Highlands
School & Sixth Form

Dare to
flourish

Mental health and wellbeing policy
APPROVED

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Section 1: Introduction

The Department for Education (DfE) recognises that "in order to help their child succeed, schools have a role to play in supporting them to be resilient and mentally healthy."

The World Health Organisation's definition of mental health and wellbeing is:

> "a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community. Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world. "

Everyone experiences life challenges that can make them vulnerable. At times, anyone may need additional support to maintain or develop good mental health. The mental health of children and young people, adults in schools, parents and carers and the wider whole school community will impact on all areas of development, learning, achievement and experience. All children and young people have the right to be educated in an environment that supports and promotes positive mental health for everybody. All adults have the right to work in an environment that supports and promotes positive mental health for everybody. Highlands School is committed to raising awareness, increasing understanding and providing a place where all children and young people feel safe, secure and able to achieve and experience success and well-being. Highlands School is also committed to high quality mental health training for all staff.

Section 2: Aims

This policy outlines the framework for Highlands school 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 pupils with SEMH difficulties.
- Eliminate prejudice towards pupils with SEMH difficulties.
- Promote equal opportunities for pupils with SEMH difficulties.
- Ensure all pupils with SEMH difficulties are identified and appropriately supported – minimising the risk of SEMH difficulties escalating into physical harm.
- Recognise our responsibilities in supporting students with mental health and wellbeing needs.
- Increase the level of awareness and understanding amongst staff, students, parents and carers of issues involving the mental health of young people.
- Provide an appropriate level of support in school for students with mental health concerns and also in partnership with outside health agencies.

We will work with the local authority and outside agencies with regards to the following:

- The involvement of students and their parents and carers in decision-making.
- The early identification of students' needs.
- Collaboration between education, health and social care services to provide support when required

Section 3: Legal framework

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

- Children and Families Act 2014
- Health and Social Care Act 2012
- Equality Act 2010
- Education Act 2002
- Mental Capacity Act 2005
- Children Act 1989
- Children's Wellbeing and Schools Act 2026

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

- DfE (2025) 'Keeping children safe in education 2026'
- DfE (2018) 'Mental health and behaviour in schools'
- DfE (2016) 'Counselling in schools: a blueprint for the future'
- DfE (2015) 'Special educational needs and disabilities code of practice: 0 to 25'
- DfE (2024) 'Sharing nudes and semi-nudes'

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

- Safeguarding Policy
- SEND Policy
- Behaviour Policy
- Medical and first aid policy
- Exclusions policy
- RSE and PSHE policy
- Equal opportunities policy
- Online safety policy
- Allergen and anaphylaxis policy
- Suicide safety procedure

Section 4: Roles and responsibilities

Student mental health is the responsibility of all staff. Staff undergo extensive training to enable them to recognise students experiencing poor mental health, to refer them to appropriate support and to provide appropriate support. All staff have a responsibility to promote a school culture where mental health is prioritised.

4.1 The senior leadership team

The school's senior leadership as a whole is responsible for the following.

- Using a preventative approach to create a safe and calm environment where mental health problems are less likely to occur, in order to improve the mental health and wellbeing of the school community and instill resilience in students. A preventative approach includes teaching students about mental wellbeing through the curriculum and reinforcing these messages in our activities and ethos.
- Ensuring that only appropriately trained professionals should attempt to make a diagnosis of a mental health problem.

- Ensuring that staff are aware of how potentially traumatic adverse childhood experiences (ACE), including abuse and neglect, can impact on a student's mental health, behaviour and education.
- Equipping staff with the knowledge required to identify students whose behaviour suggests they may be experiencing a mental health problem or be at risk of developing one.
- Raising awareness and employing efficient referral processes in order to help students access evidence-based early support and interventions.
- Working effectively with external agencies to ensure the school can provide swift access or referrals to specialist support and treatment.
- Identifying and supporting students with SEND, and considering how to use some of the SEND resources to provide support for students with mental health difficulties that amount to SEND.
- Identifying where wellbeing concerns represent safeguarding concerns, and ensuring that appropriate safeguarding referrals are made in line with the child protection and safeguarding policy.

4.2 The governing body

The governing body are responsible for the following:

- Fully engaging students with SEMH difficulties and their parents when drawing up policies that affect them.
- Ensuring provision is in place 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 students' SEMH difficulties.
- Designating an appropriate member of staff to be the SENCO ensuring they coordinate 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 governor or sub-committee to oversee the school'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.
- Identifying an appropriate staff member to act as the senior mental health lead, with sufficient authority to develop and oversee the school's approach to mental health and wellbeing.

4.3 The headteacher

The headteacher is responsible for the following:

- 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 teachers monitor and review students' 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.
- On an annual basis, carefully reviewing the quality of teaching for students at risk of underachievement, as a core part of the school'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 school 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/carers to ensure the needs of students with SEMH difficulties are effectively supported.
- Keeping parents/carers 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.

4.4 The mental health lead and DSL

The mental health lead and DSL is responsible for the following.

- 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 students and parents/carers with regards to students' mental health and awareness.
- Collaborating with the SENCO, headteacher 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 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 pupils with SEMH difficulties.
- 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/carers and other agencies, including SEMH charities.
- Referring students with SEMH difficulties to external services, e.g. specialist children and young people's mental health services (CYPMHS), to receive additional support where required.
- Overseeing the outcomes of interventions on students' education and wellbeing.
- Liaising with parents/carers 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.
- Undertaking senior mental health lead training.
- Acting as a source of support, advice and expertise for all staff.
- Liaising with staff on matters of safety, safeguarding and welfare.
- Leading weekly executive safeguarding meetings.
- Overseeing and reviewing the accurate reporting of concerns on CPOMS, and ensuring appropriate follow up action is taken in a timely manner.
- Responsible for acting as the liaison to local authority multi-agency child protection teams, ensuring information-sharing is swiftly completed using each student's SUI to ensure accurate tracking and integration across services.

4.5 The SENCO

The SENCO is responsible for the following:

- Collaborating with the governing board, headteacher and the senior 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 mental health and wellbeing policy.
- Supporting the subject teachers in the further assessment of a student's particular strengths and areas for improvement, and advising on the effective implementation of support.
- Reviewing concerns logged on CPOMS for SEND students and ensuring appropriate follow up action is taken in a timely manner.

4.6 Heads of year

Heads of year are responsible for the following:

- Promoting positive mental health across the year group.
- Monitoring their year group and child protection records to identify students or groups of students who need extra support.
- Referring students to interventions and further support, where appropriate.
- Liaising with parents, carers and the students to support mental health.
- Preparing and monitoring welfare support plans.
- Ensuring the behaviour policy is applied appropriately to allow students to feel safe and supported.
- Logging and monitoring concerns on CPOMS and maintaining accurate records, including follow up actions, all communications and case related documentation.
- Providing mental health first aid during the school day.

4.7 Behaviour mentors

Behaviour mentors are responsible for the following:

- Mentoring and supporting a caseload of students.
- Ensuring the behaviour policy is applied appropriately to allow students to feel safe and supported.
- Liaising with parents, carers and the students to support mental health.
- Monitoring the year group and CPOMS to identify students who need extra support.
- Logging and monitoring concerns on CPOMS and maintaining accurate records, including follow up actions, all communications and case related documentation.
- Providing mental health first aid during the school day.

4.8 Wellbeing coordinator

The wellbeing coordinator is responsible for the following:

- Leading the well-being room.
- Planning and delivering well-being interventions.
- Logging concerns on CPOMS and maintaining accurate records, including follow up actions, all communications and case related documentation.
- Providing mental health first aid during the school day.

4.9 Welfare officer

- Leading the welfare room.
- Managing and issuing welfare cards.
- Providing mental health first aid during the school day.
- Logging concerns on CPOMS and maintaining accurate records, including follow up actions, all communications and case related documentation.
- Mentoring and supporting a caseload of students.

4.10 Safeguarding manager

- Attending weekly executive safeguarding meetings.
- Liaising with external agencies.
- Monitoring CPOMS and identifying mental health concerns.
- Communicating concerns with parents and carers.
- Completing referrals for students.
- Providing mental health first aid during the school day.
- Mentoring and supporting a caseload of students.
- Logging concerns on CPOMS and maintaining accurate records, including follow up actions, all communications and case related documentation.
- Reviewing and ensuring appropriate follow up action is taken when concerns are logged.

4.11 Safeguarding and inclusion officer

- Attending weekly executive safeguarding meetings.
- Liaising with external agencies.
- Monitoring CPOMS and identify mental health concerns.
- Communicating concerns with parents and carers.
- Completing referrals for students.
- Monitoring the LAC students closely to ensure they have positive mental health.
- Providing mental health first aid during the school day.
- Mentoring and supporting a caseload of students.
- Logging concerns on CPOMS and maintaining accurate records, including follow up actions, all communications and case related documentation.

4.12 Teaching staff

Teaching staff are responsible for:

- Being aware of the signs of mental health difficulties.
- Referring mental health concerns for students by following the school's safeguarding reporting procedures.
- Setting high expectations for every student and aiming to teach them the full 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 plan for any students with identified mental health difficulties.
- Keeping the relevant pastoral and safeguarding staff up to date with any changes in behaviour, academic developments and causes of concern.
- 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.
- Logging any concerns on CPOMS.

Section 5: Creating a supportive whole-school culture

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

The school utilises various strategies to support students 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 our stay-safe curriculum which includes PSHE, RSHE, our assembly programme and visiting organisations.
- Offering a wide pastoral support offer including in-house mentoring, behaviour nurture support, SEND interventions, wellbeing provisions and dog therapy.
- Offering a wide range of external referrals including MYME, CAMHS, Insight, Way Through, Early help and MASH.
- Positive classroom management.
- Developing students' social skills.
- Working with parents and carers.
- Peer support.
- Promotion through our house system and wellbeing strands, our DARE values, including our DARE days.

The school's behaviour policy includes measures to prevent and tackle bullying, and contains an individualised, graduated response when behaviour may be the result of mental health needs or other vulnerabilities.

The school also operates a phone-free environment not just as a disciplinary rule, but as a mental wellbeing directive explicitly designed to reduce digital anxiety, cyberbullying, sleep disruption, and the "FOMO" (fear of missing out) documented in national consultations.

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

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.

Section 6: Staff training

The SLT will ensure that all teachers have a clear understanding of the needs of all students, including those with SEMH needs. The SLT will promote 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 will be in place to help staff who identify SEMH problems in students and escalate issues through clear referral and accountability systems.

Staff will receive training to ensure they:

- Promote good mental health and wellbeing throughout the school.
- Can quickly identify individual students who need support with their mental health.
- Can recognise common suicide risk factors and warning signs.
- Understand what to do if they have concerns about a student demonstrating suicidal behaviour.
- Know what support is available for students and how to refer students to such support where needed.

- Are aware of how abuse, neglect, and/or other traumatic adverse childhood experiences can have a lasting impact on a student's mental health, behaviour and education.

We also offer a bespoke package of training for staff who work closely with students on a pastoral level. Our behaviour nurture coordinator, wellbeing coordinator and members of our pastoral team also undergo mental health first-aider training, provided by a verified external provider.

Staff have also received training around positive handling and restraint in order to best support students who require physical intervention in order to keep themselves or others safe.

The CPD cycle ensures staff are trained at the start of a new academic year, as well as routinely throughout the academic year. Any staff who join mid-way through an academic year will also receive induction training to include training around SEMH concerns and the school protocols for supporting and reporting concerns.

Section 7: Identification and response to mental health concerns

7.1 Identifying signs of SEMH difficulties

The school is committed to identifying pupils with SEMH difficulties 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 difficulties.

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
- substance misuse
- Patterns of attendance decline
- suicidal ideations.

Staff members are aware of the following:

- Factors that put students at risk of SEMH difficulties, such as low self-esteem, physical illnesses, academic difficulties and family problems.
- The fact that risks are cumulative and that exposure to multiple risk factors can increase the risk of SEMH difficulties.

Staff members understand the following:

- Familial loss or separation, significant changes in a student's life or traumatic events are likely to cause SEMH difficulties.
- What indicators they should be aware of that may point to SEMH difficulties, such as behavioural problems, students distancing themselves from other students or changes in attitude
- Where SEMH difficulties may lead to a student developing SEND, it could result in a student requiring an EHC plan.
- Persistent mental health difficulties can lead to a student developing SEND. If this occurs, the headteacher ensures that correct provisions are implemented to provide the best learning conditions for the student, such as providing school-based mentoring support. Both the student and their parents are involved in any decision-making concerning that supports the student's needs.

The school will promote resilience to help encourage positive SEMH. Poor behaviour is managed in line with the school's behaviour policy. 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.

Students' data is reviewed on a regular basis by the SLT so that patterns of attainment, attendance or behaviour are noticed and can be acted upon if necessary.

A well-structured and resourced pastoral system is in place so that every student is well known by at least one member of staff, for example, a form tutor, who can spot where 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 pupils from disadvantaged backgrounds.

7.2 Response, monitoring and intervention of SEMH concerns

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

- A risk assessment is undertaken to establish a clear analysis of the student's needs
- A welfare support 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.

Where appropriate, the school may request parents/carers to give consent for their child's GP to share

relevant information regarding SEMH with the school.

Staff members will discuss concerns regarding SEMH difficulties with the parents of students who have SEMH difficulties, and take any concerns expressed by parents, other students, colleagues and the student in question seriously. Staff will consider all previous assessments and progress over time, and then refer the student to the appropriate services.

The assessment, intervention and support processes available from the LA are in line with the local offer. All assessments are in line with the provisions outlined in the school's SEND Policy.

7.3 Suicidal concerns, intervention and support

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

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

Once suicide concerns have been referred to the DSL, local safeguarding procedures are followed and the student's parents/carers are contacted. Medical professionals, such as the student's GP, are notified as needed.

The DSL and any other relevant staff members, alongside the student and their parents/carers, work together to create a safety plan outlining how the student is kept safe and the support available. The school has a suicide safety procedure that it will follow if concerns of a suicidal nature arise. This is available upon request.

Safety plans:

- Are always created in accordance with advice from external services and the students themselves.
- Are reviewed regularly by the DSL.
- Will include a range of agreed supportive measures and interventions.

The following table contains common signs for suicidal behaviour:

Speech	Behaviour	Mood
The student has mentioned the following:	The student displayed the following behaviour:	The student often displays the following moods:
● Killing themselves ● Feeling hopeless ● Having no reason to live	● Increased use of alcohol or drugs ● Looking for ways to end their	● Low mood ● Depression ● Anxiety

● Being a burden to others ● Feeling trapped ● Unbearable pain	lives, such as searching suicide online ● Withdrawing from activities ● Isolating themselves from family and friends ● Sleeping too much or too little ● Visiting or calling people to say goodbye ● Giving away possessions ● Aggression ● Fatigue ● self-harm	● Loss of interest ● Irritability ● Humiliation and shame ● Agitation and anger ● Relied or sudden improvement e.g. through self-harm activities ● Lack of engagement in lessons for a previously enthusiastic student

Our suicide safety procedure provides further information on our approach and support.

Section 8: Vulnerable groups and risk factors

8.1 Vulnerable groups

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. Staff are aware of the increased likelihood of SEMH difficulties in students in vulnerable groups and remain vigilant to early signs of difficulties.

Vulnerable groups include the following:

- Students who have experienced abuse, neglect, exploitation or other adverse contextual circumstances.
- Children in need.
- LAC and PLAC and kinship care
- Socio-economically disadvantaged pupils, including those in receipt of, or previously in receipt of, free school meals and the pupil premium.
- Students with SEND.
- Students who identify as LGBTQ or are gender questioning.

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.

8.2 Children in need, LAC, PLAC and children in Kinship care

Children in need, LAC, PLAC and children in kinship care are more likely to have SEND and experience mental health difficulties than their peers. Children in need, LAC, PLAC and children in kinship care 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 will use multi-agency working as an effective way to inform assessment procedures. Where a student is being supported by LA children's social care services (CSCS), the school will work 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) will be informed at the earliest opportunity so they can help to determine the best way to support the student.

When the school has concerns about a previously looked-after child's behaviour, the student's parents/carers or the designated teacher will seek advice from the VSH to determine the best way to support the student.

8.3 Adverse childhood experiences (ACES) and other events that impact students' SEMH

The balance between risk and protective factors is disrupted when traumatic events happen in students' 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 student, 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 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.

The school will support students 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.

8.4 SEND and SEMH

The school will recognise it is well-placed to identify SEND at an early stage and works with partner agencies to address these needs. The school's full SEND identification and support procedures are available in the SEND Policy.

Where students have certain types of SEND, there is an increased likelihood of mental health problems. For example, children with autism or learning difficulties 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 student's SEND.

The headteacher considers the use of a multi-agency assessment for students 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 student.

The school recognises that not all students with mental health difficulties have SEND.

The graduated response is used to determine the correct level of support to offer (this is used as good practice throughout the school, regardless of whether or not a student has SEND).

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

The SENCO will ensure that staff understand how the school identifies and meets students' needs, provides advice and support as needed through shared student profiles, and liaises with external SEND professionals as necessary.

8.5 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 difficulties, these are known as risk factors. There are also factors associated with a decreased likelihood of SEMH difficulties, these are known as protective factors.

The table below displays common risk factors for SEMH difficulties (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:

	Risk factors	**Protective factors**
In the student	● Genetic influences ● Low IQ and learning disabilities ● Specific development delay or neuro-diversity ● Communication difficulties ● 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 student's family	● Overt parental conflict including domestic violence ● Family breakdown (including where children are taken into care or adopted) ● Inconsistent or unclear discipline ● Hostile and rejecting relationships ● Failure to adapt to a child's changing needs ● Physical, sexual, emotional abuse, or neglect	● 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

	● Parental psychiatric illness ● Parental criminality, alcoholism or personality disorder ● Death and loss – including loss of friendship	
In school	● Bullying including online (cyber bullying) ● Discrimination ● Breakdown in or lack of positive friendships ● Deviant peer influences ● Peer pressure ● Child-on-child 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

Section 9: Mental health leadership, structure and support at Highlands

At Highlands school we have a large pastoral team working to support students' mental health and wellbeing,

with tiered support available.

Mental health lead and DSL	Anna Toouli - Senior assistant headteacher
SENCO	Dr Vicky Tsoni - Assistant headteacher
Safeguarding manager	Denise Norton
Inclusion officer	Nina Harrington
Deputy SENCOs	Ebru Parlak and Naimah Lunat
Wellbeing coordinator	Chloe Monk
Wider pastoral support: Behaviour mentors, 6th form pastoral support. LSAs and key workers	

Support is provided to students through a variety of ways including but not limited to the following.

Level of support	**Provision**
Wave 1 - universal support	● All students have a **form tutor** who acts as the first point of contact for students. ● All students spend 180 minutes a week with their form tutor. This time consists of a daily twenty minute morning tutor time session and weekly one hour **PSHE** lesson. ● All students have access to the support of their **pastoral team**: a head of year, a links SLT and a behaviour mentor. ● All students can request access to the **wellbeing room.** ● All students can attend the **medical/welfare room**. ● All students have a **stay safe curriculum.** ● **Staysafe email address** that students can use to request support or communicate any concerns. ● Safeguarding section of the website. ● Safeguarding posters. ● High quality in class support – all members of staff are responsible for the emotional wellbeing of students. ● A whole school nurturing approach – support and opportunities for social and emotional development. ● Culture within the school that values all students, allows them a sense of belonging and makes it possible to talk about problems in a non-stigmatising way. Assemblies further reinforce this and raise awareness of mental health. ● A clear behaviour policy, with consistent application from all staff, so students feel safe in a calm environment and know what to expect in every lesson. ● A reward system and house system which recognises positive behaviour, personal and academic achievement, effort and other achievements. Rewards, achievement certificates are awarded as reinforcement and encouragement.
Wave 2 - additional support	● **Key worker mentoring** - Students who require additional support with their wellbeing are allocated a key worker. They will meet

	regularly for check-ins and more in-depth support. ● **Welfare cards** - these are given to students who have medical or mental health needs. The card is shown to the teacher, who then uses the discreet on-call alert system on their PC, to request that a member of on-call collects the students to ensure they receive the appropriate support. ● **Peer mentoring** - Highlands students, who have been trained, work with younger students to provide mentoring.
Wave 3 - specialist support	● **SEMH mentoring -** Students who require additional support with SEMH needs are given one-to-one sessions with our wellbeing coordinator. ● **Welfare Support Plans/Risk assessments (WSPs) -** are used for students have multiple well-being needs and who are receiving different types of support and/or across multiple agencies ● **Individual Health Plans (IHPs) -** are used for students with medical conditions, including mental health conditions ● **Pastoral Support Plans (PSPs) -** are used for students who are at risk of permanent exclusion ● **Wellbeing room intervention programme -** our student wellbeing room offers mindfulness interventions, group sessions and a weekly therapy dog programme. ● **SEND interventions** - we offer a range of interventions through our SEN department for students who are on the SEN register and also struggling with their mental health.
Wave 4 - external agency support	● **Educational psychologists assessment -** for students whose behaviour/academic progress/mental health has been identified as requiring specialist assessment. ● **Insight -** Enfield agency for student with substance misuse issues ● **Early help referral -** early intervention service based (see Enfield safeguarding thresholds for support) ● **Child protection referral -** concerns that a child has been harmed or is at risk of being harmed ● **CAMHS -** referrals for students with mental health needs that cannot be adequately supported through wave 1-3 ● **MYME** - mental health support for those not at the threshold for CAMHS ● **Behaviour Support Services Enfield -** mentoring and support from behaviour specialists, for students at risk of PEX ● Any other outside agency support.

Students who receive support through our tiered system are logged through our internal monitoring systems, and their cases are regularly reviewed. This is to ensure that students who need support are able to access this, and the support in place is matched to the student's need. Upon review, support can be withdrawn, continued, adapted or escalated, depending on the student's individual needs.

The school will liaise regularly with parents/carers throughout periods of review. Any students who require an IHP, welfare support plan or risk assessment will be invited to attend regular review meetings to discuss the support in place.

An identified mental health need is a primary statutory indicator that a child may require immediate Early Help services, regardless of whether they possess a formal SEND diagnosis or an Education, Health and Care (EHC) plan, and external support referrals may be made where the school feels additional support may be required.

Section 10: Raising student awareness, parental awareness and signposting for support

The school will use a full range of strategies and approaches to raise awareness and the profile of mental health and wellbeing, as well as reduce any stigma around these issues.

Highlands uses a wide variety of approaches, including though not limited to the following:

- Our taught PSHE and RSE curriculum, underpinned by our stay-safe curriculum
- Our assembly programme
- Newsletters including signposting to specialist organisations and support
- Visiting speakers / organisations
- Posters and displays around the school site
- Our DARE days
- Our house system with specific strands for wellbeing, led by our wellbeing captains
- Access to our quiet room and wellbeing room for students during break time and lunchtime
- Peer mentoring programmes
- Our staysafe email address for both parents and students to make contact
- Signposting support on our school website and social media accounts

The school keeps an open dialogue with students around mental health and wellbeing, regularly referring to the traffic light scale of mental health to support students in identifying their own needs, or the needs of others.



Section 11: Supporting staff who are working with students with mental health issues

Highlands School acknowledges that staff who are working closely with distressed students exhibiting mental health concerns can themselves be placed under emotional strain.
All staff are welcome to approach their line manager or other senior leaders where appropriate.

Section 12: Information sharing

The school will also act to ensure it fulfils its duty to disclose information. Staff have a secure legal basis under data protection laws to share mental health and welfare concerns transparently with local authority safeguarding partners health bodies and the police to ensure early intervention. The school will map mental health, inclusion, and safeguarding records to each child's new SUI to ensure accurate tracking and integration across education, health, and social care.

Section 13: Monitoring and review

The policy is reviewed on an annual basis by the headteacher in conjunction with the governing board – any changes made to this policy are communicated to all members of staff.

This 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.

The next scheduled review date for this policy is June 2027.