# HOLDEN LANE PRIMARY SCHOOL



# Social, Emotional and Mental Health Policy

**Date: September 2023** 

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## Social, Emotional and Mental Health Policy Guidance

#### **Context – Why Teaching SEMH is Important**

At Holden Lane Primary School, we aim to promote positive mental health and wellbeing for our whole school community (children, staff, parents and carers), and we recognise how important mental health and emotional wellbeing is to our lives in just the same way as physical health.

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 career and some face significant life events. In 2018, about 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.

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.

For some, school will be a place of respite from difficult home lives and it will offer positive role models and relationships, 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. Our aim is to help develop the protective factors which build resilience to mental health problems and to be a school where:

- All children are valued
- Children have a sense of belonging and feel safe
- Children feel able to talk openly with trusted adults about their problems without feeling any stigma
- Positive mental health is promoted and valued
- Bullying is not tolerated

In addition to children's wellbeing, we recognise the importance of promoting staff mental health and wellbeing (see appendix 1).

#### Prevalence of Metal Health Problems

1 in 4 adults will experience a mental health problem each year and 1 in 10 children and young people will. In any classroom of 30 children who are 15 years old (from PHE 2015)

- 3 could have a mental disorder
- 10 are likely to have witnessed their parents separate
- 1 could have experienced the death of a parent
- 7 are likely to have been bullied
- 6 may be self-harming

According to the Guardian (December 2016) pressure on mental health services for children is increasing, with figures from NHS Digital showing that the number of under-18s attending A&E in England due to a mental health crisis has risen by more than half in the past five years. Those turning up as a result of psychiatric conditions such as psychosis more than doubled from 6,950 in 2010-11 to 14,917 in 2014-15, while those seeking treatment after harming themselves rose from 13,504 to 17,019 over the same period. Schools need to play a key role in addressing this.

<u>Disability and Mental Health</u>: children with learning disabilities are 6 times more likely to have mental health problems. Children with long-lasting physical disabilities are twice as likely to suffer emotional or behavioural issues. Issues may include: Diagnostic overshadowing, multiple diagnoses/co-morbidity.

<u>Learning Difficulties and Disabilities</u>: children with learning disabilities are six times more likely to have mental health problems than other children and more than 40% of families with learning disabled children feel they do not receive sufficient help from medical professionals, social workers or mental health services.

<u>Autistic Spectrum</u>: The National Autistic Society cites data showing that one in 100 children has autism, and that more than seven in ten children with autism have a comorbid mental health problem. They argue that many of these problems are preventable with the right support and that changes to the way that CAMHS are delivered can stop them from occurring.

<u>Chronic Physical Health Problems</u>: children with a long-lasting physical illness are twice as likely to suffer from emotional problems or disturbed behaviour. This is especially true of physical illnesses that involve the brain, such as epilepsy and cerebral palsy. 12% of young people live with a long-term condition (LTC) (Sawyer et al 2007).

Corbett (1979) showed in a study of children with severe learning disabilities aged 0–15 years in south-east London that 47% of the sample had some form of psychiatric disorder. Gillberg et al (1986), in a study of 13- to 17-year-olds in Sweden, demonstrated increased rates of autism, language and social impairment and psychosis in those with an IQ of less than 50.

#### **Development Process**

This policy was drafted by the Head of Pastoral care, SENCO and PHSE Lead. Teaching and non-teaching staff were consulted through whole school staff meetings and pupils were consulted through pupil voice sessions. Governors were consulted through the Teaching and Learning committee. This policy has been approved and adopted by the head teacher and governing body. The member of staff responsible for overseeing and reviewing this policy is: Sharon Reece it will be reviewed briefly annually and in full every 2 years, or in line with new legislation.

We are committed to the ongoing development of SEMH in our school. We will use the following indicators to monitor and evaluate progress:

- a coordinated and consistent approach to curriculum delivery has been adopted, with support from the Health & Wellbeing Service,
- the content of the SEMH curriculum is flexible and responsive to pupils' differing needs which are gathered at least annually through the use of pupil perception data such as the My Health My School Survey (Year 5 and Year 6)
- children are receiving an entitlement curriculum for SEMH in line with national and local guidance
- there are clearly identified learning objectives for all SEMH activities and pupils' learning is assessed using formative approaches
- opportunities for cross-curricular approaches are being used where appropriate
- the impact of training for staff and governors on practice is evaluated
- policy and practice is revised regularly and involves staff, governors, parents/carers and, where appropriate, pupils
- opportunities are provided for parents/carers and members of our community to consider the purpose and nature of our SEMH, for example, through parent/carer information sessions
- a variety of methods are employed to communicate the key points of the policy and curriculum to the community

In developing this policy we have taken account of:

- Promoting children and young people's emotional health and wellbeing, Public Health England 2021
- Guidance on Teaching about Mental Health and Emotional Wellbeing, PSHE Association 2019
- Mental Health and Well Being Provision in Schools, DfE 2018
- Supporting children with medical conditions, DfE 2014.
- Protective and Risk factors (adapted from Mental Health and Behaviour DfE March 2016)

#### **Location and Dissemination**

This policy document is freely available on request to the whole school community. The policy is referred to in the school prospectus as well as in relevant areas of the curriculum. A copy of the policy can be found on the school website. A physical copy of the policy is available from the school office or on the website.

#### **Relationship to Other Policies**

This policy links to:

- Anti-bullying
- Assessment, Recording and Reporting
- Attendance
- Behaviour
- Child Protection/Safeguarding Children (including FGM)
- Confidentiality
- · Continued Professional Development
- Equal Opportunities
- Online safety/Computing
- First Aid
- Health & Safety
- Monitoring and Evaluation
- PSHE
- Race Related Incidents
- Restorative Practice
- Science
- SEN/Inclusion
- SRE
- Teaching and Learning
- Visitors in School

#### The Definition of SEMH

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

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 other
- cope with the stresses of everyday life
- manage times of stress and be able to deal with change
- learn and achieve

'Social and Emotional Well-being' refers to a state of positive mental health and wellness. It involves a sense of optimism, confidence, happiness, clarity, vitality, self-worth, achievement, having a meaning and purpose, engagement, having supportive and satisfying relationships with others and understanding oneself, and responding effectively to one's own emotions

'Mental Health Problems' refers to the wide range of mental health, emotional and social challenges, difficulties, conditions and illnesses that can beset both pupils and staff, including stress and burnout, anxiety, depression, attachment difficulties and behavioural problems.

#### The Principles of High Quality SEMH in our School

- is a partnership between home and school
- ensures pupils' views are actively sought to influence lesson planning and teaching
- starts early and is relevant to pupils at each stage in their development and maturity
- includes the acquisition of knowledge, the development of life skills and respectful attitudes and values
- has sufficient time to cover a wide range of topics, based on the PHSE Association programme of study taught through the key PHSE Association schemes of work:

#### Relationships

- Family and Friendships
- Safe relationships
- Respecting ourselves and others

#### Living in the wider world.

- Belonging to the community
- Media Literacy and digital resilience
- Money and work.

#### Health and wellbeing

- Physical health and mental wellbeing
- Growing and changing
- Keeping Safe

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 is based on the Curriculum PSHE Association programme of study and encompasses the following key 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.

#### **Overall School Aims for SEMH**

Our approach to SEMH consists of a comprehensive and developmental programme of teaching and learning, which is delivered in the context of the PHSE Curriculum, where the social, emotional and mental health and wellbeing of pupils and the whole school community are actively promoted. Our SEMH curriculum has a positive influence on the ethos, learning and relationships throughout the school. It is central to our values and to achieving our school's stated aims and objectives. Our SEMH programme helps pupils to develop the knowledge, understanding, skills and attitudes they need to live confident, healthy, independent lives now and in the future.

#### To Whom the Policy Applies

The policy applies to:

- The head teacher
- All school staff
- The governing body
- Pupils
- Parents/carers
- School nurse and other health professionals
- Partner agencies working in or with the school
- Religious leaders/faith groups

# 9. Staff Roles and Responsibilities, including those with Specific Responsibility

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 will teach a spiral SEMH curriculum, following the PSHE lesson plans to meet the identified learning objectives. These will be taught weekly.

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).

Our Head of Pastoral Care and PSHE Lead for Social, Emotional & Mental Health Needs:

- Leads and works with other staff to coordinate whole school activities to promote positive mental health and wellbeing
- Leads on PSHE professional development for staff about mental health and is responsible for building and maintaining he school SEMH webpage:
- Provides advice and support to staff and organises training and updates
- Works with the safeguarding team to be the first point of contact with mental health services, and makes individual referrals to them.

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:

- Our own Senior Leadership Team
- Our Head of Pastoral care leader
- Our Safeguarding/Child Protection Leads
- Our Phase Leaders
- School support staff employed to manage mental health needs of particular children
- 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.
- Our School Nurse
- Learning Mentor

#### **Supporting Children's Positive Mental Health**

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 using the PSHE Curriculum (see appendix 4):

#### Pupil-led activities

- Whole school assemblies to raise the awareness of mental health
- Peer mediation and Peer mentoring through the use of RP Reps children working together to solve problems and planned sessions where identified adults mentor a designated child
- Peer mediators— a lunchtime group supporting younger/ lonely/ upset children at lunchtimes and break times.

#### Transition programmes

•Transition Programme to secondary schools which includes all Year 6 children having taster days to support a smooth transition to secondary school

#### Class activities

- 'Rainbow slips- a mechanism where children can be praised for certain duties, tasks or things they have done and have them celebrated in phase assembly
- Wellbeing Mentors- a similar mechanism where children can anonymously share worries or concerns in class, all of which will be answered by the class teacher
- Mental health teaching programmes- PSHE lessons
- Circle times

#### Whole school

- Termly Mental Health Drop-In Sessions- Inclusion Lead for Social, Emotional & Mental Health Needs runs sessions for parents and carers to talk about mental health issues and do ongoing promotion
- October 10<sup>th</sup>- World Mental Health Day celebrated as a whole schoolassembly, followed by class activities
- Displays and information around the School about positive mental health and where to go for help and support
- Anti-Bullying week- whole school participates in the national campaign through dressing up and attending a whole school assembly
- Nurture groups run by Head of Pastoral Care, learning mentors or SENCO.

- Children's Mental Health celebrated as a whole school- assembly, followed by class activities
- Young Minds Day
- International Day of Happiness celebrated in whole school assembly and children are encouraged to carry out random acts of kindness
- Participation in Autism Awareness Week (led by SENDCO)
- Dyslexia Support- led by SENDCO

Through PSHE 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.

#### Identifying, Referring and Supporting Children with Mental Health Needs

#### 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.

#### **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:

- SDQ (Social Difficulty Questionnaires)
- Analysing behaviour, exclusions, visits for First Aid, attendance and sanctions.
- Using Boxall Profiles to identify children who need support
- Staff report concerns about individual children to the relevant lead persons.
- Pupil Progress Review meetings termly
- Regular meetings for staff to raise concerns.
- Family Outreach worker visits to home
- Gathering information from a previous school at transfer.
- Parental meetings in EYFS and home visits.
- Enabling children to raise concerns to any member of staff.
- Enabling parents and carers to raise concerns to any member of staff.

All staff at Holden Lane Primary School have had training on the protective and risk factors (see Appendix 1), types of mental health needs (see Appendix 2) 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 Head of Pastoral Care Lead or the SENCO.

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.

#### **Disclosures by Children and Confidentiality**

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 give advice.

Staff make it clear to children that the concern will be shared with the Mental Health Lead or the Safeguarding Lead and will be recorded, in order to provide appropriate support to the pupil. All disclosures are recorded and held on the pupil's confidential file, including date, name of pupil and member of staff to whom they disclosed, summary of the disclosure and next steps.

#### Assessment, Interventions and Support

All concerns are reported to the Head of Pastoral Care, SENCO and/or to the Head Teacher and are recorded. We then implement our assessment system, which is based on levels of need to ensure that children get the support they need, either from within the School or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating.

Need	Evidence-based Intervention and Support	Monitoring
The level of need is based on discussions at the regular Inclusion meetings/panel with key members of staff and involves parents and children	The kinds of intervention and support provided will be decided in consultation with key members of staff, parents and children For example	
Highest need	CAMHS-assessment, 1:1 or family support or treatment, consultation with school staff and other agencies Other External agency support Other interventions e.g. art therapy. If the school, professionals and/or parents conclude that a statutory Education, Health and Care Assessment is required, we refer to the SEND policy and SEN School Information Report.	All children needing targeted individualised support will have an Individual Care Plan drawn up setting out  The needs of the children  How the pupil will be supported  Actions to provide that support  Any special requirements  Children and
Some need	Access to in school nurture group, family support worker, school nurse, art therapy, play therapy, educational psychologist, 1:1 intervention, small group intervention, skills for life/wellbeing programmes, circle of friends.	parents/carers will be involved in the plan. The plan and interventions are monitored, reviewed and evaluated to assess the impact e.g. through a pre and post SDQ and if needed a different kind of support can be provided. The Care Plan is overseen by the Head of Pastoral Care Lead.
Low need	General support E.g. School teacher/TA,	ol Nurse drop in, class

Children are informed that the Inclusion Lead for Social, Emotional & Mental Health Needs is available when a pupil is dissatisfied with the level of care and support.

## Support for friends

We recognise that when a pupil is experiencing mental health problems it can be challenging for their friends, who often want to help them but are not sure the best thing to do and can also be emotionally affected. In the case of eating disorders and self-harm, it is possible that friends may learn unhealthy coping strategies from each

other, and we will consider on a case by case basis what support might be appropriate, including one to one and group support.

We will involve the pupil who is suffering and their parents/carers and consider what is helpful for friends to know and what they should not be told, how they can best support, things they should avoid doing/saying which may inadvertently cause upset and warning signs that their friend needs help.

We will also make information available about where and how to access information and support for themselves and healthy ways of coping with the difficult emotions they may be feeling.

# Working with Specialist Services to get swift access to the Right Specialist Support and Treatment

In some case a pupil's mental health needs require support from a specialist service. These might include anxiety, depression, self-harm and eating disorders. We have access to a range of specialist services and during the support will have regular contact with the service to review the support and consider next steps, as part of monitoring the children's Individual Care Plan.

School referrals to a specialist service will be made by the Mental Health Lead or the SENDCO following the assessment process and in consultation with the pupil and his/her parents and carers. Referrals will only go ahead with the consent of the pupil and parent/carer and when it is the most appropriate support for the pupil's specific needs.

Main Specialist Service	Referral process
Child and Adolescent Mental Health Service (CAMHS)	Accessed through school, GP or self-referral
Educational Psychologist Consultation	Accessed through the SENCO
Inclusion Services-Stoke-on-Trent	Accessed through the SENDCO

SEND and 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 special educational need or disability (SEND).

#### **Involving Parents and Carers in 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 organise a range of activities such and workshops via the Children's Centre,
   which focus on ways to actively build children's self-esteem and confidence
- We provide information and websites on mental health issues and local
  wellbeing and parenting programmes and have produced leaflets for parents on
  mental health and resilience, which can be accessed on the School website. The
  information includes who parents can talk to if they have concerns about their
  own child or a friend of their child and where parents can access support for
  themselves. We include the mental health topics that are taught in both the
  PSHE and SEMH curriculum sections, on the School website

#### https://www.holdenlane-pri.stoke.sch.uk/our-curriculum/phse/

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 a Mental Health Individual Care Plan including clear next steps, where needed
- 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 the Local Authority. We also provide information for parents and carers to access support for their own mental health needs

#### Language

Slang or everyday terms used in certain social circles will be discussed; this will surround discussion about what is and isn't acceptable language to use. Acceptable and agreed language will be shared with parents/carers before it is delivered in class as an appendix to this policy (see appendix 3).

#### **Answering questions**

We acknowledge that sensitive and potentially difficult issues will arise in SEMH as pupils will naturally share information and ask questions. When spontaneous discussion arises, it is guided in a way that reflects the stated school aims and curriculum content for SEMH. As a first principle, we answer questions relating to taught, planned curriculum for that age group to the whole class. We answer questions relating to areas beyond the taught, planned curriculum for that age group, in a sensitive and age appropriate way, only to the pupil or pupils who have asked the question. If a member of staff is uncertain about the answer to a question, or indeed whether they should answer it, they will seek guidance from the PSHE leader/ Child Protection Officer. Questions may be referred to parents/carers if it is not appropriate to answer them in school.

When answering questions, we ensure that sharing personal information by adults, pupils or their families is discouraged. Where a question or comment from a pupil in the classroom indicates the possibilities of abuse or risk of harm, teachers will pass this information to the designated person for safeguarding and child protection, in line with school policy and procedures.

Staff training will include sessions on how to deal with difficult questions. Agreed phrases, where appropriate, will be used in response to difficult questions and these have been created by all staff.

#### Staff Wellbeing

The wellbeing of staff at Holden Lane Primary School is paramount to maintaining a successful and forward thinking school. The welfare of students is fundamental to all school policies and procedures which are underpinned by moral and ethical values. It is our belief that the best asset in school for students are staff who are happy, motivated and focused. Holden Lane Primary School recognises that staff are their most important resource and are to be valued, supported and encouraged to develop personally and professionally. The school believes that staff wellbeing support programmes need to be personalised and bespoke to meet the specific needs of staff. How staff feel on an everyday basis is likely to affect their performance and therefore impact on the ethos and atmosphere of the school which in turn affects students. If staff are happy, motivated and are purposeful in their approach this will have a huge positive impact on the wellbeing of students resulting in happier students who achieve more.

The purpose of this policy is to provide a document that embraces the many school practices that support staff health and wellbeing. Where possible to diminish the harm from stress a proactive approach should be implemented where wellbeing support programmes are used to stop the effects of stress from escalating into ongoing anxiety issues. Whilst the school will do everything to support staff in ensuring their wellbeing needs are met, ultimately staff need to take responsibility to work through issues of concern with a view to reaching a resolution.

#### **Guidelines for Implementation**

The Senior Leadership Team and Governing Body will:

- Be open and ethical in their approach to ensure that staff are listened to and treated with the utmost respect.
- Work towards a school ethos where all staff are valued and where respect, empathy and honesty are the cornerstones of all school relationships.
- Provide personal and professional development programmes that meet the specific needs of staff and at the same time fulfil school priorities.
- Provide a range of strategies for involving staff in school decision making processes.
- Operate sensitive Performance Management linked to clear job specifications and school priorities.
- Provide professional support for the Senior Leadership Team to assist coaching supervision and to update their skills in supporting staff wellbeing.
- Provide non-judgemental and confidential care procedures through, for instance, providing bespoke holistic support programmes for staff
- Promote information about accessing appropriate support both within the school and externally.
- Ensure that, as part of the risk assessment processes and Health and Safety procedures, staff are kept safe from harm.
- Provide staff with appropriate training programmes, to deal safely, positively and with a sense of confidence with behaviour incidents that could lead to raised anxiety levels.
- Constantly review the demands on teachers and support staff, e.g. the time spent on paperwork, and strive towards seeking out alternative solutions wherever possible through having open communication channels with staff
- Respond sensitively and flexibly to external pressures that impact on staff lives and offer support whilst at the same time ensuring the efficient running of the school.

In addition to supporting the wellbeing of staff in school, the school will maintain contact with staff when they are absent for long periods in line with Local Authority policy. The school will use the following to assess the impact of the staff wellbeing policy:

- Leadership philosophy is evident and a positive role model ethos is prevalent at all levels of leadership.
- School development priorities involve staff and are clearly understood.
- A values driven culture is evident and fully supported by the whole school community
- The autonomy of staff is apparent throughout the school and impact on decision making processes
- The aspirations of staff are fully realised through CPD and in turn this supports change and progress as set out in the School Improvement Plan.
- Opportunities are provided for all staff to reflect and voice their view in arenas they feel comfortable with.
- New staff are supported with an appropriate level of induction in line with school policy.
- An open listening management system that responds quickly to problems.
- The quality of staff facilities, resources and accommodation e.g. a welcoming, well-resourced and tidy staff room and the provision of water machines
- A whole school culture of praise and encouragement is evident where success if celebrated and mistakes are viewed as learning opportunities
- Individuality, innovation, imagination, originality of thought and creativity are welcomed, supported and embedded in the culture of the school
- The quality of the school grounds providing the school community with a connection with nature.
- The supportive and robust monitoring of staff absences, staff/pupil/parent relationships and the recruitment and retention of staff.

#### Staff workload: the work life/fulfilment balance

The staff at Holden Lane Primary School are all dedicated and committed individuals who work hard, at times in challenging situations, to ensure the very best care and learning outcomes for all students. The school is aware of the time and energy required to support students and for the wellbeing of staff and for students the importance of staff taking breaks according to their job roles. Everyone is aware of the tremendous workload involved in running an outstanding school and therefore the senior and middle leadership teams will overview the delegation of duties to ensure that there is a fair workload for all staff. Should a member of staff feel that their workload is becoming or has become unmanageable they should discuss this matter with a member of the Senior Leadership Team.

Studies indicate that being in work is generally good for the health of an individual. In addition to financial reward, work provides increased self-esteem, companionship, purpose and status. It is therefore imperative that the school support a healthy work life/fulfilment philosophy to ensure efficiency and the best outcomes for both staff and students alike. External support is available to help staff deal with personal problems and issues that may impact their work performance, health and wellbeing through the SAS Service available on 01773 814403, <a href="mailto:nurse@uk-sas.co.uk">nurse@uk-sas.co.uk</a>, school advice.co.uk.

# Appendix 1

Protective and Risk factors (adapted from Mental Health and Behaviour DfE March 2016)

	Risk Factors	Protective Factors		
In the child	<ul> <li>Genetic influences</li> <li>Specific development delay</li> <li>Communication difficulties</li> <li>Physical illness</li> <li>Academic failure</li> <li>Low self-esteem</li> <li>SEND</li> </ul>	<ul> <li>Being female (in younger children)</li> <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>Problem solving skills and a positive attitude</li> <li>Experiences of success and achievement</li> <li>Faith or spirituality</li> <li>Capacity to reflect</li> </ul>		
In the Family	<ul> <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> </ul>	<ul> <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>		

In the Cabaal	D. II.	01 1: :
In the School	Bullying	Clear policies on
	<ul> <li>Discrimination</li> </ul>	behaviour and bullying
	<ul> <li>Breakdown in or lack of</li> </ul>	<ul> <li>'Open door' policy for</li> </ul>
	positive friendships	children to raise
	<ul> <li>Negative peer influences</li> </ul>	problems
	Peer pressure	A whole-school
	<ul> <li>Poor pupil and teacher</li> </ul>	approach to promoting
	relationships	good mental health
	'	Positive classroom
		management
		A sense of belonging
		Positive peer
		influence
In the	Socio-economic	Wider supportive
Community	disadvantage	network
	<ul> <li>Homelessness</li> </ul>	<ul> <li>Good housing</li> </ul>
	<ul> <li>Disaster, accidents, war or</li> </ul>	High standard of living
	other overwhelming events	High morale school with
	Discrimination	positive policies for
	Other significant life events	behaviour, attitudes and
		anti-bullying
		Opportunities for valued
		social roles
		Range of sport/leisure
		activities

#### Appendix 2

Specific mental health needs most commonly seen in school-aged children

For information see Annex C Main Types of Mental Health Needs Mental Health and Behaviour in School DfE March 2016

https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2

Annex C includes definitions, signs and symptoms and suggested interventions for

- Anxiety (including panic attacks, phobias and Obsessive Compulsive Disorder OCD)
- Depression
- Eating Disorders
- Substance Misuse
- Self-Harm

#### **GLOSSARY OF TERMS:**

#### **Mental Health**

An umbrella term embracing concepts of mental well-being, mental health problems, mental disorder and mental illness.

#### **Mental Well-being**

The positive capacities and qualities that enable young people to deal with the ups and downs of life.

#### **Mental Health Problems**

Broad range of emotional and behavioural difficulties that may cause concern to parents and carers and/or distress to the young person. Can be short or long term and will disrupt the child or young person's life even though they may not be diagnosable as a mental disorder.

#### **Mental Illness**

Problems that meet ICD-10, an internationally recognised classification system for mental and behavioural disorders. Associated with considerable distress and substantial interference in young person's daily life

#### **Mental Disorder**

Refers to the most severe types of mental disorder

(Taken from NCB's 'A whole school framework for emotional well-being and mental health- A self-assessment and improvement tool for school leaders 2016')

# Appendix 4

2021/22	Autumn Term: Relationships		Spring Term: Living in the wider world			Summer Term: Health and wellbeing			
•	Families and friendships	Safe relationships	Respecting ourselves and others	Belonging to a community	Media literacy and digital resilience	Money and work	Physical health and mental wellbeing	Growing and changing	Keeping safe
Year 1	Roles of different people; families; feeling cared for	Recognising privacy; seeking permission	How behaviour affects others; being polite and respectful	What rules are; caring for others' needs; looking after the environment	Using the internet and digital devices; communicating online	Strengths and interests; jobs in the community	Keeping healthy; food and exercise, hygiene routines; sun safety	Recognising what makes them unique and special; feelings; managing when things go wrong	How rules and age restrictions help us; keeping safe online
Year 2	Making friends; feeling lonely and getting help	Managing secrets; resisting pressure and getting help	Recognising things in common and differences; playing and working cooperatively; sharing opinions	Belonging to a group; roles and responsibilities ; being the same and different in the community	The internet in everyday life; online content and information	What money is; needs and wants; looking after money	Why sleep is important; medicines and keeping healthy; keeping teeth healthy; managing feelings and asking for help	Growing older; naming body parts; moving class or year	Safety in different environments; risk and safety at home; emergencies
Year 3	What makes a family; features of family life	Personal boundaries; safely responding to others; the impact of hurtful behaviour	Recognising respectful behaviour; the importance of self-respect; courtesy and being polite	The value of rules and laws, rights, freedoms and responsibilities	How the internet is used; assessing information online	Different jobs and skills; job stereotypes; setting personal goals	Health choices and habits; what affects feelings; expressing feelings	Personal strengths and achievements; managing and reframing setbacks	Risks and hazards; safety in the local environment and unfamiliar places

Year 4	Positive friendships, including online	Responding to hurtful behaviour; managing confidentiality; recognising risks online	Respecting differences and similarities; discussing difference sensitively.	What makes a community; shared responsibilities	How data is shared and used	Making decisions about money; using and keeping money safe	Maintaining a balanced lifestyle; oral hygiene and dental care	Physical and emotional changes in puberty; external genitalia; personal hygiene routines; support with puberty	Medicines and household products; drugs common to everyday life
Year 5	Managing friendships and peer influence	Physical contact and feeling safe	Responding respectfully to a wide range of people; recognising prejudice and discrimination	Protecting the environment; compassion towards others	How information online is targeted; different media types, their role and impact	Identifying job interests and aspirations; what influences career choices; workplace stereotypes	Healthy sleep habits; sun safety; medicines, vaccinations, immunisations and allergies	Personal identity; recognising individuality and different qualities; mental wellbeing	Keeping safe in different situations, including responding in emergencies, first aid and FGM
Year 6	Attraction to others; romantic relationships; civil partnership and marriage	Recognising and managing pressure; consent in different situations	Expressing opinions and respecting other points of view, including discussing topical issues	Valuing diversity; challenging discrimination and stereotypes	Evaluating media sources; sharing things online	Influences and attitudes to money; money and financial risks	What affects mental health and ways to take care of it; managing change, loss and bereavement; managing time online	Human reproduction and birth, increasing independence; managing transition	Keeping personal information safe; regulations and choices; drug use and the law; drug use and the media

## Appendix 5

#### <u>Autumn 2021</u>

Intervention	Frequency	Year groups	Children
Universal			
Dot com	Weekly	Whole school	All
PSHE Association	Weekly	1 to 5	All
Anti bullying Week	Once a year	Whole school	All
Mental Health Week	Once a year	Whole school	All
E safety	Once a year	Whole school	All
Anti- Racism Week	Once a year	Whole school	All
Targeted			
Talk about programme	3 x 10m	6	RF, CB, EH
Emotional coaching	Daily	4,5,6	RF, EH, CB, CB
Starving the Anxiety Gremlin	3 x 10m	4	СВ
Starving the Anger Gremlin	3 x 10m	3	СВ
Volcano in my Tummy	5 x 10m	4,6	CB, RF, RH
Books on social issues	Daily	1, 4	SF, CB
Escalation curve	3 x 10m	6	RF
EP		4,6	EH, CB
SEND SEMH Service		1,6	SF, RF
Comic Strip Conversations	5 x 5m	4,5,6	CB, EH, RF
Cool Connections Cognitive	3 x 15m	6	CB, RF, SF
Behavioural Therapy			
Meet and Greet	5 x 5m	1,2,3,4,5,6	CB, NM, EH, RF, SF, HG, CB, JK
Prevent Team	Weekly	4,5,6	Whole class

Higher level needs			
Counselling CAH MS Changes and wellbeing Mind Direct work Dove services Savannah NSPCC CATCH 22 MACCA	Support available when pupil/ pupils have been identified	Available for all pupils and year groups when identified	Whole class / Small group work/one to ones