

## **HEY with ZION Emotional Health & Mental Wellbeing Policy,**

**June 2022**



**Hey with Zion has a joint C. of E./ Methodist foundation and British values (democracy, mutual respect and tolerance, individual liberty and rule of law) and Christian values (trust, forgiveness, faith, honesty, love and friendship) permeate the school's ethos. All policies are applied within this value context.**

### **Data protection Statement:**

**The procedures and practice created by this policy have been reviewed in the light of our Data Protection Policy. All data will be handled in accordance with the school's Data Protection Policy**

### **Policy Statement:**

This policy is intended as guidance for all staff, including non-teaching staff and governors. It may be read in conjunction with our Administration of Medication policy in cases where a pupil's mental health overlaps with or is linked to a medical issue, and the SEND policy where a pupil has an identified Special Educational Need.

**Our intention is to promote holistic development alongside academic achievement for all pupils; key to these is the emotional health and mental wellbeing of our school community. Our aim is for all children in school to develop the self-esteem, resilience and emotional understanding to be able to play an active part in school life, becoming effective and successful learners and friends.**

Our intention is to promote positive emotional health and mental wellbeing across the whole school community, as well as every pupil and staff member. We pursue this by utilising whole school, universal approaches alongside

selected and targeted approaches for those who require additional support for identified concerns.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health, as well as increasing understanding and awareness of common mental health issues.

By developing and implementing practical, relevant and effective procedures we can promote a safe and stable environment for pupils affected by emotional health and mental wellbeing concerns: this includes those affected by the emotional health of members of their families and/or peers.

We advocate the use of the term 'Emotional Health and Mental Wellbeing' to highlight the inclusive nature of our approach. Other organisations may use alternative terms such as 'mental health', but this does not accurately demonstrate our commitment to universal support for all pupils. We deliver our emotional health and mental wellbeing support from the premise that: "Health is a state of completely physical, mental and social well-being and not merely the absence of disease or infirmity" (*World Health Organisation, Mental Health: A State of Well-Being, 2014*).

### **Aims**

- Promote positive emotional health and mental wellbeing across the school community
- Develop and sustain universal interventions which will be accessed by all pupils and embedded in the ethos and culture of the school
- Increase understanding and awareness of common mental health issues
- Provide information for pupils and families about promoting positive emotional health and mental wellbeing
- Provide support to pupils and families when a pupil is experiencing mental ill health
- Provide support to pupils and families when a family member is experiencing mental ill health
- Alert staff to early warnings of mental health concerns and the process for reporting these
- Provide support to staff working with pupils with mental health issues
- Provide support and compassion to staff experiencing mental ill health

- To utilise the Oldham framework 'Supporting Young Minds in Tough Times' and self-assessment audit to evaluate and develop provision within school, including staff training needs
- Utilise the Graduated Response of Universal, Selected and Targeted support for pupils (See Appendix)
- To embed the Assess-Plan-Do-Review process (see Appendix) to ensure high quality work is monitored and evaluated.
- To commission effective, evidence-based and good value interventions for pupils by applying the Quality Assurance Framework (Pennine Care Foundation Trust, 2016) (See Appendix for Reference)
- We seek to raise awareness amongst staff and gain recognition 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 pupil welfare where everyone is aware of warning signs, with effective signposting underpinned by behaviour and welfare throughout the school.

### **Training**

Training schedules will be responsive and led by the needs of the pupil population. This ensures that support matches the changing needs of the school as a whole and each cohort.

As a minimum, all staff will receive training about recognising and responding to mental health issues and associated topics as part of their Continuing Professional Development. This will be in addition to regular Child Protection training and updates. Staff are also able to request relevant training as part of their Performance Management process.

We actively promote and record the use of MindEd; an online training resource which provides high-quality, free training for school staff around emotional health and mental wellbeing. We expect staff to keep and share a record of training they undertake through this portal. When specific topics are identified, time will be allocated for staff to complete the relevant modules.

School will make links with suitable associations and charities who can support with training and provision in school, utilising the Quality Assurance Framework (Pennine Care Foundation Trust, 2016)

Any suggestions for individual, group or whole school CPD should be discussed with the Head, Deputy and/ or learning mentor who can also signpost sources of relevant training and support for individuals as needed.

### **Staff Wellbeing**

A key component in the delivery of the Universal offer is staff wellbeing; ensuring that staff are well-supported and able to deliver quality provision for emotional health and mental wellbeing to all pupils. Therefore, as a school, we are committed to promoting positive mental, physical and emotional wellbeing and will provide suitable support for all members of staff.

### ***Ethos & Environment***

We encourage staff as individuals to accept responsibility for their own mental, physical and emotional wellbeing and promote an open culture in which emotional health and mental wellbeing are taken seriously and in which staff are supported in order that they may seek any help and support they need. This is evidenced, for example, by flexible and compassionate use of the special leave policy, and a recognition that good will is a two way highway.

We promote a culture of sympathetic alertness, remaining mindful of any indication of changes in staff behaviour, performance or signs of being under stress. This culture extends to the ability to have open conversations with colleagues about how they are feeling and their mental health without fear of stigma. We also seek to prevent stigma by taking part in events such as Time to Talk Day

### ***Policy & Procedure***

Our Family Leave and Special Leave Policies are supportive of staff with emotional health and mental wellbeing issues, both during any periods of absence and upon their return to work, including phased returns. These policies are available for staff in the staff room.

We will ensure that all school policies are assessed for their workload impact and work/life balance to promote positive mental health.

We shall be understanding of the differing needs of the staff, at different points and events during their life cycles, and offer support accordingly, if and when required. This may include support for pregnant women, older women during the menopause, those with caring responsibilities, and those experiencing loss, bereavement or a change in life circumstances. For example,

requests for part time work have been considered and accepted in recent times, meetings for a new mother have been arranged within the school day rather than after 3.30 p.m.

### ***General***

We undertake an annual, anonymous survey to monitor the wellbeing of all staff. These results are shared and acted upon by the Senior Leadership Team to see the impact of interventions such as reduced marking, wellbeing initiatives etc.

We will ensure that all staff have access to regular training sessions on health and wellbeing in school, including practical sessions to deal with wellbeing issues – both of pupils and their own. Appropriate time and resources will be dedicated to this.

We provide wellbeing support to staff in a variety of ways including:

- A staff wellbeing board with details of local and national agencies who may support emotional and physical wellbeing (this information is also available on the school portal).
- We have access to an Employee Assistance Programme for counselling – details of how to refer to this service are readily available in school and from the Emotional Health and Mental Wellbeing Lead or by phoning: 0800 111 6385
- Providing a menu of services open via the school blog

### **Teaching about Emotional Health & Mental Wellbeing**

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are taught across all curriculum areas, but particularly in our developmental PHSE curriculum. Through planned programmes and informal curricula, opportunities exist to explore emotional health and mental wellbeing issues appropriate to children's age and stage of development.

We also promote emotional health and mental wellbeing through our school mission statement, which is given a high priority within school: "Within the love of God, we strive to do the best we can for ourselves and others."

Staff use a variety of methods and opportunities to promote emotional health and mental wellbeing alongside the formal curriculum. These complement the whole school approach and overall ethos of the school. These include:

- Class and whole school Codes of Conduct
- Celebrating awareness days and campaigns such as World Mental Health Day, “Cool to be kind” week, Random Acts of Kindness” week
- Having an “angel of the week” from each class recognised each week for their kindness and compassion
- Reward systems embracing positive behaviour and individual achievements
- Having a culture of challenge, promoting ‘beautiful mistakes’ and embracing ‘there is no such thing as failure, only feedback’ to enable children to develop resilience
- Providing forums for listening and talking including PSHE sessions, reflection areas in class, school council, questionnaires about school to children and parents
- Encouraging a culture where “every child has a right to a say in all matters affecting them, and to have their views taken seriously” (Article 12, UN Convention on the Rights of the Child, 1992)
- Encouraging co-operation and collaboration through Buddies, peer working and Young Leaders
- Inviting organisations such as MIND, NSPCC and Positive Steps to work with our children
- Assessing our children’s resilience via the CORC assessment tools
- Using the LA funded “Zippy” and “Apple” social and emotional learning programmes with our 5-9 year olds
- Training a teacher with the University of Pennsylvania Resilience programme
- Working with a Mental Health Support Worker based in school each week.

### **Supporting Parents/Carers & Families**

We see parent/carer involvement as a vital part of promoting emotional health and mental wellbeing: alongside an open-door policy, regular opportunities exist to promote partnerships with parents/carers, including:

- Open Days/ visits
- School visits on request by parents
- Early-in-the-year parents' evenings – a chance to meet staff, find out about the organisation, routines and curriculum in each class, enabling parents to support their children effectively with day-to-day change, promoting resilience.
- Structured parents'/carers' meetings with class teachers to provide feedback
- Annual parental questionnaires, to help us build on what we do well and identify areas for improvement
- Parent workshops on key topics ie: phonics, SATs etc.
- Excellent communication e.g. via the school blog

We recognise that families play a key role in influencing children's emotional health and mental wellbeing, therefore it is vital that we work with parents/carers to promote positive wellbeing for them. We do this by:

- Highlighting sources of support available within school and the local community: we will ensure this information contains services that are available to promote positive emotional wellbeing for all pupils, as well as those for children experiencing mental ill health. This information will be delivered via the curriculum, newsletters, the school website and events publicised via the school blog
- Making this policy easily accessible to parents/carers
- Offering support to help parents/carers develop their parenting skills. This may include inviting services such as from POINT or Foresight to parents' evenings.
- Ensuring parents/carers living in disadvantaged circumstances are given the support they need to participate fully in activities to promote social and emotional wellbeing.
- Providing information about sources of support and information for adult mental health and emotional wellbeing services and making these readily available through our communication channels ie: the school blog

The below links have an extensive directory of local agencies and organisations we can signpost staff and families to:

<https://www.oldham.gov.uk/hsc/services/send/>

[https://www.oldham.gov.uk/downloads/file/4710/supporting\\_young\\_minds\\_through\\_tough\\_times](https://www.oldham.gov.uk/downloads/file/4710/supporting_young_minds_through_tough_times)

### **What does an emotionally healthy child look like?**

School staff may become aware of certain signs which indicate a pupil may be experiencing emotional health or mental wellbeing issues. These should **always** be taken seriously and staff observing **any** of these should communicate their concerns with the Lead for Emotional Health & Mental Wellbeing.

Possible warning signs include (but are not limited to):

- Expressing feelings of failure, uselessness or loss of hope
- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating habits
- Changes in sleeping habits, including falling asleep in lessons
- Increased isolation from friends and family or becoming socially withdrawn – this may include not wanting to spend time with friends at break-time, frequent fallouts or seeking adult company/reassurance.
- Changes in activity and mood
- Talking or joking about self-harm or suicide
- Using drugs or alcohol
- Changes in clothing – eg. long sleeves in warm weather
- Secretive behaviour
- Avoiding PE or asking to get changed privately
- An increase in lateness or absenteeism
- Repeated physical pain or nausea with no evident cause – this may include repeatedly expressing feelings of being unwell or requesting to visit the first aid room/go home

We also recognise that some children and young people have been exposed to multiple risk factors which may mean they are at greater risk of experiencing poorer mental health. For example: those who are looked after or previously looked after children, young carers, those who have had previous access to

mental health services, those living with parents/carers with a mental illness and those living in households experiencing domestic violence.

These risk factors **do not** mean that the child **will** experience poorer mental health, they should be considered alongside resilience factors such as: a secure attachment experience with appropriate adults, good communication skills, capacity to reflect, a positive school climate enhancing belonging and connectedness, an open-door policy for children to raise concerns, a range of leisure activities and a whole school approach to supporting good mental health.

We promote a culture of sympathetic alertness, particularly to changes in behaviour or presentation of pupils. Staff should be aware that some children will not openly demonstrate any of the above signs, even when experiencing distress.

**If you are at all concerned about a child, always inform the Lead for Emotional Health and Mental Wellbeing or the Designated Safeguarding Lead.**

### **Managing Concerns**

A pupil may choose to disclose concerns about themselves or a friend to **any member of staff** so it is vital that **all staff know how to respond appropriately to a disclosure or concern about a child's mental health**. School will source and provide training for all staff to ensure they are comfortable with this process.

In this situation, the member of staff's response should always be calm, supportive and non-judgemental. Staff should listen, rather than give advice and if questions are needed, these should be open such as "tell me about..." or "describe what happened". Our first thoughts should be of the pupil's emotional and physical safety rather than exploring "why?".

In line with the Safeguarding Policy, all disclosures must be recorded in writing, as soon as possible, within a 24 hour period. The report should detail:

- Date and time of the concern/disclosure
- The names (and positions if applicable) of those present
- What was discussed, in as much detail as possible
- What the agreed next steps are
- Who the concern/disclosure was reported to

This report should be held on the pupil's confidential file, and shared with the Lead for Emotional Health & Mental Wellbeing who will offer support and advice about next steps

### ***Confidentiality***

We need to be honest with pupils who make a disclosure about themselves or a friend. If we feel it is necessary to pass on the concerns we must inform them:

- Who we are going to tell (parents/carers, other staff, health care professionals etc.)
- What we are going to tell them
- Why we need to tell them

Parents/carers will be informed, and their support sought, unless there is reason to believe that there is an underlying child protection issue, in which case the DSL and local MASH team will be informed immediately. Pupils will be informed if this is the case.

Staff will share concerns/disclosures with a colleague, usually the Lead for Emotional Health and Mental Wellbeing or the DSL when necessary, as this helps to safeguard their own emotional wellbeing as they are no longer solely responsible for the pupil. It also ensures continuity of care in case of absence and provides an extra source of ideas and support. We will discuss this with the pupil.

External group supervision is commissioned by school and offered to all staff, teaching and non-teaching, who are working with child protection concerns and wellbeing disclosures, even if this is not their usual role. This is a vital provision for our staff to protect their own emotional wellbeing, and gives them a safe space to process and reduce any negative effects of this challenging work upon their personal lives. Supervision being an independent provision also offers a space for reflective practice, enabling staff to critically analyse and reflect upon their own work.

### ***Sharing Concerns with Parents/Carers***

It is standard practice to inform parents/carers of concerns unless there is reason to believe there is an underlying Child Protection concern; however, we remain mindful of the need to be sensitive in our approach.

Mental ill health can affect individuals of any age, background, ethnicity or gender; yet it may sometimes be difficult or distressing for parents to learn that their child is experiencing difficulties with their emotional wellbeing. Families may respond with fear, anger, upset or even shame during initial conversations: although we may find this challenging, we should be accepting of this (within reason) and give parents/carers time to reflect and come to terms with the change in situation. For this reason we recommend a follow-up meeting or telephone call to ensure lines of communication are kept open and that parents/carers feel able to partake in the process of support.

Before these initial conversations take place it should be considered:

- Can we meet with parents/carers face-to-face? (this is usually preferable)
- Where should the meeting take place? – Some families are not comfortable in school or may have commitments such as caring which make attendance in school difficult.
- Who should be present at the meeting? Pupil, other family members, staff (although it is ideal for the member of staff to whom a disclosure was made to be present, it may be in their best interests to have the support of a pastoral lead/DSL etc), ,
- What are the aims and expected outcomes of the meeting?

Ensure a record of the meeting and points discussed/next steps agreed is kept and added to the pupil's record. A Multi Element Plan (see below) should also be created if support above the Universal level is proposed.

### ***Supporting Friends/Peers***

### **Individual Care Plan**

An Individual Care Plan will be drawn up for pupils causing concern, who receive a diagnosis pertaining to their mental health or who are accessing internal or external support services. This should be drawn up involving the pupil, the parents/carers and relevant health professionals alongside school.

The plan will include:

- Details of the pupil's condition
- Special requirements and precautions

- Any medication and side effects
- What to do and who to contact in an emergency
- The role school can play and specific staff involved
- Any adjustments, interventions or support to be put in place based on the 'Assess-Plan-Do-Review' process
- Any external agencies involved and their role in supporting the child

Where a referral to an external service is appropriate, this will be lead and managed by the SENCO, in liaison with the Lead for Emotional Health and Mental Wellbeing.

For those children who require additional support with their emotional health and mental wellbeing, we will additionally support parents/carers by:

- Involving parents/carers, and the child in the Assess-Plan-Do-Review process to identify the specific support required
- Keeping parents/carers informed about the related work being carried out in school
- Utilising a person-centred planning approach

**Written by: A. Clowes**

**Adopted by Governing Body: XXX**

**This policy will be reviewed every two years as a minimum. The next review is 2021**

**In between reviews the policy will be updated when necessary to reflect local and national changes. This is the responsibility of the Head  
Any personnel changes will be rectified immediately**

### **Lead Members of Staff**

Lead for Emotional Health & Mental Wellbeing – Barbara Clarke

Named Governor for Emotional Health & Mental Wellbeing – XXX

Designated Safeguarding Lead – Andrew Clowes

Deputy Safeguarding Lead – Sara Machin

Other Safeguarding Officers – Barbara Clarke, Eve Baxendale

Mental Health First Aider – Barbara Clarke

Lead First Aider – Jane Farrelly

SENDSCO – Janet Light

LSA for Mental Health interventions – Barbara Clarke

PSHCE Curriculum Coordinator – Janet Light

## Appendix

### ***Graduated Response***

School will respond to concerns for emotional health and mental wellbeing using a graduated response, as advocated in the Oldham Framework:

#### Universal Support

This is what school offers **all** children to promote positive mental health. Support is embedded in all classrooms and is part of the whole school approach. Eg. Daily Mile, worry boxes in class, strong curriculum presence for emotional health and mental wellbeing etc.

#### Selected Support: Stage 1

This is where we put specific interventions into place. These are delivered in school by school staff, sometimes in consultation with other agencies. Eg. Self-esteem groups, 1:1 mentoring by specific LSA, wishes and feelings sessions lead by SENDCO, SATs interventions.

#### Selected Support: Stage 2

This is where interventions are put into place, with support and consultation from external, specialist emotional health and wellbeing services/professionals (eg. Educational Psychology, Healthy Young Minds, MIND, School Nurses).

#### Stage 3: Targeted Support

This is where specific interventions are delivered in school by external agencies. School remain involved. Eg. MIND, Healthy Young Minds, Educational Psychologists, QEST.

***Children may move around within the different stages depending on their need/improvement.***

### ***Quality Assurance Framework***

[http://healthyyoungmindspennine.nhs.uk/media/1024/qaframework\\_191016\\_fv.pdf](http://healthyyoungmindspennine.nhs.uk/media/1024/qaframework_191016_fv.pdf)

### ***Assess – Plan – Do – Review Process***

To deliver Selected and Targeted Support for children and young people with emotional health and wellbeing needs this cycle should be followed.

➤ **Assess**

Clear analysis of the child's need. There should be a holistic and collaborative approach to assessment using tools such as a Functional behaviour Analysis and emotional wellbeing checklists, ensuring views are gathered from the child and the parent/carer.

➤ **Plan (see Multi Element Plans)**

Recording of adjustments, interventions and support to be put in place, based on the findings of the assessment.

➤ **Do**

Implementation of the agreed adjustments, interventions and support.

➤ **Review**

Evaluation of the impact and quality of the adjustments and support, along with the views of the child and their parents. This information should feed into the next cycle.

***“Has the implemented plan had a positive impact?”*** – If yes, the cycle should be continued, if not, the cycle should be repeated at the next level.

It is important that despite the involvement of external professionals, the school retains **‘ownership’** of the provision given to support the child, and continues to coordinate the response to the child through continuing ‘assess-plan-do-review’ cycles, with input from other professionals to shape appropriate adjustments, interventions and support.

#### **Important: Children in Crisis**

There may be isolated times where it is not appropriate or safe to follow the graduated approach, and a more immediate response is required.

Examples of this include:

- If a child informs you they have taken an overdose or made an attempt to end their life
- If a child informs you they have actual INTENT or a PLAN to end their life
- If a child appears to be in a highly distressed state due to experiencing altered perceptions, unusual or abnormal experiences such as hearing voices.

In these circumstances it would be appropriate to implement one of the following steps:

- If the child reports an overdose/severe self-harm and appears physically unwell then an ambulance should be called and parents/carers informed.
- If the child reports any intent/plan to end their life a telephone consultation should be initiated with Health Young Minds and parents/carers informed before the child leaves school.
- If there is **any** uncertainty about the risk to a child or young person's mental health or safety, please contact the duty worker at Healthy Young Minds Oldham for a consultation.  
T: 0161 770 7777

If there are safeguarding concerns, the usual Safeguarding procedure will be followed