

GATLEY PRIMARY SCHOOL



PUPIL MENTAL HEALTH AND WELLBEING

This policy is intended as a framework for staff, parents and governors of the school in outlining the ways in which the school provides support and guidance in order to promote positive mental health and wellbeing for all pupils.

January 2025

VERSION HISTORY

Date	Document Version	Document Revision History	Document Author / Reviser
Sept 2022	1		R Clair
Sept 2023	1.1	No changes	S Carroll
Jan 2024	1.2	Inclusion of SEMH triage system	R Clair



Gatley Primary School | Hawthorn Road | Cheadle | Gatley | SK8 4NB

Pupil mental health and wellbeing policy

At Gatley Primary School we recognise that positive mental health and wellbeing are essential to the development of thriving and successful pupils. It is therefore vital to our aims as an organisation that we provide high quality mental health and wellbeing support.

This policy sets out our commitment to monitoring and improving the wellbeing of our pupils. It sets out some of the ways in which key members of staff take responsibility for the school's approach to promoting positive mental health and wellbeing. It also describes our process for identifying and responding to mental ill health, and the support we make available to all pupils.

This policy is drafted by the *Senior Mental Health Lead* in consultation with *The Designated Safeguarding Lead, and school SENDCo* and will be reviewed by the governing body annually.

Aims

We aim to ensure that our school:

- reduces the stigma attached to mental health issues and promotes positive wellbeing in all pupils
- provides a secure environment that encourages openness and trust
- can respond effectively to concerns about pupils' mental health
- embeds the skills pupils need to make good decisions about their own mental health and wellbeing
- offers comprehensive pastoral and medical support that is accessible to all pupils
- encourages pupils to seek support or assistance and report concerns about others
- provides guidance and training to staff to support and care for pupils.

Roles and responsibilities

The school's designated lead for mental health and wellbeing is responsible for:

- coordinating the school's approach to promoting positive mental health and wellbeing
- providing all members of staff with the knowledge and skills they need to identify signs of mental ill health in pupils and to report these signs effectively and promptly
- building strong working relationships with child and adolescent mental health services and other external partners
- reporting to the governing body on the school's wellbeing policy and programmes
- working with the senior leadership team (SLT), governing body, school staff, parents and pupils to create an environment where everyone feel safe, supported and motivated.

The head teacher is responsible for:

- reviewing this policy on a regular basis, ensuring that it is developed in consultation with pupils, parents and members of staff
- ensuring that staff are equipped with the appropriate training to support pupils in mental health and wellbeing
- listening to the views of pupils and making sure that they have opportunities to contribute to the decision-making process
- ensuring that the school shares information on mental health with all pupils.

The head teacher implements these responsibilities with the support of appropriate members of the senior leadership team (SLT) such as the deputy head teacher, senior leaders and pastoral staff.

The designated safeguarding lead is responsible for:

- keeping detailed records of any significant mental health concerns
- liaising with external services where there are any significant mental health concerns
- acting as a source of support and expertise to the school community.

All members of school staff are responsible for:

- treating all pupils with empathy, respect and kindness

- encouraging pupils to disclose concerns or seek help when necessary
- reporting any wellbeing or mental health concerns to the school's designated lead for mental health and wellbeing.

Examples of good practice may include:

- organising whole-school or year group assemblies to discuss specific mental health and wellbeing issues
- arranging for external speakers to visit and discuss topical issues such as the use of social media or the impact of body image
- using key dates such as Mental Health Awareness Week and World Mental Health Day as opportunities to raise the profile of mental health
- dedicating time to celebrate pupils' academic and extracurricular achievements
- including pupil wellbeing in lesson observation criteria for teaching staff
- running yoga or mindfulness sessions to prepare pupils for a relaxed day
- using displays (such as the Mo scale) as a form of support for mental health and wellbeing
- Use of the Mo scale to allow children the opportunity to talk about their feelings and any worries they may have (this is monitored by staff as per the whole school provision map and graduated approach)
- having dedicated safe spaces for pupils to access (such as the wellbeing space as used by ELSA's)
- Providing pathways to external support such as effective counselling service or CAHMS where appropriate.

Mental health and wellbeing in the curriculum

The school will commit to promoting physical health and mental wellbeing through in-classroom teaching. In addition to the basic steps pupils can take to care for themselves, teachers will put specific emphasis on the skills young people need to overcome setbacks and succeed in the face of adversity.

RSHE Curriculum and 'The Golden Thread'

Through the delivery of high quality, evidence-based and age-appropriate Relationships and Health Education, we aim to help prepare pupils for the onset of puberty, give them an understanding of sexual development and the importance of health and hygiene, create a positive culture in relation to sexuality and relationships and to ensure pupils

know how and when to ask for help and where to access support. By the end of their learning journey at Gatley Primary, we hope that pupils will have developed resilience and feelings of self-respect, as well as confidence and empathy in preparation for the responsibilities of adult life.

The teaching of RSE/PSHEE appears on our curriculum progression grids as a 'Golden Thread'. It is the thread that runs through all of our curriculum areas meaning it is embedded into teaching and learning across the curriculum. The 'Golden Thread' is related to 6 concepts which have been formed from the PSHEE and RSE curriculum and related policies. These concepts enable us to embed health and wellbeing within our curriculum instead of it being taught discretely.

The six concepts are:

- English, Communication and Language: **Caring Friendships**
- Mathematical Understanding: **Economic Wellbeing**
- Physical Development, Health and Wellbeing: **Health and Wellbeing**
- History, Geography and Social Understanding: **Families and people who care for us**
- Arts: **What it means to be health** (hobbies, health mind, creativity)
- Science and Technological Understanding: **Internet Safety**

To emphasise the benefits of spending time outdoors, pupils also have the opportunity to take part in *Forest school activities time as part of the curriculum*.

Supporting individual pupils

All members of staff will work together to identify and monitor mental health concerns. Open communication between members of staff will help to create a 'first line' in supporting individual pupils and responding to disclosures. Staff will record information accurately and regularly in order to track concerns. This will complement the school's pastoral tracking processes. In addition, senior and pastoral leaders (including Mental Health First Aiders and Emotional Literacy Support Assistants) will meet half termly to discuss any ongoing concerns and make suitable arrangements as required.

Staff will be encouraged to look out for:

- erratic, unaccountable behaviour (e.g. leaving lessons suddenly)
- changes in sleeping habits
- disengagement from work or extracurricular activities
- unexpected or disproportionate reactions to ordinary situations

- aggressive or compulsive behaviour
- a drop in academic achievement
- a drop in attendance
- isolation from peers
- dysfunctionality in family life
- talking about self-harm or suicide
- changes in appetite
- changes in clothing

The whole school SEMH provision map provides staff with support and guidance where they have concerns about children's mental health and wellbeing. This whole school approach is integral to promoting positive SEMH and forms a necessary precursor to programmed or individualised intervention where these are thought to be appropriate.

Staff members are able to access support for individual children via a 'triage' system. A triage approach to directing support is an effective way to manage resources, prioritise cases, and ensure that assistance is provided where it is needed most. A triage helps support us to make the efficient and impactful use of available resources in a variety of contexts.

We understand that positive relationships are of fundamental importance in laying the foundations for continuing SEMH. We know that a child experiencing positive SEMH is more likely to approach his/her learning with confidence, which has a direct impact on attainment and vice versa. Building positive relationships between teachers and peers, as well as good and inclusive teaching practice are fundamental to improving outcomes for all children, not least within the area of SEMH.

The graduated approach as set out in the whole school provision map enable staff to have an awareness of and identify any concerns they may have in relation to a child's mental health and wellbeing as well as outlining a whole school approach in terms of mental health and wellbeing. The provision map then enables staff to be able to identify the appropriate level of support required as well as well as understanding of what the next steps may be.

The school will provide a list of all members of staff who are available to discuss mental health concerns confidentially (these include trained Mental Health First Aiders, Emotional Literacy Support Assistants and also the Mental Health Senior Leader). If a member of staff feels it is appropriate to pass on concerns, they will explain to the pupil who they are going to talk to and what they are going to tell them.

Providing a network of support

In addition to supporting individual pupils with mental health and wellbeing concerns, the school will commit to making sure that all pupils can access a cohesive network of pastoral and medical services. These include:

- Daily access to and use of the Mo scale within classrooms so that children are able to understand their emotions and staff are able to identify any concerns or patterns in emotions for children.
- Mental Health First Aiders who are available at an time of the day,
- Referral to Emotional Literacy Support assistants where support through intervention is required.
- Where appropriate (following the graduated approach of the whole school provision map) children may be given an IPM (Individual Provision Map) where more personalised support is needed, including the involvement of outside agencies (such as CAHMs).

The head teacher and designated senior mental health lead will work closely together to identify opportunities for staff training, so that all members of staff feel confident in supporting pupils. Examples of good practice include holding insets to look at mental health and wellbeing and providing staff with training opportunities to learn about specific aspects of mental health, such as dealing with anxiety or bereavement.

Working with families and the community

The school believes that effective mental health and wellbeing support depends on the input of parents, carers and the broader community. Through our *parent surveys; wellbeing focus groups; and parent workshops*, we make sure that parents have regular opportunities to inform our approach.

We are also pleased to offer parent information evenings on topics such as '*The effects of social media on pupil wellbeing*'. Senior and pastoral leaders are always available to meet parents to discuss any concerns.

Related policies

This policy should be read in conjunction with policies for:

- anti-bullying

- child protection and safeguarding
- online safety
- Relationships, sex and health education(RSHE) education.

Useful links

- [Young Minds](#) is one of the UK's leading charities for children and young people's mental health.
- [Place2Be](#) is one of the UK's leading children's mental health charities.
- [Mind](#) is the UK's leading mental health charity, offering a great deal of useful information on children's mental health.
- [Children's Mental Health Week](#) is an annual opportunity to encourage children, young people and adults to celebrate their uniqueness.
- [Children and young people's mental health services](#) (CYPMHS; sometimes also known by its older name Child and adolescent mental health services (CAMHS)) are funded by the NHS to provide support to children and young people with a wide range of behavioural and emotional issues.
- [NHS children's mental health](#) provides ways to support young people with mental health problems.
- [The Children's Commissioner](#) provides advice and government reports on mental health and wellbeing.

This policy will be reviewed annually

Appendix

Whole School Provision map

Whole School Provision Map

SEMH

Introduction

Social and emotional skills refer to the skills that help children and young people develop their resilience and manage their thoughts, feelings and behaviour (Anna Freud National Centre for children and families).

There is extensive evidence associating childhood social and emotional skills with improved outcomes at school and in later life, in relation to physical and mental health, school readiness and academic achievement, crime, employment and income (EEF Improving Social and Emotional Learning in schools).

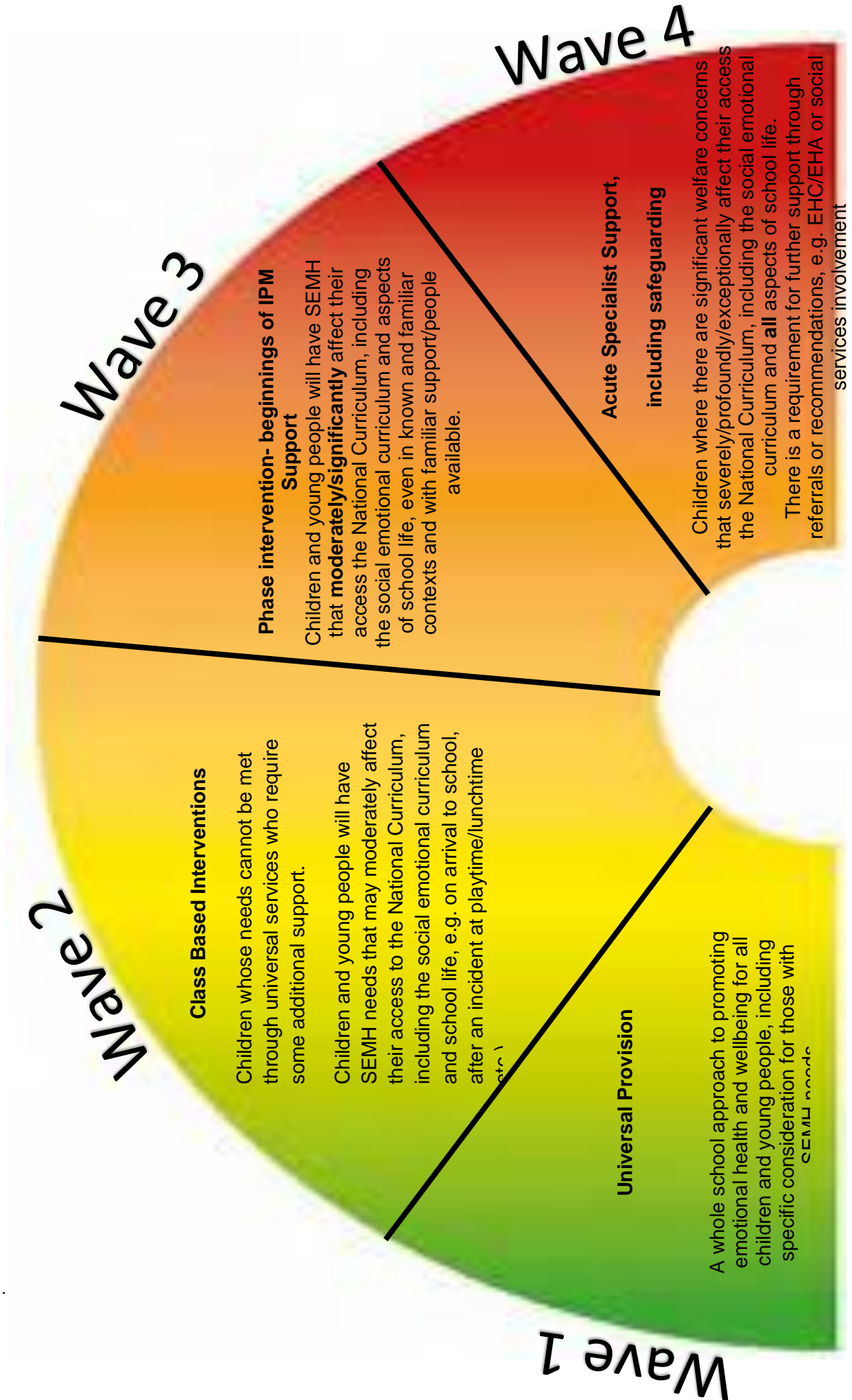
A child's environment can have a profound impact upon his or her social, emotional and mental health. This is true of the school environment where the influence of school culture, ethos and staff upon SEMH cannot be understated. Far from being limited to the domain of specialist professionals external to school, it is the quality of the seemingly every day experiences and interactions that form the fabric of each pupil's school experience. This can enhance protective factors (e.g. positive relationships with peers and teachers, positive mental health of school personnel, sense of security) and reduce risk factors (e.g. low academic achievement, disengagement, bullying and relationship difficulties) in relation to SEMH which are incorporated into the guidance below.

At Gatley Primary School we recognise the need for a whole school approach to promoting positive SEMH and this should form a necessary precursor to programmed or individualised intervention where these are thought to be appropriate. Building positive relationships between teachers and peers, as well as good and inclusive teaching practice are fundamental to improving outcomes for all children, not least within the area of SEMH.

Description of needs

The children and young people to whom this guidance relates will present with a range of social, emotional and mental health differences which impact upon their learning and social inclusion, and which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. Such differences will vary in severity and intensity and which may change over time. To make it less likely that difficulties will arise or become more severe, schools will need to develop and maintain:

- Effective teaching and learning across the curriculum
- A fully inclusive school ethos
- A positive learning environment
- Robust curricular and pastoral arrangement
- Systems that foster positive relationships with children and young people and their parents/carers.



Graduated Response

After initial concerns are raised, children can move through the Elements following a 'Plan, do, review' process of three half terms at each stage.

Children can be moved down through each element after strategies have been implemented to support the child in making accelerated progress

Element 3 (Wave 4)

EHCP pathway/external Agency referral
One page profile, SEN support plan, termly provision map, weekly provision map
Additional and highly personalised interventions
Personnel involved: As below +

Element 2 (Wave 2/3)

Children have SEMH needs that moderately/significantly affects their access to the National Curriculum
One page profile, SEN support plan, termly provision map
Targeted support given, e.g. ELSA, SALT, Play Therapy
Referral to the Pastoral Lead for targeted support

Element 1 (Wave 1)

Universal-emerging concern form and one page profile
Quality first teaching for all

A whole school approach to promoting emotional health and wellbeing for all children and young people, including specific consideration for those with SEMH needs. Example strategy: Pastoral support will be provided by a TA or through 'check-ins' with a Mental Health First Aider

SEMH Triage Proposal

Aim: To establish a strategy for managing internal referrals for SEMH support

Proposal: To hold an 'SEMH Triage' meeting to categorise support requests based on the severity of need and by extension the order in which multiple students can be monitored and supported.

Details:

- **Who:** Senior Mental Health Lead, Pastoral Lead, SENCO, 1 x Mental Health First Aider, 1 x ELSA, Senior Mental Health Lead (Once per half term)
- **When:** 30 minutes, during Thursday SLT assembly
- **Step 1:** Teachers will complete an internal referral form (See Appendices) and e-mail to the SENCO e-mail address with the title "Triage"
- **Step 2:** The nominated panel member will print and bring to the meeting
- **Step 3:** Each referral will be reviewed by the panel and assigned a level of support
- **Step 4:** The panel update the referral register including a brief overview of any follow up
- **Step 5:** A nominated panel member feeds back the panel findings to the appropriate class teacher, and other support staff who may be involved

Rationale: A triage approach to directing support is an effective way to manage resources, prioritise cases, and ensure that assistance is provided where it is needed most. A triage helps support providers to make the efficient and impactful use of available resources in a variety of contexts.

Efficient Resource Allocation – Resources can be allocated efficiently by prioritizing those in urgent need of support. By categorising cases based on severity or importance, resources can be directed where they are most needed, optimising their use.

Maximising impact: It is essential to focus efforts where they will have the greatest impact. Triage allows support providers to address the most critical cases first which mitigates damage and resolves urgent issues before they escalate.

Reduced response time: By quickly identifying and addressing urgent cases, a triage approach reduces response times. This is crucial in situations where delays could lead to further harm or deterioration of the situation

Structured decision making: The triage will provide a structured framework for decision-making, ensuring that decisions are made consistently and fairly. By using predetermined criteria to prioritise cases, triage reduces the likelihood of bias or arbitrary decision-making.

SEMH Triage Request					
Name of child/ young person:		Gender identity: Male/Female/Non-binary Pronoun: He/ She/ They		Class:	
Is the child known by any other name?					
	SEND Category		Level of Need		Other
Mark with an 'x':	Emerging Concerns		TAF/TAC		Asylum seeker/refugee
	SEN Support		CP		PP
	EHCP		LA		FSM
Reasons for concerns:					
Key Indicators- How do we know a child is at wave...?					
What has been tried already? (How has the graduated response been followed up to this point)					
What are the child/ young person's strengths, interests and what is important to them?					
Any known health condition(s) or diagnosis?			Use of the behaviour system?		
This form has been completed by:					

SEMH Triage Response Bands

<p>Wave 1- Universal Provision- Quality First Teaching</p> <p>A whole school approach to promoting emotional health and wellbeing for all children and young people, including specific consideration for those with SEMH needs.</p>	<p>Level 1</p>	<ul style="list-style-type: none"> - Whole School Nurturing Environment and high quality teaching for all. - A calm and structured learning environment with nurturing classrooms that promotes emotional health and wellbeing. - Whole school delivery of RSHE curriculum which has a focus on mental health and wellbeing. - Regular opportunities for staff to reflect on and share their practice in relation to meeting children’s social, emotional and mental health needs. - The senior leadership team promote a whole school approach to wellbeing and mental health -Teaching Assistants provide a ‘check in’ with pupils using the Mo scale. - Pastoral support given by a TA (the requirement of this may only be a one off session of support). - Books available linking to feelings and mental health. -Whole School assemblies explore different themes across the year. - Pupil voice opportunities, including Health and Care department as part of Pupil Parliament. - Friday celebration ‘Star of the Week’ assemblies. - Focus curriculum work through RSHE curriculum on online-safety awareness and workshops to support parents. - Dojo target and termly rewards. - After school clubs open to pupils across the school. - Curriculum Enrichment such as Forest School, visitors and visits which enhance the curriculum. -Mo scale displayed in classrooms and around school for pupils to refer to. - Designated Safeguarding Lead and Deputy Designated Safeguarding Leads (DSL DDSL) support staff to understand and identify any safeguarding concerns they may have about a pupil. - Classrooms are considered ‘emotionally safe’; there is a sense of warmth, supportiveness and responsiveness to students’ individual needs. - All pupils have access to a ‘safe place’ in school for example access to ‘The Quiet Zone’ during lunchtimes which offers activities and support for all children and young people with a variety of needs and interests. - All staff are aware that they have a responsibility for the development of emotional health and wellbeing of all pupils and they actively promote wellbeing. <p>Universal Support</p> <ul style="list-style-type: none"> - Class teacher to meet with Mental Health First Aider to discuss classroom level strategies to respond to need. - Regular monitoring of students’ well-being through observations and check-ins within class <p>How would I know that a child was at Wave 1? Key Indicators:</p>
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		<ul style="list-style-type: none"> - Attendance –above 97% - Mo Scale scores are consistently high - Good Punctuality - They are achieving well. - They are making good progress overall. - Parents report that their child is thriving at school.
<p>Wave2- Class Based Intervention s</p> <p>Children whose needs cannot be met through universal services who require some additional support.</p> <p>Children and young people will have SEMH needs that may moderately affect their access to the National Curriculum, including the social emotional curriculum and school life, e.g. on arrival to school, after an incident at playtime/lunchtime etc.)</p>	<p>Level 2</p>	<p>Strategies:</p> <ul style="list-style-type: none"> - Mental Health First aiders providing a ‘check in’ with pupils using the Mo scale. - Pastoral support given by a TA (the requirement of this may only be a one off session of support). - Children offered access to ‘the quiet zone’. - Use of stories linking to mental health and wellbeing. - Support to manage social situations and resolve conflict between peers. - Check in with parents following period of absence. - Monitoring of attendance to ensure it does not dip below 90% <p>Targeted Support</p> <ul style="list-style-type: none"> - Class teacher to meet with ELSA to discuss classroom level strategies to respond to need. - Weekly check in with student by Mental Health First Aider <p>How would I know a child is at Wave 2? Key Indicators:</p> <ul style="list-style-type: none"> - Attendance less than 95% - A period of absence of consecutively of 5 days or more. - Sometimes late for school. - Mo scale scores are (medium measure amount) - Child presents upset, concerned, angry or withdrawn on a given day. - They appear to find tasks more challenging than normal. - Bereavement of extended family member (not a parent, guardian or sibling) - They express concern to an adult on a given day. - Parents expresses concern about their child that morning or previous day.
<p>Wave 3 Phase Intervention</p> <p>Enhanced Provision, intervention and specific pupil support.</p>	<p>Level 3</p>	<p>Strategies:</p> <ul style="list-style-type: none"> - Ensure good outcomes and smart targets (Assess, Plan, Do, Review) for planning and recording provision e.g. One Page Profiles, Provision maps - Through One Page Profiles/provision maps, targeted pastoral support identified such as- specific interventions, visual timetables, reading time, group circle sessions, mindfulness strategies etc.- - Speech and Language therapist support. - Social Stories.

<p>Children and young people will have SEMH that moderately/significantly affect their access the National Curriculum, including the social emotional curriculum and aspects of school life, even in known and familiar contexts and with familiar support/people available.</p>		<ul style="list-style-type: none"> - Play therapy - Lego Therapy - Targeting mental health through physical activity- opportunities to attend extra-curricular groups and regular physical activity sessions within school. - Targeted support via intervention from the ELSA (emotional literacy support assistant). - Weekly, timetabled pastoral support delivered from Mental Health First Aiders. - Phase Leader Involvement and monitoring - Mental Health Senior Leader triages to SENDCo <p>Specialist Support</p> <ul style="list-style-type: none"> - Referral for ELSA intervention - Parents offered referral to PAC and provided information about parenting offer - Twice weekly check in with student by Mental Health First Aider
	<p>Level 4</p>	<p>Specialist Assessment</p> <ul style="list-style-type: none"> - Pastoral Lead to complete in class observation and provide a summary and strategies for classroom level support - Class teacher to meet with SENCO to identify required assessment - Referral for ELSA intervention (If not in place) - Child discussed at TAS meeting with parental consent. - Daily check in with Mental Health First Aider <p>How would I know a child is at Wave 3? Key Indicators:</p> <ul style="list-style-type: none"> - Attendance less than 90% - Several incidences of prolonged absences. - Consistently late for school. - Mo scale scores are dramatically low. - Persistently low mood/ongoing emotional regulation difficulties/anxiety - Child presents upset, concerned, angry or withdrawn on a number of occasions. - Bereavement of close family member (parent, guardian sibling) - Child is unable to engage with a task. (passive or aggressive) - They express extreme concern to an adult on a given day. - Parents on a number of occasions have raised concern about... expresses concern re their child that morning or previous day.
<p>Wave 4 External and Acute Specialist Support</p>	<p>Level 5</p>	<p>Strategies:</p> <ul style="list-style-type: none"> - EHA referral, - Play therapy/counselling, - Small group or one-to-one support to support the development of social skills - Engagement of Health Visitor or School Age+ worker, school nurse - Educational Psychologist solution focused planning session,

<p>Children where there are significant welfare concerns that severely/profoundly/exceptionally affect their access the National Curriculum, including the social emotional curriculum and all aspects of school life.</p> <p>The complex SEMH needs, outcomes for the child/young person and provision required to help them to make progress towards their outcomes which may be determined through referrals or</p>	Level 6	<ul style="list-style-type: none"> - CAHMs referral and support (referral may be made as part of EHA) - DSL/DDSL involvement - SENDCo involvement - Official Attendance letter submitted by school to family. <p>A single assessment co-ordinated by a social worker is required to determine the level of support/intervention needed.</p> <p>Specialist Intervention</p> <ul style="list-style-type: none"> - SENCO to complete in class observation and provide a summary and strategies for classroom level support - Class teacher to meet with Pastoral Lead and/or for strategic planning session - Referral to Inclusion Service for SEMH Specialist support (SENCO) - Referral for ELSA intervention (If not in place) - Child discussed at TAS meeting with parental consent. - Parents offered referral to PAC and provided information about parenting offer - Daily check in with Mental Health First Aider (may require more)
<p>recommendations , e.g., EHC/EHA or social services involvement.</p>		<p>Crisis Support <i>May occur outside of triage panels</i></p> <ul style="list-style-type: none"> - Pastoral Lead to take on 'Strategic Lead' role, supported by Mental Health Senior Leader to identify what form the immediate emergency support will take - Emergency numbers provided to parents - Additional support provided in/out class Pastoral Lead (As appropriate) - Full discussion of response, steps taken, future actions etc. at next panel meeting. Post-meeting crisis management plan to be completed retroactively by Pastoral Lead and SENCO. - Student assigned to the appropriate 1 – 5 band for next stage of response <p>How would I know a child is at Wave 4? Key Indicators:</p> <ul style="list-style-type: none"> - Attendance below 85% - Regular prolonged absences from school. - Consistently late for school. - Mo Scale scores are consistently dramatically low with no improvement following class/school intervention. - Child unable to engage with learning and may present to be passive or aggressive. - Diagnosed anxiety or depression. - Sustained Self-harming. <p>Parents raise concerns regarding child and their ability to support their child at home (parents themselves appear to be struggling with the child at home).</p>
	Updates	<p>Following Up</p> <ul style="list-style-type: none"> - Each child will be discussed at the panel meeting to develop a record of support offered and steps taken

		<ul style="list-style-type: none">- Should a child have "No further updates" for 4 consecutive panel meetings they will be removed from the list and teachers told to re-refer if needed
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SEMh Triage Meeting Record		
Date: Staff Present:	Requests Received:	
Assignments		
Level 1		Who: When: Who: When:
Level 2		Who: When: Who: When:
Level 3		Who: When: Who: When::
Level 4		Who: When: Who: When:
Level 5		Who: When: Who: When:
Level 6		
Updates:	Child's Name	

Accessing Resources and Support

The voice for young people's mental health and well being
www.youngminds.org.uk

PSHE Association – guidance on teaching SEMH
<https://pshe-association.org.uk/topics/mental-health>

Anna Freud- National Centre for Children and Families - Youth Wellbeing Directory provides a list of local and national organisations for anyone up to the age of 25

www.youthwellbeing.co.uk

<https://www.stockport.gov.uk/contacting-the-massh> Tel:-**0161 217 6028**. The MASSH is for those working with children and families. We can offer advice or guidance around:

- the Early Help Assessment process
- advice and guidance to support you when applying a team around the family meeting
- advice on accessing services, interventions and training.

Stockport Early Help Assessment Guidance-

https://assets.ctfassets.net/ii3xdrqc6nfw/2qWrULkTBog1sli7ES2fcf/17a88825f28921381e9262e2e63c620c/Stockport_Family_-_Early_Help_Assessment_guidance.pdf

Manchester Early Help Assessment form and Guidance-

https://manchestercommunitycentral.org/sites/manchestercommunitycentral.co.uk/files/Early%20Hlp%20Communication%20EHA%20Form_With%20active%20fields_Final.pdf

Safeguarding

If you have a concern that there is an immediate risk to a child, please call the police on **999** or Children's Services on **0161 234 5001 (Manchester) 0161 475 6700 (Stockport)**.

For Staff

Employee Assist Programme



