Chalkwell Hall Infant School

CHILDREN'S EMOTIONAL HEALTH AND WELLBEING POLICY

Agreed by Full Governing Body: Summer 24
Review date: Summer 2027

Policy Statement

Mental health is a state of well-being 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. (World Health Organization)

At our school, we aim to promote positive wellbeing and mental health for our staff and children. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at identified children.

In addition to promoting positive wellbeing and mental health, we aim to recognise and respond to signs of 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.

Scope

This document describes the school's approach to promoting positive mental health and wellbeing and systems of guidance and support. This policy is intended as guidance for all staff, including non-teaching staff and governors.

The Policy Aims to:

-Promote positive mental health in all children and families and staff

-Increase understanding and awareness of emotional health and wellbeing

-Alert staff to early warning signs of poor emotional health and wellbeing

-Provide support to staff working with young people with mental health, emotional health and wellbeing issues

-Provide support to children suffering mental ill health, their peers and parents or carers

Lead Members of Staff

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

-The Designated Safeguarding Lead (DSL)

-The SENCo

-The Family Liaison Officer

-The Pastoral Team

-Healthy Schools project leader

Any member of staff who is concerned about the mental health or wellbeing of a child should speak to the DSL and follow the Safeguarding Policy.

Prevention and Culture

We have developed a culture where we are committed to promoting the positive wellbeing of our children, families and staff, and as a result this forms part of our vision and values and our curriculum priorities. For our children, school is a safe, calm and supportive environment. Our curriculum approach highlights the importance of children feeling safe and secure in order to be ready to learn. As a result,

opportunities to promote both physical and mental wellbeing are weaved throughout the school day, as well as explicit teaching.

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 curriculum approach, and especially the PSHE provision.

We follow the PSHE Assocaition's Thematic Model to deliver both the statutory and non-statutory PSHE curriculum, including Relationship and Health Education. This is delivered alongside bespoke lessons that are closely matched to the needs of a class or cohort. There is an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. We teach mental health and emotional wellbeing issues in a safe and sensitive manner.

Identification
School staff cannot act as mental health experts and should not try to diagnose conditions. However, staff should be alert to warning signs which might indicate a potential problem and be aware of the actions they are required to take when there is a concern so that we can support children from an early age.

School staff may become aware of warning signs which indicate a child is experiencing mental health or emotional wellbeing issues. These warning signs should <u>always</u> be taken seriously and staff observing any of these warning signs should communicate their concerns with the Safeguarding Lead.

Possible warning signs include:
-Physical signs of harm that are repeated or appear non-accidental
-Aspects of play and involvement
-Movements, meltdowns, shutdowns
-Seeking time with adults
-Aggression, anger
-Changes in eating or sleeping habits
-Increased isolation from friends or family, becoming socially withdrawn
-Changes in activity and mood
-Lowering of academic achievement
-Not wanting to talk, withdrawn
-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 secretively
-Lateness to or absence from school
-Repeated physical pain or nausea with no evident cause
-An increase in lateness or absenteeism

Behaviours increasing in intensity or extending over a longer period of time could be an indication of poor emotional and mental health.

As set out in Chapter 6 of the statutory SEND 0-25 years Code of Practice 2015, schools need to be alert to how mental health problems can underpin behaviour issues in order to support pupils effectively, working with external support where needed. They also need to be aware of their duties under the Equality Act 2010, recognising that some mental health issues will meet the definition of disability. (DfE, Mental Health and Behaviour in Schools, November 2018)

Concerns around children's wellbeing and mental health are tracked and monitored by the DSL.

Managing disclosures and confidentiality
A child may choose to disclose concerns about themselves or a friend to any member of staff so all staff will be trained on how to respond appropriately to a disclosure. All disclosures will be dealt with in line with the Safeguarding Policy and procedures.

Tiered approach to supporting mental health
Our approach to supporting mental health in school is a graduated approach as outlined in our 'Local Offer'. The aim is to provide the following:

Universal Support - To meet the needs of all our pupils through our overall ethos and our wider curriculum. This includes:

-Vision and values
-REACH assemblies
-Regular story sessions with selected texts
-PSHE teaching and 'Preparation Skills', e.g. resilience
-'Soft Starts' to the day and mindfulness
-'Wellbeing Time' after lunch, including mindfulness
-'Teacher Time'
-Circle times
-Key texts and activities to support teaching and learning
-Physical exercise, playtimes, activity times and the Daily Mile
-Children's Mental Health Week
-Raising awareness of wellbeing and mental health in charity days, e.g. Comic Relief

Additional support - For those who may have short term needs and those who may have been made vulnerable by life experiences, such as bereavement. This is monitored by the Pastoral Team. Support might include:

-Access to the Acorn Room to aid coming into school or for quiet time
-Positive behaviour strategies, reinforcement and rewards in class, use of timers and visual timetables
-Individual or group intervention with a specific focus, e.g. understanding and managing emotions and 'Volcano in my Tummy'
-Learning Mentor time, including academic support in class as appropriate
-SULP (Social use of Language Programme)

Targeted support - For pupils who need more targeted support, the school, as Lead Professionals will work with the child and family to deliver Level 2 early help support. These children are monitored by the Pastoral team. Support might include:

'Team Around the Child and Family' meetings
Level 2 Early Help Plan
Strengths and Difficulties Questionnaire (SDQ), Boxall Profile
Family Liaison Officer in contact and supporting family
Daily nurture – Learning Mentor, 1:1 support as appropriate
Play Therapy provided by a qualified counsellor – via school referral
Access to specialty school support via school referral to the Inclusion Team and/or Outreach Services
Educational Psychologist via EP request form
ISP/EHC Plan, where appropriate

Working with other agencies and partners
As part of our targeted provision, the school will work with other agencies to support children's emotional health and wellbeing including:

Advice for referrals and services from Level 2 Early Help Advisors, e.g. Kids Inspire
The School Nursing Team
Educational psychology services
Behaviour support via the Inclusion Team
Medical professionals
EWMHS (Emotional Wellbeing and Mental Health Service)
Counselling services
Referral to Level 3 Intensive Supporting Families Service
Children's Social Care
Therapists

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

We display relevant sources of support for parents and children in communal areas, as well as signposting through our social media, newsletter, website and communication app. Children, parents and staff who require personalised support will be given appropriate individualised support and signposting as required.

Working with Parents
We will be sensitive in our approach when working with children and their families. We will always highlight further sources of information and support the whole family. We will always provide clear means of contacting us with further questions and will finish each meeting with agreed next steps and always keep a brief record of the meeting on our CPOMS software.

In order to support parents we will:
-Highlight sources of information and support about common mental health issues on our school website

-Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
-Make our mental health policy easily accessible to parents
-Share ideas about how parents can support positive mental health in their children through parent workshops and individualised support
-Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home
-Have a wellbeing section on our website to signpost and support parents

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular safeguarding and child protection training, in order to enable them to keep students safe. Training opportunities for staff who require more in depth knowledge will be considered as part of our appraisal process.

Related Policies

-Safeguarding and Child Protection Policy
-SEND policy
-Behaviour Policy
-Anti-BUllying Policy
-PSHE Policy
-Curriculum Policy

Appendix A: Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues[1]

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

Support on all these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support

SelfHarm.co.uk: www.selfharm.co.uk
National Self-Harm Network: www.nshn.co.uk

Books

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

[1] Source: Young Minds

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support

Depression Alliance: www.depressionalliance.org/information/what-depression

Books

Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support

Anxiety UK: www.anxietyuk.org.uk

Books

Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support

OCD UK: www.ocduk.org/ocd

Books

Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Susan Conners (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Online support

Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org
On the edge: ChildLine spotlight report on suicide:
www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Books

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support

Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders
Eating Difficulties in Younger Children and when to worry:
www.inourhands.com/eating-difficulties-in-younger-children

Books

Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks

Appendix B: Guidance and advice documents

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2014)

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2015)

Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2015). PSHE Association. Funded by the Department for Education (2015)

Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (2014)

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

Healthy child programme from 5 to 19 years old is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)

Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing - a report produced by the Children and Young People's Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)

NICE guidance on social and emotional wellbeing in primary education

NICE guidance on social and emotional wellbeing in secondary education

What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau (2015)

Appendix C: Data Sources

Children and young people's mental health and wellbeing profiling tool collates and analyses a wide range of publically available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It enables benchmarking of data between areas.

ChiMat school health hub provides access to resources relating to the commissioning and delivery of health services for school children and young people and its associated good practice, including the new service offer for school nursing.

Health behaviour of school age children is an international cross-sectional study that takes place in 43 countries and is concerned with the determinants of young people's health and wellbeing.

DfE, Mental Health and Behaviour in Schools