

All Saints' Church of England Primary School



Emotional Wellbeing and Mental Health Policy for Pupils

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Signed by COG	

All Saints' C of E Primary School

Emotional Wellbeing and Mental Health policy

At All Saints', we aim to promote positive mental health for every member of our school community. We strive to achieve this aim using both universal, whole school approaches and specialised, targeted approaches aimed at our vulnerable pupils.

Wellbeing is concerned with promoting pupils' personal and social development and fostering positive attitudes through, the quality of teaching and learning, the nature of relationships amongst pupils, teachers, parents and others, arrangements for monitoring pupils' overall progress, academic, personal and social, and through specific pastoral structures and support systems as well as extra-curricular activities and the school ethos.

This policy aims to:

- Promote positive health in all staff and pupils
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to pupils suffering mental ill health and their peers and parents

Any member of staff who is concerned about the mental health or well-being of a pupil should discuss their concerns with DSL/DDSL or Pastoral Manager. If there is a risk that the pupil is at risk of significant/immediate harm normal child protection/safeguarding procedures should be followed.

Where a referral to CAMHS is appropriate this will be led and managed by the Pastoral Manager/SENCo as appropriate.

Individual care plans:

If required, it may be useful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

Teaching about mental health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum. The specific content of lessons will be determined by the specific needs of the cohort being taught

but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

Signposting

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community. We will display relevant sources of support in communal areas. When we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring that pupils understand: Appendix 1 shows provision available in school and actions to be taken by school staff where concerns are raised.

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

Warning signs:

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the DSL/DDSL/Pastoral Manager.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating/sleeping habits
- Increased isolation from friends/family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing- e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

Managing disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff therefore all staff need to know how to respond appropriately to a disclosure.

If a pupil chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

Staff should listen, rather than advise and our first thoughts should always be of the pupil's emotional and physical health rather than exploring 'why?'

All disclosures should be recorded in writing and held by the designated persons for child protection. This written record should include:

- Date
- The name of the member of staff whom the disclosure was made
- Main points from the conversation
- Agreed next steps- at each level of discussion

Confidentiality

We should be honest with regard to the issue of confidentiality. If we feel it is appropriate and necessary for us to pass our concerns on about a pupil on then we would normally, if age-appropriate, discuss this with the pupil:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We should never share information about a pupil without telling them although an age-appropriate approach is required here. Ideally we would receive their consent, although if appropriate we will follow our child protection policy.

Parents must always be informed but pupils may choose to tell their parent themselves. If this is the case, the pupil should be given 24 hours to share this information before the school contacts parents/carers. We should always give pupils the option of us informing parents for them or with them.

If a pupil gives us reason to believe that there may be underlying safeguarding concerns, parents may not be informed depending on the individual case, however the DSL must be informed immediately.

Working with parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis)

- Can the meeting happen face to face? This is preferable
- Where can the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the pupil, other members of staff
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child’s issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information and give them further information to read. Sharing sources of further support specifically at parents can also be helpful too e.g. parent helplines and forums.

We should always provide a clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. We will finish each meeting with agreed next steps and always keep a brief record of the meeting on the child’s confidential record.

Training

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 in order to enable them to keep pupils safe.

The ‘MindEd’ learning portal provides free online training suitable for all staff wishing to know more about a specific issue.

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 where it becomes appropriate due to developing situations with one or more pupils.

Appendix 1:

Emotional wellbeing and mental health provision map.

Tier 0: Universal Level Support Pastoral and response to general concerns		
These concerns are categorised as short periods of feeling like they are not able to cope. These will be incidents which cause a child distress but do not seem to have a long term or lasting impact on wellbeing		
What are the concerns? Examples include: Minor illness such as headache or feeling sick Pet death Friendship problems/conflict/arguments with parents/peers Low level worry which needs reassurance such as before changes/transitions/tests Short term academic stress There is a past history of mental health concerns and student requires monitoring	Who should deal with this? Class teachers/TA (alerting pastoral support/SENCO where necessary)	What is our response? Listen to child and reassure Teacher/TA to support, monitor and report concerns, if required to Pastoral Team. If serious concern escalate to tier 1 and log on CPOMS If issue does not resolve itself move to Tier 1 In case of minor illness use judgement about child trying to get through next lesson. If child obviously needs to go home

		Trauma Perceived Practice understanding throughout school including importance of positive relationships
Tier 1: Universal Level Support-response to low level incidents and concerns These concerns are categorised as those which are longer term and are beginning to impact on the welfare and academic progress of the child		
What are the concerns? Examples include: Sustained periods (or a series of short periods) of not feeling able to cope/low mood Long term and repetitive friendship problems) over a term or more without resolution) More significant anxiety in class or surrounding a specific element of school/home life despite support from class teacher/TA) Divorce/separation of parents Bereavement of extended family/family member (Not parent/guardian/sibling) Emotional response to an upsetting event which causes a period of distress but does not cause a specific safeguarding concern	Who should deal with this? Pastoral Team/Intervention specialists to support directly or advise Teacher/TA	What is our response? Ensure classteacher is aware. Class teacher/TA to monitor Safeguarding team to be informed via CPOMS Class teacher to contact parents to discuss concerns Direct intervention/support from Pastoral Team/Intervention Specialists (Either long or short term support) SENCO consultation if required School Attendance Meeting if required If concern continues, or increased in severity, move to Tier 2 If incident is managed or reduces, consider moving to Tier 0
Tier 2: Targeted Support- Planned interventions in school to address mental health concerns A sustained concern which is affecting the wellbeing and possible academic progress of the young person. These could be long term concerns over anxiety, mental health or depression or a response to an incident at Tier 2		
What are the concerns? Examples include: Persistent low mood/on-going emotional regulation difficulties/anxiety Attachment difficulties and triggered responses Bereavement of close family member (Parent/Guardian/Sibling) Historic abuse which caused legacy mental health distress Self-harm Suspected eating disorders Risky behaviours	Who should deal with this? Pastoral team/Intervention Specialists/DSL/SENCO/SLT	What is our response? Pastoral Manager or SLT to contact parents Log concern on CPOMS In school support/interventions with Pastoral Team/Intervention Specialists External agency referrals considered: Early help/CAHMS/Essex Family Wellbeing Service/ Ark Centre/Young Carers/ Play therapy/In school counsellor

Questioning Gender identity or sexual orientation leading to any of the above (Questioning Gender identity/sexual orientation is not a mental health difficulty)		Class teacher/TA to monitor and report any concerns via CPOMS
Tier 3: Personalised support- professional referral to high level mental health concerns Serious and possible life- threatening incidents which require professional intervention outside of school		
What are the concerns? Examples include: School refusal as a result of persistent low mood/ongoing emotional regulation difficulties/anxiety Diagnosed anxiety disorder or depression Disclosure of incident of witnessed Domestic Abuse or other significant harm (Physical, Emotional, Sexual or Neglect) Disclosure of direct abuse Sustained self-harm Suicide ideation or attempts	Who should deal with this? Report to DSL/DDSL face to face immediately and follow up recording concerns on CPOMS	What is our response? Direct immediate support from Pastoral Team/DSL, removing child to a safe place within the school building to talk to an adult. DSL to consider appropriacy of contacting parents as soon as possible If a disclosure is made, staff to follow safeguarding policy DSL to consider consultation with social services as appropriate Following any incident DSL to consider a risk assessment on basis of safeguarding for suitability of child to be in school and consider support plan with parents SLT to consider reduced timetable, if appropriate and in agreement with parents. LA must be informed Work with external professionals to support young person through school based support detailed in Tier 2