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1. Statement of intent

At Wider Ambition we believe in promoting positive mental health and well-being for our whole school community; this includes, pupils, staff and parents. We recognise the key relationships between mental health and well-being and our lifestyle and physical health. We provide an open and mutually supportive working environment which prioritises the mental health and wellbeing of all members of our school community.

Wider Ambition recognises that all of our students are likely to have additional social, emotional and mental health needs and, in order for them to learn effectively, these aspects of their development must be well supported.

Our skilled staff team works closely with students and their families to identify and minimise the triggers for common SEMH difficulties which students would ordinarily encounter in a school environment. Our students have consistent access to a variety of strategies and resources designed to reduce the impact that SEMH difficulties may have on their learning and wellbeing.

2. About our policies

- 2.1. Our policies have been developed to comply with all relevant legislation and associated guidance. Policies will be updated periodically as necessary.
- 2.2. Our policies are inter-related and are intended to be read, understood and used collectively.

- 2.3. All staff and governors are expected to be familiar with and abide by our policies.
- 2.4. The School Administrator is responsible for ensuring volunteers and visitors are familiar with any policies which are relevant to their involvement and for taking reasonable steps to ensure compliance.
- 2.5. By accepting and maintaining a placement at a Wider Ambition setting, parents agree to support the ethos and policies. Parents are able to access these documents via the website, or by emailing the School Administrator.
- 2.6. The Headteacher is responsible for ensuring policies are implemented fairly, effectively, and consistently in each setting.
- 2.7. The Headteacher is responsible for identifying any training needs in relation to our policies. The School Administrator is responsible for arranging the required training. All staff are expected to engage in continuous learning and ongoing training appropriate to their roles y.
- 2.8. The effectiveness of our policies and their implementation is monitored by the Governing Body. Unless otherwise stated, the Governing Body reviews each policy annually.
- 2.9. The Governing Bodies for Wider Ambition settings are provided by Governing for Ambition, an independent community interest company. The Governing Body uses its expertise to monitor the performance of each setting and to advise the Proprietor of any recommended actions. Responsibilities assigned to the Governing Body are limited to these advisory and accountability functions.
- 2.10. Wider Ambition Ltd is a subsidiary of Wider Plan Ltd. References to the Proprietor mean a Director of Wider Ambition or a senior representative from Wider Plan with delegated authority.
- 2.11. The Senior Leadership Team (SLT) includes the Proprietor, Pastoral Lead, Headteacher(s), Deputy Head(s), Quality of Education and Professional Development Lead, Leadership Assistants and any member of staff to whom responsibility is temporarily delegated by the Proprietor or Head(s).
- 2.12. All references to parents within our policies should be interpreted to include parent carers.

3. Common SEMH Difficulties

- 3.1. Wider Ambition uses the term 'Social, Emotional, and Mental Health' (SEMH) in the correct sense, not as a pseudonym for challenging behaviour.

- 3.2. **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:
- 3.2.1. 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.
 - 3.2.2. Panic disorder: This is a condition in which people have recurring and regular panic attacks, often for no obvious reason.
 - 3.2.3. Obsessive-compulsive disorder (OCD): This is a mental health condition where a student 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).
 - 3.2.4. 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).
 - 3.2.5. 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.
 - 3.2.6. Social phobia: This is an intense fear of social or performance situations.
 - 3.2.7. Agoraphobia: This refers to a fear of being in situations where escape might be difficult, or help would be unavailable if things go wrong.
- 3.3. **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:
- 3.3.1. Major depressive disorder (MDD): A student with MDD will show several depressive symptoms to the extent that they impair work, social or personal functioning.
 - 3.3.2. Dysthymic disorder: This is less severe than MDD and characterised by a student experiencing a daily depressed mood for at least two years.
- 3.4. **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:
- 3.4.1. Attention deficit hyperactivity disorder (ADHD): This has three characteristic types of behaviour: inattention, hyperactivity, and impulsivity. While some students show the signs of all three characteristics, which is called 'combined type ADHD', other students diagnosed show signs of only inattention, hyperactivity, or impulsiveness.

3.4.2. **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.

3.5. **Attachment disorders:** Children and young people who demonstrate a limited dependency on others for comfort, support, protection, and nurture and also a limited response to comfort from an adult in a caregiving role. They can either be uncharacteristically self-reliant or demonstrate behaviours which cannot be ignored and command the attention of others. In addition to this, they demonstrate disturbances of emotion, emotional regulation, and emotional responsiveness to others. The presentation can appear different over time according to the individual.

3.6. **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 student's life.

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

3.8. **Deliberate self-harm:** Deliberate self-harm is a student intentionally inflicting physical pain upon themselves.

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

4. Roles and responsibilities

4.1. The Headteacher is responsible for:

4.1.1. Creating a safe and calm environment, where mental health problems are less likely to occur.

4.1.2. 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 Wider Ambition engages students and parents with regard to students' mental health and awareness.

4.1.3. Arranging training with therapists and external agencies that equips staff with the knowledge required to:

4.1.3.1. Ensure early and accurate identification of emerging problems.

4.1.3.2. Provide effective support and interventions to meet identified SEMH needs.

- 4.1.4. Ensuring that staff are provided with full and up to date information about the SEMH needs of the students they work with and that consistent arrangements are in place to meet them.
 - 4.1.5. Ensuring that all staff and volunteers have access to support, resources and a working environment that promote good mental health and well-being.
 - 4.1.6. Encouraging all staff and volunteers to maintain a healthy work/life balance.
 - 4.1.7. Establishing and maintaining a culture of high expectations for students with SEMH difficulties and ensuring that they are included in all opportunities that are ordinarily available at Wider Ambition.
 - 4.1.8. Ensuring that all staff work in close co-operation with health and social care professionals, students, and parents to ensure the needs of students with SEMH difficulties are effectively supported and referrals to specialist support and treatment are made in a timely manner.
 - 4.1.9. 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.
- 4.2. Teaching staff are responsible for:
- 4.2.1. Being aware of common signs of social, emotional and mental health problems, understanding what represents a concern, and knowing what to do if they believe they have spotted a developing problem.
 - 4.2.2. Planning and reviewing support for their students with SEMH difficulties in collaboration with students, their parents, therapists and other staff.
 - 4.2.3. Setting high expectations for every student.
 - 4.2.4. 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 Wider Ambition curriculum.
 - 4.2.5. Keeping the relevant people up to date with any changes in behaviour, academic developments and causes of concern.
 - 4.2.6. Making use of the support and resources available to them to support their mental health and well-being and making their line manager or Wider Ambition HR aware of anything they need in addition to what is available.

5. Creating a supportive whole-school culture

- 5.1. Wider Ambition recognises that without appropriate support for their social, emotional, and mental health, students will be unable to achieve their academic potential.
- 5.2. The SLT will clearly communicate their vision for good mental health and wellbeing with the whole school community.

- 5.3. Measures for supporting the mental health and well-being of the whole school community will be included in the School Improvement Plan.
- 5.4. Wider Ambition has a highly flexible and individualised approach. We avoid imposing blanket rules except where necessary for safety.
- 5.5. We encourage students to value themselves and each other as individuals. We support self-advocacy skills and encourage students to share their opinions and feelings, to communicate in ways which facilitate being 'heard', and to appropriately challenge situations in which they feel their views or needs may have been overlooked.
- 5.6. Wider Ambition utilises various strategies to support the social, emotional, and mental health needs of all students, including:
- 5.6.1. Providing a low-arousal physical environment, with a residential feel.
 - 5.6.2. Teaching about mental health and wellbeing through curriculum subjects such as PSHE and RSE.
 - 5.6.3. Helping students to make links between their physical health and lifestyle and their mental health and well-being.
 - 5.6.4. Providing consistent access to resources student can use to reduce stress, anxiety, and feelings of overload.
 - 5.6.5. Providing enjoyable opportunities for exercise that meet the individual needs of the students.
 - 5.6.6. Creating an ethos in which students are supported and encouraged to access resources and strategies to support their SEMH needs as often as they need to throughout the school day, including:
 - 5.6.6.1. The use of comfort objects and fiddle toys.
 - 5.6.6.2. Withdrawing to their personal workstation.
 - 5.6.6.3. Withdrawing to a sensory space within the teaching room.
 - 5.6.6.4. Withdrawing to Maple or Oak.
 - 5.6.6.5. Working in the meeting room, office, kitchen or upstairs landing.
 - 5.6.6.6. Going outside.
 - 5.6.6.7. Interacting with school animals.
 - 5.6.6.8. Using technology for distraction, e.g., familiar videos, calming games.
 - 5.6.6.9. Spending time with an adult with whom they feel safe and supported.
 - 5.6.6.10. Contacting their parents.
 - 5.6.7. A wide range of opportunities for supported social interaction with peers and other members of the community.
 - 5.6.8. A commitment to working in genuine co-production and close co-operation with students and their families.

- 5.6.9. Onsite therapeutic support and therapeutic interventions delivered throughout the curriculum by trained staff.
 - 5.6.10. Wider Ambitions' Behaviour Policy, which includes a positive, individualised response which recognises that behaviour is often the result of mental health needs or other vulnerabilities, and measures to prevent and tackle bullying
 - 5.6.11. An environment in which students feel comfortable enough to discuss mental health concerns.
- 5.7. Through the curriculum, students will be given the opportunity to:
- 5.7.1. Build self-esteem and a positive self-image.
 - 5.7.2. Foster the ability to self-reflect and problem-solve.
 - 5.7.3. Protect against self-criticism and social perfectionism.
 - 5.7.4. Foster self-reliance and the ability to act and think independently.
 - 5.7.5. Create opportunities for positive interaction with others.
 - 5.7.6. Get involved in school life and related decision-making.
- 5.8. Students 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.

6. Vulnerable Groups

- 6.1. 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.
- 6.2. All staff are aware of the increased likelihood of SEMH difficulties in students within the vulnerable groups and remain vigilant to early signs of difficulties.
- 6.3. Vulnerable groups include the following
 - 6.3.1. Students who have experienced abuse, neglect, exploitation, or other adverse contextual circumstances
 - 6.3.2. Children in need
 - 6.3.3. Looked After Children (LAC)
 - 6.3.4. Previously Looked After Children (PLAC)
 - 6.3.5. Socio-economically disadvantaged students including those in receipt of, or previously in receipt of, free school meals and pupil premium
- 6.4. All staff are aware of how these students' experiences and SEND can impact their behaviour and education.

7. Children in Need, LAC and PLAC

- 7.1. Children in Need, LAC and PLAC are more likely to experience mental health difficulties than their peers.
- 7.2. Children in Need may also be living in chaotic circumstances and be suffering, or at risk of, abuse, neglect and exploitation. They may have less support available outside of school than most students. Wider Ambition is, however, mindful that students with SEND may also be classed as Children in Need simply by virtue of their additional needs and there will be no automatic presumption of difficulties in their home circumstances.
- 7.3. Wider Ambition, working closely with parents, uses multi-agency working as an effective way to inform assessment procedures. We recognise that some workers from outside agencies may cover wide-ranging circumstances and may therefore lack specialist knowledge in relation to the specific difficulties faced by our students and the educational or parenting strategies which may be appropriate. Our staff will be supported to highlight any situations where multi-agency advice lacks or contradicts clinical expertise and we will signpost workers from outside agencies to further guidance as appropriate.
- 7.4. Where a student is being supported by LA children's social care services (CSCS), Wider Ambition works with their allocated social worker to ensure all parties understand the student's wider needs and contextual circumstances and to promote the need for social care decisions to have regard to qualified clinical and educational input.
- 7.5. When Wider Ambition 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.
- 7.6. When Wider Ambition has concerns about a previously looked-after child's behaviour, the student's parents or the designated teacher will seek advice from the VSH to determine the best way to support the student.

8. Adverse childhood experiences (ACEs) and other events that impact students' SEMH

- 8.1. The balance between risk and protective factors is disrupted when traumatic events happen in students' lives, such as the following
- 8.1.1. 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 student, being taken into care or adopted, or parents being deployed in the armed forces.

- 8.1.2. Life changes: This may include the birth of a sibling, moving house, changing schools or transitioning between schools.
 - 8.1.3. Traumatic experiences: This may include abuse, neglect, domestic violence, bullying, violence, accidents, or injuries.
 - 8.1.4. Other traumatic incidents which may include natural disasters or terrorist attacks.
- 8.2. Some students may be susceptible to such incidents, even if they are not directly affected. For example, students with parents in the armed forces may find global disasters or terrorist incidents particularly traumatic.
- 8.3. Wider Ambition supports students when they have been through ACEs, even if they are not presenting any obvious signs of distress, to reduce the risk of further problems.

9. Emerging SEMH difficulties

- 9.1. Wider Ambition is committed to identifying students with SEMH difficulties at the earliest stage possible and taking action in a timely manner, to prevent these problems escalating.
- 9.2. All staff are trained to know how to identify possible mental health problems and understand what to do if they spot signs of emerging difficulties.
- 9.3. All staff are trained to be aware of risk factors beyond being part of a vulnerable group that are associated with an increased likelihood of SEMH difficulties, such as low self-esteem, physical illnesses, academic difficulties, and family problems, and that these factors may have a cumulative effect. Staff are also trained to be aware of protective factors associated with a decreased likelihood of SEMH difficulties.
- 9.4. Staff receive training to ensure they:
- 9.4.1. Can recognise common suicide risk factors and warning signs.
 - 9.4.2. Understand what to do if they have concerns about a student demonstrating suicidal behaviour.
 - 9.4.3. Know what support is available for students and how to refer them to such support where needed.
- 9.5. When Wider Ambition suspects that a student is experiencing mental health difficulties, staff will work in co-production with parents and professionals to:
- 9.5.1.1. Seek to establish a clear understanding of the student's needs
 - 9.5.1.2. Set out a plan to determine how the student will be supported
 - 9.5.1.3. Take action to provide that support

- 9.5.1.4. Undertake regular reviews to assess the effectiveness of the provision, and make changes as necessary
- 9.6. All staff members take any concerns expressed by parents, other students, colleagues, and the student in question seriously.
- 9.7. Where appropriate, the Headteacher will ask parents to share any relevant medical history or to give consent to their child's GP to share relevant information regarding SEMH with Wider Ambition.
- 9.8. Wider Ambition will signpost parents to additional support which they are aware of that may assist the student and, where appropriate, offer advice to parents regarding how they can support their child's mental health at home.
- 9.9. Staff members will observe, monitor, and record the behaviour of students potentially displaying signs of SEMH difficulties, while remaining mindful that only medical professionals can make a diagnosis of a mental health condition.
- 9.10. Notwithstanding our Whistleblowing Policy and the responsibility to refer any suspected malpractice of clinicians to regulatory bodies, all staff will assume that any diagnosis which has been provided by a qualified clinician in the right field and which is undisputed by other qualified clinicians (in the right field) is correct. Staff will be mindful of the possibility of co-morbid conditions emerging and will monitor patterns of attainment, attendance, or behaviours as appropriate to inform any further assessments or re-assessments.
- 9.11. Staff will be mindful of the limitations of their knowledge and skills in identifying and supporting SEMH needs and will seek the advice of therapists and external agencies by default where an emerging need or change to existing need is identified.

10. In-house SEMH intervention and support

- 10.1. Wider Ambition believes that the best way to support students' social, emotional, and mental health is to provide them with an environment in which they feel safe and valued, are able to make progress at their own pace, and barriers to learning are removed.
- 10.2. Wider Ambition commissions on-site therapists and their support will be allocated to students with SEMH needs where this is deemed helpful and appropriate.
- 10.3. Parents will always have a direct involvement in any intervention regarding their child unless this would cause them harm.

- 10.4. Staff will implement support and interventions as recommended by therapists or external agencies unless they have reason to believe that this would cause harm to the student, in which case they will raise their concerns with the professional who made the recommendation.
- 10.5. Unless it would cause harm to themselves or others, students will never be prevented from accessing activities or resources at Wider Ambition which support their social, emotional, or mental health.

11. Commissioning local services

- 11.1. Wider Ambition 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.
- 11.2. Wider Ambition 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.

12. Working with parents

- 12.1. Wider Ambition will take a default approach of working with parents to ensure that a collaborative approach is utilised which combines in-school support with at-home support.
- 12.2. Wider Ambition ensures that students and parents are aware of the mental health support services available to them.
- 12.3. Parents and students may be expected to seek and receive support elsewhere, including from their GP, NHS services, trained professionals working in CAMHS, voluntary organisations and other sources.

13. Referrals to external agencies

- 13.1. Where in-house interventions are not appropriate or not sufficient, Wider Ambition will refer students to Child and Adolescent Mental Health Services (CAMHS) or other external agencies.
- 13.2. Wider Ambition will continue to support the student as much as possible throughout this process.
- 13.3. To ensure referring students to CAMHS is effective, staff will:
 - 13.3.1. Use a clear, approved process for identifying students in need of further support
 - 13.3.2. Provide documented observations and conversations that have given cause for concern.
 - 13.3.3. Encourage the student and their parents to speak to their GP

13.3.4. Work with local specialist CAMHS CAST service to make the referral process as quick and efficient as possible

13.3.5. Understand the criteria that are used by specialist CAMHS in determining whether a student requires their services

13.4. For students with more complex problems, an IHCP will be completed.

14. Suicide concern intervention and support

14.1. Where a student discloses suicidal thoughts or a teacher has a concern about a student, staff will:

14.1.1. Listen carefully, remembering it will be difficult for the student to talk about their thoughts and feelings.

14.1.2. Respect confidentiality, only disclosing information on a need-to-know basis.

14.1.3. Be non-judgemental, making sure the student knows they are being taken seriously.

14.1.4. Be open, providing the student a chance to be honest about their true intentions.

14.1.5. Supervise the student closely whilst referring them to the DSL for support.

14.1.6. Record details of their observations or discussions and share them with the DSL.

14.2. Once suicide concerns have been referred to the DSL, the DSL will follow local safeguarding procedures and contact the student's parents unless they have reason to believe that this would put the student at risk of harm.

14.3. The DSL and any other relevant staff members will work in close co-operation with the student and their parents to create a safety plan outlining how the student is kept safe and supported.