Barlaston CE (VC) First School

Mental Health and Wellbeing Policy

Specific Conditions - Neglect - Self-harm and Suicide	2**2**

The purpose of this policy is to provide staff and governors with the framework they need to promote good mental health and positive wellbeing, highlighting our duties when we have a concern about a child's mental health.

This policy also informs parents and carer as to how we promote good mental health including details of many resources that are available free of charge.

Policy Aims

- Promote positive mental heath and emotional wellbeing for our community
- Remove the stigma of mental health issues
- Increase understanding and awareness of common mental health issues
- Enable staff to identify and respond to early warning signs of mental ill health in pupils and each other
- Enable staff to understand how and when to access support; both for themselves and pupils; who may have mental health issues
- Provide the appropriate support to pupils with mental health issues
- Develop resilience amongst pupils and raise awareness of resilience building techniques, creating a safe and nurturing environment for all
- Raise awareness amongst our community of mental health issues and encourage staff to disclose any mental health issues in a supportive environment

Encourage a mental health friendly environment where everyone is aware of the signs and symptoms of mental ill health and can effectively signpost children and families.

Policy Principles and Values

Mental ill health can affect all of us. How we think and feel about ourselves and our lives impacts our behaviour and how we cope in tough times, affecting our ability to make the most of opportunities that come our way. It affects the way we interact within our family, school, workplace, community and friendships. Mental health is also closely linked to our physical health. Positive mental health and wellbeing is crucial to living a fulfilling life. At Barlaston CE (VC) First School, we will promote both positive physical and mental health and wellbeing as both of these aspects have an effect on achievement and learning.

Policy Statement

At Barlaston CE (VC) First School we are committed to promoting positive mental health and emotional wellbeing for all children, families, members of staff and governors. Our open culture allows all voices to be heard, and through the use of effective policies and procedures, we aim to provide a safe and supportive environment for all, enabling us to flourish and let our light shine, whilst preparing to be gentle and humble agents for change in the world we share. As a community we acknowledge that mental health difficulties are rising for all people, including children and young people of all ages and backgrounds.

At Barlaston CE (VC) First School, we have a duty of care to support children with their mental health and provide or seek support for those with additional needs due to their mental health difficulties. We make every effort to be inclusive and will endeavour to support children during times of mental health difficulty.

We expect all staff to be vigilant about children's mental health and understand the potential links to their safety and wellbeing:

- Ensure all staff are aware that mantal health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation
- Only appropriately trained professionals will attempt to make a diagnosis of a mental health problem
- Staff are well placed to observe children day-to-day and identify whose behaviour suggests that they may be experiencing a mental health problem or be developing one
- Where children have suffered abuse, neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood.
- Staff are aware of how the children's experiences can impact on their mental health, behaviour and education.

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action will be taken, following our safeguarding policy and speaking to the Designated Safeguarding Lead or Deputy Designated Safeguarding Leads.

At Barlaston CE(VC) First School, we define **Mental Health** and **Resilience** as:

Good **Mental Health**

Individuals are mentally healthy when they have the ability to:

- Develop psychologically, emotionally, intellectually and spiritually
- Initiate, develop and sustain mutually satisfying personal relationships
- Use and enjoy solitude
- Are aware of others and empathise with them
- Experience happiness and can play and learn
- Develop a sense of right and wrong
- Resolve (Face) problems and setbacks and learn from them
- Develop a sense of self and identity

Resilience is the ability to bounce back from the disappointments and difficulties we all face and experience. It is the ability to build protective factors in our lives which promote and protect our emotional wellbeing when faced with everyday knockbacks and unexpected changes.

Responsibility of the Staff

All staff need to know how to respond in a supportive way when a young person, or their friend reaches out for support.

Staff should look for signs that may reflect a mental health need. These may include, but are not limited to:

- Change in behaviour e.g. social withdrawal, increase in distress, change in relationships with peers, reduction in confidence.
- Change in the way they dress e.g. covering their arms, lots of wrist bangles to hide cuts, using their hair to cover things or an unwillingness to undress for PE.
- Increase in emotion based school non attendance or lateness, or ability to engage in classroom or other school based activities
- Missing lessons

- Decrease in eye contact
- Impact on learning
- Tiredness or sleeping in class
- Difficulties with concentration
- Increase in emotional response e.g. cries or gets upset more easily.

Many of the above should also raise Safeguarding concerns.

If staff are a tall concerned about the mental health of any child or member of staff in school, they should share these concerns with the SMHL or one of the safeguarding team.

Responsibility of the Governors

Governors will ensure the following:

- The school should have a designated and trained Senior Lead for Mental Health
- The school will follow the safeguarding guidelines where the child's safety and well-being will always remain the first priority.
- Where necessary, the Behaviour Support service will be used and / or the Educational Psychology service to discuss concerns and seek advice regarding the wellbeing of children/young people.
- The school will use their professional judgement, and if appropriate, will recommend external professional services when concerned about mental health.
- The school will share information with other services if it is deemed necessary for the safety and well-being of the child or young person.

Responsibility of the Senior Lead for Mental Health

The Senior Mental Health Lead (SMHL) will take a strategic overview of the whole school approach to mental health and wellbeing; raising the profile of needs within the system and being responsible for increasing knowledge, awareness and confidence of all staff to work safely and effectively to enhance whole school wellbeing.

Key Staff Members:

This policy aims to ensure all staff take responsibility for promoting good mental health for children and each other. However, key members of staff have specific roles to play:

- Senior Mental Health Lead – Emma Haddrell
- Designated Safeguarding Lead – Sarah Broome
- Designated Deputy Safeguarding Leads – Adam Peel and John Gordon, Mandy Casey (After School Club, currently Level 2)
- SENDCo – Emma Haddrell
- PSHE Coordinator – Emma Haddrell
- Mental Health and wellbeing governor –

Appendices to the Policy

Terminology

Mental health is defined as 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 Organisation)

Child Protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Early Help means the providing of support as soon as additional needs and support emerge at any point in a child's life.

Trauma 'results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life-threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being' (November 2022, Government guidance on trauma-informed practice).

Staff refers to all those working for Barlaston CE (VC) First School, full- or part-time, temporary or permanent, in either a paid or voluntary capacity. This includes Governors.

Child(ren) and **Young People** includes everyone under the age of 18.

Parents/carers refers to birth parents and other adults who are in a parenting role, for example step-parents, foster carers, carers and adoptive parents.

Social Care refers to Children's Services in the area in which the child is resident, unless a child is a Child Looked After then this responsibility will lie with the Children's Services in their home authority.

Safeguarding, Confidentiality and Sharing Information

All matters relating to child protection and safeguarding will be treated as confidential and only shared as per the 'Information Sharing Advice for Practitioners' (DfE 2018) guidance.

All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children, and that the Data Protection Act 2018 and General Data Protection Regulations are not a barrier to sharing information where a failure to do so would place a child at risk of harm. There is a lawful basis for child protection concerns to be shared with agencies who have a statutory duty for child protection.

All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or well-being. However, staff are aware that matters relating to child protection and safeguarding are personal to children and families. In this respect they are confidential, and the Designated Safeguarding Lead (DSL) will only disclose information about a child to other members of staff on a need-to-know basis.

All staff will always undertake to share our intention to refer a child to outside agencies with their parents /carers, unless to do so could put the child at greater risk of harm or impede a criminal investigation.

All concerns regarding mental health will also raise safeguarding concerns, as such they will involve Sarah Broome as the school Designated Safeguarding Lead. See the Safeguarding Policy for further information. The SENDCo and DSL will work collaboratively to ensure best practice for understanding and supporting children with mental health needs.

Barlaston CE (VC) First School has a duty to keep children and young people safe and we share that responsibility with parents and carers. We therefore operate the following policy:

- Staff will inform parents/carers if there are concerns about risk to self or others. For example, reporting self-harm or suicidal ideation. In the majority of circumstances, reporting this information to parents/carers will have the child's consent, however, we may overrule this when concerned about their risk.
- We expect parents/carers to keep the school informed if there are concerns about mental health that could affect their child's safety while attending school. Information will be treated confidentially and will only be shared with staff on a 'need-to-know' basis. In some cases, historical facts about mental health should be shared with the school.
- We will pass on details to other organisations if we have concerns about the safety, risk or well-being of a child or young person. This is our duty.

The Culture of Openness and Talking to Trusted Adults

For several years research has been undertaken to measure the resilience of a child or young person to cope with life's adversities. Research has identified that the number one factor needed to help a child is a trusted adult. In the majority of cases, this is a parent or carer, however, not all children would consider their parent to be supportive and not all parents are equipped with the emotional skills to support a child through a difficulty. Professional staff are often considered to be the trusted adult because they are seen as independent, accessible, trusted and caring.

At Barlaston CE (VC) First School, we seek to create an environment in which every child/young person has access to staff in a private and confidential setting if required. Each child/young person will be listened to and not judged but helped or signposted to organisations for support. The most effective way for a child or young person to obtain support for a mental health difficulty is to ask a trusted adult for their help. Understandably, this does not always occur, especially with children and young people. Many will be confused or embarrassed about their feelings and may be unsure what caused them. Others might be frightened regarding what happens next. Sometimes it might be a peer that shares information with staff when concerned about a friend. Trusted adults therefore need to be alert to see the signs and/or changes in behaviour that may lead to identifying some mental health difficulty.

Prevalence of Mental Health

There are many sources of research suggesting that mental health difficulties are on the rise.

Mental Health of Children and Young People in England 2022 - wave 3 follow up to the 2017 survey - NHS England Digital

For example:

- One in six children aged five to 16 were identified as having a probable mental health problem in July 2021, a huge increase from one in nine in 2017. That's 5 children in every classroom (i).
- The number of A&E attendances by young people aged 18 or under with a recorded diagnosis of a psychiatric condition more than tripled between 2010 and 2018-19 (ii).
- 83% of young people with mental health needs agreed that the coronavirus pandemic had made their mental health worse (iii).
- In 2018-19, 24% of 17-year-olds reported having self-harmed in the previous year, and 7 % reported having self-harmed with suicidal intent at some point in their lives. 16% reported high levels of psychological distress (iv).
- Suicide was the leading cause of death for males and females aged between 5 to 34 in 2019 (v).

- Nearly half of 17-19 year-olds with a diagnosable mental health disorder has self harmed or attempted suicide at some point, rising to 52.7% for young women (vi).

Source: Mental Health Statistics UK | Young People | YoungMinds

Given the prevalence and trends, we will endeavour to identify needs early and provide support wherever possible. Decisions should not be made in isolation. Staff should use appropriate channels for consultation or advice including the Designated Safeguarding Lead, Deputy Designated Safeguarding Leads, SENDCo and SMHL.

Promoting Well-being and Good Mental Health

Research suggests that a healthy body and mind will learn more effectively. Poor physical health can lead to poor mental health and poor mental health can impact on our ability to take care of our physical health. At Barlaston CE(VC) First School, we seek to promote both by raising the awareness amongst our children, staff, parents and carers. We will achieve this by using a combination of the following:

- Raising awareness through lessons and our curriculum and whole school approach
- Raising awareness through newsletters and emails to parents and carers.
- Offering more training for our staff on matters of health and well-being.
- Embracing a number of different 'awareness days' to promote and increase understanding.
- We will use school-wide measures to assess our children and tailor support activities accordingly.
- We will use technology as an enabler to help promote well-being.

Known Factors Affecting Mental Health

Over the last 50 years, studies have looked at factors that affect a person's well-being and specifically those that increase the likelihood of developing mental health difficulties. Some of those factors are:

- Abuse, trauma, or neglect
- Social isolation or loneliness
- Experiencing discrimination and stigma
- Sleep difficulties
- Neurological conditions such as Autism, ADHD and Learning Disabilities
- Genes and hereditary conditions
- Identity, sexuality or gender difficulties (e.g. LGBTQ)
- Being socially disadvantaged, in poverty or debt
- Bereavement (and significantly, bereavement by suicide)
- Crime within the family
- Severe or long-term stress
- Having a long-term physical health condition
- Unemployment
- Homelessness or poor housing
- Being a long-term carer for someone
- Drug and alcohol misuse
- Domestic violence, bullying or other abuse
- Significant trauma as an adult, such as military combat, being involved in a serious incident in which you feared for your life, or being the victim of a violent crime
- Physical causes – e.g. an injury or poor physical health

It is recognised that staff may not always be aware of all the difficulties a child or young person might face, however, staff training aims to raise awareness of these factors so that support, if appropriate, can be provided. Staff should also consider the impact of witnessing high risk behaviours and distress on other students and staff and consider their own mental health or safeguarding needs as a result.

Dealing with Risk

When a child or young person has developed a mental health difficulty, there could be an increase in risk of harm, abuse, neglect or vulnerability.

There are three categories of risk:

- Risk to self (a child or young person has considered doing something intentional to harm themselves or is considering doing a harmful act).
- Risk from others (a child or young person may become vulnerable and is therefore at increased risk from other children or other adults).
- Risk to others (a child might have thoughts or plans to inflict pain upon another person) Concerns about the risk of a child or young person have safeguarding implications.

Triage Process

When considering what support can put in place for a young person, it is likely that different staff members may hold different information about a child, (for example observations of a child in the classroom, child communication, safeguarding information or SEND information). To ensure that a child's needs and wishes are being met effectively, good communication of all of these factors is required.

A triage system enables all the information known about a child to be appropriately considered when making supportive decisions with a child and family about the next steps to take to access support. Information should be collated from a range of sources including the young person's experience, family concern, classroom observations, peer concerns and information from safeguarding and SEND leads. This will enable the best decisions about the type and urgency of support. This process also enables careful consideration of the wider systemic factors and factors in the school environment (inclusion, relationships etc) that might be contributing towards current presenting needs and distress.

A triage process ensures that the approach is needs-led and individualised.

No diagnosis should be necessary for a young person to access appropriate support

Continuum of Need

According to Staffordshire Safeguarding Children Board, there is a continuum of need that should be considered when deciding the level of support that is necessary for an individual.

Universal - Level 1

Most children reach their full potential through the care of their families and communities. Universal Services are provided to all children and their families through community networks such as schools, primary healthcare, leisure services, voluntary and universal groups. At this level, it may be possible to see:

Child Developmental Needs	Parents and Carers	Family / Environmental Factors
Good physical and psychological health No substance abuse or inappropriate sexual activity Meeting developmental milestones Attending health appointments and developmental checks, registered with GP	Secure attachments and relationships providing warmth praise and encouragement Appropriate guidance, boundaries and development of values and behaviour Child's basic needs are met – food, drink, clothing, medical and dental	Good supportive relationship within the family and social and friendship networks Accommodation is clean and has basic amenities and facilities Access to community resources, GP, education and leisure facilities

Earliest help – Level 2

Children with needs at the level of Earliest Help are best supported by those who already work with them such as health professionals, children's centres, early years, school and college settings or, by organising additional support.

Most constructive conversations will start with the child and their family because something has been shared or observed about the welfare of a child. The value of the knowledge and trust that a professional already working with a family has must not be underestimated. Working with the child and their family to address worries as they arise, rather than waiting for concerns to escalate is appropriate for the majority of children and can ensure much needed consistency for a family. Providing encouragement, building on strengths, and sharing information with or about other services that might help are all key ingredients to promoting children's wellbeing.

Children and their families at this level will be seeking support to improve their circumstances and may have one, or a range of needs which may increase in complexity, and could include:

Developmental Needs	Parents and Carers	Family / Environmental Factors
Substance use or concerns Mental health concerns Poor school attendance or exclusion Experiencing bullying Special educational needs Disengagement from education, training or employment post 16 Difficulties with peer group or adult relationships Some evidence of inappropriate responses and behaviours Finds it difficult to cope with anger, frustration and upset	Unrealistic parental expectations Post-natal depression Child perceived to be a 'problem' by parents Minor to moderate mental health issues Parental drug and alcohol use History of co-sleeping with previous children Lack of parental stimulation or interaction Parental conflict or lack of parental support or boundaries Parental engagement with services is poor	Parental conflict, domestic disputes impacting on the children Has experienced loss of a significant adult through bereavement or separation Parents struggle without support or resources as the result of mental health or learning difficulties Family is socially isolated Poor housing Poverty Involvement in or risk of offending Poor access to universal services

Disruptive or anti-social behaviour Disability requiring support services Complex health needs Young Carers Vulnerable to exploitation Few opportunities for play or socialisation Worries about diet, hygiene or clothing Not being taken to health and other appointments Not reaching developmental milestones	Parent is struggling to provide adequate care Concealed pregnancy	Care Coordination for a Child with Disabilities

Targeted Early Help - Level 3

Children and Young People at this level have diverse and complex needs and targeted, multi-agency support services are required and should be supported by a clear co-ordinated action plan coordinated by a lead worker without the need for statutory social work intervention.

What to do next?

Talk to the child and their family about your concerns and seek parental agreement, or consent from the young person themselves to carry out an Early Help Assessment.

The lead worker should engage the family and other professionals to coordinate support. If the support needed for the family is more than the lead worker can organise effectively the Family Practitioner Service can work consensually with the family in a more intensive way alongside other professionals. Referral to the Family Practitioner teams is by way of a conversation with SCAS (details below) and a conversation with the team to discuss the best way for the child and their family's needs to be met.

Needs at this level will include:

Developmental Needs	Parents and Carers	Family / Environmental Factors
Child has some serious or recurring health problem (s) which are not treated, or badly managed Regularly misses appointments for serious medical conditions or treatment Developmental milestones are not being met due to parental care Regular substance misuse Lack of food 'Unsafe' sexual activity Self-harming behaviours	Parent / carer is failing to provide consistently adequate care Parents have found it difficult to care for previous child or young person Domestic abuse, coercion, or control in the home Parent's mental health problems or substance misuse affect care of child or young person Non-compliance of parents or carers with services Child has no positive relationships	Family has serious physical and mental health difficulties impacting on their child Community is hostile to family Emerging involvement in gang or other activities which risks future exploitation Young person displays physical violence towards parents

Child has a significant disability Mental health issues emerging e.g., conduct disorder, ADHD, anxiety, depression, eating disorder, self-harming	Child has multiple carers; may have no significant relationship to any of them Child at risk of Female Genital Mutilation and other harmful traditional or cultural practices, Forced Marriage, or Honour Based Abuse where a protective parent is engaging with targeted services to seek protection Child at risk of Modern Slavery and, or Human Trafficking but parents are accessing support and services	

Statutory / Specialist Services - Level 4

A small proportion of children and young people will have more acute needs and be supported by Staffordshire District Operational teams. This may include children who are unlikely to reach or maintain a satisfactory level of mental or physical health or development, or their health and development will be significantly impaired, without the provision of services.

These are children and young people whose needs are more complex, based on a range of needs and depth or significance of the needs. They are at risk of social or educational exclusion. Their health, welfare, social or educational development is being impaired and life chances will be impaired without the provision of additional services and are otherwise known as Children in Need.

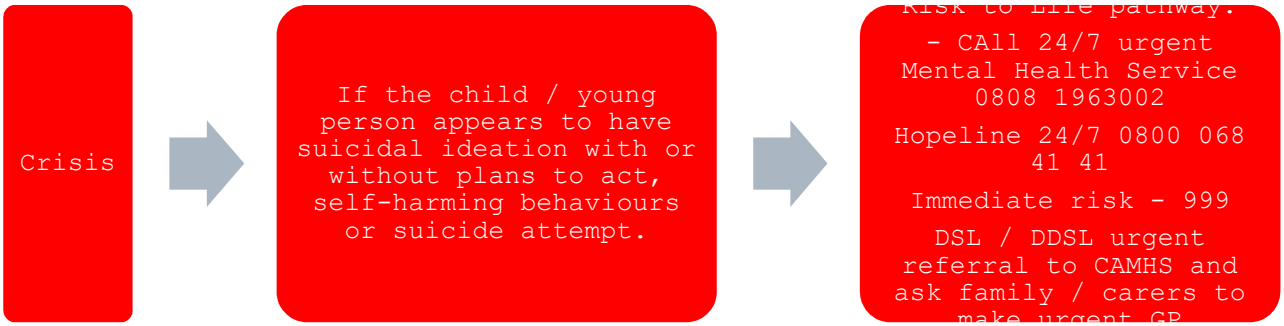
Other children and young people may require an immediate referral to Staffordshire Children's Services (SCAS) for an assessment to be completed to better understand their needs. These are children and families with increasingly complex needs, those children who are at risk of or suffering significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interest of children and gives local authorities a duty to make enquiries.

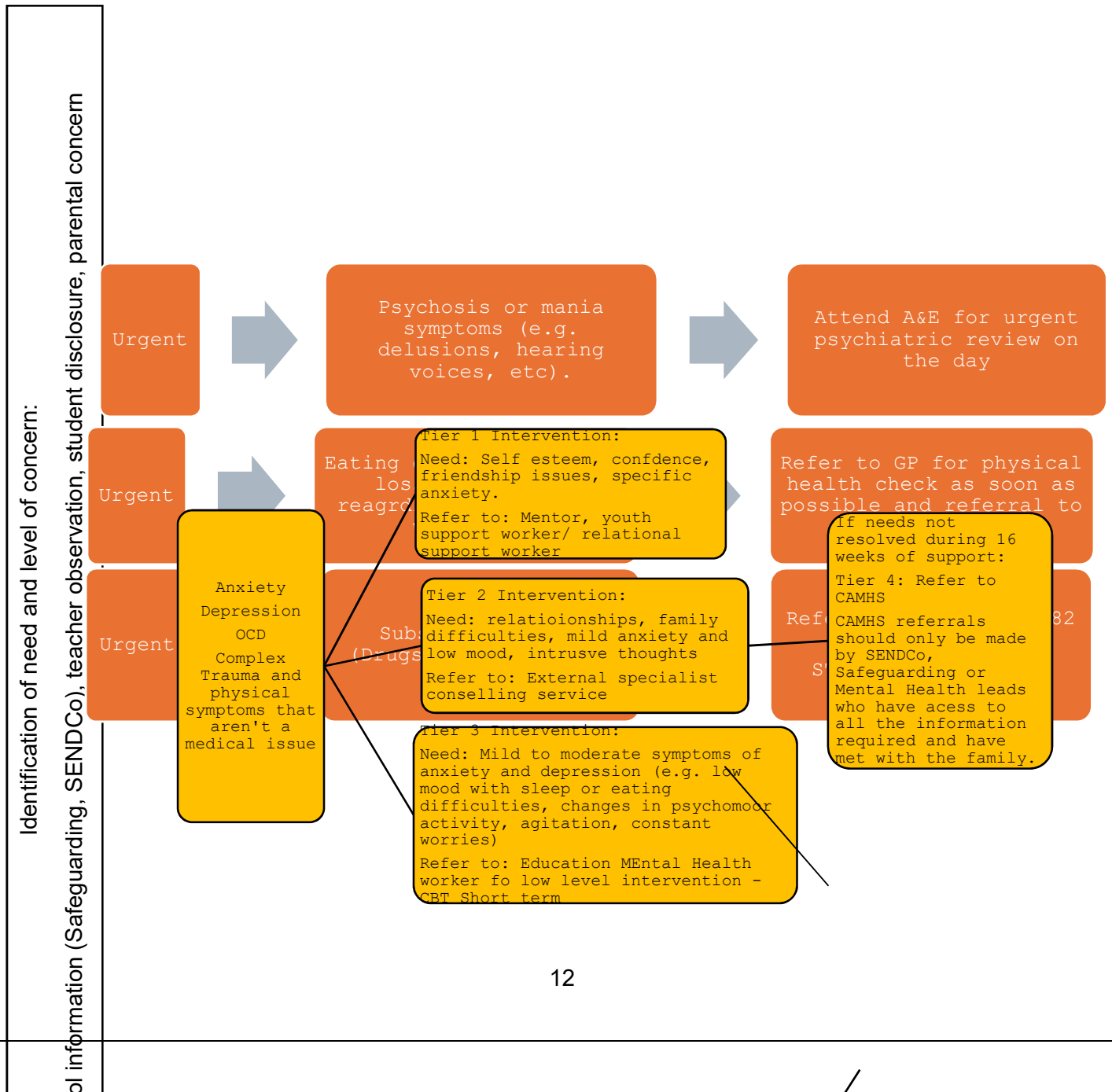
Significant harm would include:

- Children at immediate risk of significant harm including physical, sexual, emotional harm and neglect
- Children with unexplained injuries, suspicious injuries or where there is inconsistent explanation of the injury
- Children from families experiencing a crisis likely to result in an imminent break down of care arrangements
- Where there are serious concerns regarding the risk of significant harm to an unborn baby
- Children who are remanded or otherwise in Custody
- Children who disclose abuse
- Vulnerable children who are left alone or otherwise subject to neglect

Mental Health Flowchart

The mental health flowchart provides information regarding the steps that might be taken when triaging an identified need so that a staff member can consider the appropriate services to offer support. Information should be collated from multiple sources including the young person, family, as well as information known to DSL and SENDCo.





Flowchart for Raising Safeguarding / Mental Health Concerns About a Child at Barlaston CE (VC) First School

Designated Safeguarding Lead:

Sarah Broome

Deputy Designated Safeguarding Leads:

John Gordon

Adam Peel

Mandy Casey

Senior Mental Health Lead:

Emma Haddrell

Link Governor:

Any concerns should be put in writing and handed to or discussed with **Emma Haddrell** or **Sarah Broome,** including via MyConcern

If you have a concern regarding someone who works with children, please contact the LADO on:
0300 111 8007
www.staffordshire.gov.uk/reportconcern
Emergency contact
0845 6042 886
NSPCC Whistleblowing advice line
0800 028 0285
help@NSPCC.org.uk

DSL, Deputy DSL and SMHL will review concerns raised and make decisions about any next steps

Decision made to discuss the concern informally with the parents / carers

Decision made to monitor the concern

Discus

Decision made to refer the concern to social care or another professional

Monitor

Once discussed with parents / carers, DSL or SMHL then decide to monitor or refer further

Refer

Staff asked to monitor child and feedback to the DSL / SMHL within an agreed timescale

DSL / SMHL agree to refer to outside agency

DSL / SMHL keep concerns securely and

In exceptional circumstances concerns should be referred directly to Staffordshire Safeguarding Children's Board

Contact details

Staffordshire Children's Advice and Support (SCAS)

0300 111 8007

EDS (out of hours)

0345 604 2886

CAMHS Urgent Help

0808 196 3002

Health and Welfare of Pupils

Mental Health Problems in Children

Some children experience a range of emotional and behavioural problems that are outside the normal range for their age or gender. These children could be described as experiencing mental health problems or disorders.

Mental health professionals have defined these as:

- emotional disorders, e.g. phobias, anxiety states and depression;
- developmental disorders e.g. delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
- attachment disorders, e.g. children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers;
- conduct disorders, e.g. stealing, defiance, fire-setting, aggression and anti- social behaviour;
- hyperkinetic disorders e.g. disturbance of activity and attention;
- other mental health problems including eating disorders, habit disorders, post- traumatic stress syndromes; sleep disorders; and psychotic disorders such as schizophrenia and manic depressive disorder.

Many of these problems will be experienced as mild and transitory challenges for the child and their family, whereas others will have serious and longer lasting effects. When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as having mental health disorders.

If a member of staff is concerned about the mental health or wellbeing of a pupil or parent, in the first instance, they should speak to the SMHL and DSL. If there is a concern that the pupil is a high risk or in danger of immediate harm, the school's child protection procedures should be followed. If the pupil presents a high-risk medical emergency, relevant procedures should be followed, including involving the emergency services if necessary.

Individual Care Plans

When a pupil has been identified as having cause for concern, has received a diagnosis of a mental health issue, or is receiving support either through CAMHS or another organisation, it is recommended that an Individual Care Plan should be drawn up. The development of the plan should involve the parents, and relevant professionals.

Teaching and Learning

For all pupils with mental health needs reasonable adjustments will be made to ensure full access to the curriculum.

These may include:

- Breaks from class when required;
- Provision of stress relief toys;
- Work broken into small chunks;
- Individual behaviour plans
- Tailored 7Cs Profile

Curriculum

At Barlaston CE (VC) First School, we use Twinkl Life for our Personal, Social, Health and Economic Education, that covers the statutory Relationships and Mental Wellbeing objectives.

In addition, we will ensure that:

- Opportunities to experience challenges in the outdoor environment are taken
- Pupils are encouraged to act as role models within the school environment
- A commitment to follow a healthy lifestyle is developed through participation in varied, relevant, realistic and enjoyable activities.

Signposting

We will ensure that staff, pupils and parents/carers are aware of the support and services available to them, and how they can access these services.

Within the school and through our communication channels, we will share and display relevant information about local and national support services and events.

The aim of this is to ensure staff, parents and pupils understand:

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

Warning Signs

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 alert SMHL and DSL.

Possible warning signs, which all staff should be aware of 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
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absences
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Skipping PE or getting changed secretively

We work closely with other professionals such as:

- Educational Psychologist
- Early Help service

In addition, we offer the following provision in house:

- Use of restorative approach
- Lunchtime Group

- Forest Schools
- Circle of Friends

When thresholds are met referrals may be made to:

- CAMHS
- Family Support Team
- Children's Services
- School Nurse

In some cases, a multi professional meeting will be arranged to discuss the case further. Some children will neither meet thresholds nor be able to access individual therapies. As a school we attempt to offer one to one support for these pupils. This may be delivered by an individual behaviour plan.

Mental Health and Attendance

Mental health and emotional needs, as well as safeguarding needs can impact on school attendance. Thoughtful, individual, tailored consideration of needs and collaboration between the child, their carers, safeguarding teams, and external professionals is needed to ensure the factors that are impacting on attendance are understood and addressed.

These can be complex and multifactorial and within school adaptations and multiagency working may be required. In accordance with Department for Education guidance, schools should not routinely ask for medical evidence to support absence of children with mental health needs. In conjunction with the child and family, schools should create a plan to implement reasonable adjustments to alleviate specific barriers to attendance and work together towards re-engagement in education. These adjustments should be agreed by and regularly reviewed with all parties, including parents/carers. Strong multi-agency communication is key to safeguarding children and understanding mental health needs.

Managing Disclosures

Any disclosure must be recorded on My Concern and passed to the Designated Safeguarding Lead. All safeguarding concerns will be treated in confidence, and we will follow the safeguarding policy, which is available on the school website.

Support from External Organisations

There are a vast number of organisations and websites designed to support individuals with mental health difficulties. In many cases, self-help can make a difference.

Any referral on behalf of a child or young person should be discussed with the school's DSL and SENDCo. Consent from parents should also be considered.

'Keeping Children Safe in Education' 2023 states the importance of working with external agencies; further details can be found in 'Mental health and behaviour in schools' guidance 2018. This guidance also sets out how schools and colleges can help prevent mental health problems by promoting resilience as part of an integrated, whole school/college approach to social and emotional wellbeing.

Supporting Children when Not Attending School

The mental health of some children and young people may prevent them from attending school for short periods of time. They may be placed on a flexible timetable or if more complex, may remain at home.

The Educational Psychology Service for Staffordshire has released a publication on School Non-Attendance. (School-Non-Attendance-Information-and-Guidance-Booklet-One-Final.pdf (staffordshire.gov.uk))

A relational approach, that captures the individual needs and perspectives of the child, and carers and explores the function of non-attendance and the systemic support required should be taken, acknowledging the complexities of capturing student voice when a young person may not be in school. Individualised support plans should be made dependent on the information gathered.

We have an obligation to educate all children that are enrolled, and every effort will be made to support each child. For most children, this will involve work being emailed or posted to their home. Children will be encouraged to physically come to school to collect and discuss work that has been given and where appropriate, teachers will be flexible when those meetings take place. Other mental health or educational agencies may be involved in supporting the school to determine the exact format of education recognising that for some children, additional stress may not help in the short-term and with inclusive practice at the forefront.

Education is good for mental health. Children who are struggling to attend education may be at an increased risk for poor mental health, and their non-attendance might at times be a way of communicating their distress. Regular structure, mental stimulation and social interaction and all considered good for an individual's health, therefore we seek to work with other professionals and the child or young person to support a prompt return to full-time education. Individual consideration of the multiple factors involved, and a personalised approach will be important in supporting re-engagement in education.).

Mental Health in Relation to School Trips and Residentials

Barlaston CE (VC) First School believes in the value of school trips and residentials as a means to enhance learning and strengthen relationships. That said, they may increase the stress upon a child or young person and therefore increase their risk if there is a pre-existing mental health difficulty. We will seek professional advice regarding the suitability of school trips and residentials for those children experiencing mental health difficulties. For children experiencing significant challenges an appropriate risk assessment will be completed by the DSL.

Health and Welfare of Parents and Carers

Parents and carers are valued and welcomed into school. We communicate, consult and engage with parent / carers regularly through newsletters, worship, meetings, etc.

We recognise that family plays a key role in influencing children's emotional health and wellbeing. We work in partnership with parents/ carers to promote emotional health and wellbeing by:

- Working closely with healthcare professionals
- Meeting all EYFS parents in person
- Encouraging parents into school for events such as Stay and Play, Secret Story Teller, Records of Achievement days, Sports Day, etc
- Offering 1:1 SENDCo meetings
- Highlighting sources of information and support about common mental health issues through our communication channels (website, newsletters etc.)
- Providing an open door policy
- Working hard to develop a close relationship with parents and carers which allows us to offer support
- Referring to outside agencies for additional specialist support

Health and Welfare of Staff

We recognise that a healthy happy workforce is required to deliver the best education for all of our pupils. Our expectation is that staff have a responsibility to support their own mental health by accessing appropriate support, looking after their own mental health and to develop resilience and coping strategies.

As a school we are committed to encouraging staff to develop a good work life balance and lead healthy working lives.

We offer the following to support our staff's positive mental health

- A dedicated staff room for relaxation and healthy eating.
- SLT have an open door policy for all staff.
- SLT proactively support staff who are experiencing mental health difficulties.
- Regular wellbeing checks
- Take staff mental wellbeing into consideration when deploying staff to various roles around school.
- Reasonable adjustments for staff with recognised mental health issues.
- Sign post staff to appropriate support mechanisms such as local clergy, charities, GP, and Relate.
- Staff meetings are held weekly where individuals can air their views and feel supported.
- Celebrate staff special occasions.
- Recognise individual staff strengths through initiatives such as mentions in newsletters; individual and public thanks and praise; feedback from observations; learning walks
- Encourage and support staff to put into perspective the everyday challenges of working with pupils.
- Help staff to set professional boundaries for themselves such as not sharing their telephone numbers; not texting parents with personal phones and not having their phones out during Curriculum time.
- Remind staff not to share personal details such as phone numbers and not to interact with parents on social media. Staff with children in school should be aware and take measures to protect themselves. For example set high privacy settings on Facebook.
- Flexible working applications are always seriously considered within the confines of what is best for the pupils.
- No expectation to be at work outside of contracted/directed hours.

Training

Annual training takes place for all staff as part of the safeguarding training . Other specific training will be utilised as appropriate. Training opportunities for staff who require more in depth knowledge will be considered as part of our appraisal process and additional CPD will be offered throughout the year where it becomes appropriate. Where the need to do so becomes evident, we will host twilight training sessions for staff to promote learning or understanding about specific issues related to mental health. Suggestions for individual, group or whole school CPD should be discussed with a member of SLT, who can also highlight sources of relevant training and support for individuals as needed.

Supporting Staff when Dealing with Difficulties

Staff may face personal difficulties associated with supporting the needs of children. Education Support Helpline is a 24-hour helpline to support staff. They will support family issues, medical information, lifestyle addictions, gambling, financial concerns, relationships, domestic abuse, insurance claims, consumer issues, debt, legal issues, stress, or childcare, work and housing problems. Access to telephone and face-to-face counselling, and online Cognitive Behavioural Therapy (CBT) is also available.

Education Support helpline - free and confidential emotional support for teachers and education staff

08000 562 561

Section 4 – Specific Conditions

Neglect

Neglect can be notoriously difficult to recognise, particularly when it presents as low level. But it is important for professionals to understand and observe the cumulative effect low level neglect can have on children, particularly those who are non-verbal, and are therefore unable to tell us how they feel and what life is like for them (their daily lived experience).

Learning from local reviews, including those outlined in the National Child Safeguarding Practice Review Panel's Annual Reports demonstrates that many children have suffered abuse through neglectful parenting, which has taken place over many months, sometimes years, with no or little effective support to prevent further harm or abuse. This often results in a significant event that causes serious harm and can include head trauma or fractures. Sadly, some children may die as a result of serious harm.

Being alert and responsive to the voice of the child and using the tools available to you such as early help or the Graded Care Profile 2 (GCP2), helps you to build a picture of a child's daily lived experience but more importantly ensures you, along with others if necessary, are able to target the right help at the right time, and prevent or reduce further harm.

For further literature on neglect and GCP2 please refer to either the SSCB website, or the NSPCC website. Training is also provided by the SSCB.

For more information about neglect visit http://staffsscb.org.uk/children-and-families/parents-and-carers/concerned-about-a-child-or-young-person/

Self-harm and Suicide

Suicide is the leading cause of death in young people under the age of 35 in the UK. Those who may be at an increased risk for suicide include:

- those with multiple factors relating to Adverse Childhood Experiences (ACE's), those who may engage in self-harm or substance misuse in order to manage difficult life experiences
- those recently bereaved by suicide, those who feel less connected to a community, isolated or hopeless
- those struggling with attendance or behaviours that challenge (and are at risk of exclusion).

We know that being part of a positive safe school community can be a protective factor. Multi-agency support should be offered where young people are facing multiple adversities. Earliest professional support should be sought and risk assessments made. Suicide prevention is everybody's business. At Barlaston CE (VC) First School, we have lost parents to suicide. Suicide is devastating for families, friends and communities. Whilst we will make every effort to prevent loss of life, it may happen.

Children and Young people may develop thoughts that are 'darker' in nature, but it does not mean they will necessarily act upon these thoughts. If the thoughts have remained as thoughts and there is no evidence of an intent to act upon them, this is considered a **lower level** risk. It would be recommended for the child or young person to be monitored regularly to ensure the unhelpful thoughts reduce. They may need professional support to help them. Depending on the wider context, there may be justifiable reasons to inform the child's parents or carers.

If a child has acted upon a thought (this could involve purchasing something they need that could harm themselves, hiding items in their bedroom, typing "how to …." into Google) this should be considered **medium** because it has developed beyond a thought. This too will need monitoring, may need professional support, and parents/carers may need to be informed. Children and young people who are thinking of acting upon an unhelpful thought are those that need prompt help in order to prevent thoughts developing into actions.

If a child has acted upon a thought for the first time, for example, intentionally harmed themselves that has caused bleeding, bruising or swelling, then this should be considered a **higher-level** risk. If a child has a detailed plan to act upon a thought and the plan would increase the risk to life, and immediate help should be sough via A&E.

Any case of hearing voices, paranoia, hallucinating, psychotic features, thought disorder, delusional or thought transfer – this should be considered urgent and the child taken to A&E. Immediate medical attention and psychiatric assessment should be sought via A&E in any case of self-harm which has involved cutting into a major blood source (e.g. ulnar artery) should be considered **high risk**.

If a child reports that they have made any form of suicide attempt should immediately be taken to A&E for medical and psychiatric assessment. Judgements should under no circumstances be made by school, regarding the lethality of the attempt.

HIGH: If a child additionally has a complex or risky medical condition this will also increase the risk. For example, an eating disorder where their weight for height is considered low with symptoms of dizziness, visual problems, chest pain, feeling cold all the time, tingly feelings in extremities or their menstrual cycle has stopped should be considered high risk. Indication that Bulimia may be present due to risk of cardiac complications associated with potassium levels. Also forms of epilepsy, seizures or absences should be considered high risk unless their symptoms are consistent with their care-plan. An urgent medical assessment should always be sought.

All cases involving self-harm and suicidal thoughts and behaviour should involve the following immediately:

- Contact the Designated Safeguarding Lead (DSL) immediately. The child should not be left unattended.
- Contact the urgent Mental Health Service 0808 1963002. It is open 24 hours a day, 365 days a year for mental health advice and support.
- Seek consent from the child to discuss with a parent/carer but overrule if necessary on the grounds of safeguarding.
- Make contact with parents/carers and ideally consider a face-to-face meeting
- Consider immediate medical professional support if there are concerns regarding risk to life -
  otherwise make a referral to CAMHS
- Document everything including advice to parents/carers by following the safeguarding guidelines for documentation and reporting.

Additional Information on Self-harm

There are several reasons why children harm themselves. These may include:

- to change a feeling or create a new emotion,
- to release tension,
- to feel physical pain,
- to end or bring on a dissociative state (sense of detachment or unreality),
- to distract from distressing thoughts or images,
- to self-punish,
- to communicate distress to others.

There are many different ways in which people can harm themselves, these include:

- punching or hitting themselves
- poisoning themselves with tablets or toxic chemicals
- misusing alcohol or drugs
- deliberately starving themselves (anorexia nervosa) or binge eating (bulimia nervosa)
- excessively exercising
- cutting, burning or picking their skin

It is important not to assume intent, function or lethality from the nature of the behaviour. For example, a behaviour that may have low lethality, may be accompanied by clear thoughts and intention to act. School staff should not make an assessment about the level of harm or lethality for example of consuming an overdose of medication, it is vital to seek urgent medical assessment and advice. Whatever the reason, reacting appropriately and in a timely fashion is critical. Self-harm has inherent risks, however. For some children it will remain their coping mechanism and it may take several months to develop other coping strategies. Discretion needs to be applied by somebody trained in mental health to use appropriate judgement when deciding how to manage self-harm. For example, if the child's parents/carers are aware of the fact self-harm is present and it is reported the child has cut again, it may be more damaging to inform the parents on every occasion. Professional advice is recommended, and decisions of this nature should always be made with the school's Designated Safeguarding Lead (DSL).