

# **Wrawby St Mary's CE Primary School**



# **Mental Health and Emotional Wellbeing Policy**

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## **Vision**

*At Wrawby St. Mary's Primary School, we strive for a full life in mind, body, heart and spirit to plan, prosper and give hope and a future to all. We believe in a journey of education enabling every child to feel love, challenge and excitement as they access skills to build future pioneers and leaders. Our school is a beacon of hope and sign of the kingdom.*

As a caring Christian community built on compassion, trust and friendship, our work and vision is based on the core values stated above alongside the additional values of love, peace, kindness, forgiveness, perseverance and self-control. These values clearly state our firm belief in God overarched by the universal value of Hope and our school ethos, all of which is encapsulated in our full curriculum offer.

At Wrawby St Mary's Church of England Primary School we aim to promote positive mental health and emotional wellbeing for our whole school community (children, staff, parents and carers) and recognise how important mental health and emotional wellbeing is to our lives in just the same way as physical health. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils.

In addition to promoting positive mental health and wellbeing, we aim to recognise and respond to need as it arises. By developing and implementing practical, relevant and effective mental health and wellbeing policies and procedures we can promote a safe and stable environment for pupils affected both directly, and indirectly by mental health and wellbeing issues.

We recognise that children's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. All children go through ups and downs during their school life and some face significant life events. Around 1 in 10 children aged 5 to 16 have a diagnosable mental health need and these can have an enormous impact on quality of life, relationships and academic achievement. In many cases, it is life limiting.

### **1) Mental Health**

We use the World Health Organisation's definition of mental health and wellbeing

'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.'

At Wrawby St Mary's we promote the mental and physical health and emotional wellbeing of all its pupils. The physical, mental and emotional health benefits of exercise are well documented and the school actively encourages sport for all. At Wrawby St Mary's we adopt the Public Health England 5 ways of Wellbeing that are fundamental to good mental health and wellbeing:

1. connect with others
2. be physically active
3. keep learning new skills
4. give to others
5. take notice – capture what is around us e.g. the natural world.

The Department for Education (DfE) recognises that: 'In order to help their children succeed; schools have a role to play in supporting them to be resilient and mentally healthy.'

Schools can be a place for children and young people to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and

building resilience, which are critical in promoting children's wellbeing and can help engender a sense of belonging and community.

Our role in school is to ensure that children are able to manage times of change and stress, and that they are supported to reach their potential or access help when they need it. We also have a role to ensure that children learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues, and where they can go if they need help and support. When children are faced with a difficult challenge they will know they always have hope and optimism and they can tell themselves, **"I can make things happen."**

We recognise that as an educational setting we have a unique opportunity to play a key role in the development of resilience of pupils. In practice this includes:

- nurturing positive qualities e.g. empathy, optimism, forgiveness and provide opportunities for pupils to use them
- recognising and reinforcing qualities that are key to resilience
- avoid focusing on failure or negative behaviours
- teaching by example, whole-school approach consistently maintained by all staff together with any one-to-one support offers
- fostering feelings of competence and self-efficacy, so pupils believe in their ability to solve a problem, reach a goal, complete a task and achieve what they set out to do
- setting expectations for pupils that are realistic and achievable, ensuring they know and feel able to reach out for help when needed
- applying restorative practice techniques to give a structured opportunity to work through difficulties and encourage reflection and empathy.

Mental health and wellbeing is not just the absence of mental health problems. We want all children/young people to:

- feel confident in themselves
- be able to express a range of emotions appropriately
- be able to make and maintain positive relationships with others
- cope with the stresses of everyday life
- manage times of stress and be able to deal with change
- learn and achieve
- **know that they can make things happen.**

We take a whole-school approach to promoting positive mental health that aims to help children become more resilient, happy and successful and to prevent problems before they arise.

This encompasses seven aspects:

1. Creating an ethos, policies and behaviours that support mental health and resilience, and which everyone understands.
2. Helping children to develop social relationships; support each other and seek help when they need it.
3. Helping children to be resilient learners.
4. Teaching children social and emotional skills and an awareness of mental health.
5. Early identification of children who have mental health needs and planning support to meet their needs, including working with specialist services.
6. Effectively working with parents and carers.
7. Supporting and training staff to develop their skills and their own resilience.

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues. We therefore aim to create an open and positive culture that encourages discussion and understanding of these issues.

We believe that all staff have a responsibility to promote positive mental health, and to understand about protective and risk factors for mental health. Some children will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that children with mental health needs get early intervention and the support they need.

All staff understand about possible risk factors that might make some children more likely to experience problems, such as: physical long-term illness, having a parent who has a mental health problem, death and loss, including loss of friendships, family breakdown and bullying. They should also understand the factors that protect children from adversity, such as self-esteem, communication and problem-solving skills, a sense of worth and belonging and emotional literacy (*see appendix 1 on risk and protective factors*).

We recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals. Some children will need more intensive support at times, and there are a range of mental health professionals and organisations that provide support to children with mental health needs and their families.

Sources of relevant support include:

- senior Leadership Team, including a Designated Mental Health Lead
- our SENDCo who helps staff understand their responsibilities to children with special educational needs and disabilities (SEND), including children whose mental health problems mean they need special educational provision.
- With Me in Mind – NHS support for well-being in school

We believe the school has a key role in promoting children positive mental health and helping to prevent mental health problems. Our school has developed a range of strategies and approaches including:

- adapted the PSHRE curriculum to drive mental health, including physical wellbeing
- collective worship to support the wider curriculum for wellbeing
- transition programme to secondary schools
- worry box in school
- worry button on the website
- access to SMHL for pupils and parents
- With Me in Mind NHS children's mental health support team
- educational psychology support.

## **2) Teaching about mental health and emotional wellbeing**

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 PHRE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

Through our curriculum we teach the knowledge and social and emotional skills that will help children to be more resilient, understand about mental health and be less affected by the stigma of mental health problems.

### **Our approach:**

- provide a safe environment to enable children to express themselves and be listened to
- ensure the welfare and safety of children are paramount
- identify appropriate support for children based on their needs
- involve parents and carers when their child needs support
- involve children in the care and support they have
- monitor, review and evaluate the support with children and keep parents and carers updated
- provide a unique offer of one half-day per term devoted to wellbeing in family groups to tie in with Mental Health Awareness Day (October), Children's Mental Health Week (February) and World Meditation Day (May).

### **Pupils**

Where the Quality First Provision is not meeting a child's needs further support can be put in place by accessing the Targeted School Support within Tier 2. Where further specialist support is required, external support will be sought within Tier 3 and recommendations followed.

Tier 1 – Quality First Teaching – universal support for all

Tier 2 – Targeted School Support – e.g. support from SMHL

Tier 3 – External support – e.g. Educational Psychology

### **Staff**

Tier 1 – universal support for all staff

Tier 2 – Targeted School stakeholder Support – e.g. support from SMHL

Tier 3 – External support – e.g. With Me in Mind

### **Early Identification**

Our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible to prevent things getting worse. We do this in different ways including:

- staff report concerns about individual children to the relevant lead persons using CPOMS
- analysing behaviour, exclusions, visits to the medical room, attendance and welfare concerns
- worry box/worry button
- pupil progress review meetings termly
- open door policy for staff to raise concerns or seek advice from SMHL/ SLT
- gathering information from a previous school at transfer.
- parent consultation meetings
- enabling children to raise concerns to any member of staff.
- enabling parents and carers to raise concerns to any member of staff
- KS2 parents to organise independent meetings with healthcare professionals (With Me in Mind)

We want all staff to be confident in their knowledge of mental health and wellbeing and to be able to promote positive mental health and wellbeing, identify mental health needs early in children and know what to do and where to get help. Our Mental Health Lead is a member of the Senior Leadership Team. We have regular access to North Lincolnshire Mental Health Support Team (With Me in Mind). Staff have received training on the protective and risk factors (see Appendix 1), types of mental health needs and signs that might mean a pupil is experiencing mental health problems.

Any member of staff concerned about a pupil will take this seriously and talk to the SMHL/DDSL/SLT

These signs might include:

- isolation from friends and family and becoming socially withdrawn
- changes in activity or mood or eating/sleeping habits
- falling academic achievement
- talking or joking about self-harm or suicide
- expressing feelings of failure, uselessness or loss of hope

- secretive behaviour.
- an increase in lateness or absenteeism
- not wanting to do PE or get changed for PE
- wearing long sleeves in hot weather
- drugs or alcohol misuse
- physical signs of harm that are repeated or appear non-accidental
- repeated physical pain or nausea with no evident cause.

Staff are aware that mental health needs, such as anxiety, might appear as non-compliant, disruptive or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development.

If there is a concern that a pupil is in danger of immediate harm, then the school's child protection procedures are followed. If there is a medical emergency, then the school's procedures for medical emergencies are followed.

### **3) Individual Care Plans**

It is helpful to draw up an individual care plan for pupils causing concern or who receives a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents 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.

### **4) Promoting Mental Health**

We recognise the important role parents and carers have in promoting and supporting the mental health and wellbeing of their children, and in particular supporting children who do have mental health needs.

We ask parents to inform us of any mental health needs their child has and any issues that they think might have an impact on their child's mental health and wellbeing, based on a list of risk factors pertaining to the child or family (*see appendix 1*). It is very helpful if parents and carers can share information with the school so that we can better support their child from the outset. All information will be treated in confidence.

To support parents and carers:

- we provide information and websites on mental health on our website
- regularly share information and reports from professionals and information that parents/carers where relevant
- we outline through our RSE coverage when mental health is taught  
ca member of the Senior Leadership Team is available by appointment to discuss any concerns
- access to our Headteacher/DDSL is available throughout the school day via the office by making an appointment – where possible we will endeavour to see within the same day.

### **5) Parental involvement**

We are aware that parents and carers react in different ways to knowing their child has a mental health problem and we will be sensitive and supportive. We also aim to reassure by explaining that mental health problems are common, that the school has experience of working with similar issues and that help and advice are available.

When a concern has been raised, the school will:

- contact parents and carers and meet with them (in almost all cases, parents and carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as where child protection issues are identified)
- offer information to take away and places to seek further information
- be available for follow up calls
- make a record of the meeting
- agree clear next steps
- discuss how the parents and carers can support their child
- keep parents and carers up to date and fully informed of decisions about the support and interventions provided.

Parents and carers will always be informed if their child is at risk of danger and children may choose to tell their parents and carers themselves. We give children the option of informing their parents and carers about their mental health needs for themselves or of accompanying and supporting them to do so.

We make every effort to support parents and carers to access services where appropriate. Our primary concern is the children, and in the rare event that parents and carers are not accessing services we will seek advice from Children's Services. We also provide information for parents and carers to access support for their own mental health needs.

## **6) Signposting**

### **Working with all Parents**

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents, we will:

- highlight sources of information and support about common mental health issues on our school website
- ensure that all parents are aware of who to talk to if they have concerns about their own child or a friend of their child
- make our mental health policy easily accessible to parents via the website, copy available upon request at the school office
- share ideas about how parents can support positive mental health in their children through our regular sharing of information
- keep parents informed about the mental health topics their children are learning about within the curriculum and share ideas for extending and exploring this learning at home.

## **7) Children's involvement**

As part of our 'World of Work,' we have appointed a group of children as our Wellbeing Pioneers who will lead on whole school campaigns on health and wellbeing.

We seek pupil's views about our approach, curriculum and in promoting whole school mental health activities.

Feedback from children who have had support to help improve that support and the services they received will be recorded to assess the impact.

## **8) SEN/D**

Whilst not all children with mental health difficulties have Special Educational Needs/Disabilities (SEN/D), those experiencing persistent or serious difficulties do often meet the SEN threshold, which is where they have significantly greater difficulty in learning than the majority of their peers of the same age. Persistent mental health problems may lead to children having significantly greater difficulty in learning than the majority of those of the same age. In some cases, the child may benefit from being identified as having a SEN for SEMH.

### 9) **Confidentiality, Safeguarding and Child Protection**

We recognise how important it is that staff are calm, supportive and non-judgemental to children who disclose a concern about themselves or a friend. The emotional and physical safety of our children is paramount and staff listen rather than advise. Staff will refer to Child Protection procedures in line with the current Keeping Children Safe in Education statutory guidance.

Everyone involved will be clear about the boundaries of their legal and professional roles and responsibilities. Teachers will discuss confidentiality with pupils, making it clear that teachers cannot offer unconditional confidentiality. Pupils will be informed that if confidentiality has to be broken, due to safeguarding concerns, they will be informed first and then supported as appropriate. We will discuss with the pupil:

- who we are going to talk to
- what we are going to tell them
- why we need to tell them.

Staff make it clear to children that the concern will be shared with the Safeguarding Lead/Mental Health Lead/Deputy Designated Safeguarding Lead, in order to provide appropriate support to the pupil.

All disclosures should be recorded in writing on CPOMS using the Mental Health Category which allows us to monitor the concerns raised.

### 10) **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 in order to enable them to keep pupils safe.

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 pupils.

Wrawby St Mary's CE Primary is part of the Lincoln Anglican Academy Trust (LAAT) who are committed to ensuring all members of staff have a healthy balance of family, work, rest and leisure in their life. In addition, we strive to ensure staff do not feel unduly anxious, insecure or lacking in confidence in their working lives.

For this reason, we seek to create a culture where everyone in our school community is valued, listened to and encouraged. Our staff at all levels will have their doors open to any colleague or parent who has an undue anxiety or concern.

### 11) **Monitoring and Review**

The Headteacher/PSHRE Lead will monitor the effectiveness of this policy on a regular basis. The PHRE Lead will report to the Academy Committee on the effectiveness of the policy and, if necessary, makes recommendations for further improvements in consultation with the Headteacher/SMHL.

It is the responsibility of the Academy Committee to ensure that the school policy is administered fairly and consistently.

Appendix 1: DFE (2014, updated 2018) Mental Health and behaviour in schools: Risk and protective factors that are believed to be associated with mental health outcomes

	Risk factors	Protective factors
<b>In the child</b>	<ul style="list-style-type: none"> <li>• Genetic influences</li> <li>• Low IQ and learning disabilities</li> <li>• Specific development delay or neurodiversity</li> <li>• Communication difficulties</li> <li>• Difficult temperament</li> <li>• Physical illness</li> <li>• Academic failure</li> <li>• Low self-esteem</li> </ul>	<ul style="list-style-type: none"> <li>• Secure attachment experience</li> <li>• Outgoing temperament as an infant</li> <li>• Good communication skills, sociability</li> <li>• Being a planner and having a belief in control</li> <li>• Humour</li> <li>• A positive attitude</li> <li>• Experiences of success and achievement</li> <li>• Faith or spirituality</li> <li>• Capacity to reflect</li> </ul>

	Risk factors	Protective factors
<b>In the family</b>	<ul style="list-style-type: none"> <li>• Overt parental conflict including domestic violence</li> <li>• Family breakdown (including where children are taken into care or adopted)</li> <li>• Inconsistent or unclear discipline</li> <li>• Hostile and rejecting relationships</li> <li>• Failure to adapt to a child’s changing needs</li> <li>• Physical, sexual, emotional abuse, or neglect</li> <li>• Parental psychiatric illness</li> <li>• Parental criminality, alcoholism or personality disorder</li> <li>• Death and loss – including loss of friendship</li> <li>• Suicide within the family</li> </ul>	<ul style="list-style-type: none"> <li>• At least one good parent-child relationship (or one supportive adult)</li> <li>• Affection</li> <li>• Clear, consistent discipline</li> <li>• Support for education</li> <li>• Supportive long-term relationship or the absence of severe discord</li> </ul>

<p><b>In the school</b></p>	<ul style="list-style-type: none"> <li>• Bullying including online (cyber)</li> <li>• Discrimination</li> <li>• Breakdown in or lack of positive friendships</li> <li>• Deviant peer influences</li> <li>• Peer pressure</li> <li>• Peer on peer abuse</li> <li>• Poor pupil to teacher / school staff relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Clear policies on behaviour and bullying</li> <li>• Staff behaviour policy (also known as code of conduct)</li> <li>• ‘Open door’ policy for children to raise problems</li> <li>• A whole-school approach to promoting good mental health</li> <li>• Good pupil to teacher / school staff relationships</li> <li>• Positive classroom management</li> <li>• A sense of belonging</li> <li>• Positive peer influences</li> <li>• Positive friendships</li> <li>• Effective safeguarding and Child Protection policies.</li> <li>• An effective early help process</li> <li>• Understand their role in and be part of effective multi-agency working</li> <li>• Appropriate procedures to ensure staff are confident to raise concerns about policies and processes, and know they will be dealt with fairly and effectively</li> </ul>
	<p><b>Risk factors</b></p>	<p><b>Protective factors</b></p>
<p><b>In the community</b></p>	<ul style="list-style-type: none"> <li>• Socio-economic disadvantage</li> <li>• Homelessness</li> <li>• Disaster, accidents, war or other overwhelming events</li> <li>• Discrimination</li> <li>• Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation</li> <li>• Other significant life events</li> <li>• Suicidal thoughts</li> </ul>	<ul style="list-style-type: none"> <li>• Wider supportive network</li> <li>• Good housing</li> <li>• High standard of living</li> <li>• High morale school with positive policies for behaviour, attitudes and anti-bullying</li> <li>• Opportunities for valued social roles</li> <li>• Range of sport / leisure activities</li> </ul>