

Mental Health and Emotional Wellbeing Policy



St Vincent's Catholic Primary School

Mission Statement:

To love, serve and learn as Jesus shows us

DOCUMENT STATEMENT

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1. Our Vision for mental health and emotional wellbeing

- At St Vincent's Catholic Primary School we take a child-centred approach which has the Christian values of love and service at its core; we embrace and support others and the challenges that they face.
- Our curriculum enables children to become fully human, with a strong sense of self, both as a person and as a learner, created unique and individual by God. Our children are encouraged to explore 3 core questions: Who am I? Where do I come from? Who do I aspire to become?
- At St Vincent's Catholic Primary School, we are committed to promoting positive mental health and well-being to all children, their families, staff and governors. This policy outlines the framework used to meet our duty:
 - to provide high quality education to all children, including those with social, emotional and mental health (SEMH) difficulties
 - to meet the needs of children with SEMH difficulties, providing them with the skills and knowledge to lead a happy and healthy life and to reach their full potential.

2. Aims

- Promote positive mental health and emotional wellbeing in all staff and children.
- Increase understanding and awareness of common mental health issues.
- Enable staff to identify and respond to early warning signs of mental ill health in children.
- Enable staff to understand how and when to access support when working with children with mental health issues.
- Provide the right support to children with mental health issues, and know where to signpost them and their parents/carers for specific support.
- Develop resilience amongst children and raise awareness of resilience building techniques.
- Raise awareness amongst staff and gain recognition from SLT that staff may have mental health issues, and that they are supported in relation to looking after their wellbeing; instilling a culture of staff and student welfare where everyone is aware of signs and symptoms with effective signposting underpinned by behaviour and welfare around school.

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
- 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'

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

Child Protection and Safeguarding	Staff Code of Conduct
SEND	Behaviour
Anti-Bullying	RSHE
Supporting Children at School with Medical Conditions and/or Health Needs	Designated Teacher for Looked After and Previously Looked After Children
Single Equality Policy and Scheme	Administration of Medication and Medical Care
Exclusion	

4. Common mental health difficulties

- **Anxiety:** Anxiety refers to feeling fearful or panicked, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a child's ability to develop, learn and sustain and maintain friendships. Specialists reference the following diagnostic categories:
 - Generalised anxiety disorder: This is a long-term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event.
 - Panic disorder: This is a condition in which people have recurring and regular panic attacks, often for no obvious reason.
 - Obsessive-compulsive disorder (OCD): This is a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter their mind, causing them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to try to prevent an obsession coming true).
 - Specific phobias: This is the excessive fear of an object or a situation, to the extent that it causes an anxious response such as a panic attack (e.g. school phobia).
 - Separation anxiety disorder: This disorder involves worrying about being away from home, or about being far away from parents, at a level that is much more severe than normal for a child's age.
 - Social phobia: This is an intense fear of social or performance situations.
 - Agoraphobia: This refers to a fear of being in situations where escape might be difficult or help would be unavailable if things go wrong.
- **Depression:** Depression refers to feeling excessively low or sad. Depression can significantly affect a child'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 child 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 child experiencing a daily depressed mood for at least two years.
- **Hyperkinetic disorders:** Hyperkinetic disorders refer to a child who is excessively easily distracted, impulsive or inattentive. If a child is diagnosed with a hyperkinetic disorder, it will be one of the following:
 - Attention deficit hyperactivity disorder (ADHD): This has three characteristic types of behaviour: inattention, hyperactivity and impulsivity. While some children show the signs of all three characteristics, which is called 'combined type ADHD', other children diagnosed show signs of only inattention, hyperactivity or impulsiveness.
 - Hyperkinetic disorder: This is a more restrictive diagnosis but is broadly similar to severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. The core symptoms must also have been present from before the age of seven, and must be evident in two or more settings, e.g. at school and home.
- **Attachment disorders:** Attachment disorders refer to the excessive distress experienced when a child is separated from a special person in their life, like a parent. Children suffering from

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

- Opportunity to establish a close relationship with a primary caregiver.
- The quality of caregiving.
- The child's characteristics.
- Family context.
- Eating disorders: Eating disorders are serious mental illnesses which affect an individual's relationship with food. Eating disorders often emerge when worries about weight begin to dominate a person's life.
- Substance misuse: Substance misuse is the use of harmful substances, e.g. drugs and alcohol.
- Deliberate self-harm: Deliberate self-harm is a person intentionally inflicting physical pain upon themselves.
- Post-traumatic stress: Post-traumatic stress is recurring trauma due to experiencing or witnessing something deeply shocking or disturbing.

5. Roles and responsibilities

- The school's leadership as a whole is responsible for:
 - Preventative measures to manage the impact of social, emotional or mental health (SEMH) difficulties: by creating a safe and calm environment, where mental health problems are less likely to occur, the leadership can improve the mental health and wellbeing of the school community and instil resilience in children. A preventative approach includes teaching children about mental wellbeing and reinforcing these messages in our activities and ethos.
 - Identifying SEMH difficulties: By equipping staff with the knowledge required, early and accurate identification of emerging problems is enabled.
 - Providing early support for children experiencing SEMH difficulties: By raising awareness and employing efficient referral processes, the school's leadership can help children access evidence-based early support and interventions.
 - Accessing specialist support to assist children with mental health and wellbeing difficulties: By working effectively with external agencies, the school can provide swift access or referrals to specialist support and treatment.
 - Identifying and supporting children with SEND: As part of this duty, the school's leadership considers how to use some of the SEND resources to provide support for children with mental health difficulties that amount to SEND.
 - Identifying where wellbeing concerns represent safeguarding concerns: Where mental health and wellbeing concerns could be an indicator of abuse, neglect or exploitation, the school will ensure that appropriate safeguarding referrals are made in line with the Child Protection and Safeguarding Policy.
- The governing board is responsible for:
 - Fully engaging children with social, emotional or mental health difficulties and their parents when drawing up policies that affect them.
 - Identifying, assessing and organising provision for all children with SEMH difficulties, whether or not they have an EHC plan.
 - Endeavouring to secure special educational provision to meet a child's SEMH difficulties.
 - Designating an appropriate member of staff to be the SENDCO and coordinating provisions for children with SEMH difficulties.
 - Taking all necessary steps to ensure that children with SEMH difficulties are not discriminated against, harassed or victimised.
 - Ensuring arrangements are in place to support children with SEMH difficulties.
 - Overseeing 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.

- The Head Teacher is responsible for:
 - Ensuring that those teaching or working with children with SEMH difficulties are aware of their needs and have arrangements in place to meet them.
 - Ensuring that teachers monitor and review children's academic and emotional progress during the course of the academic year.
 - Ensuring that the SENDCO 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 children at risk of underachievement, as a core part of the school's performance management arrangements.
 - Ensuring that staff understand the strategies used to identify and support children with SEMH difficulties.
 - Ensuring that procedures and policies for the day-to-day running of the school do not directly or indirectly discriminate against children with SEMH difficulties.
 - Establishing and maintaining a culture of high expectations and including children with SEMH difficulties in all opportunities that are available to other children.
 - Consulting health and social care professionals, children and parents to ensure the needs of children with SEMH difficulties are effectively supported.
 - Keeping parents and relevant staff up-to-date with any changes or concerns involving children with SEMH difficulties.
 - Ensuring staff have a good understanding of the mental health support services that are available in their local area, both through the NHS and voluntary sector organisations.

- The mental health lead is responsible for:
 - Overseeing the whole-school approach to mental health, including how this is reflected in policies, the curriculum and pastoral support, how staff are supported with their own mental health, and how the school engages children and parents with regards to SEMH.
 - Collaborating with the SENDCO, Head Teacher and governing board to outline and strategically develop SEMH policies and provisions for the school.
 - Coordinating with the SENDCO and mental health support teams to provide a high standard of care to children who have SEMH difficulties.
 - Advising on resources required to meet the needs of children with SEMH difficulties.
 - Being a key point of contact with external agencies, especially the mental health support services, the LA support services and mental health support teams.
 - Providing professional guidance to colleagues about mental health and working closely with staff, parents and other agencies, including SEMH charities.
 - Referring children with SEMH difficulties to external services, e.g. specialist children and children's mental health services, to receive additional support where required.
 - Overseeing the outcomes of interventions on children's education and wellbeing.
 - Liaising with parents of children with SEMH difficulties, where appropriate.
 - Liaising with other schools, educational psychologists, health and social care professionals, and independent or voluntary bodies.
 - Liaising with secondary school teachers at transition, to ensure that children and their parents are informed about options and a smooth transition is planned.
 - Leading mental health CPD.

- The SENDCO is responsible for:
 - Collaborating with the governing board, Head Teacher and the mental health lead to determine the strategic development of SEMH policies and provisions in the school.
 - Undertaking day-to-day responsibilities for the successful operation of the SEMH Policy.
 - Supporting teachers in the further assessment of a child's particular strengths and areas for improvement, and advising on the effective implementation of support.

- Teaching staff are responsible for:
 - Being aware of the signs of SEMH difficulties.
 - Planning and reviewing support for their children with SEMH difficulties in collaboration with parents, the SENDCO and, where appropriate, the children themselves.
 - Setting high expectations for every child and aiming to teach them the full curriculum, whatever their prior attainment.
 - Planning lessons to address potential areas of difficulty to ensure that there are no barriers to every child achieving their full potential, and that every child with SEMH difficulties will be able to study the full national curriculum.
 - Progress and development of the children in their class.
 - Being aware of the needs, outcomes sought and support provided to any children with SEMH difficulties.
 - Keeping the relevant figures of authority up-to-date with any changes in behaviour, academic developments and causes of concern. The relevant figures of authority include: SENDCO/Head Teacher/subject leader.
 - The school works in collaboration with mental health support workers who are trained professionals who act as a bridge between schools and mental health agencies.

6. Teaching about mental health and emotional wellbeing

- The skills, knowledge and understanding our children need to keep themselves - and others - physically and mentally healthy and safe are included as part of our RSHE curriculum:
 - Build self-esteem and a positive self-image.
 - Foster the ability to self-reflect and problem-solve.
 - Develop resilience, confidence and strong learning behaviours.
 - Protect against self-criticism and social perfectionism.
 - Foster self-reliance and the ability to act and think independently.
 - Create opportunities for positive interaction with others.
 - Get involved in school life and related decision-making.
- Incorporating this into our curriculum at all stages is a good opportunity to promote children's wellbeing through the development of healthy coping strategies and an understanding of children's own emotions as well as those of other people.
- Mental Health Champions will be chosen. These children will support the promotion of Mental Health Awareness, provision and support within our school.
- The school's Behaviour Policy and Anti-Bullying Policy include measures to prevent and tackle bullying, and contain an individualised, graduated response when behaviour may be the result of mental health needs or other vulnerabilities.
- Signposting will ensure that children and families 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.

7. Staff training

- The SLT ensures that all teachers have a clear understanding of the needs of all children, including those with SEMH needs.
- As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep children safe.
- A nominated member of staff will receive professional Mental Health First Aid training or equivalent.
- Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more children.

8. Identifying signs of SEMH difficulties

- The school is committed to identifying children 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.
- When the school suspects that a child is experiencing mental health difficulties, the following graduated response is employed:
 - An assessment is undertaken to establish a clear analysis of the child's needs
 - A plan is set out to determine how the child 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
- A strengths and difficulties questionnaire (SDQ) is utilised when a child is suspected of having SEMH difficulties. An SDQ can assist staff in creating an overview of the child's mental health and making a judgement about whether the child is likely to be suffering from any SEMH difficulties.
- Where appropriate, the Head Teacher asks parents to give consent to their child's GP to share relevant information regarding SEMH with the school, and any support being offered for children who are diagnosed with SEMH difficulties, especially when these may impact the child's behaviour and attainment at school.
- Staff will discuss concerns regarding SEMH difficulties with the parents and will take any concerns expressed by parents, other children, colleagues and the child in question seriously.
- Staff understand what indicators they should be aware of that may point to SEMH difficulties, such as behavioural problems, children distancing themselves from other children or changes in attitude.
- Poor behaviour is managed in line with the school's Behaviour Policy. Staff will observe, identify and monitor the behaviour of children potentially displaying signs of SEMH difficulties; however, only medical professionals will make a diagnosis of a mental health condition.
- Children's 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.
- Staff are aware of the signs that may indicate if a child 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	• Disproportionate reactions to situations
• Challenging behaviour	• Restlessness/over-activity	• Non-compliance
• Mood swings	• Impulsivity	• Physical aggression
• Verbal aggression	• Perceived injustices	• Task avoidance
• Lack of empathy	• Absconding	• Eating issues
• Difficulties with change/transitions	• Lack of personal boundaries	• Poor awareness of personal space

9. Vulnerable groups

- Staff are aware that some children 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 children in vulnerable groups and remain vigilant to early signs of difficulties.
- Vulnerable groups include the following:
 - Children who have experienced abuse, neglect, exploitation or other adverse contextual circumstances

- Children in need
- LAC
- Previously LAC (PLAC)
- Socio-economically disadvantaged children, including those in receipt of, or previously in receipt of, free school meals and the child premium
- These circumstances can have a far-reaching impact on behaviour and emotional states. These factors will be considered when discussing the possible exclusion of vulnerable children.

10. Adverse childhood experiences (ACEs) and other events that impact children's mental health and emotional wellbeing

- The balance between risk and protective factors is disrupted when traumatic events happen in children's 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 child, 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.
- Staff are aware that risks are cumulative and that exposure to multiple risk factors can increase the risk of SEMH difficulties.
- Some children may be susceptible to such incidents, even if they are not directly affected. For example, children with parents in the armed forces may find global disasters or terrorist incidents particularly traumatic.
- The school supports children 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.

11. SEND and SEMH

- The school recognises 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 children 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.
- The SENDCO considers the use of a multi-agency assessment for children 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 child.
- The school recognises that not all children with mental health difficulties have SEND. However staff also understand that persistent mental health difficulties can lead to a child developing SEND. If this occurs, the SENDCO ensures that correct provisions are implemented to provide the best learning conditions for the child. Both the child and their parents are involved in any decision-making concerning what support the child needs.
- 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 child has SEND).
- All staff understand their responsibilities to children with SEND, including children with persistent mental health difficulties.

- The SENDCO ensures that staff understand how the school identifies and meets children's needs, provides advice and support as needed, and liaises with external SEND professionals as necessary.

12. 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 child:

	Risk factors	Protective factors
In the child	<ul style="list-style-type: none"> • Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem 	<ul style="list-style-type: none"> • 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 family	<ul style="list-style-type: none"> • 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 • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship 	<ul style="list-style-type: none"> • At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long-term relationships or the absence of severe discord
In the school	<ul style="list-style-type: none"> • Bullying including online (cyber bullying) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer-on-peer abuse • Poor child-to-teacher/school staff relationships 	<ul style="list-style-type: none"> • 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 child-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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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
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13. SEMH intervention and support

- School-based nurture support and intervention, one-to-one or in a small group, is offered to children who require it, focussing on mental health, wellbeing and social skills, through ELSA and other programmes.
- Where external advice and/or support is required, this will be done with parental consent and engagement. In the first instance, this could be through the Schools Link Mental Health Team. Other support could be through referral to a psychologist or multi-agency assessment.
- Other support might be through resources such as MindEd, Rethink or ThinkTwice.
- Where appropriate, parents have a direct involvement in any intervention regarding their child. Parental training programmes are combined with the child's intervention to promote problem-solving skills and positive social behaviours. Where appropriate, the school supports parents in the management and development of their child.
- Serious cases of SEMH difficulties are referred to CYPMHS.
- The school commissions individual health and support services directly for children who require additional help.
- For children with more complex problems, additional in-school support includes:
 - Supporting the child's teacher to help them manage the child's behaviour.
 - Additional educational one-to-one support for the child.
 - One-to-one therapeutic work with the child delivered by mental health specialists.
 - The creation of an IHP – a statutory duty for schools when caring for children with complex medical needs.
 - Seeking professional mental health recommendations regarding medication.
 - Family support and/or therapy where recommended by mental health professionals.
- Where support from an Alternative Provision (AP) is required, we will share information with AP settings that enables clear plans to be developed to measure progress towards reintegration back into school where appropriate. These plans will link to EHC plans for children with SEND.

14. Managing disclosures

- If a child chooses to disclose concerns about themselves, or a friend, to any member of staff, the response will be calm, supportive and non-judgemental, as outlined the Child Protection and Safeguarding Policy.
- Disclosures are recorded on a pink Record of Concern form or child's chronology if already in place.
- This information will be shared with key staff outlined above as appropriate

15. Working with parents

- The school works with parents wherever possible to ensure that a collaborative approach is utilised which combines in-school support with at-home support.
- The school ensures that children and parents are aware of the mental health support services available from the school.
- Parents and children are expected to seek and receive support, including from their GP, NHS services, trained professionals working in CYPMHS, voluntary organisations and other sources.

16. Administering medication

- The full arrangements in place to support children with medical conditions requiring medication can be found in the school's Supporting Children with Medical Conditions and/or Health Needs Policy and the Administration of Medication and medical Care Policy.
- The Governing Body will ensure that medication is included in a child's IHP where recommended by health professionals.
- Staff know what medication children are taking, and how it should be stored and administered.

17. Behaviour and exclusions

- When exclusion is a possibility, the school considers contributing factors, which could include mental health difficulties.
- Where there are concerns over behaviour, the school carries out an assessment to determine whether the behaviour is a result of underlying factors such as undiagnosed learning difficulties, speech and language difficulties, child protection concerns or mental health problems.
- To assess underlying issues, the school uses an SDQ and the Boxall Profile.
- Where underlying factors are likely to have contributed to the child's behaviour, the school considers whether action can be taken to address the underlying causes of the disruptive behaviour, rather than issue an exclusion. If a child has SEND or is a looked-after child, permanent exclusion will only be used as a last resort.
- In all cases, the school balances the interests of the child against the mental and physical health of the whole school community.

18. Safeguarding

- All staff are aware that SEMH issues can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.
- If a staff member has a SEMH concern about a child that is also a safeguarding concern, they take immediate action in line with the Child Protection and Safeguarding Policy.

19. Monitoring and review

- The policy is reviewed on an annual basis by the Head Teacher and Governing Body – any changes made to this policy are communicated to all staff.
- This policy is reviewed in light of any serious SEMH related incidents.
- All staff are required to familiarise themselves with this policy as part of their induction programme.