



Harlowbury

Primary School

"Believe, Succeed, Inspire"

WELLBEING POLICY

POLICY FIRST ADOPTED & RATIFIED BY THE LOCAL GOVERNING BODY	SEPTEMBER 2022
POLICY LAST REVIEWED & REVISED	SEPTEMBER 2022
POLICY TO BE NEXT REVIEWED OR EARLIER IF REQUIRED	SPRING 2025

Name: Robert Smith Date: SEPTEMBER 22

Chair of Harlowbury Local Governing Body



Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

(World Health Organization)

Vision

At our school, we aim to promote positive mental health for every member of our staff and all our pupils. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable members of our school community. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. We aim to develop and implement practical, relevant and effective procedures to promote a safe and stable environment for all members of our school community affected both directly, and indirectly by mental ill health.

Scope

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors. This policy should be read in conjunction with our medical policy in cases where a student's mental health overlaps with or is linked to a medical issue and the SEND policy where a student has an identified special educational need.

The Policy Aims to:

- ♣ Promote positive mental health in all staff and students
- ♣ Increase understanding and awareness of common mental health issues
- ♣ Alert staff to early warning signs of mental ill health
- ♣ Provide support to staff working with young people with mental health issues
- ♣ Provide support to students suffering mental ill health and their peers and parent/carers/carers

Lead Members of Staff

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

- ♣ Vicky Early, Mel Dyer and Sarah Mitchell- designated safeguarding leads
- ♣ Sarah Mitchell- mental health and emotional wellbeing lead
- ♣ Fiona Ahmet- PSHE Subject Leader
- ♣ Mel Dyer – Inclusion Manager
- ♣ Wendy Sawings school counsellor and play therapist

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



services if necessary. Where a referral to EWMHS is appropriate, this will be led and managed by our Inclusion Manager. Guidance about referring to EWMHS is provided in Appendix 1.

Individual Care Plans

It is helpful to draw up an early help plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parent/carers and relevant health professionals. This can include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

Teaching about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum. The specific content of lessons will be determined by the specific needs of the cohort we are teaching but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

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

Signposting

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

What support is available within our school and local community, who it is aimed at and how to access it is outlined in Appendix 2 (needs to be compiled locally)

We will display relevant sources of support in communal areas such as staff rooms and toilets and will regularly highlight sources of support to pupils within relevant parts of the curriculum.

Whenever we highlight sources of support, we will increase the chance of pupils seeking help by ensuring pupils understand:

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



Warning Signs

School staff may become aware of warning signs which indicate a 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 communicate their concerns with Sarah Mitchell, our mental health and emotional wellbeing lead. Possible warning signs include the following, however this is not an exclusive list. It is important to note that any concerns about a child should be reported to the Designated Safeguarding Leads or the mental health and well-being lead using the agreed procedures.

- ♣ Physical signs of harm that are repeated or appear non-accidental
- ♣ Changes in eating/sleeping habits
- ♣ Increased isolation from friends or family, becoming socially withdrawn
- ♣ Changes in activity and mood
- ♣ Lowering of academic achievement
- ♣ Talking or joking about self-harm or suicide
- ♣ Abusing drugs or alcohol
- ♣ Expressing feelings of failure, uselessness or loss of hope
- ♣ Changes in clothing – e.g. long sleeves in warm weather
- ♣ Secretive behaviour
- ♣ Skipping PE or getting changed secretively
- ♣ Lateness to or absence from school
- ♣ Repeated physical pain or nausea with no evident cause
- ♣ An increase in lateness or absenteeism

For a list of signs and symptoms please see Appendix 3

Managing disclosures

A pupil may choose to disclose concerns about themselves or a friend, or to any member of staff so all staff need to know how to respond appropriately to a disclosure. If a pupil chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental. Staff should listen, rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?'

All disclosures should be recorded on CPOMS. This written record should include:

- ♣ Date
- ♣ The name of the member of staff to whom the disclosure was made
- ♣ Main points from the conversation
- ♣ Agreed next steps

This information should be shared with the mental health lead, Sarah Mitchell through an electronic alert and a face to face conversation.



Confidentiality

We should be honest with regards to the issue of confidentiality. If it is necessary for us to pass our concerns about a pupil on then we should discuss with the pupil:

- ♣ Who we are going to talk to
- ♣ What we are going to tell them
- ♣ Why we need to tell them

We should never share information about a pupil without first telling them. Ideally we would receive their consent, though there are certain situations when information must always be shared with another member of staff and/or a parent/carer. Where we have concerns that a pupil is in danger of harm our safeguarding procedures will be followed immediately. It is always advisable to share disclosures with a colleague, usually the mental health lead, Sarah Mitchell as this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil. This also ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with.

Parent/carers must always be informed but this may be done by the pupil with the support of the mental health lead. We should always give pupils the option of us informing parent/carers for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parent/carers should not be informed, but the designated safeguarding leads Vicky Early, Mel Dyer or Sarah Mitchell must be informed immediately.

Working with Parent/carers

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

- ♣ Can the meeting happen face to face? This is preferable.
- ♣ Where should the meeting happen? At school, at their home or somewhere neutral?
- ♣ Who should be present? Consider parent/carers, the pupil, other members of staff.
- ♣ What are the aims of the meeting?

It can be shocking and upsetting for parent/carers to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent/carer time to reflect. We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that has been shared.

Sharing sources of further support aimed specifically at parent/carers can also be helpful too. These include parent/carer helplines and forums. We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parent/carers



often have many questions as they process the information. Finish each meeting with agreed next step and always keep a brief record of the meeting on the child's confidential record.

Working with All Parent/carers

Parent/carers are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parent/carers we will:

- ♣ Highlight sources of information and support about common mental health issues on our school website
- ♣ Ensure that all parent/carers are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child
- ♣ Make our mental health policy easily accessible to parent/carers
- ♣ Share ideas about how parent/carers can support positive mental health in their children through our regular information evenings
- ♣ Keep parent/carers informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.

Supporting Peers

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

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

Additionally, we will want to highlight with peers:

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

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep students safe. We will signpost sources of relevant training and information for staff who wish to learn more about mental health. Both Evolve Edufocus/Nimble and the National College provide quality online available training for staff. Other specific training such as Step On and Step Up also include elements related to mental health and well-being.



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Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more 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.

Staff-support and well-being

We are aware of the importance of staff well-being and have a range of strategies which enable staff to receive recognition and praise and feel valued in their work. These include opportunities for staff to publicly acknowledge, praise and thank their colleagues (Pause for Applause, thanks on weekly notice sheet) as well as ways to raise others' self-esteem in unseen ways (Random acts of kindness). We aim to be a school where everyone feels valued, listened to, and heard.

Appendices

Appendix 1 – How to refer to EWMHS

Appendix 2 – support at school and in the local community

Appendix 3 – Signs and Symptoms

Appendix 4 – Handling mental health disclosures sensitively.

Appendix 1

Support within the local community

ADAS (Alcohol & Drugs Advisory Service)

Charity offering a drop-in service to support people who experience substance misuse

01279 641347 www.adasuk.org

CDAT (Community Drug & Alcohol Team)

A team of health & social work professionals who work with drug and alcohol users

01279 698721

Community Mental Health Team

Service offered: assessment and treatment of patients with severe, complex and enduring mental health difficulties

01279 637400 www.eput.nhs.uk

Mind in West Essex

Support for people with mental health issues

01279 421308 www.mindinwestessex.org.uk

Healthy Minds

Therapy for adults with common mental health problems

0300 222 5943 www.northessexiapt.nhs.uk/west-essex

Tree House Family Hub

One stop shop for children, young people and their families

01279 772600

<https://essexfamilywellbeing.co.uk/centre/tree-house-family-hub/>

Essex Mediation

Mediation service for family/neighbour disputes



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01245 492200 www.essexmediation.co.uk

Safer Places

Independent domestic abuse charity supporting adults and children affected by abuse

03301 025811 www.saferplaces.co.uk

Family Solutions

Assist families who have two or more specific difficulties with a range of issues

03330139934 https://essexfamilywellbeing.co.uk/breastfeeding/family-solutions-harlow/?utm_source=rss&utm_medium=rss&utm_campaign=family-solutions-harlow

Harlow Food Bank

Three days food vouchers for those in need

01279 724515 www.mrct.org.uk/foodbank

Street 2 Homes

Local charity giving advice, support and subsidised meals to those homeless or vulnerably housed

01279 430011 www.streets2homes.org

Streetlink

You can refer yourself or someone you are concerned about to this national charity, that assists rough sleepers and are able to connect them to local authorities and support services

0300 500 0914 www.streetlink.org.uk

Harlow Citizens Advice Bureau

National advice service advising on debt, employment, housing, benefits, consumer and immigration etc.

01279 770189 www.harlowcitizensadvice.org.uk

Harlow Advice Centre

Free advice and information on debts, benefits and housing

01279 704002 www.harlowac.org.uk



Shelter

National Charity giving advice on all matters relating to housing and homelessness www.shelter.org.uk

The Chocolate Run incorporating the Harlow Haven

Local charity providing a weekly drop-in for the homeless in Harlow www.chocolaterun.org.uk

Moat Housing

Housing Association involved with Home Buy shared ownership opportunities locally

0300 323 0011 www.moat.co.uk

The Leasehold Advisory Service (LEASE)

Provides free advice on leasehold properties, including guidance on service charges and ground rent

020 7832 2500 www.lease-advice.org

Appendix 3

Signs and Symptoms of common mental ill-health conditions

Depression <ul style="list-style-type: none">• Feeling sad or having a depressed mood• Loss of interest or pleasure in activities once enjoyed• Changes in appetite – weight loss or gain unrelated to dieting• Trouble sleeping or sleeping too much• Loss of energy or increased fatigue• Increase in purposeless physical activity (such as hand-wringing or pacing) or slowed movements and speech (actions observable by others)• Feeling worthless or guilty• Difficulty thinking, concentrating or making decisions• Thoughts of death or suicide	Anxiety <ul style="list-style-type: none">• Palpitations, pounding heart or rapid heart rate• Sweating• Trembling or shaking• Feeling of shortness of breath or smothering sensations• Chest pain• Feeling dizzy, light-headed or faint• Feeling of choking• Numbness or tingling• Chills or hot flashes• Nausea or abdominal pains
Obsessive-compulsive disorders Compulsions are repetitive behaviours or mental acts that a person feels driven to perform in response to an obsession. Some examples of compulsions: <ul style="list-style-type: none">• Cleaning to reduce the fear that germs, dirt or chemicals will “contaminate” them spend many	Eating Disorders Anorexia Nervosa: People with anorexia nervosa don't maintain a healthy weight because they refuse to eat enough, often exercise obsessively, and sometimes force themselves to vomit or use laxatives to lose weight. Over time, the



<p>hours washing themselves or cleaning their surroundings.</p> <ul style="list-style-type: none">• Repeating to dispel anxiety. Some people utter a name or phrase or repeat a behaviour several times. They know these repetitions won't actually guard against injury but fear harm will occur if the repetitions aren't done.• Checking to reduce the fear of harming oneself or others by, for example, forgetting to lock the door or turn off the gas stove, some people repeatedly retrace driving routes to be sure they haven't hit anyone.• Ordering and arranging to reduce discomfort. Some people like to put objects, such as books in a certain order, or arrange household items "just so," or in a symmetric fashion.• Mental compulsions to respond to intrusive obsessive thoughts, some people silently pray or say phrases to reduce anxiety or prevent a dreaded future event.	<p>following symptoms may develop as the body goes into starvation:</p> <ul style="list-style-type: none">• Menstruation periods cease• Hair/nails become brittle• Skin dries and can take on a yellowish cast• Internal body temperature falls, causing person to feel cold all the time• Depression and lethargy• Issues with self-image/ body dysmorphia <p>Bulimia Nervosa: Patients binge eat frequently, and then purge by throwing up or using a laxative.</p> <ul style="list-style-type: none">• Chronically inflamed and sore throat• Salivary glands in the neck and below the jaw become swollen; cheeks and face often become puffy• Tooth enamel wears off; teeth begin to decay from exposure to stomach acids• Constant vomiting causes gastroesophageal reflux disorder• Severe dehydration from purging of fluids
<p>Self Harm</p> <ul style="list-style-type: none">• Scars• Fresh cuts, scratches, bruises or other wounds• Excessive rubbing of an area to create a burn• Keeping sharp objects on hand• Wearing long sleeves or long trousers, even in hot weather• Difficulties in interpersonal relationships• Persistent questions about personal identity, such as "Who am I?" "What am I doing here?"• Behavioural and emotional instability, impulsivity and unpredictability• Statements of helplessness, hopelessness or worthlessness• Head banging• Ingesting toxic substances	

Key Points to Remember:

- Negative presentations can represent the normal range of human emotions. Everyone feels sad, worried, shy or self-conscious at times and these do not necessarily mean that a child or young person is experiencing mental ill-health.
- Whilst it is important to be aware of potential warning signs, it is crucial to stress that diagnoses need to be made by an appropriately qualified clinicians, who use a full range of internationally agreed criteria, not be education professionals.



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- It is counter-productive for non-clinicians to use diagnostic terminology, which may not subsequently be confirmed, with parent/carers or young people.