Woodside Academy

Social, Emotional and Mental Health (SEMH) Policy

"We want the best lifetime opportunities for every child"
from School Vision Statement "Excellence Through Opportunity"

Agreed by SLT: March 2026

Introduction

This policy outlines the framework for Woodside Academy to meet its duty in providing and ensuring a high quality of education to all of its pupils, including pupils with social, emotional and mental health (SEMH) needs, and to do everything it can to meet the needs of pupils with SEMH Needs.

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

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

We will work with the LA with regards to the following:

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

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 2011
- Mental Capacity Act 2019
- Children Act 1989, 2004
- The Data Protection Act 2018
- Articles 3 and 23 of the UN Convention on the Rights of the Child

This Policy has been created with regard to the following DfE guidance:

- DfE (2024) 'Keeping children safe in education'
- DfE (2025) '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 years'

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

- Child Protection and Safeguarding Policy
- SEND Policy
- Behavioural Policy
- Supporting Pupils with Medical Conditions Policy
- Staff Code of Conduct
- Administering Medication Policy
- Exclusion Policy

Common SEMH Needs

Anxiety – Anxiety refers to feeling fearful or panicked, breathless, tense, fidgety, sick, irritable, tearful, or having difficulty sleeping. Anxiety can significantly affect a pupil'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 pupil'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 pupil'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 pupil 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 pupil experiencing a daily depressed mode for at least two years

Hyperkinetic disorders – Hyperkinetic disorders refer to a pupil who is excessively easily distracted, impulsive or inattentive. If a pupil 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 it 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. Pupils suffering from attachment disorders can struggle to make secure attachment with peers. Researchers generally agree that there are four main factors that influence attachment disorder, 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 systems persist, a person can develop post-traumatic stress disorder.

Roles and Responsibilities

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

- Preventing mental health and wellbeing needs 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 pupils. A preventative approach includes teaching pupils about mental wellbeing through the curriculum and reinforcing these messages in our activities and ethos
- Identifying mental health and wellbeing needs by equipping staff with the knowledge required, early and accurate identification of emerging problems is enabled
- Providing early support for pupils experiencing mental health and wellbeing needs by raising awareness and employing efficient referral processes, the school's leadership can help pupils access evidence-based early support and interventions

- Accessing specialist support to assist pupils with mental health and wellbeing needs by working effectively with external agencies, the school can provide swift access or referrals to specialist support and treatment
- Identifying and supporting pupils with SEND, as part of this duty, the school's leadership considers how to use some of the SEND resources to provide support for pupils with mental health needs that amount to SEND
- Identifying where wellbeing concerns represent safeguarding concern could be an indicator of abuse, neglect or exploitation, the school will ensure that appropriate safeguarding referrals are made in line with the Child Protection and Safeguarding Policy

The Governing Body is responsible for:

- Appointing an individual governor to oversee the school's arrangements for SEMH
- Ensuring arrangements are in place to support pupils with SEMH needs
- Ensuring there are clear systems and processes in place for identifying possible SEMH problems, including routes to escalate and clear referral and accountability systems

The Principal is responsible for:

- Ensuring that those teaching or working with pupils with SEMH needs are aware of their needs and have arrangements in place to meet them
- Ensuring that teachers monitor and review pupils academic and emotional progress during the course of the academic year
- Ensuring that the SENCO has sufficient time and resources to carry out their functions, in a similar way to other important strategic roles within the school
- Ensuring that staff members understand the strategies used to identify and support pupils with SEMH needs
- Ensuring that procedures and policies for the day to day running of the school do not directly or indirectly discriminate against pupils with SEMH needs
- Consulting health and social care professionals, pupils and parents to ensure the needs of pupils with SEMH needs are effectively supported
- Keeping parents and relevant staff up-to-date with any changes or concerns involving pupils with SEMH needs
- 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 mental health lead is responsible for:

- Overseeing the whole school approach to mental health, including how this is reflected in policies, the curriculum and pastoral support, how staff are supported with their own mental health, and how the school engages pupils and parents with regards to pupils' mental health and awareness
- Collaborating with the SENCO, Principal and governing board, as part of the SLT, to outline and strategically develop SEMH policies and provisions for the school
- Coordinating with the SENCO and mental health support teams to provide a high standard of care to pupils who have SEMH needs
- Being a key point of contact with external agencies, especially the mental health support services, the LA, LA support services and mental health support teams
- Providing professional guidance to colleagues about mental health and working closely with staff members, parents and other agencies, including SEMH charities

- Referring pupils with SEMH Needs to external services, e.g. specialist children and young people mental health services (CYPMHS), to receive additional support where required
- Overseeing the outcomes of interventions on pupils' education and wellbeing
- Liaising with parents of pupils with SEMH needs, where appropriate
- Liaising with the potential future providers of education, such as secondary school teachers, to ensure that pupils and their parents are informed about options and a smooth transition is planned
- Organising and arranging mental health CPD

The SENCO is responsible for:

- Collaborating with the governing board, headteacher and the mental health lead, as part of the SLT, to determine the strategic development of SEMH policies and provisions in the school
- Undertaking day to day responsibilities for the successful operation of the SEMH policy
- Supporting the subject teachers in the further assessments of a pupil's particular strengths and areas for improvement, and advising on the effective implementation of support

Teaching staff are responsible for:

- Being aware of the signs of SEMH needs
- Planning and reviewing support for their pupils with SEMH needs in collaboration with parents, the SENCO and, where appropriate, the pupils themselves
- Planning lessons to address potential areas of difficulty to ensure that there are no barriers to every pupil achieving their full potential, and that every pupil with SEMH needs will be able to study to the full national curriculum
- Being aware of the needs, outcomes sought and support provided to any pupils with SEMH needs

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

Creating a Supportive Whole-School Culture

Senior leaders will clearly communicate their vision for good mental health and wellbeing with the whole school community.

The school utilises various strategies to support pupils who are experiencing high levels of psychological stress, or who are at risk of developing SEMH problems, including:

- Teaching about mental health and wellbeing through curriculum subjects such as:
    - PSHE
    - RE
- Counselling
- Positive classroom management
- Developing pupils' social skills
- Working with parents
- Peer support

The SLT ensure that there are clear policies and processes in place to reduce stigma and make pupils feel comfortable enough to discuss mental health concerns.

Pupils know where to go for further information and support should they wish to talk about their mental health needs or concerns over a peer's or family member's mental health or wellbeing.

Staff Training

The SLT ensures that all teachers have a clear understanding of the needs of all pupils' including those with SEMH needs. The SLT promotes CPD to ensure that staff can recognise common symptoms of mental health problems, understand what represents a concern, and know what to do if they believe they have spotted a developing problem.

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

Staff receive training to ensure that they:

- Can recognise common suicide risk factors and warning signs
- Understand what to do if they have concerns about a pupil demonstrating suicidal behaviour
- Know what support is available for pupils and how to refer pupils to such support where needed

Identifying Signs of SEMH Needs

The school is committed to identifying pupils with SEMH needs at the earliest stage possible.

Staff are trained to know how to identify possible mental health problems and understand what to do if they spot signs of emerging needs.

When the school suspects that a pupil is experiencing mental health needs, the following graduated response is employed:

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

Staff members are aware of factors that put pupils at risk of SEMH needs, such as low self-esteem, physical illnesses, academic needs and family problems. Staff members are aware that risks are cumulative and that exposure to multiple risk factors can increase the risk of SEMH needs. Staff members promote resilience to help encourage positive SEMH.

Staff members understand that family loss or separation, significant changes in a pupil's life or traumatic events are likely to cause SEMH needs. Staff members understand what indicators they should be aware of that may point to SEMH needs, such as behavioural problems, pupils distancing themselves from other pupils or changes in attitude.

Staff members understand that where SEMH needs may lead to a pupil developing SEND, it could result in a pupil requiring an EHC plan. Poor behaviour is managed in line with the school's Behavioural Policy.

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

Staff members are mindful that some groups of pupils are more vulnerable to mental health needs that others: these include LAC pupils with SEND and pupils from disadvantaged backgrounds. Staff members are aware of signs that may indicate if a pupil is struggling with their SEMH. The signs of SEMH needs 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
- Needs with change/transitions
- Absconding
- Eating issues
- Lack of empathy
- Lack of personal boundaries
- Poor awareness of personal space

Vulnerable Groups

Some pupils are particularly vulnerable to SEMH needs. 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 needs in pupils in vulnerable groups and remain vigilant to early signs of needs.

Vulnerable groups include the following:

- Pupils who have experienced abuse, neglect, exploitation or other adverse contextual circumstances
- Children in need
- LAC
- Previously LAC (PLAC)
- Socio-economically disadvantaged pupils, including those in receipt of, or previously in receipt of free school meals and the pupil premium

These circumstances can have a far-reaching impact on behaviour and emotional states. These factors will be considered when discussing the possible exclusion of vulnerable pupils.

Children in Need, LAC and Previously LAC (PLAC)

Children in need, LAC and PLAC are more likely to have SEND and experience mental health needs 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 needs, foetal alcohol syndrome and comping with change.

Children in need may also be living in chaotic circumstances and be suffering, or at risk of abuse, neglected and exploitation. They are also likely to have less support available outside of school than most pupils.

School staff are aware of how these pupils' experiences and SEND can impact their behaviour and education. The impact of these pupils' experiences is reflected in the design and application of the school's Behaviour Policy, including through individualised graduated responses.

The school uses multi-agency working as an effective way to inform assessment procedures. Where a pupil is being supported by LA children's social care services (CSCS), the school works with their allocated social worker to better understand the pupil's wider needs and contextual circumstances. This collaborative working informs assessment of needs and enables prompt responses to safeguarding concerns.

When the school has concerns about a looked-after child's behaviour, the mental health lead is informed at the earliest opportunity so they can help to determine the best way to support the pupil.

Adverse Childhood Experiences (ACEs) and Other Events that Impact Pupils' SEMH

The balance between risk and protective factors is disrupted when traumatic events happen in pupils' lives, such as the following:

- Loss or separation – this may include a death in the family, parental separation, divorce, hospitalisation, loss of friendships, family conflict, a family breakdown that displaces the pupil, being taken into care or adopted, or parents being deployed in the armed forces
- Life changes – this may include the birth of a sibling, moving house, changing schools or transitioning between schools
- Traumatic experiences – this may include abuse, neglect, domestic violence, bullying, violence, accidents or injuries
- Other traumatic incidents – this may include natural disasters or terrorist attacks

Some pupils may be susceptible to such incidents, even if they are not directly affected. For example, pupils with parents in the armed forces may find global disasters or terrorist incidents particularly traumatic.

The school supports pupils when they have been through ACEs, even if they are not presenting any obvious signs of distress – early help is likely to prevent further problems.

Support may come from the school's existing support systems or via specialist staff and support services.

SEND and SEMH

Where pupils have certain types of send, there is an increased likelihood of mental health problems. For example, children with autism or learning needs are significantly more likely to experience anxiety. Early intervention to address the underlying causes of disruptive behaviour includes an assessment of whether appropriate support is in place to address the pupil's SEND.

The Principal considers the use of a multi-agency assessment for pupils demonstrating persistently disruptive behaviour. These assessments are designed to identify unidentified SEND and mental health problems, and to discover whether there are housing or family problems that may be having an adverse effect on the pupil. The school recognises that not all pupils with mental health needs have SEND.

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

Risk Factors and Protective Factors

There are a number of risk factors beyond being part of a vulnerable group that are associated with an increased likelihood of SEMH needs, these are known as risk factors. There are also factors associated with a decreased likelihood of SEMH needs, these are known as protective factors.

The table below displays common risk factors for SEMH needs (as outlined by the DfE) that staff remain vigilant of, and the protective factors that staff look for and notice when missing from a pupil:

	Risk Factors	Protective Factors
In the pupil	• Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication needs • Difficult temperament • Physical illness • Academic failure • Low self-esteem	• Secure attachment experience • Outgoing temperament as an infant • Good communication skills and sociability • Being a planner and having a belief in control • Humour • A positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the pupil's family	• Overt parental conflict including domestic violence • Family breakdown (including where children are taking 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
In the school	• Bullying including online (cyber bullying) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer-on-peer abuse • Poor pupil-to-teacher/school staff relationships	• Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct) • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Good pupil-to-teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences • Positive friendships • Effective safeguarding and child protection policies • An effective early help process • Understand their role in, and are part of, effective multi-agency working • Appropriate procedures in place to ensure staff are confident enough to raise concerns about policies and processes and know they will be dealt with fairly and effectively

In the community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation • Other significant life events	• Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

The following table contains common warning signs for suicidal behaviour:

Speech	**Behaviour**	**Mood**
The pupil has mentioned the following:	The pupil displays the following behaviour:	The pupil often displays the following mood:
Killing themselves	Increased use of alcohol or drugs	Depression
Feeling hopeless	Looking for ways to end their life, 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-harming activities
	Aggression	
	Fatigue	
	Self-harm	

Stress and Mental Health

The school recognises that short-term stress and worry is a normal part of life and that most pupils will face mild or transitory changes that induce short-term mental health effects. Staff are taught to differentiate between 'normal' stress and more persistent mental health problems.

SEMH Intervention and Support

The curriculum for PSHE focusses on promoting pupils' resilience, confidence and ability to learn. Positive classroom management and working in small groups is utilised to promote positive behaviour, social development and high self-esteem. School-based counselling is offered to pupils who require it. Relevant external services are utilised where appropriate. Child psychologist is made available where a pupil requires such services.

The school implements the following approach to interventions:

- In addition to talking therapy, support is provided through non-directive play therapy
- Interventions are structured in a way that addresses behavioural issues through education and training programmes
- Parental training programmes are combined with the pupil's intervention to promote problem solving skills and positive social behaviours
- Small group sessions will take place and focus on developing cognitive skills and positive social behaviour
- Well-established nurture groups are in place to develop more positive relationships between pupils and their parents
- Specific classroom management techniques for supporting pupils are in place. These techniques may include, for example, using a system for rewards or changing seating arrangements

When in-school intervention is not appropriate, referrals and commissioning support will take the place of in-school interventions. The school will continue to support the pupil as much as possible through the process.

Through the curriculum, pupils are taught how to:

- Build self-esteem and a positive self-image
- Foster the ability to self-reflect and problem solve
- Protect against self-criticism and social perfectionism
- Foster self-reliance and the ability to act and think independently
- Create opportunities for positive interaction with others
- Get involved in school life and related decision making

For pupils with more complex problems, additional in-school support includes:

- Supporting the pupil's teacher to help them manage the pupil's behaviour
- Additional educational one-to-one support for the pupil
- One-to-one therapeutic work with the pupil delivered by mental health specialists
- Seeking professional mental health recommendations regarding medication
- Family support and/or therapy where recommended by mental health professionals

Suicide Concern Intervention and Support

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

- Listen carefully, remembering it can be difficult for the pupil to talk about their thoughts and feelings
- Respect confidentiality, only disclosing information on a need-to-know basis
- Be non-judgemental, making sure the pupil knows they are being taken seriously
- Be open, providing the pupil a change to be honest about their true intentions
- Supervise the pupil closely whilst referring the pupil to DSL for support
- Record details of their observations or discussions and share them with the DSL

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

Working with Parents

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

The school ensures that pupils and parents aware of the mental health support services available from the school. Parents and pupils are expected to seek and receive support elsewhere, including from their GP, NHS services, trained professionals working in CYPMHS, voluntary organisations and other sources.

Safeguarding

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

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

Monitoring and Review

The policy is reviewed on an annual basis by the principal

Any changes made to this policy are communicated to all members of staff.

The policy is reviewed in light of any serious SEMH related incidents.

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