenting regular, engaging training sessions that include practical scenarios and case studies to help staff apply procedures to real-world situations.

Within our school environment, both staff and learners are provided with visual reminders (posters, flowcharts etc.) that promote a supportive culture around safeguarding.

If a staff member has a SEMH concern about a learner that is also a safeguarding concern, they take immediate action in line with the *Safeguarding and Child Protection Policy*.

21. Monitoring and review

This policy is reviewed on an annual basis by the Director of SEND, in conjunction with the Director of Service − any changes made to this policy are communicated immediately to all members of staff.

This policy will also be reviewed should the provision experience any serious SEMH related incidents.

All members of staff are required to familiarise themselves with this policy as part of their induction programme.