

Downs Infant School

Whole School Approach Mental Health and emotional wellbeing Policy



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1.0 Policy statement

At Downs Infant School, we are committed to supporting the emotional health and wellbeing of our pupils and staff.

We have a supportive and caring ethos and our approach is respectful and kind, where each individual and contribution is valued.

At our school we know that everyone experiences life challenges that can make us vulnerable, and at times, anyone may need additional emotional support. We take the view that positive mental health is everybody's business and that we all have a role to play.

At our school we:

- help children to understand their emotions and feelings better
- help children feel comfortable sharing any concerns or worries
- help children socially to form and maintain relationships.
- promote self esteem and ensure children know that they count.
- encourage children to be confident and 'dare to be different'
- help children to develop emotional resilience and to manage setbacks.

We promote a mentally healthy environment through:

- Promoting our school values and encouraging a sense of belonging.
- Promoting pupil voice and opportunities to participate in decision-making
- Celebrating academic and non-academic achievements
- Providing opportunities to develop a sense of worth through taking responsibility for themselves and others
- Providing opportunities to reflect
- Access to appropriate support that meets their needs

We pursue our aims through:

- Universal, whole school approaches
- Support for pupils going through recent difficulties including bereavement.
- Specialised, targeted approaches aimed at pupils with more complex or long term difficulties including attachment disorder

2.0 Scope

This policy is a guide to all staff – including non-teaching and governors – outlining *Downs Infant's* whole school approach to promoting mental health and emotional wellbeing. It should be read in conjunction with other school policies, specifically Behaviour and Antibullying, PSED/RHE and SMSC policies. It should also sit alongside child protection procedures.

3.0 Policy Aims

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

4.0 Key staff members

This policy aims to ensure all staff take responsibility to promote the mental health of students, however key members of staff have specific roles to play:

- HT & DDSL Hildi Mitchell
- DDSL and Senior Mental Health Lead –
 Phil Jones
- INCo Amy Flitton

- PSHE Lead Gabby Cornish
- DSL and Staff governor (mental health)-Aisha Hoten

If a member of staff is concerned about the mental health or wellbeing of student, in the first instance they should speak to the INCo. Please refer to the school's mental health <u>pathway</u>.

If there is a concern that the student is high risk or in danger of immediate harm, the school's child protection procedures should be followed.

If the child presents a high-risk medical emergency, relevant procedures should be followed, including involving the emergency services if necessary.

5.0 Levels of Need

Levels of need are used to help education providers and services to determine the type of support that might be needed for children/young people. There are 4 levels:



Green = Prevention and early identification. This level is for all children and young people and represents the basic level of mental health awareness and support strategies that all children and young people need for positive emotional wellbeing.

Yellow = Early Intervention. At this level of need children/young people will be showing early signs of distress that may be the start of an immerging mental health issue. Short-term interventions that build coping strategies are given to prevent these issues from developing – small changes to prevent bigger challenges.

Orange = Intervention. At this level children and young people will need more specific support as their mental health problem will be more developed and significantly impacting their day-to-day life. There may also be other complexities such as trauma or neurodevelopmental conditions. Interventions are chosen to suit the needs of each child/young person and will vary in modality, and intensity.

Red = High Level Intervention. At this level children and young people will need high-level support for mental health conditions that require support from Alder Hey Fresh CAMHS. Children may be at crisis point, require medication, or several different types of specialist support.

5.1 Individual Care Plans

When a pupil has received a diagnosis of a mental health issue, or is receiving support either through CAMHS or another organisation (orange/red level), it is recommended that an Individual Care Plan should be drawn up. The development of the plan should involve the pupil, parents, and relevant professionals.

Suggested elements of this plan include:

- Details of the pupil's situation/condition/diagnosis
- Special requirements or strategies, and necessary precautions
- Medication and any side effects
- Who to contact in an emergency
- For pupils who self-harm or have had suicidal ideation it is helpful to draw up a safety plan with them. An example of this can be found withing the Serious suicide awareness training.
- The role the school and specific staff

6.0 Mental Health Promotion

Mental Health is everyone's business in our school, and we promote an environment that fosters inclusion, diversity and respect.

The skills, knowledge and understanding our students need to keep themselves - and others - physically and mentally healthy and safe are included as part of our PSHE curriculum and are supported by all staff during continuous provision .

We will follow the guidance issued by the PSHE Association and Brighton and Hove's PSHE leads, to prepare us to teach about mental health and emotional health safely and sensitively. Incorporating this into our curriculum at all stages is a good opportunity to promote students' wellbeing through the development of healthy coping strategies and an understanding of students' own emotions as well as those of other people.

Additionally, we will use such lessons as a vehicle for providing students who do develop difficulties with strategies to keep themselves healthy and safe, as well as supporting students to support any of their friends who are facing challenges.

7.0 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 (noticeboards, common rooms, toilets etc.) and through our communication channels (newsletters, websites), we will share and display relevant information about local and national support services and events.

The aim of this is to ensure parents/Carers understand:

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

8.0 Our School Mental Health Pathway

The school's mental health pathway maps the support available to children across all levels of need. The pathway outlines a range of support that some of the children in our school may require during the school year, though this may be adjusted to cater for changing needs and it is provided subject to budgetary constraints.

Tier 0: Universal Level Support.

These concerns are categorised as short periods of feeling low. These will be incidents which cause a child distress but do not seem to have a long term or lasting impact on wellbeing.

| | |) |
|-----------------------------------------|----------------|-------|
| Examples: | Who should | Schoo |
| Minor illness such as headache of | deal with | • |
| feeling sick | this? | • |
| Pet death | Class | |
| Friendship problems | Teacher/TA | • |
| Conflict with parents/siblings or peers | (Alerting | |
| Low level worries – transitioning into | Assistant | |
| school, changes to timetable/change | Head for | |
| of teacher etc | Inclusion AHTI | • |
| A past history of MH concerns and the | where | |
| child needs monitoring. | necessary) | |

School Response

- Listen and reassure
- Class team/Year group team to communicate so all are aware
- Minor adaptations where necessary – support at transitions, time in quiet corner, special helpers to look after and support.
- If issue does not resolve move to tier 1.

Tier 1 Universal Level support enhanced.

This involves concerns which are longer term in nature and are beginning to impact on the welfare and academic progress of the child.

Examples:

Sustained periods of anxiety or low mood

Repeated friendship issues that aren't being resolved through usual class strategies.

Home issues including divorces or death of extended family member (not parent/sibling)

Low level worries – transitioning into school, changes to timetable/change of teacher etc that do not improve even with extra support.

Who should deal with this?

Teacher/TA – refer to INCO who can allocate SEN support where necessary.

School Response

- Listen and reassure
- Class team/Year group team to communicate so all are aware
- Class teacher to discuss with AHTI
- Class teacher to contact parent/carers with concerns
- Teacher to log on CPOMS
- Extra support through support staff and SEN team – Class teacher responsible for informing parents
- If concern continues and is not resolved despite support – move to tier 2
- If managed or reduced move back to tier 1.

Tier 2 Targetted Support

A sustained concern which is affecting the wellbeing of the child. School to engage with external professionals and services.

| professionals and services. | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Examples: Persistent low mood and difficulties with regulating behaviours that have not resolved despite in school support. Attachment difficulties and triggered responses Bereavement of close family member Historical abuse which has caused mental health distress Risky behaviour | Who should deal with this? | School Response INCO to contact parents Use of CPOMS to record incidents and actions Referrals to SEMH/PMHW/FDFF where necessary In school support whilst waiting for external support – class team and SEN team. Class team to monitor and update CPOMS. | | | |
| Tier 3 Targetted Support Enhanced Serious and possible life threatening incidents which require high levels of external support | | | | | |
| Examples: School refusal as a result of low mood or | Who should deal with this? | School Response | | | |

| anxiety that has not been resolved with | INCO/DSLs | | DDSL or SEN team. Removing |
|-----------------------------------------|-----------|---|-------------------------------------|
| support | | | child to safe place and calling |
| Diagnosed anxiety order or depression | | | parent/carers as soon as possible. |
| Extreme behaviours including violence | | • | If a disclosure is made follow |
| that has not been resolved with support | | | safeguarding policy |
| Disclosure of incident of witnessed DV | | • | Referrals to external services incl |
| Disclosure of direct abuse | | | CAMHS/BAP panel/Seaside View. |
| Sustained self harm | | • | Work in tandem with external |
| Suicide attempts or ideation | | | professionals to support student |
| | | | through school based support |
| | | | from Tier 2 and 3. |

| Low need | General support e.g. Lunch Club, class teacher/TA, Learning Mentor 'Check-in' |
|--------------------------|-------------------------------------------------------------------------------|
| Specialist Service | Referral process |
| BHISS SEMH Team | Accessed through AHTI |
| BHISS PMHW Team | Accessed through AHTI |
| Play Therapy | Accessed through AHTI |
| Counsellor | Accessed through AHTI |
| Educational Psychologist | Accessed through AHTI |
| Front door for families | Accessed through AHTI |
| BAP Panel | Accessed through AHTI |
| SEN Team | Accessed through AHTI |
| BHISS ASC support | Accessed through AHTI |
| CAMHS | Accessed through AHTI |

9.0 Recognising warning signs

Staff may become aware of warning signs which indicate a student 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 AHTI / SENCo.

Possible warning signs include:

- Changes in eating / sleeping habits
- Becoming socially withdrawn
- Changes in activity and mood
- Talking or joking about self-harm or suicide
- Expressing feelings of failure, uselessness or loss of hope
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

All staff will complete meetings with INCo with regard to identified pupils aimed at possible difficulties and progress:

- Attendance
- Punctuality
- Relationships
- Approach to learning
- Physical indicators
- behaviour patterns
- Family circumstances
- Recent bereavement
- Health indicators

10.0 Targeted support

We recognise some children and young people are at greater risk of experiencing poorer mental health. For example, those who are in care, young carers, those who have had previous access to CAMHS, those living with parents/carers with a mental illness and those living in households experiencing domestic violence.

We work closely with nurses and their teams in supporting the emotional and mental health needs of school-aged children and are equipped to work at community, family and individual levels. Their skills cover identifying issues early, determining potential risks and providing early intervention to prevent issues escalating.

The school will offer support through targeted approaches for individual pupils or groups of pupils which may include:

- Circle time approach activities.
- Managing feelings resources e.g. 'worry boxes' and 'worry eaters'.
- Managing emotions resources using the 'Just Right' approach.
- Primary Group Work/Mental health and wellbeing groups
- Therapeutic activities including art, Lego and relaxation and mindfulness techniques.

We ensure timely and effective identification of students who would benefit from targeted support and ensure appropriate referral to support services by:

- Providing specific help for those children most at risk (or already showing signs) of social, emotional, and behavioural problems;
- Working closely with Brighton & Hove Council Children's Services, CAMHS
 and other agencies services to follow various protocols including assessment and
 referral;
- Identifying and assessing for children who are showing early signs of anxiety, emotional distress, or behavioural problems;
- Discussing options for tackling these problems with the parents/carers and children where appropriate.
- Providing a range of interventions that have been proven to be effective,
 According to the child's needs
- Ensure young people have access to pastoral care and support, as well as specialist services, including CAMHS, so that emotional, social and behavioural problems can be dealt with as soon as they occur;
- Provide young people with clear and consistent information about the opportunities available for them to discuss personal issues and emotional concerns. Any support offered should take account of local community and education policies and protocols regarding confidentiality
- Provide young people with opportunities to build relationships, particularly those who may find it difficult to seek support when they need it

11.0 Managing disclosures

If a student chooses to disclose concerns about themselves, or a friend, to any member of staff, the response will be calm, supportive and non-judgemental.

All disclosures should be recorded confidentially on the student's personal file. This information will be shared with Designated Safeguard Lead (DSL)

If a pupil gives us reason to believe that they are at risk, or there are child protection issues, parents should not be informed, but the child protection procedures should be followed.

12.0 Parents/carers

12.1 Working with parents/carers

If it is deemed appropriate to inform parents there are questions to consider first:

- Can we meet with the parents/carers face-to-face?
- Where should the meeting take place some parents are uncomfortable in school premises so consider a neutral venue if appropriate.
- Who should be present students, staff, parents etc.?
- What are the aims of the meeting and expected outcomes?

We are mindful that for a parent, hearing about their child's issues can be upsetting and distressing. They may therefore respond in various ways which we should be prepared for and allow time for the parent to reflect and come to terms with the situation.

Signposting parents to other sources of information and support can be helpful in these instances. At the end of the meeting, lines of communication should be kept open should the parents have further questions or concerns. Booking a follow-up meeting or phone call might be beneficial at this stage.

Ensure a record of the meeting and points discussed/agree are added to the pupil's record and an Individual Care Plan created if appropriate.

12.2 Supporting parents

We recognise the family plays a key role in influencing children and young people's emotional health and wellbeing; we will work in partnership with parents and carers to promote emotional health and wellbeing by:

- Ensuring all parents are aware of and have access to promoting social and emotional wellbeing and preventing mental health problems;
- Highlighting sources of information and support about common mental health issues through our communication channels (website, newsletters etc.);
- Offering support to help parents or carers develop their parenting skills. This may
 involve providing information or offering small, group-based programmes run by
 community nurses (such as school nurses and health visitors) or other appropriately
 trained health or education practitioners; and
- Ensuring parents, carers and other family members living in disadvantaged circumstances are given the support they need to participate fully in activities to promote social and emotional wellbeing. This will include support to participate in any parenting sessions, by offering a range of times for the sessions or providing help with transport and childcare. We recognise this might involve liaison with family support agencies.

13.0 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 students safe. We will host relevant information on our website for staff who wish to learn more about mental health. Regular training will be made accessible through professional development workshops or self-paces online sessions. The MindEd learning portal also 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 through developing situations with one or more students.

Where the need to do so becomes evident, we will host twilight training sessions for all 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 the **Mental health Lead or Head teacher** who can also highlight sources of relevant training and support for individuals as needed.

14.0 Policy Review

This policy will be reviewed every two years as a minimum. The next review date is **01/07/24**

In between updates, the policy will be updated when necessary to reflect local and national changes. This is the responsibility of **Phil Jones, Senior Mental health Lead.**

Any personnel changes will be implemented immediately.