



Pupil Emotional Health and Wellbeing **Policy**

<i>Review Programme:</i>	
Policy adopted:	Autumn 2019
Date for next review:	Spring 2024
Signed – Headteacher:	<i>P. Campbell</i>
Date:	18/01/22

Pupil Emotional Health and Wellbeing Policy

The Department for Education (DfE) recognises that: “in order to help their pupils succeed; schools have a role to play in supporting them to be resilient and mentally healthy”.

The World Health Organization (WHO) defines mental health as: “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 her or his community.”

At Sketchley Hill Primary School, we aim to promote positive mental health and wellbeing for our whole school community, and recognise how important emotional health and wellbeing is to our lives in just the same way as physical health. We recognise that children’s mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement.

Our role in school is to provide a place for our children to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. We also have a role to ensure that our children learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues and where they can go if they need help and support.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for children affected both directly, and indirectly by mental ill health.

This policy is to be read in conjunction with our Positive Behaviour Policy, Anti-bullying Policy, PSHE & Citizenship (PSHCE) Policy, SEND Policy, Safeguarding Policy, Supporting Children with medical conditions in School Policy, Community Cohesion Policy and Equality Policies. Links with the Positive Behaviour and Anti-bullying policies are especially important because behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, may be related to an unmet mental health need.

This Policy Aims to:

- Promote emotional health and wellbeing in all staff and children
- Ensure that our children have a sense of belonging and feel safe
- 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 children with mental health issues

- Provide support to children suffering mental ill health and their peers and parents/carers
- Ensure that bullying is not tolerated

Statutory Obligations

- Department for Education “Keeping Children Safe in Education” (2021)
- Department for Education “Supporting children with medical conditions at school” (2015)
- Department for Education “Mental health and behaviour in schools” (2018)
- Public Health England “Promoting children and young people’s emotional health and wellbeing: a whole school and college approach” (2015)
- Department for Education strategic plan through to 2020, two key priorities “Support and Protect Vulnerable Children” and “Build Character and Resilience”.

Lead Members of Staff

Whilst all staff have a responsibility to promote the mental health of children. Staff with a specific, relevant remit include:

- Designated Safeguarding Lead (DSL) and Designated Safeguarding Leads (DDSSL)
- Mental Health Lead - Headteacher
- SEND Lead
- PSHCE Co-ordinator

Any member of staff who is concerned about the mental health or wellbeing of a child should speak to the DSL / a DDSL in the first instance. If there is a fear that the child is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the DSL / a DDSL. If the child presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Individual Care Plans

It is helpful to draw up an individual care plan for children causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the child, the parents and relevant health professionals. This can include:

- Details of a child’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 children to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHCE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling children to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the PSHCE Curriculum to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Route to Resilience

The school has embedded practices. Route to Resilience is an evidence-based and practical approach to supporting schools and families in their work developing the emotional wellbeing and resilience of children and young people.

Supporting children's emotional health and wellbeing

In addition to teaching about mental health our school has developed a range of strategies and approaches, including:

- School support worker – a trained Counsellor available to work with children on a one to one basis
- Nurture groups
- Building resilience groups
- Child led activities
- Transition programme to secondary school
- Peer mentoring / Anti-bullying ambassadors / E-Safety ambassadors
- Class activities – worry monsters, anti-bullying resources
- Children's mental health week

Signposting

We will ensure that staff, children and parents and carers are aware of sources of support within school and in the local community.

We will display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to children within relevant

parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of child help-seeking by ensuring children understand:

- 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 child 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 / a DDSL.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- 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 child may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.

If a child 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 be of the child's emotional and physical safety rather than of exploring 'Why?'

All disclosures should be recorded in writing and held on the child's confidential file. This information should be shared with the DSL / a DDSL as soon as possible. Please refer to the Child Protection Policy.

Working with Parents and Carers

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

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen?
- Who should be present? Consider parents, the child, 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/carer time to reflect.

We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums.

We should always provide 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. Finish each meeting with agreed next step and always keep a brief record of the meeting on the child's confidential record.

Supporting Peers

When a child is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. To keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations by the child who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

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 to enable them to keep children safe.

The MindEd learning portal (<https://www.minded.org.uk/>) provides free online training suitable for 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 throughout the year where it becomes appropriate due developing situations with one or more children.

Staff also have access to the School Support Worker and Counselling.

Working with specialist services to get swift access to the right specialist support

In some cases a child's mental health needs require support from a specialist service. These might include anxiety, depression, self-harm and eating disorders.

School referrals to a special service will be made by the DSL / a DDSL following the assessment process and in consultation with the child and parents/carers.

Persistent mental health problems may lead to children having significantly greater difficulty in learning, than the majority of those of the same age. In some cases the child may benefit from being identified as having a special educational need or disability (SEND).