



Policy for Mental Health and Wellbeing

Approved by	Full Governing Body
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Headteacher	<i>George Jeffers</i>

Signed...Steve Dunn..... Role...CoG

Ownership: FGB

At Stockbridge Primary and Pre-School we aim to promote positive mental health and wellbeing for our whole school community; pupils, staff, parents and carers. We recognise how important mental health and wellbeing are to our lives in just the same way as physical health.

PART ONE: CHILDREN AND FAMILIES

Life can be tricky when you are trying to navigate the world around you. All children go through ups and downs during their time at school and some face significant life events that can impact on their mental health and wellbeing. The DfE recognises that: *'in order to help their pupils succeed; schools have a role to play in supporting them to be resilient and mentally healthy.'* At Stockbridge, we take this role seriously and recognise that a caring and nurturing environment, where every child is known by every member of staff, supports the children in developing self-esteem, provides them with positive experiences and helps them to build resilience.

The foundations of successful experiences are built upon well managed behaviour, positive interactions with others and a strong sense of self. This is the aim of this policy; to ensure all adults who work, volunteer or contribute to school in some sustained way, value building relationships with children that foster positive experiences and meet children's behaviours, however challenging, with a calmness and respect that all humans need.

By providing positive role models and promoting wellbeing we aim to foster a sense of belonging and community, where everyone is valued. Using our core value of resilience, we will support the children to reach their full potential. We aim to reduce the stigma around mental health, talk about it openly and ensure that every member of our community can access help and support when they need it.

Keeping Children Safe in Education (KCSIE) says that all staff should be aware of mental health as *'an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation'*. We see the children every day and are therefore able to observe any changes in that they may be experiencing as a result of a change in their mental health.

The Special Educational Needs and Disabilities Code of Practice identifies Social, Emotional and Mental Health as one of the four areas of Special Educational Need. We ensure that mental health is taken into account even if this is not the presenting need.

Policy aims

- a) Promote a culture of positive mental health and wellbeing to the whole school community
- b) Raise awareness around mental health issues and how we can support all members of the school community.
- c) Provide training and support for staff enabling them to identify mental health needs.
- d) Signpost where parents, carers, staff and pupils can get advice and support.

Lead members of staff

Whilst all staff have a responsibility to promote positive mental health, staff with a specific role include:

Designated Mental Health Lead: Evie Mobley-Down

Designated Safeguarding Lead: Emma Jefferies

Deputy Designated Safeguarding Leads: Kerry Evans and Beccy Dodman

Thrive Lead: Natalie Holdich

RPSHE Lead: Evie Mobley-Down

SENDCo – Beccy Dodman

Link Governor – Richie Holliday

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

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

Mental health and well-being is not just the absence of mental 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 cope with change
- Learn and achieve.

At Stockbridge our values already coincide with mentally healthy children. We aim for them to be resourceful, responsible, respectful, proud, collaborative and resilient. By teaching them these values, the children develop into well-rounded individuals who are ready to face the challenges life may throw their way.

Supporting positive mental health – What we already do.

Pupil led

- Campaigns and assemblies to raise awareness
- Peer Mentor Scheme at play times and lunch times

Transition support

- Home visits for Pre-School and Sprat & Winkle
- RPSHE units – changing me in Summer 2
- Transition meetings between teachers
- Key adults to visit new settings
- Contacting previous schools to ensure new starters are best supported
- Thrive sessions
- Transition guidance and timeline for all new starters.

Class activities

- Worry boxes
- Mindfulness and breathing techniques explicitly taught and used
- Thrive boxes
- Movement breaks
- Thrive board with strategies.

Whole school

- Every child is known
- Thrive approach to all that we do
- Adults know where to find support and resources
- Weekly Wellbeing Wednesday assemblies led by the Mental Health Lead
- Anna Freud *Mentally Healthy Schools* Resources
- Buddy system.
- Peer Mentors and Bronze Ambassadors.
- Parenting sessions with Lorraine Lee
- Attachment aware schools. Staff are being trained in this.

Teaching about mental health

As a school, we follow the Jigsaw curriculum for RPSHE and the skills, knowledge and understanding needed by our pupils to keep themselves mentally healthy and safe is embedded throughout this.

We purposefully plan in assemblies using our 'Wellbeing Wednesday' to highlight the importance of developing mental health strategies that we can use both in and out of school. During these moments, we are mindful of being positive role models to the children and share some strategies that we used ourselves to support our own mental health. This information is then shared with parents in the newsletter.

We talk to the children about the 5 ways to wellbeing as a way to frame their thinking and to create their own tool box for ways to help their own as well as each other's mental health and wellbeing.



We are also a Thrive school and take a whole school approach to teaching children about strategies to support their mental health. We use the Vital Relational Functions to support them with understanding the big emotions they are feeling in order to build a stronger, robust system of stress regulation and control which can then be drawn upon in future situations:

Attune	Be alert to their feelings, attune to their emotional state; Get down at their level, match their intensity, imitate safely	Be loud Be quiet or still Get at their level Fix your face
Validate	Agree with feelings, name them, validate their experience or perspective	"I can see why...." "I bet this is hard" "I think you might be feeling..."
Contain	Demonstrate you can catch their feelings and help digest them	Offer structure, a hug, sat between your knees,
Regulate	Soothe and calm them. Model how to do this.	Breathe in for 5 and out for 10 Stamp your feet in a purposeful place

Identifying needs and warning signs

We aim to identify mental health needs quickly so that support can be put in place.

- Whole school Thrive assessments. These are to be completed at the end of each 'big' term.
- Individual Thrive assessments for children highlighted
- Monitoring attendance and punctuality
- Monitoring our safeguarding entries on CPOMs

- Open door policy enabling parents and carers to share concerns
- Whole school wellbeing survey (to include children, staff and parents and carers)
- Home visits for Pre-School and Sprat & Winkle
- Weekly staff briefing to share concerns about individual children



We regularly map out the children who sit at each level of the funnel and review this frequently to check that the support we have in place is having an impact.

Tier 1	Tier 2	Tier 3	Tier 4
Universal mental health services provided in school e.g. Thrive approach.	<p>Mental health services provided by people who specialise in mental health e.g. counsellors, MH teams, music therapist.</p> <p>YoungMinds crisis messenger. Text YM to 85258</p> <p>The Mix 0808 808 4949</p> <p>Childline 0800 1111</p>	Specialist. CAMHs, Early intervention services, eating disorder services, gender identity services,	Inpatient. Highly specialised mental health services.

Referral Procedure

If a member of staff has a concern about a child or family member's mental health there is a clear procedure to follow. In the first instance, discuss concerns with a member of the core team. They will then use the Hampshire CAMHS Threshold guidance to make an informed decision on next steps. Find this in Appendix B.

Managing disclosures and confidentiality

Any disclosure made should follow the school safeguarding procedures and be reported to the DSLs. The DSLs will then act accordingly to ensure that all members of the community are supported. If a disclosure is made about a member of staff towards a child, then the Low Level Concerns Policy should be referred to in the first instance.

Working with parents and carers

When it is deemed necessary to share information with parents and carers, we need to be sensitive in our approach. We should always consider the following:

- Can the meeting happen face to face?
- Where should the meeting happen? (school, home, somewhere neutral)
- Who should be present? (parents, child, other members of staff)
- What are the aims of the meeting?

It can be shocking and upsetting for parents and carers to learn of their child's mental health issues and many may respond with anger, fear or upset during the first conversation. We aim to support both the children and parents through these emotions. We will highlight further sources of information, but be mindful not to overload them with information in this initial meeting. A follow-up meeting will always be arranged, as well as a way of contacting if they have any further questions as they process the information. Each meeting will finish with an agreement about the next steps.

If you are talking to someone who seems to be in crisis there are several things you can do:

- *With their permission you can phone a trusted friend or family member to come and support them.*
- *If they have had mental health problems before they may have been given a crisis line number to ring.*
- *Offer to ring 111 or the Samaritans with them.*
- *If you think that someone is having serious suicidal thoughts and is an imminent risk to themselves or others call 999.*

Signposting and communication

Sources of support will be signposted to staff, pupils and parents on the website, in the newsletter and through drop in sessions with the school Mental Health team. The Mental Health Lead will collate a bank of resources making it clear what help is available, who it is aimed at and how to access the support.

Staff will be mindful of all members of the community and sensitively signpost if they think it will support.

In order to support our community, we will:

- Highlight sources of information on our website
- Ensure all parents are aware of who to talk to and how to go about this if they have concerns
- Ensure our mental health policy is easily accessible to parents
- Share information through parent workshops
- Keep parents informed about mental health topics their children are learning about in RPSHE
- Where staffing allows, run drop in sessions on a Wednesday with a member of the mental health team in school.

- Raise awareness of mental health through fund raising events

Training

Staff receive whole school mental health and wellbeing training in addition to regular training about recognising and responding to mental health issues as part of their regular safeguarding training in order to keep the children safe.

We also deliver regular Thrive training in staff meetings and INSETs to ensure that our whole school approach is consistent amongst all members of staff.

Miss Mobley Down, as the Mental Health Lead in school will complete a more in-depth course to ensure that we are doing everything we can as a school to support all members of our community.

Ways we support parents and carers

- Lorraine Lee sessions offered
- Parent Questionnaires and Parent Forum to get their voices heard
- Open door culture
- Parents Evenings. Offered as a hybrid model. These can be in person or face-to-face depending on what suits the family best.
- Dojo as a way to view children's learning and message teachers.
- Financial support
 - o Price limit on school trips
 - o Payment plans for residential trips
 - o Food pantry visiting the school site
 - o Stockbridge Saver in the Newsletter
 - o Second hand uniform shop
 - o Shoes, coats, food vouchers and food parcels offered

Other relevant policies

- Behaviour policy
- Safeguarding policy
- Bullying

PART TWO: STAFF

In order to provide the best we can for the children in school, it is vital that the mental health and wellbeing of all members of staff is taken into consideration. Good staff wellbeing is essential for creating a culture for a mentally healthy school, for retaining and motivating staff and for promoting pupil wellbeing.

As school staff we have to spin a number of different plates at any given time. The demands placed on us are high and the multitude of tasks we have to balance are varied. Having a culture that supports positive mental health can improve performance and job satisfaction as well as reduce staff absence and turnover.

Statement of Intent

We recognise and value the importance of supporting all staff members with their mental health and wellbeing. This is as important as physical health. As a school, we are committed to fostering a culture of mutual respect, trust and fairness where everyone is treated with dignity. We understand that work related stress has a negative impact on wellbeing and needs to be addressed and revisited often.

We will promote a culture of positive mental health and wellbeing by:

- Creating a working environment where work related stressors are understood and mitigated as far as practicably possible.
- Increasing awareness of stress for both leaders and all other staff members.
- Developing an open and supportive community where individuals experiencing stress or other forms of mental ill-health feel they can talk to someone.
- Establishing working arrangements whereby staff feel they can maintain an appropriate work life balance.
- Encouraging staff to take responsibility for their own health and wellbeing.
- Communicating effectively with all stakeholders and in a timely manner.

Senior leaders will:

- Ensure there is good communication to the whole school team and provide opportunities for individuals to raise concerns.
- Ensure workload is distributed fairly among members of the team and ensure those delegated to have the skills necessary to deliver it.
- Regularly check in with staff. Praise them when it is due.
- Take action in the interests of all team members to manage the underperformance of any individual member of staff.
- Attend training in order to increase awareness and effects of work related stress.
- Create a section of the website with links to resources staff can use to support their own mental health and wellbeing.
- Carry out regular performance management and meetings.
- Review the policy regularly in line with feedback from staff questionnaires.
- Allow staff to be released for special events.

Staff will:

- Treat all colleagues with respect and consideration.
- Raise concerns with Senior Leadership team if they feel there are work issues causing them stress which are having a negative impact in their wellbeing.
- Take responsibility for supporting their own mental health and wellbeing as far as is practicably possible.
- Take responsibility for working effectively in their role, supporting others where appropriate.

What we do well:

- Hot spot the year to highlight the times we are under most pressure. We plan for this.
- Have limits on communication from parents. Emails to go to the school office and Dojo to have 'quiet hours' set.
- Report days. These can be taken at home.
- PPA protected. In house cover for this. This can be taken at home if the staff member prefers this.
- Teachers do one club for one term.
- Subject Leader release time.
- Regular CPD. We never say no to learning something new and having this time covered.

Directed hours

The teaching unions currently define this at a maximum of 1,265 hours per academic year, spread over 195 days. Teachers can be required to teach on 190 days, the maximum length of the pupil year. Teachers can be required to work a further 5 non-teaching days (INSET) to count towards this limit. Part-time teachers work the prorated equivalent according to the fraction of full-time pay they receive.

- One staff meeting a week to be finished by 5.15pm.
- Parent's Evenings to finish no later than 6:30pm. In these weeks, there will be no other meetings.
- 1 club a year. Booster groups need to be taken into account and should be at the discretion of the member of staff delivering them.
- Attendance at residential trips should be discussed with the members of staff. Their home responsibilities must be taken in to account. A member of staff can say no if it is unreasonable to ask them to attend. There must be an element of 'down time' offered away from the children during these residential trips.
- PPA is protected. PPA is a minimum of 10% of timetables teaching time. If this has to be changed, it is a last resort and a replacement session must always be planned in as soon as possible.
- No direction to work during your lunch break.
- There can be no expectation to work on any Saturday, Sunday or Public Holiday. Planning must be in place by the end of a Monday for the forthcoming week.
- For those with leadership and management responsibilities (including a TLR) , a reasonable amount of time should be allocated during school sessions to undertake this work. This is in addition to PPA.



Is staff wellbeing on your agenda?



There's never been a more important time to support school staff wellbeing. Here are ten ideas to support yours.

- 1 Have a mental health lead with responsibility for staff wellbeing
- 2 Include staff wellbeing in your mental health policy
- 3 Promote openness about mental health in your school
- 4 Offer supervision and encourage discussion groups
- 5 Signpost staff to supportive services
- 6 Look at simple ways to reduce workload
- 7 Provide reflective spaces for staff at times of stress
- 8 Set up a staff social group
- 9 Start an annual staff wellbeing survey
- 10 Put staff wellbeing on your next staff and governors' meeting agenda

Ten ways to support school staff wellbeing is free from the Anna Freud Website.
Download and discuss at your next staff meeting: annafreud.org/10ways

Supporting schools. Supporting staff. Supporting pupils.

APPENDIX B: Referral Procedure

Threshold Guidance				NHS Hampshire Child and Adolescent Mental Health Service
Presenting Difficulty	Getting Advice (pre CAMHS referral)	Getting Help	Getting Risk Support	Getting More Help
	Equivalent Children's Trust Threshold Level			
	Level 1 (Universal), Level 2 (Early Help)	Level 3 (targeted)	Level 4 (severe mental health disorders)	Level 4 (severe mental health disorders)
	<p>Anger outbursts</p> <p>Anxiety</p> <p>Beginning to isolate self from peers and activities</p> <p>Difficulties separating from caregiver</p> <p>Feeling Fed up</p> <p>Friend Issues (significant)</p> <p>Low Self Esteem</p> <p>Over activity</p> <p>Parental Anxiety</p> <p>Sleep Disturbance (difficulty getting to sleep or staying asleep)</p> <p>Superficial Self Harm</p>	<p>Complex Trauma</p> <p>Depressive Symptoms</p> <p>Eating Issues (change in weight/eating habits, negative body image, purging or binging)</p> <p>Hyperactivity (levels of over activity and impulsivity above what would be expected and present in all settings)</p> <p>Increased levels of self-harm</p> <p>Mood Disturbance</p> <p>Obsessive thoughts and/or compulsive behaviours (e.g. hand-washing, cleaning, checking)</p> <p>Severe Anxiety</p> <p>Some thoughts of ending life with no plan or intent.</p>	<p>Complex Trauma</p> <p>Delusional thoughts (grandiose thoughts, thinking they are someone else)</p> <p>Increased levels and risk associated with self-harming</p> <p>Psychotic symptoms (hearing and/or appearing to respond to voices, overly suspicious)</p> <p>Suicidal ideation with plan and intent</p> <p>Thoughts of harming others or actual harming/violent behaviours towards others and associated mental health disorder</p>	<p>Symptoms described in Getting Help and Getting Risk support which require specialist intervention</p> <p>Difficulties have been assessed and a care plan has been developed with the relevant CAMHS team.</p>
If any of the difficulties are present below, a referral to the Child and Adolescent Mental Health Service should not be considered as a first response. Consider referring to other agencies in the first instance. Therapeutic interventions are likely to be more clinically effective if the wider social context issues have been or are being addressed and supported.				
Context	<p>Bullying</p> <p>Housing and home environment</p> <p>Inconsistent care arrangements</p> <p>Inconsistent Parenting</p> <p>Parental Mental Health needs</p> <p>Poor parent/child relationship</p> <p>Poor response to emerging needs</p> <p>Risk of relationship breakdown</p> <p>School issues</p>	<p>Those areas identified in "Getting Advice" plus:</p> <p>Child in Care</p> <p>Child in Need</p> <p>Child with a diagnosed Learning Disability</p> <p>Persistent problems in all areas of school</p> <p>Reduced attendance at school</p> <p>Reduced access to positive social relationships and activities</p>	<p>Those identified in "Getting Help" plus:</p> <p>Family breakdown</p> <p>Increase in risky relationships</p> <p>Non-attendance at school</p> <p>Relationship breakdown</p> <p>Social isolation</p>	<p>Those identified in "Getting Risk Support".</p>
Severity	Consider the 4 D's (Disproportionate, Disruptive, Distressing, Duration)			
	Disproportionate	Disruptive	Disproportionate	Disproportionate
	<p>beyond that which is usual for a child's age and stage of development to family and child for short periods of time</p> <p>How long has the difficulty been present for?</p> <p>Symptoms are shown in some but not all environments</p>	<p>beyond that which is usual for a child's age and stage of development across all environments to young person and family and not reduced with interventions tried</p> <p>Has been present over a period of time and not responded to support and intervention offered</p> <p>Symptoms are present in all areas of life</p>	<p>beyond that which is usual for a child's age and stage of development across all environments to young person and family and not reduced with interventions tried</p> <p>Has been present over a period of time and not responded to support and intervention offered</p> <p>Symptoms are present in all areas of life plus:</p> <p>Increased risk of harm to self and/or to/from others</p> <p>Young person not able to engage in treatment</p> <p>Increased concern of the network around the young person</p>	<p>Those identified in "Getting Risk Support" and the young person and/or family has been assessed as being able to engage in direct therapeutic interventions.</p>
Accessing Help	Getting Advice	Getting Help	Getting Risk Support	Getting More Help
	<p>If the child is experiencing the above help can be sought from:</p> <p>Hampshire CAMHS Website - this website provides a variety of resources, self-help information and useful links: www.hampshirecamhs.nhs.uk</p> <p>Hampshire CAMHS Early Help provision - Support through CAMHS events such as Fit Fest and PACE (Parents and Carers Event) which offer workshops, information and training. The Hampshire CAMHS Website has further information.</p> <p>School - discuss the difficulties with your child's school. The School will be able to offer support with emotional difficulties. If the difficulty is concerning behaviour and learning the school may feel it is appropriate to involve behaviour support services.</p> <p>School Nurses - your child's teacher will be able to put you in touch with the school nurse.</p> <p>Barnardo's Specialist Parenting Service offers a variety of courses to help parents manage emotional and behavioural difficulties. http://www.barnardos.org.uk/hpsps.htm</p> <p>Youth Counselling - Hampshire Youth Access provides youth counselling around the county. www.hampshireyouthaccess.org.uk</p> <p>Some schools also offer youth counselling services through the school.</p> <p>Early Help Services - A range of early help services are available throughout Hampshire. More details on how to access these services are available at https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/familysupportservice</p> <p>Young Minds - this is a national website which provides a variety of resources, self-help information and useful links.</p> <p>MindED - this is a national website which provides free educational resources for families and professionals available at: https://www.minded.org.uk/</p>	<p>Unless there is an immediate need for the specialist mental health service to assess and intervene due to the level of risk identified, services identified in "Getting Advice" should be accessed in the first instance.</p> <p>Once this support has been accessed a period of watchful waiting should follow to allow the child/young person and family to consolidate the skills learnt. If following this there continues to be difficulties, refer to Hampshire CAMHS:</p> <p>www.hampshirecamhs.nhs.uk Tel 0300 304 0050 (for advice prior to referring)</p> <p>Pathways from referral</p> <ul style="list-style-type: none"> If risk is assessed as low and early help services have not been accessed then referrals will be signposted to these agencies Some cases may be signposted to appropriate groups run by Hampshire Youth Access and Early Help Hubs Telephone or face to face assessment in CAMHS followed by guided self-help and evidence based group intervention <p>Referrals can be made by any professional, the family or young person. The referral form must be completed in full. This referral will be used to assess the appropriateness of ongoing assessment and intervention by the specialist mental health service. Where the need for a specialist mental health service is not identified in the referral form, the referral will be signposted to other appropriate services. A copy of the referral form and the response letter will be sent to the referrer, and if different, the family and young person (where appropriate).</p>	<p>If there is an immediate need for the specialist mental health service to assess and intervene due to the level of risk identified, refer to CAMHS:</p> <p>www.hampshirecamhs.nhs.uk Tel 0300 304 0050 (for advice prior to referring)</p> <p>Pathways from referral</p> <p>Face to Face assessment, risk assessment, safety management plan and care plan agreed with young person and family.</p> <p>Residual risks may be best managed and monitored outside of the specialist mental health service, if the young person has been assessed as currently unable to engage in therapeutic interventions.</p>	<p>Case will be open to CAMHS.</p> <p>Assessment and agreed care plan in place.</p> <p>Interventions will be appropriate and evidence based for the young person's needs.</p> <p>Interventions include:</p> <ul style="list-style-type: none"> Group intervention through evidence based groups (see previous column) 1:1 evidence based intervention Input from multi-disciplinary team Consideration of support from the urgent assessment and home treatment team