



DENBIGH SCHOOL



Denbigh School

Social, Emotional Mental Health (SEMH) Statement

February, 2024

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Key Personnel

Deputy Head for Care and Opportunity, DSL,
Mental Health Lead & Staff Well-being Lead
SENDCo
Assurance Governor for Staff Well-being
PSHE Curriculum Lead
School Counsellor
DSL Lead (Operational)
Assistant Headteacher, Behaviour and Attendance
Pastoral Mentor
Pastoral Assistant
LGBTQ+ Ambassador
First Aid Mental Health Lead

Phil Myers

Sara Smith

Russell Newham

Liam Looker

Luke Fisher

Alison Butterfield

Mike Stewart

Carolyn Boddy

Rox Anderson

Thom Harrington

Deb Porter

1. Statement of Intent

The Denbigh School Social, Emotional Mental Health (SEMH) Statement should be read alongside the Denbigh Alliance Trust Wellbeing at Work Policy and Staff Wellbeing at Watling Academy.

1.1 Moral Purpose

Denbigh School is committed to providing a healthy and caring environment that promotes and supports positive mental health and well-being for our students, staff and our community. We are passionate about making a difference and positive mental health is vital to what we do as a school; it underpins the crucial work we carry out to support students, staff and their families. We are active participants in ensuring our core values of **Kindness, Respect and Do No Harm** are evident in all that we do.

By considering student and staff well-being in all aspects of school life we promote and improve student engagement, performance and achievement which in turn gives everyone an opportunity to develop and achieve their full potential.

1.2 What Effective Mental Health and Well-being means

- No student or member of staff is anonymous.
- We prioritise those who need our help most, but we intervene with all.
- We respond to individual need and put in place personalised support strategies to help each individual.
- We are both pro-active and re-active in supporting the well-being of members of our community.
- We always act with our core values of **Kindness, Respect and Do No Harm** at the heart of everything we do.
- We act on all reported issues concerning mental health and well-being.
- The safeguarding of all is paramount.

2. Creating a supportive whole-school culture

2.1 It is important that all members of the Denbigh School Community have a shared vision for good mental health and well-being.

2.2. At Denbigh School we aim to promote positive mental health for every member of our staff and student body. We pursue this aim using both whole school approaches and specialised, targeted approaches aimed at vulnerable students. In addition to promoting positive mental health, we aim to recognise and respond to mental ill-health.

2.3 The School utilises various strategies to support students and staff who are experiencing high levels of psychological stress, or who are at risk of developing SEMH problems, including:

- Having a clear Pastoral support structure in-school.
- Teaching about mental health and well-being through our curriculum.
- Developing student mental health ambassadors.
- Encouraging all staff to take an active part in well-being trios.
- Mentoring.

- Counselling.
 - Positive classroom management.
 - Developing students' social skills.
 - Working with parents.
 - Encouraging and developing peer support.
 - Ensuring no student is anonymous.
 - Ensuring no member of staff is anonymous.
 - Creating an open-door ethos for staff to share concerns.
- 2.4** The School's Behaviour Policy and Anti-Bullying Policy include measures to prevent and tackle bullying. They contain an individualised, graduated response when behaviour may be the result of mental health needs or other vulnerabilities.
- 2.5** We will ensure that we have policies and processes in place to help reduce stigma and make students and staff feel comfortable enough to discuss mental health concerns.
- 2.6** Students and staff 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 well-being.
- 2.7** The School's Behaviour Policy and the Trust's Equality, Diversity & Inclusion Policy demonstrate the importance of taking immediate action against any discrimination against protected characteristics and SEND.

3. Legal Framework

- 3.1** This Statement 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
 - Mental Capacity Act 2005
 - Education Act 2002
 - Children Act 1989
- 3.2** This Statement has been created with regard to the following DfE guidance:
- DfE (2021) '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'
- 3.3** This Statement also has due regard to the School's and Trust's policies including, but not limited to, the following:
- Child Protection and Safeguarding Policy
 - Special Needs & Disability Policy
 - Behaviour Policy
 - Staff Code of Conduct
 - Suspension and Permanent Exclusion Policy

4. Roles and responsibilities

4.1 Responsibility for mental health at Denbigh School is shared amongst students and staff including The Local School Board, Headteacher, SLT, SMHL (Senior Mental Health Lead), SENDCo, School Counsellor. Students and staff all have a significant role in supporting every one of us to achieve our statement of intent as outlined at the beginning of this Statement.

4.2 Responsibilities include:

4.2.1 Creating an environment that supports the:

- Prevention of mental health and well-being difficulties.
- Identification of mental health and well-being difficulties.
- Provision of early support for students and staff experiencing mental health and well-being difficulties.
- Identification of well-being concerns that represent safeguarding concerns.

4.2.2 Ensuring arrangements are in place to support students with SEMH difficulties. This includes:

- Ensuring there are clear systems and processes in place for identifying possible SEMH problems. Where problems are identified, a clear procedure for the allocation of intervention is adhered to and reviewed regularly.
- Ensuring a regular meeting of the Mental Health Staff Team in-school to discuss trends and individual students in order to identify the most appropriate intervention to be used.
- Ensuring that those teaching or working with students with SEMH difficulties are aware of their needs and have arrangements in place to meet them.
- Co-ordinating with the SENDCo and Mental Health Staff Team to provide a high standard of care to students who have SEMH difficulties.

4.2.3 Working with parents and external agencies. This includes:

- Consulting health and social care professionals, students and parents to ensure the needs of students with SEMH difficulties are effectively supported.
- Providing professional guidance to colleagues about mental health and working closely with staff members, parents and other agencies, including SEMH charities.
- Referring students with SEMH difficulties to external services, to receive additional support where required.

4.2.4 Ensuring effective training is in place that will include:

- Having a shared vision for mental health across the school.
- Supporting staff to 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.
- Ensuring the Mental Health Staff Team have access to regular and quality professional development.

4.2.5 Ensuring the curriculum and teaching and learning is inclusive at every level which will include:

- Teachers planning and reviewing support for their students with SEMH difficulties in collaboration with parents, the SENDCo and, where appropriate, the students themselves.
- Setting high expectations for every student and aiming to teach them the full curriculum, whatever their prior attainment.
- Planning lessons to address potential areas of difficulty to ensure that there are no barriers to every student achieving their full potential, and that every student with SEMH difficulties will be able to study the full national curriculum.
- Being responsible and accountable for the progress and development of the students in their class.
- Being aware of the needs, outcomes sought, and support provided to any students with SEMH difficulties.
- Keeping the relevant members of the Pastoral Team up-to-date with any changes in behaviour, academic developments and causes of concern.

5. Vulnerable groups

- 5.1** Some students are particularly vulnerable to SEMH difficulties. These vulnerable groups are more likely to experience a range of adverse circumstances that increase the risk of mental health problems.
- 5.2** Staff are aware of the increased likelihood of SEMH difficulties in students in vulnerable groups and remain vigilant to early signs of difficulties.
- 5.3** Vulnerable groups include the following:
- Students who have experienced abuse, neglect, exploitation or other adverse contextual circumstances.
 - Children in need.
 - Looked After Children (LAC).
 - Previously Looked After Children (PLAC).
 - Socio-economically disadvantaged students, including those in receipt of, or previously in receipt of, free school meals and the pupil premium.
 - Students attending alternative provision.

6. Stress and mental health

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

7. SEMH intervention and support

- 7.1** The PSHE curriculum focusses on promoting students' resilience, confidence and ability to learn.
- 7.2.** Positive classroom management and working in small groups is utilised to promote positive behaviour, social development and high self-esteem.
- 7.3.** A range of interventions is offered to students who require it. These include:
- Social Emotional and Learning workshops (SEAL) in small groups.
 - Art Therapy Classes.
 - One-to-one counselling.

- Protective Behaviour work.
 - Group work regarding behaviour and SEMH – run by external agency – ‘Thinking for the Future’ (TFTF).
 - Peer mentoring.
 - One-to-one mentoring.
- 7.4.** Relevant external services are utilised where appropriate.
- 7.5.** 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 student as much as possible throughout the process.
- 7.6.** Serious cases of SEMH difficulties are referred to external agencies such as Service 6 and CAMHS.
- 7.7.** The School commissions individual health and support services directly for students who require additional help.
- 7.8.** Through the curriculum (which includes tutor time), students 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.

8. Safeguarding concerns including suicide concern intervention and support

- 8.1** Where a student discloses a safeguarding concern or a teacher has a concern about a student, teachers should:
- Listen carefully, remembering it can be difficult for the student to talk about their thoughts and feelings.
 - Be non-judgemental, making sure the student knows they are being taken seriously.
 - Be open, providing the student with a chance to be honest about their true intentions.
 - Supervise the student closely whilst referring the student to the DSL for support.
 - Record details of their observations or discussions and share them with the DSL.
- 8.2.** Once concerns have been referred to the DSL, local safeguarding procedures are followed and the student’s parents are contacted.
- 8.3.** The DSL and any other relevant staff members, alongside the student and their parents, may, where appropriate, work together to create a safety plan outlining how the student is to be kept safe and the support available to them.
- 8.4.** Where there is a concern that the student’s SEMH puts them at potential immediate risk, an initial assessment will be made by the School Counsellor. Following this, parents will be contacted and may well be asked to collect the student to take them to Accident and Emergency.

9. Working with parents

- 9.1** The School works with parents wherever possible to ensure that a collaborative approach is utilised which combines in-school support with at-home support.
- 9.2.** The School ensures that students and parents are aware of the mental health support services available from the School.

- 9.3. Parents and students are expected to seek and receive support elsewhere, including from their GP, NHS services, trained professionals working in CAMHS, voluntary organisations and other sources.

10. Working with alternative provision (AP) settings

- 10.1 The School works with AP settings to develop plans for reintegration back into the school where appropriate.
- 10.2. The School shares information with AP settings that enables clear plans to be developed to measure students' progress towards reintegration into mainstream schooling, further education or employment. These plans link to EHC plans for students with SEND.

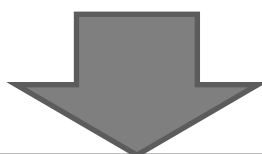
11. Monitoring and review

- 11.1 This Statement is reviewed on an annual basis by the LSB – any changes made to this Statement are communicated to all members of staff.
- 11.2. This Statement is reviewed in light of any serious SEMH related incidents.
- 11.3. All members of staff are required to familiarise themselves with this Statement as part of their induction programme.

Roles/Interventions to support mental health and well-being

Classroom Teacher/Form Tutor/Head of Department

- Use praise	- Increase dialogue with student
- Catch them being good/participating	- Develop positive relationships
- Allow students to move places	- Open door Statement for students to raise concerns
- Speak with students	- Have positive classroom management
- Ring/email parents	- Clear, consistent discipline
- Liaise with form tutor/class teachers	- Pass on concerns
- Support positive friendships	- Support with learning



Head of Year/ Pastoral Support/Well-being Lead/SENDCo/Counsellor

- Speak with students	- One to one meetings
- Put on matrix and bring to Mental Health Group Meeting	- Discuss level of need and possible intervention required
- Ring/meet with parents	- Home Visits
- Reward initiatives	- Work with family
- Liaise with external agencies	- Monitor impact of interventions
- Support positive peer influences	



SMHL/SLT

- Ensure clear policies are in place	- Ensure effective safeguarding is in place
- Set up a whole-school approach to promoting good mental health	- Understand their role in, and are part of, effective multi-agency working
- Ensure 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	

Staff Training

- Staff are trained to know how to identify possible mental health problems and understand what to do if they spot signs of emerging difficulties.
- When the School suspects that a student is experiencing mental health difficulties, the following graduated response is employed:
 - An assessment is undertaken to establish a clear analysis of the student's needs.
 - A plan is set out to determine how the student will be supported.
 - Action is taken to provide that support.
 - Regular reviews are undertaken to assess the effectiveness of the provision, and changes made as necessary.
- Members of the safeguarding and pastoral teams meet weekly to discuss students on a Care matrix. Students with SEMH difficulties are placed on the matrix. This helps us ensure that no student is missed. Interventions are timed and a named member of staff takes the lead monitoring the impact of the interventions in place.
- Staff members promote resilience to help encourage positive SEMH.
- Staff members will observe, identify and monitor the behaviour of students potentially displaying signs of SEMH difficulties; however, **only medical professionals** will make a diagnosis of a mental health condition.
- An effective pastoral system is in place so that every student is well known by at least one member of staff, for example, the form tutor, who can spot when disruptive or unusual behaviour may need investigating and addressing.
- Staff members are mindful that some groups of students are more vulnerable to mental health difficulties than others; these include LAC, students with SEND and students from disadvantaged backgrounds.
- Staff members are aware of the signs that may indicate if a student is struggling with their SEMH. The signs of SEMH difficulties may include, but are not limited to, the following list:
 - Anxiety
 - Low mood
 - Being withdrawn
 - Avoiding risks
 - Unable to make choices
 - Low self-worth
 - Isolating themselves
 - Refusing to accept praise
 - Failure to engage
 - Poor personal presentation
 - Lethargy/apathy
 - Daydreaming
 - Unable to make and maintain friendships
 - Speech anxiety/reluctance to speak
 - Task avoidance
 - Challenging behaviour
 - Restlessness/over-activity
 - Non-compliance
 - Mood swings
 - Impulsivity
 - Physical aggression
 - Verbal aggression
 - Perceived injustices
 - Disproportionate reactions to situations
 - Difficulties with change/transitions

- Absconding
- Eating issues
- Lack of empathy
- Lack of personal boundaries
- Poor awareness of personal space

Common SEMH difficulties

It is important to note that these are mental illnesses and therefore diagnosed by a medical expert. At school, we respect this diagnosis and put in place strategies to support students.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Deliberate self-harm: Deliberate self-harm is a person intentionally inflicting physical pain upon themselves.

Post-traumatic stress: Post-traumatic stress is recurring trauma due to experiencing or witnessing something deeply shocking or disturbing. If symptoms persist, a person can develop post-traumatic stress disorder.

Children in need, LAC and previously LAC (PLAC)

- Children in need, LAC and PLAC are more likely to have SEND and experience mental health difficulties than their peers.
- Children in need, LAC and PLAC are more likely to struggle with executive functioning skills, forming trusting relationships, social skills, managing strong feelings, sensory processing difficulties, foetal alcohol syndrome and coping with change.
- Children in need may also be living in chaotic circumstances and be suffering, or at risk of, abuse, neglect and exploitation. They are also likely to have less support available outside of school than most students.
- School staff are aware of how these students' experiences and SEND can impact their behaviour and education.
- The impact of these students' experiences is reflected in the design and application of the School's Behaviour Policy, including through individualised graduated responses.
- The school uses multi-agency working as an effective way to inform assessment procedures.
- Where a student is being supported by LA Children's Social Care Services, the School works with their allocated social worker to better understand the student's wider needs and contextual circumstances. This collaborative working informs assessment of needs and enables prompt responses to safeguarding concerns.
- When the School has concerns about a looked-after child's behaviour, the designated teacher and virtual school head (VSH) are informed at the earliest opportunity so they can help to determine the best way to support the student.