St Andrew's C of E Infant School

Positive Mental Health and Wellbeing Policy

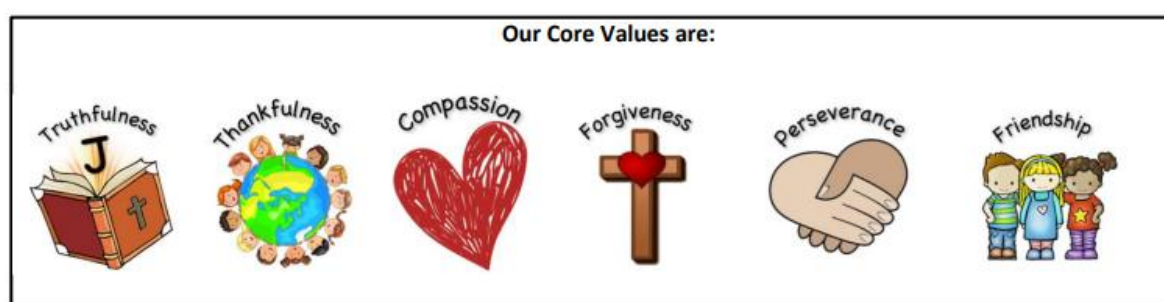|	
This policy was last reviewed:	September 2024
This policy will be reviewed again:	September 2027
The policy will be reviewed by:	The Board of Governors
Statutory Policy	No

<u>**Our School Motto**</u>

'Learning, Caring and Growing together in Faith'

<u>**Our Vision**</u>

St Andrew's Infant School is a Christian school where children are happy, nurtured and love learning. Through an inspiring and aspirational curriculum, we strive to ensure our children flourish spiritually, academically, and creatively to become confident, resilient learners. Everyone here learns, cares and grows together in faith.

<u>**Our Values**</u>

Our Core Values are:

Truthfulness Thankfulness Compassion Forgiveness Perseverance Friendship

Our Christian Narrative:

'God is my strength in whom I trust.' Psalm 18

Our Bible story:

The parable of the Two Builders - Matthew 7

Policy Statement

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

St Andrew's C of E Infant School is committed to promoting positive mental health and emotional wellbeing for all pupils, 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 affected. We pursue this aim for using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

At St Andrews C of E Infant School, we define Mental Health and Resilience as:

Good Mental Health

Individuals are mentally healthy when they 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 experience. It is the ability to build protective factors in our lives which promote and protect our emotional wellbeing when faced with every knockback and unexpected changes.

Policy Aims

- Promote positive mental health 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 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 sign post pupils and families

Key Staff Members

This policy aims to ensure all staff take responsibility to promote the mental health of pupils and each other. However, key members of staff have specific roles to play:

- Headteacher and Designated Safeguarding Lead – Miss Elizabeth Glassbrook
- Deputy Headteacher – Mrs Jenna Pinder
- Family Support Worker and Deputy Designated Safeguarding Lead – Miss Gabbi Westhead
- SENDCO and Deputy Designated Safeguarding Lead – Mrs Andrea Ashcroft
- PSHRE Coordinator – Mrs Abigail Winrow
- Senior Mental Health Lead – Mrs Rachael Davies

Section 1 – 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 a mental health problem or disorder.

Mental health professionals have defined these as:

- Emotional disorders e.g., phobias, anxiety states and depression
- Conduct disorders e.g., stealing, defiance, fire-setting, aggression and anti-social behaviour
- Hyperkinetic disorders e.g., disturbance of activity and attention
- 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;
- 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 Family Support Worker or a

Designated Safeguarding Lead. If there is a concern hat the pupil is at high risk or in danger of immediate harm, the school's child protection and safeguarding policy and procedures should be followed. If the pupil presents a high-risk medical emergency, relevant procedures should be followed involving the emergency services if necessary.

Individual Care Plans

When a pupil has been identified as having a 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. 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 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/regulation toys
- Use of the in-class self-regulation area
- Work broken into smaller chunks
- Individual behaviour plans

Curriculum

At St Andrew's C of E Infant School, PSED is taught in EYFS using key questions that link to overarching topics. When teaching PSED, teachers are adaptable and respond to children's needs, planning appropriate tasks. We use key questions each half term, based on the model we use for Key Stage One from the PSHE Association, to support teachers with their planning and teachings.

In Key Stage One, PSHRE is taught using the PSHE Association questions-based model. This is a progressive scheme of work and comprehensively covers the statutory Health Education and Relationships guidance.

Our curriculum is carefully planned to support the development of the following skills;

- Health and Well-Being
- Relationships
- Living in the Wider World

In planning our curriculum we take into account our pupils' prior learning and experiences. Our programme reflects the universal needs shared by all children as well as the specific needs of our pupils.

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 following a health lifestyle is developed through participation in varies, 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 (noticeboards, electronic display boards etc) and through our communication channels (newsletters, website), 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 signs should always be taken seriously and staff observing any of these warning signs should alter the Designated Safeguarding Lead or the Family Support Worker.

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
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feels or failures, useless or loss of hope
- Changes in clothing e.g., long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to, or absence from, school
- Repeated physical pain or nausea with no evident cause

- An increase in lateness or absences

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 the school nurse, Children Family Wellbeing Services, SENDCO and other local professionals in supporting the emotional and mental health needs of our pupils.

We work closely with the following professionals:

- Educational Psychologist
- Child Psychologist
- Emotional Health Service
- Inclusion Support Service
- Young Carers
- Family Support Workers
- Early Help Service

In addition, we have the following provision in house:

- Drawing and Talking Therapy
- Emotional Regulation Sessions
- Bereavement Sessions
- Self-regulation Zones
- Use of restorative approach
- Ability to refer to commissions for Play Therapy and emotional support from external agencies.

When thresholds are met, referrals may be made to:

- Emotional Health Service
- CAMHS
- Young Carers
- Children's Social Care
- School Nurse
- Children and Family Wellbeing Service (Early Help)

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 pastoral support for these pupils. This may be delivered by an individual behaviour plan.

Managing Disclosures

A student may choose to disclose concerns about themselves, another pupil or their siblings and family members to any member of staff, so all staff members need to know how to respond appropriately to a disclosure.

If a pupil does disclose concerns about their own, or anyone else's mental health and wellbeing, the member of staff's response should 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?'. For more information about how to handle mental health disclosures sensitively see appendix B.
Any disclosure must be recorded on CPOMS in a timely manner and shared with the Designated Safeguarding Lead(s). All safeguarding concerns will be treated in confidence, and we will follow the safeguarding policy. For more information about Safeguarding, please visit the [Safeguarding](#) page on the school's website.

Section 2 – Health and Welfare of Parents and Carers

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

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

- Working closely with our local partners, including Children and Family Wellbeing Service, Children's Centre's, Health Care Professionals and partner schools
- Class teachers and teaching assistants meeting all EYFS parents in person to discuss their family circumstances
- Encouraging parents to engage in school life by holding regular parent events
- Ensuring the Senior Leadership Team (SLT) attend all PTFA events
- Offering 1:1 Parent meetings with the SENDCO
- Offering parents, the opportunity to meet the Education Psychologist, School Nurse or Speech and Language Therapist
- Having an open-door policy with schools Family Support Worker, were parents and carers are able to contact them directly in multiple ways, and they are present in all aspects of school
- Ensuring all parents are aware of how to promote social and emotional wellbeing and prevent mental health problems e.g., newsletters, parenting courses, signposting etc.,
- Highlight sources of information and support about common mental health issues through our communication channels
- Working hard to develop close relationships with parents and carers which allows us to offer support.

Section 3 – Health and Welfare of Staff

We recognise that a healthy and happy workforce are required to deliver the best education for all 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:

- Staff meetings are held weekly where individuals can air their views and feel supported.
- Staff meetings finish on time
- Best endeavours to enable staff to attend their own child's events in school time (notice needed)
- Staff meeting time allocated to complete core teacher tasks such as assessment tasks, TLPS etc
- Monitoring activities planned and shared well in advance
- Notice for deadlines given well in advance
- No expectations to reply to emails at weekends or in the holidays
- Honesty, integrity and support at the heart of discussions and decisions
- Access to support material to aid planning and preparation
- Rota of subject leader time
- Subject leader coaching and development opportunities
- Ongoing CPD
- A dedicated staff room for relaxation, healthy eating and study space
- We provide lunch on all INSET dates to promote good relationships and give time for staff to socialise.
- SLT have an open-door policy for all staff.
- SLT proactively support staff who are experiencing mental health difficulties that they are aware of.
- Take staff mental wellbeing into consideration when deploying staff to various roles around school.
- Reasonable adjustments for staff with recognised mental health issues.
- Signpost staff to appropriate support mechanisms, such as the local clergy, charities, GP and Mindsmatter.
- A supportive and generous non-sickness absence policy.
- Celebrate staff special occasions
- Recognise individual staff strengths through initiatives including individual and public thanks and praise; feedback from observations; staff-wellbeing wall; staff wellbeing governor; events outside of school.
- Senior Mental Health Lead (Mrs Rachael Davies) with an open-door policy who is a point of contact for all staff.
- 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 telephone numbers, not texting parents with personal phones and not having 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 social media accounts.
- 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/dedicated hours.
- Wellbeing section in the Staff Handbook for staff to access support in and out of school.

The Headteacher actively encourages all staff to be aware of their own wellbeing and allocate time to maintaining a positive work life balance. For example:

- Build in an 'early finish' night so that you can leave and do something for yourself
- Have a dedicated 'stay late' night so other staff know they can meet with you
- Have dedicated time slots when you work and when you switch off
- Take time out during the day to eat, drink and chat to your colleagues
- Take work emails off your phone
- Communicate when things are feeling overwhelming
- Map out your tasks into small steps

All staff have 24/7 access to the Employee Assistance Programme provided by Lancashire County Council, for advice and support surrounding a range of issues. More information can be found here.

Training

Annual training takes place for all staff in Safeguarding, and other specific training will be utilised as appropriate.

Training opportunities for staff who require more in-depth knowledge will be considered as part of appraisal process and additional CPD will be offered throughout the year where it becomes appropriate.

We will host relevant information on our virtual learning environment for staff who wish to learn more about mental health. The MindEd learning portal[1] provides free online training suitable for staff wishing to know more about a specific issue.

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 the Headteacher (Miss Glassbrook) and Deputy Headteacher (Mrs Pinder) who can also highlight sources of relevant training and support for individuals as needed.

This Policy should be read in conjunction with:

- The Safeguarding Policy
- Managing Sickness and Absence Policy
- Code of Conduct

If a member of staff has concerns about themselves or a colleague, they should speak with the Staff Mental Health Champion (Mrs Rachel Davies) or a member of the SLT.

Policy Review

This policy will be reviewed every 3 years as a minimum. It is next due for review in January 2021.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to Mrs. Farmer our Well Being Champion by contacting the school office.

This policy will always be immediately updated to reflect personnel changes.

Appendix A: Guidance and Advice Documents

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

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

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

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

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

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

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

NICE guidance on social and emotional wellbeing in primary education
NICE guidance on social and emotional wellbeing in secondary education

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

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

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

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

Appendix B: Talking to students when they make mental health disclosures

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

> *"She listened, and I mean REALLY listened. She didn't interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I'd chosen the right person to talk to and that it would be a turning point."*

If a student has come to you, it's because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they're thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don't talk too much

> *"Sometimes it's hard to explain what's going on in my head – it doesn't make a lot of sense and I've kind of gotten used to keeping myself to myself. But just 'cos I'm struggling to find the right words doesn't mean you should help me. Just keep quiet, I'll get there in the end."*

The student should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening!

Don't pretend to understand

> *"I think that all teachers got taught on some course somewhere to say 'I understand how that must feel' the moment you open up. YOU DON'T – don't even pretend to, it's not helpful, it's insulting."*

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced

these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

> "She was so disgusted by what I told her that she couldn't bear to look at me."

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

Offer support

> "I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

> "Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."

It can take a young person weeks or even months to admit to themselves they have a problem, themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you

are they chose to speak to you, conveys positive messages of support to the student.

Don't assume that an apparently negative response is actually a negative response

> *"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."*

Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence; it's the illness talking, not the student.

Never break your promises

> *"Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken."*

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the student's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.