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success through partnership

# Social, Emotional, Mental Health and Well-Being Policy

October 2024

### **Introduction:**

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

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

- Promote a positive outlook regarding students with SEMH challenges.
- Eliminate prejudice towards students with SEMH challenges.
- Promote equal opportunities for students with SEMH challenges.
- Ensure all students with SEMH challenges are identified and appropriately supported – minimising the risk of difficulties escalating into physical harm and / or negative behaviours.
- Reduce emotionally based school (provision) avoidance which can lead to increased probability of students becoming NEET, CSE or CCE.

We will work with the Local Authority, EOTAS, ICDS, Fair Access, Virtual Schools, Commissioning Organisations, Academies, Academy Trusts and Secondary Schools with regards to the following:

- The involvement of students and their parents in decision-making.
- The early identification of students' needs.
- A multi-agency, student centred approach.

### **Legal Framework:**

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Young People and Families Act 2014
- Health and Social Care Act 2012
- Equality Act 2010
- Education Act 2002
- Mental Capacity Act 2005
- Young People Act 1989

This policy has been created with regard to the following:

- DfE 2021, 2022, 2023, 2024 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: 0-25

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

- Safeguarding and Child Protection.
- Positive Behaviour Management Policy
- Staff Code of Conduct

### **Our Vision:**

Our provision is a calm and considered learning community where staff and students feel safe, secure and nurtured. Our learning community is characterised by our values of:

- Recognise
- Respect
- Routine
- Real

All of which are demonstrated and underpinned by effective relationships built upon mutual respect. Our expectation is that all students and staff behave in appropriate and socially acceptable way. Our provision takes seriously its' role in helping students achieve and we have a part to play in keeping them resilient and mentally healthy.

We aim to increase the level of awareness and understanding of young people's mental health and well-being. We aim to detect and address problems in the earliest stages and nurture effective working relationships with external agencies (where appropriate) to support the mental health and well-being of our students.

### **What is Mental Health and Well-Being:**

Mental health is defined as a person's mental and emotional ability to make a full and positive contribution to the society in which they live in.

Young people who are mentally healthy have the ability to:

- Develop psychologically, emotionally, intellectually and spiritually
- Initiate, develop and sustain mutually satisfying personal relationships
- Use and enjoy solitude
- Become aware of others and empathise with them
- Play and learn
- Develop a sense of right and wrong
- Resolve (face) problems and setbacks and learn from them.

However, 1 in 10 people aged 5-16 have clinically diagnosed mental health problems, while 1 in 6 have an emergent or less severe mental health issue.

### **Pressures on young people:**

Some students may have a genetic disposition to mental health problems, but there are also many pressures that might be placed on young people from external forces that may cause them to struggle with their well-being, including:

- Loss or separation – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially during adolescence), family conflict, or breakdown resulting in the child living elsewhere, being taken in to care or adopted.
- Life changes – such as the birth of a sibling, moving house or changing school, during transitional periods (primary to secondary, secondary to alternative provision).

- Traumatic events – such as abuse, domestic violence, bullying, violence, accidents, injuries, natural disasters or a pandemic.

### **Types of 'common' SEMH challenges:**

A student may be considered to suffer from mental ill health if they are diagnosed with the following:

#### **Anxiety:**

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

- Generalised anxiety disorder: 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: a condition in which people have recurring and regular panic attacks, often for no obvious reason.
- Obsessive-compulsive disorder (OCD): is a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter the mind causing them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to prevent an obsession coming true).
- Specific phobias: 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: a disorder that involves worrying about being away from home, or about being far away from parents, at a level that is much more severe than normal for a student's age.
- Social phobia: an intense fear of social or performance situations.
- Agoraphobia: a fear of being in situations where escape might be difficult or help would be unavailable if things go wrong.

#### **Depression:**

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

- Major depressive disorder (MDD): A student with MDD will show several depressive symptoms to the extent that they impair work, social or personal functioning.
- Dysthymic disorders: This is less severe than MDD and characterised by a student experiencing a daily depressed mood for at least 2 years.

#### **Hyperkinetic disorders:**

Refer to a student who is excessively easily distracted, impulsive or inattentive. If a student is diagnosed with a hyperkinetic disorder, it will be one of the following:

- Attention deficit hyperactivity disorder (ADHD): This has three characteristic types of behaviour: inattention, hyperactivity and impulsivity. While some young people show signs of all three characteristics, which is called 'combined ADHD', other young people diagnosed show only one.

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

#### Attachment disorders:

Attachment disorders refer to the excessive distress experienced when a child is separated from a special person in their life, like a parent. Students suffering from attachment disorders can struggle to make future secure attachments with peers. Researches generally agree that there are four main factors that influence attachment disorders, they are:

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

#### Eating disorders:

These 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. These can affect both genders.

#### Substance misuse:

Is the use of harmful substances e.g. drugs and alcohol.

#### Deliberate self-harm:

Is when someone hurts themselves deliberately, as a way of dealing with difficult feelings, experiences or situations. People who self-harm, choose to so in many different ways, including:

- Cutting, damaging skin
- Fighting with an intention of being hurt
- Swallowing hazardous objects, poisoning
- Taking prescription or non-prescription drugs
- Burning or scalding
- Hair-pulling
- Banging, hitting, punching, bruising the head or other parts of the body
- Scouring or scrubbing the body excessively
- Inappropriately using aerosols
- Episodes of alcohol, drug or substance misuse
- Under or overeating

#### 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 (PTSD).

### **Roles and Responsibilities:**

The Senior Leadership team are responsible for:

- Preventing mental health and wellbeing difficulties: By creating a safe and calm environment, where mental health problems are less likely to occur, the leadership can improve the mental health and wellbeing of the school community and instil resilience in students. A preventative approach includes teaching students about mental wellbeing through the curriculum and reinforcing these messages in our activities and ethos.
- Identifying mental health and wellbeing difficulties: By equipping staff with the knowledge required, early and accurate identification of emerging problems is enabled.
- Providing early support for students experiencing mental health and wellbeing difficulties: By raising awareness and employing efficient referral processes, the leadership can help students access evidence-based early support and interventions.
- Accessing specialist support to assist students with mental health and wellbeing difficulties: By working effectively with external agencies, the provision can provide swift access or referrals to specialist support and treatment.
- Identifying and supporting students with SEND: As part of this duty, the leadership considers how to use resources to provide support for students with mental health difficulties.
- Identifying where wellbeing concerns represent safeguarding concerns: Where mental health and wellbeing 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.

The Head of Provision and Proprietor are responsible for:

- Fully engaging students with SEMH difficulties and their parents when drawing up policies that affect them.
- Identifying, assessing and organising provision for all students with SEMH difficulties, whether or not they have an EHC plan.
- Endeavouring to secure the special educational provision called for by a student's SEMH difficulties.
- Designating an appropriate member of staff to coordinating provisions for students with SEMH difficulties.
- Taking all necessary steps to ensure that students with SEMH difficulties are not discriminated against, harassed or victimised.
- Ensuring arrangements are in place to support students with SEMH difficulties.
- Appointing an individual to oversee the provision'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.
- Ensuring that those teaching or working with students with SEMH difficulties are aware of their needs and have arrangements in place to meet them.
- Ensuring that the teaching team monitor and review students' academic and emotional progress during the course of the academic year.
- Ensuring that the teaching team have sufficient time and resources to carry out their functions, in a similar way to other important strategic roles within the provision.
- On an annual basis, carefully reviewing the quality of teaching for students at risk of underachievement, as a core part of the provision's performance management arrangements.

- Ensuring that staff members understand the strategies used to identify and support students with SEMH difficulties.
- Ensuring that procedures and policies for the day-to-day running of the provision do not directly or indirectly discriminate against students with SEMH difficulties.
- Establishing and maintaining a culture of high expectations and including students with SEMH difficulties in all opportunities that are available to other students.
- Consulting health and social care professionals, students and parents to ensure the needs of students with SEMH difficulties are effectively supported.
- Keeping parents and relevant staff up to date with any changes or concerns involving students with SEMH difficulties.
- Ensuring staff members have a good understanding of the mental health support services that are available in their local area, both through the NHS and voluntary sector organisations.

The Senior Mental Health Lead is responsible for:

- 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 students and parents with regards to students' mental health and awareness.
- Collaborating with the SLT, to outline and strategically develop SEMH policies and provisions.
- Coordinating with mental health support teams to provide a high standard of care to students who have SEMH difficulties.
- Advising on the deployment of the school's budget and other resources in order to effectively meet the needs of students with SEMH difficulties.
- Providing professional guidance to colleagues about mental health and working closely with staff members, parents and other agencies, including SEMH charities.
- Overseeing the outcomes of interventions on students' education and wellbeing.
- Liaising with parents of students with SEMH difficulties, where appropriate.
- Liaising with other schools, educational psychologists, health and social care professionals, and independent or voluntary bodies.
- Liaising with the potential future providers of education, such as secondary school teachers, to ensure that students and their parents are informed about options and a smooth transition is planned.
- Leading mental health CPD.

The DSLs are responsible for:

- 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.
- Referring students with SEMH difficulties to external services, e.g. specialist young people and young people's mental health services (CYPMHS), to receive additional support where required.
- Ensure accurate record keeping for safeguarding, including mental health concerns.

The Teaching Team are responsible for:

- Collaborating as part of the SLT, to determine the strategic development of SEMH policies and provisions.
- Undertaking day-to-day responsibilities for the successful operation of the SEMH Policy.

- Supporting in the further assessment of a student's particular strengths and areas for improvement, and advising on the effective implementation of support
- Being aware of the signs of SEMH difficulties.
- Planning support for their students with SEMH difficulties in line with teaching and learning procedures.
- Setting high expectations for every student and aiming to teach them the full curriculum, whatever their prior attainment.
- Planning lessons to address potential areas of difficulty to ensure that there are no barriers to every student achieving their full potential, and that every student with SEMH difficulties will be able to study the full national curriculum.
- Being responsible and accountable for the progress and development of the students.
- Being aware of the needs, outcomes sought and support provided to any students with SEMH difficulties.
- Reporting any changes in behaviour, academic developments and causes of concern on CPOMS.

### **Creating a Supportive Whole-Provision Culture:**

SLT will clearly communicate their vision for good mental health and well-being with the whole learning community.

Our provision utilises various strategies to support students who are experiencing high levels of psychological distress, or who are at risk of developing SEMH challenges, including:

- Teaching about mental health and well-being through our citizenship and PSHE.
- Awareness days, weeks.
- Counselling (where required).
- Early Help.
- Referrals to external agencies.
- Positive rewards / incentives.
- Development of student social skills.
- Restorative justice.
- Parental engagement.
- Peer support.

Through our PHSE curriculum, and as registered members of the PHSE Association, our students are taught how to:

- Build self-esteem and a positive self-image.
- Problem solving and self-reflection.
- Protect against self-criticism and social perfectionism.
- Develop self-reliance and independent thinking.
- Create positive interactions with others.
- Develop anonymity over choices of tasks set.

Our Positive Behaviour Management Policy includes measures to tackle bullying (alongside our Child-on-Child Abuse Policy), and contains individualised, graduated responses where behaviour may be the



result of mental health needs and vulnerabilities. Our students are always known to us and through relationship we are able to assess, manage and de-escalate behaviours to prevent any known triggers.

The SLT ensure there are clear and precise policies and procedures in place.

Students known where to go for further information and support should they ever wish to talk about their mental health needs or concerns or their concerns of a peer or family member. As a provision, we ensure we work closely with our families and recognise that we are here to support, care and nurture our families; not just the children.

### **Staff Training:**

The staff team receive regular updates and training around mental health and well-being and it is written in the schools (provision) improvement plan. The teaching team have a clear understanding of the needs of all students, including those with SEMH.

As part of our ongoing CPD, staff are given training to recognise common symptoms of mental health challenges, understand what represents a concern and know how to report these. Our staff receive training so that they:

- Can recognise common suicide risk factors and warning signs.
- Understand what to do if they have concerns about a student (including a student demonstrating suicidal behaviours).
- Know what support is available for students and how to refer students to support where needed.

### **Identifying Signs of SEMH Challenges:**

As a provision, we are committed to identifying students with SEMH challenges at the earliest stage where possible. Staff are trained to know how to identify possible mental health problems and understand what to do if they spot signs of emerging difficulties. When we suspect a student is experiencing mental health difficulties, a graduated response is employed:

1. An assessment is undertaken to establish a clear analysis of the student's needs.
2. A plan is set out to determine how the student will be supported.
3. Action is taken to provide that support.
4. Regular reviews are undertaken to assess the effectiveness of the provision and changes are made as necessary.

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

As part of the ILP process, a self-esteem questionnaire is completed and analysed with all students, irrespective of mental health challenges. This is in part a chance to understand the way in which students view themselves and how we, as a provision, can support their development of a positive self-image.

As a team, we understand that persistent mental health challenges can lead to a student developing SEND. If this occurs, the provision ensures that correct procedures are in place and implemented to

provide the best learning condition for the student, such as providing counselling or a reduced timetable. Both the student and the parents / carers and commissioning body are involved in any decision making concerning the support the student requires. Where possible, the provision is aware of any health-related support programmes for students diagnosed with SEMH challenges.

As a provision, we pride ourselves on complete transparency and will discuss SEMH challenges with parents. We consider all previous assessments and progress over time and will then re-refer if required. We always take all concerns expressed by parents, carers, other students, colleagues and the student in question seriously and any assessment, intervention and support processes available from the LA are in line with the local offer.

Through our work, we promote resilience to help encourage positive SEMH. Staff understand that familial loss, or separation, significant changes in a student's life of traumatic events are likely to cause SEMH difficulties. We understand what indicators point to SEMH challenges, such as behaviour problems, student's distancing themselves from others and a change in attitude. Any behaviour is managed in line with the provision's Positive Behaviour Management Policy.

Staff always observe, identify and monitor the behaviour of students and those potentially displaying signs of SEMH challenges; however, **only medical professionals** will make a diagnosis of mental health conditions.

Student data is reviewed half termly by SLT so that patterns of attainment, attendance and behaviour are noticed and can be acted upon.

An effective pastoral system is in place from the moment a referral for a new student is made. For example, **every** student is known by **all** members of staff where they can spot unusual behaviours or patterns which may need addressing, reporting or referring. The team are mindful that some groups of students are more vulnerable to mental health challenges than others, including CLA, students with SEND and students from disadvantaged backgrounds. The team recognise the challenges some of our students have with referral to alternative provision and actively promote a positive image and support around mental health challenges to the child and their family.

Staff are aware of the signs that may indicate if a student is struggling with their SEMH. The signs may include, but are not limited to:

- Anxiety
- Low mood
- Withdrawn behaviour
- Unable to make choices
- Low self-worth
- Refusal to accept praise
- Isolating themselves
- Failure to engage
- Poor personal presentation
- Lethargy / apathy
- Daydreaming
- Unable to make and sustain friendships
- Speech anxiety or a reluctance to speak
- Task avoidance
- Challenging behaviour

- Restlessness or over-activity
- Non-compliance
- Mood swings
- Impulsivity
- Physical aggression
- Verbal aggression
- Perceived injustices
- Disproportionate reactions to situations
- Difficulties with change or transitions
- Absconding
- Eating issues
- Lack of empathy
- Lack of personal boundaries
- Poor awareness of personal space

### **Risk Factors and Protective Factors:**

There are a number of risk factors that are associated with an increased likelihood of SEMH challenges. These are known as risk factors. There are also factors associated with a decreased likelihood of SEMH. These are known as protective factors. Below displays common risk factors for SEMH challenges (as outlined by the DfE) that staff remain vigilant of and the protective factors that staff look for and notice when missing from a student or their family.

|                         | Risk Factor   | Protective Factor   |
|-------------------------|---|---|
| In the student          | Genetic influences<br>Low IQ and learning disabilities<br>Specific development delay or neuro-diversity<br>Communication difficulties<br>Difficult temperament<br>Physical illness<br>Academic failure<br>Low self-esteem   | Secure attachment experience<br>Outgoing temperament as an infant<br>Good communication skills and sociability<br>Being a planner and having a belief in control<br>Humour<br>A positive attitude<br>Experiences of success and achievement<br>Faith or spirituality<br>Capacity to reflect |
| In the student's family | Overt parental conflict including domestic violence<br>Family breakdown (including where young people are taken into care or adopted)<br>Inconsistent or unclear discipline<br>Hostile and rejecting relationships<br>Failure to adapt to a child's changing needs<br>Physical, sexual, emotional abuse, or neglect<br>Parental psychiatric illness<br>Parental criminality, alcoholism or personality disorder | At least one good parent-child relationship (or one supportive adult)<br>Affection<br>Clear, consistent discipline<br>Support for education<br>Supportive long-term relationships or the absence of severe discord  |

|                  |   |  |
|------------------|---|--|
|                  | Death and loss – including loss of friendship   |  |
| In the provision | Bullying including online (cyber bullying)<br>Discrimination<br>Breakdown in or lack of positive friendships<br>Deviant peer influences<br>Peer pressure<br>Child-on-child abuse<br>Poor student-to-teacher/school staff relationships  | Clear policies on behaviour and bullying<br>Staff behaviour policy (also known as code of conduct)<br>‘Open door’ policy for young people to raise problems<br>A whole-provision approach to promoting good mental health<br>Good student-to-teacher/school staff relationships<br>Positive classroom management<br>A sense of belonging<br>Positive peer influences<br>Positive friendships<br>Effective safeguarding and child protection policies.<br>An effective early help process<br>Understand their role in, and are part of, effective multi-agency working<br>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<br>Homelessness<br>Disaster, accidents, war or other overwhelming events<br>Discrimination<br>Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation<br>Other significant life events | Wider supportive network<br>Good housing<br>High standard of living<br>High morale school with positive policies for behaviour, attitudes and anti-bullying<br>Opportunities for valued social roles<br>Range of sport/leisure activities  |

Below is a table which contains common warning signs for suicidal behaviour.

| Speech   | Behaviour  | Mood  |
|--|--|---|
| The student has mentioned the following:   | The student displays the following behaviour:  | The student often displays the following moods:   |
| Killing themselves<br>Feeling hopeless<br>Having no reason to live<br>Being a burden to others<br>Feeling trapped<br>Unbearable pain | Increased use of alcohol or drugs<br>Looking for ways to end their life such as searching suicide online<br>Withdrawing from activities<br>Isolating themselves from family and friends<br>Sleeping too much or too little | Depression<br>Anxiety<br>Loss of interest<br>Irritability<br>Humiliation and shame<br>Agitation and anger<br>Relief or sudden improvement e.g. through self-harm activities |

|  |  |  |
|--|--|--|
|  | Visiting or calling people to say goodbye<br>Giving away possessions<br>Aggression<br>Fatigue<br>Self-harm |  |
|--|--|--|

Where a student discloses suicidal thoughts or a member of the teaching team have a concern about a student, this **must** be reported on CPOMS and inform the DSLs immediately. The pastoral lead will liaise with the parents / carers regarding the concerns around suicidal speech, behaviour or mood. The DSL and / or pastoral lead will then refer to external agencies where appropriate and alongside the student, parents / carers and commissioning body a safety plan will be created outlining how the student will be kept safe and supported.

#### **Working with Parents / Carers / Guardians:**

Regency Source Alternative Provision works with the family wherever possible to ensure that a collaborative approach is utilised. The provision ensures that students and families are aware of the mental health and well-being support available from our provision but signposting to others also (via [www.regencysource.co.uk](http://www.regencysource.co.uk)). Parents and students are encouraged to seek and receive support elsewhere including from a GP, NHS services, trained professionals working in CYPMHS, voluntary organisations and other sources of support.

#### **Monitoring and Review:**

The Senior Leadership Team will monitor the effectiveness of the SEMH Policy.

The SEMH Policy and all associated policies and procedures are subject to an annual review. In the event of any significant changes within the organisation e.g. changes in legislation and/or changes to management arrangements within this timeframe, Regency Source reserves the right to make whatever changes it deems appropriate.

Any updated policies and procedures will be made available on the shared drive.

|                 |                               |                       |
|-----------------|-------------------------------|-----------------------|
| Policy Created  | 25 <sup>th</sup> October 2023 | M Thorne (Head of AP) |
| Policy Adopted  | 25 <sup>th</sup> October 2023 | SLT                   |
| Policy Reviewed | 18 <sup>th</sup> October 2024 | SLT                   |
|                 |                               |                       |