Stamfordham Primary School

Emotional Resilience, Wellbeing and Mental Health Policy

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Person responsible for the Policy:	L.Briddock & E.Charleton
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What is Mental Health?

The emotional wellbeing of children is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults.

Our Approach at Stamfordham

At Stamfordham, we aim to promote a supportive network for all children, families and staff by using both a whole school approach and specialised, targeted approaches supporting ALL pupils. We are promoting emotional resilience and positive mental health through every opportunity of school life but since COVID have proudly implemented our 'Friends Resilience' programme (linked to behaviour policy) to encourage practical, relevant and effective mental health strategies and actions we can use to promote a safe and stable environment for pupils.

Primary School has an important role to play in developing emotional resilience and positive mental health as well as acting as a source of support and information for both pupils, staff and families.

The Policy Aims to:

This policy is designed to help school staff and families to spot and support pupils and their families who are in need of help and to follow appropriate referral pathways and procedures. This policy should be read in conjunction with our Safeguarding and Child Protection policy, Behaviour Policy, Medical policy (in cases where a pupil's mental health overlaps with or is linked to a medical issue) SEND policy (where a pupil has an identified

special educational need) and PHSCE/E-Safety (where mental health is implemented into the curriculum).

Lead Members of Staff

All staff at Stamfordham Primary School have a responsibility to promote the emotional resilience, wellbeing and positive mental health of pupils, staff with a specific responsibility include:

- Lynsey Briddock - Designated Safeguarding Lead (DSL) & CPD Lead
- Emily Charleton - Senior Mental Health & Wellbeing Lead
- Lynsey Briddock - Lead for PSHCE/RSE
- Mrs Forsyth - Wellbeing in Wellies
- Dr Emma Black- Educational Psychologist
- Nell Gair- BeYou Contact

Emotional wellbeing provisions are regularly reviewed and improved through the School Development Plan. School Governors play an active role in setting the emotional wellbeing strategy, and are regularly informed about status and progress.

Any member of staff who is concerned about the mental health or wellbeing of a pupil or member of staff should speak to the Safeguarding Lead and/or Mental Health Lead in the first instance. If there is a fear that the pupil is in danger of immediate harm, then the normal safeguarding and child protection procedures should be followed with an immediate referral to the designated Safeguarding Lead. 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 CAMHS (Child and Adult Mental Health Service) or any other MH services, is appropriate, this will be led and managed by Lynsey Briddock the Designated Safeguarding Lead or Emily Charleton the Mental Health and Wellbeing lead.

Identifying Need & Monitoring Impact

There are a variety of tools that we use at Stamfordham as the basis for understanding and planning a response to pupils' emotional health and wellbeing needs.
We use the three houses screening throughout all key stages to help staff inform decisions and planning to target wellbeing needs. Through identifying needs we can support children through their individual needs e.g death of grandparent or we can support children as

school/class with any whole school worries e.g fire/war. These screening tools go on to inform each classes pyramid of need tool.
We record and monitor the impact of any support that is put in place through the pyramid of need scheme. Any children with an individual support is made a Pen Portrait and intervention is recorded and monitored through this.

Gathering annual pupil voices and pyramid of need enables us to understand needs, identify interventions, allocate resources and measure how responses change over time.

- the level of needs in our school
- the range of needs
- where resources could be allocated
- the effectiveness of interventions
- year-on-year progress of pupil wellbeing.

In Northumberland we use the THRIVE model:

Teaching Mental Health in School

Teaching pupils the skills and knowledge needed to keep themselves and others physically and mentally healthy is key to understanding mental health. These skills are taught throughout the curriculum. We ensure our lessons support the school's values and meet the needs of each class, teaching the children age appropriate ways to develop the skills, knowledge, language and confidence to know when to seek help and who they can speak to.

Stamfordham implemented the 'Friends Resilience' programme throughout COVID to support children's MH with return to school. Strategies were used throughout the pandemic and have since been incorporated into our Behaviour policy and linked into our PHSCE & RSE curriculum. Our curriculum alongside our PHSCE lessons ensure that we teach relevant and current mental health and emotional wellbeing issues in a safe and sensitive manner which helps and reduces stigma.

Stamfordham environment promotes a 'can do' attitude for children. We pride ourselves on our physical, social and emotional environment. We promote a mentally healthy environment through: -

- Promoting our school values and encouraging a sense of belonging Promoting pupil voice and opportunities to participate in decision-making Interactive wellbeing displays in each classroom.
- Celebrating academic and non-academic achievements
- Worry Monster to give children an opportunity to voice any worries they may have
- Providing opportunities to develop a sense of worth through taking responsibility for themselves and others
- Promoting equality- Reducing stigma of Mental Health by 'celebrating diversity and having a sense of cultural belonging'
- All children have opportunities and changes to the environment to support them.
- Creating an emotionally secure environment.
- Ensuring there are warm and emotionally available adults to create relationships with children based on trust and care.
- Providing a bank of skills and strategies for children to use for their own MHWB
- Providing quieter areas (Wellbeing Nook) within school for children to take time and support wellbeing.
- Providing opportunities to reflect

Relationships between staff and students, and between students, are critical in promoting wellbeing at Stamfordham and in helping to engender a sense of belonging. Emotional wellbeing is strongly embedded into the school ethos as students are actively encouraged

to form and maintain healthy relationships, and receive guidance on developing empathy and interpersonal skills.

Student Voice

Involving students in decisions that impact on them during Student Council meetings benefit the school's emotional health and wellbeing by helping them to feel part of the school and wider community and to have some control over their everyday.

At an individual level, benefits include helping students to gain belief in their own capabilities, including building their knowledge and skills to make healthy choices and developing their independence. Collectively, students benefit through having opportunities to influence decisions, to express their views and to develop strong social networks

Support Services

At Stamfordham we aim to ensure that staff, pupils and families are aware of sources of support within school and in the local community.

Organisations that families can access:

- Child Line
- Young Minds
- Contact a Family
- Family Lives
- Bernardo's
- Penumbra (Scotland)
- CALM (Campaign Against Living Miserably)
- PAPYRUS (Prevention of Young Suicide)
- Children and Young People's Mental Health Coalition (CYPMHC)

Professional help

School can access many professional help resources to support children and families. School Nurse, CAMHS (Child and Adult Mental Health Service), Behaviour Support teams and CYPS.

Confidentiality

A pupil may choose to disclose concerns about themselves or a friend to any member of staff. All staff know how to respond appropriately to a disclosure.

All disclosures should be recorded using the 'Record of Concern form' in writing and shared with the Mental Health Lead and Safeguarding Lead. An example of a Record of Concern form can be found in Appendix D.

This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made

- Details from the conversation
- Agreed next steps

Parent/Carer Support

At Stamfordham we have an open door policy where families can contact staff and SMHL for support.

Each term, Stamfordham SMHL holds a 'Time to Talk' evening, inviting parents to make an appointment in school to find support with any Mental Health & Wellbeing concerns they may have. Advice and support is given on the website if families feel they want to remain anonymous. Support networks and services which school use are names on the website along with activities to try at home.

Signs of Mental Health

School staff at Stamfordham or families/carers 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 our Designated child protection / safeguarding officer and/or our SMHL

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or 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
- 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

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 families with whom we will support.

Training

All staff at Stamfordham access annual training to increase their knowledge of emotional wellbeing and safeguarding child protection training to equip them to be able to recognise and respond to mental health issues. Staff have access to the MHWB drive as well as the CPD library in PPA room.

Staff at Stamfordham that work with children and young people receive training in children and young people's development and behaviours but are not expected to replace specialist services.

Staff Wellbeing

The Governing body recognises the importance of ensuring that all staff in school enjoy a reasonable balance between their working life and the demands of home, family and other interests and commitments. An acceptable work-life balance will be different for each employee and will be different at different times in careers. It is not in the interest of either the school or the individual member of staff to work to the detriment of their health. Excessive work without rest and recreation is not conducive to efficient or effective working. Staff well-being is important in maintaining a positive atmosphere in the workplace.

Actions Taken to Promote Wellbeing:

- Staff attendance is monitored on a regular basis with support offered and provided to staff where problems are being experienced.
- Staff are referred to Occupational Health to support them in returning to or remaining in work.
- KOOTH available for staff.
- Staff MHWB survey
- Parent's evenings timings have been changed in order to improve the working hours of staff.
- Decision making processes are communicated, understood and supported by staff
- There is a staff society which staff contribute towards for the benefit of staff e.g. sending flowers & wellbeing board in staffroom
- Appropriate facilities are available for staff to take breaks, socialise and relax with each other at relevant times of the day.
- The quality of staff facilities e.g. access to refreshments, seating, and toilet facilities
- There is INSET and other forms of training throughout the year to meet CPD needs

- The school uses a whole school calendar and an assessment, recording and reporting calendar to ensure that all staff are aware of forthcoming families evening/report timings etc. in order that they can plan their workload.
- Access to a counselling service is available to conduct one to one meetings with staff to listen to issues concerning staff well-being.
- There has been agreement with staff, such as scheduling emails.
- Signed up to the DFE Wellbeing Charter

Appendix B:

Further information and sources of support about common mental health issues

Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support
SelfHarm.co.uk: www.selfharm.co.uk
National Self-Harm Network: www.nshn.co.uk

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support
Anxiety UK: www.anxietyuk.org.uk

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support
OCD UK: www.ocduk.org/ocd

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Online support

Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

Eating Disorders

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support

Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eatingdifficultiesin-younger-children

Appendix C: Talking to children when they make mental health disclosures

Focus on listening

Letting children 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

The pupil 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.

Don't pretend to understand

You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer.

Don't be afraid to make eye contact

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 pupil may interpret this as you staring at them.

Offer support

Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the pupil to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

If a pupil 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 pupil.

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

Despite the fact that a pupil 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.

Appendix D: Record of Concerns Form

Name of Child:		Class:	
Name of person completing this form:	Role:	Date of Concern:	Time of concern:
Nature of concern:	Emotional Physical Neglect Sexual Abuse Wellbeing Self-harm		

Detail of concerns: What you saw, what you heard, in the child’s words. Include brief, accurate details and who else was present. Was it 1st or 2nd hand information? Distinguish between fact and opinion.

For Completion by Designated Lead:

Date record received:	Time record received:	
Agreed actions with basis for decision	By whom	By when
Signature of Designated Lead:	Date of when actions are to be reviewed:	

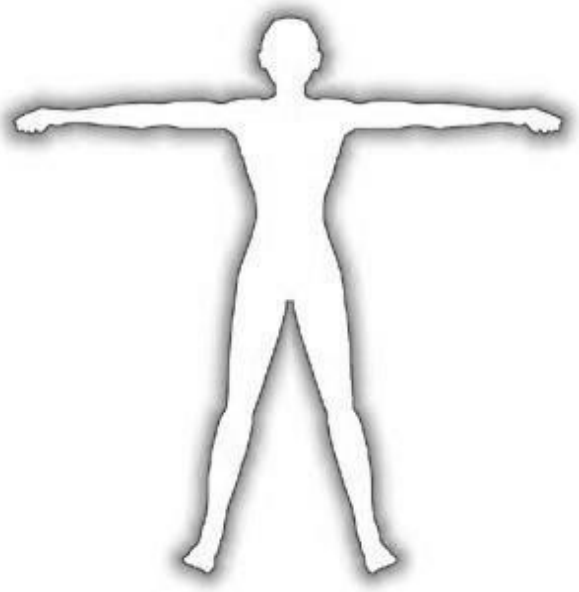
Agreed actions with basis for decision	By whom	By when

Signature of Designated Lead:	Date of when actions are to be reviewed:

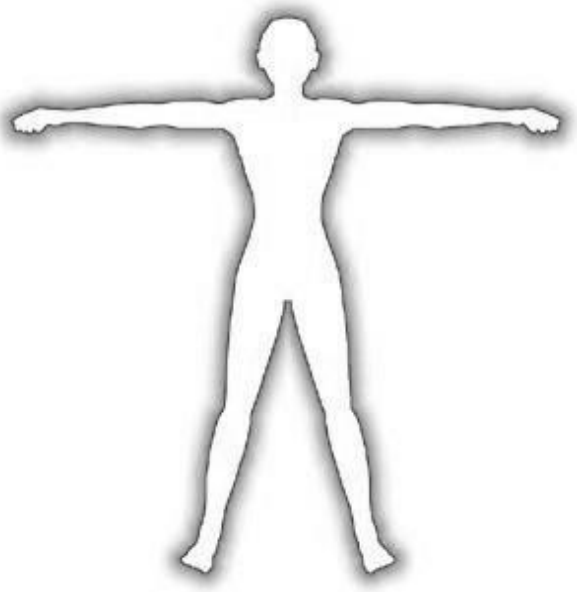
Remember when completing the body map to give an approx. sizes/dimensions of mark/injury

Sites of Injury

FRONT



BACK



Outcome of Concerns for Completion by Designated Lead:
