

Norton College (Worcester) Limited
and
Norton College (Tewkesbury) Limited
(the College)

Special Educational Needs and
Disability (SEND) and Social, Emotional
and Mental Health
(SEMH) Policy

Statement of intent

This policy outlines the framework for Norton College to meet its duty in providing and ensuring a high quality of education to all of its students, who all have an Educational, Health and Care plan identifying social, emotional and mental health (SEMH) difficulties, and to do everything it can to meet the needs of these students.

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

- Promote a positive outlook regarding students with SEMH difficulties.
- Eliminate prejudice towards students with SEMH difficulties.
- Promote equal opportunities for students with SEMH difficulties.

1. Legal framework

1.1 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

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

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

2. Common SEMH difficulties

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

- Generalised anxiety disorder: This is a long-term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event.
- Panic disorder: This is a condition in which people have recurring and regular panic attacks, often for no obvious reason.
- Obsessive-compulsive disorder (OCD): This is a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter their mind, causing them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to try to prevent an obsession coming true).
- Specific phobias: This is the excessive fear of an object or a situation, to the extent that it causes an anxious response such as a panic attack (e.g. college phobia).
- Separation anxiety disorder: This disorder involves worrying about being away from home, or about being far away from parents/carers, at a level that is much more severe than normal for a student's age.
- Social phobia: This is an intense fear of social or performance situations.
- Agoraphobia: This refers to a fear of being in situations where escape might be difficult, or help would be unavailable if things go wrong.

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

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

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

- Attention deficit hyperactivity disorder (ADHD): This has three characteristic types of behaviour: inattention, hyperactivity and impulsivity. While some children show the signs of all three characteristics, which is called 'combined type ADHD', other children diagnosed show signs of only inattention, hyperactivity or impulsiveness.
- Hyperkinetic disorder: This is a more restrictive diagnosis but is broadly similar to severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. The core symptoms must also have been present from before the age of seven, and must be evident in two or more settings, e.g. at college and home.

2.4 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/carer. Students suffering from attachment disorders can struggle to make secure attachments with peers. Researchers generally agree that there are four main factors that influence attachment disorders, these are:

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

2.5 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.

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

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

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

3. Roles and responsibilities

3.1 The Board of Governors are responsible for:

- 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 Safeguarding Director to oversee the College's arrangements for SEMH.

3.2 The College's Senior Leadership Team (SLT) as a whole is responsible for:

- Identifying, assessing and organising provision for all students with SEMH difficulties.
- Endeavouring to secure the special educational provision called for by a student's SEMH difficulties.
- Preventing mental health and wellbeing difficulties: By creating a safe and calm environment, where mental health problems are less likely to occur, the SLT can improve the mental health and wellbeing of the college community and instil resilience in students. A preventative approach includes teaching students about mental wellbeing through the curriculum and reinforcing these messages in our activities and ethos.
- Identifying mental health and wellbeing difficulties: By equipping staff with the knowledge required, early and accurate identification of emerging problems is enabled.
- Providing early support for students experiencing mental health and wellbeing difficulties: By raising awareness and employing efficient referral processes, the College's SLT can help students access evidence-based early support and interventions.
- Accessing specialist support to assist students with mental health and wellbeing difficulties: By working effectively with external agencies, the college can provide swift access or referrals to specialist support and treatment.
- Identifying where wellbeing concerns represent safeguarding concerns: Where mental health and wellbeing concerns could be an indicator of abuse, neglect or exploitation, the College will ensure that appropriate safeguarding referrals are made in line with the Child Protection and Safeguarding Policy.

3.3 The Head of School is responsible for:

- 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 College staff monitor and review students' academic and emotional progress during the course of the academic year.
- 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 college 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 within the College.
- Consulting health and social care professionals, students and parents 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.

3.4 The Designated Safeguarding Lead is responsible for:

- Overseeing the whole-college 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 college engages students and parents with regards to students' mental health and awareness.

- Coordinating with the mental health support team to provide a high standard of care to students who have 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, to receive additional support where required.
- Liaising with other colleges, educational psychologists, health and social care professionals, and independent or voluntary bodies.
- Undertaking day-to-day responsibilities for the successful operation of the SEMH Policy.
- Supporting the teachers and tutors and pastoral team in the further assessment of a student's particular strengths and areas for improvement and advising on the effective implementation of support.

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

4. Creating a supportive whole-college culture

4.1 Senior leaders will clearly communicate their vision for good mental health and wellbeing within the college community.

4.2 The College's Student Code of Conduct and Anti-Bullying 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.

4.3 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.

4.4 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.

5. Staff training

5.1 The SLT ensures that all teachers have a clear understanding of the needs of all students with SEMH needs.

5.2 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.

- 5.3** Staff receive training to ensure they:
- 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.

6. Identifying signs of other difficulties associated with SEMH

6.1 The college is committed to identifying students with other difficulties associated with SEMH at the earliest stage possible.

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

6.3 When the college suspects that a student is experiencing mental health difficulties, the student is signposted to the Mental Health First Aid team or to a trusted member of the College staff.

6.4 Where possible, the college is aware of any support programmes GPs are offering to students who are diagnosed with SEMH (and associated) difficulties, especially when these may impact the student's behaviour and attainment at college.

6.5 Staff members discuss concerns regarding associated SEMH difficulties with the parents of students who have these difficulties.

6.6 Staff members understand that familial loss or separation, significant changes in a student's life or traumatic events are likely to cause associated difficulties.

6.7 Poor behaviour is managed in line with the college's Students' Code of Conduct.

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

6.9 An effective pastoral system is in place so that every student is well known by at least one member of staff, who can spot where disruptive or unusual behaviour may need investigating and addressing.

6.10 Staff members are mindful that some groups of students are more vulnerable to mental health difficulties than others; these include LAC, students with SEND and students from disadvantaged backgrounds.

6.11 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

7. Vulnerable groups

7.1 Some students are particularly vulnerable to associated SEMH difficulties. These 'vulnerable groups' are more likely to experience a range of adverse circumstances that increase the risk of mental health problems.

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

7.3 Vulnerable groups include the following:

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

7.4 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 students.

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:

- **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 colleges or transitioning between colleges.
- **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.

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 The college supports 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.

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

9. SEND and SEMH

9.1 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. All of Norton College students are supported with Education Health Care Plans and have identified SEND needs.

9.2 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.

9.3 The Head of School 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.

9.4 The graduated response is used to determine the correct level of support to offer.

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

10. Suicide concern intervention and support

10.1 Where a student discloses suicidal thoughts or a staff member has a concern about a student, teachers should:

- Listen carefully, remembering it can be difficult for the student to talk about their thoughts and feelings.
- 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 the DSL for support.
- Record details of their observations or discussions and share them with the DSL.

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

10.3 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.

10.4 Risk Assessments:

- Are reviewed regularly by the Assistant Head Teacher with responsibility for risk assessments.
- Can include reduced timetables or dedicated sessions with specific staff members.

11. Commissioning local services

11.1 The college 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 The college commissions support from college nurses and their teams to:

- Build trusting relationships with students.
- Support the interaction between health professionals and colleges – they work with mental health teams to identify vulnerable students and provide tailored support.
- Engage with students in their own homes – enabling early identification and intervention to prevent problems from escalating.

12. Working with parents

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

12.2 The college ensures that students and parents are aware of the mental health first aid team available at the college.

13. Administering medication

13.1 The full arrangements in place to support students with medical conditions requiring medication can be found in the College's Administering Medication Policy.

13.2 The Head of School will ensure that medication is included in a student's Individual Health and Care Plan (IHCP) where recommended by health professionals.

13.3 Staff know what medication students are taking, and how it should be stored and administered.