Cliftonville Primary and Pre- School

Independence Safe and Settled Resilience Respect Aspiration Learning Community

OUR MISSION

As an outstanding school we will inspire children to achieve more than they ever believed possible

OUR VISION

That every member of our school community is challenged and supported to be the very best they can be
That through our high-quality learning experiences & curriculum we will improve the life-chances of our children
That we educate the whole child so they can thrive in a changing world

Mental health and Wellbeing policy

Policy Statement

At Cliftonville Primary and Pre-school it is our vision that all children are entitled to develop to their fullest potential academically, socially and emotionally. We aim to enable each child to grow in confidence and be able to fully participate in everything that goes on in schools and the wider community. It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning, as well as their physical and social health and their mental wellbeing in adulthood. The department for Education recognises that, 'in order to help their pupils succeed: schools have a role to play in supporting them to be resilient and mentally healthy.'

"Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." (World Health Organization 2014)

At our school, we aim to promote positive mental health for every child, parent / carer and staff. We pursue this aim using both whole school approaches and specialised, targeted approaches aimed at identified vulnerable pupils and families.

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 that we also need to support parents with their mental health and wellbeing and have a dedicated team of staff who are able to do this in our 'Wellbeing hub' house.

This same principle applies to our staff, where we aim to promote a healthy work life balance ensuring a happy staff with good mental health and wellbeing. Where additional support may be needed we have the option of a counsellor for staff that may need support above and beyond what their Year group leader and SLT link can offer.

This policy describes the school's approach to promoting positive mental health and wellbeing and is intended as guidance for all staff including non-teaching staff and governors. It should be read in conjunction with our medical policy in cases where a student's mental health overlaps with or is linked to a medical issue, the SEND policy where a student has an identified special educational need and the safeguarding policy in relation to prompt action and wider concerns of vulnerability.

Ethos

Cliftonville Primary and Pre-school aims to support and teach skills to pupils and staff to increase their awareness of emotional health and wellbeing.

Two key elements to support good mental here are:

- Feeling Good – experiencing positive emotions like happiness, contentment and enjoyment. Including feelings like curiosity, engagement and safety.
- Functioning Well – how a person is able to function in the world, this includes positive relationships and social connections, as well as feeling in control of your life and having a sense of purpose.

To promote first aid for mental health and wellbeing Cliftonville Primary and Pre-school School aims to:

- To develop a whole school approach for both pupils and staff.

- To work together with families with our dedicated Parent support advisors, Year group leaders, SLT year group link, SENDCO and Mental health lead, to support parents and in turn support their child.

- To provide a holistic and multi- agency approach that is identified in the children's individual SEN support plans and Personalised plans.

All staff have a responsibility to promote the mental health and emotional wellbeing of pupils. Staff with a specific, relevant responsibility includes:

- Designated Safeguarding Officers: Claire Whichcord, Anita Fourie, Mel Saddington, Louise Wilson.
- *SENDCO*- Paula Standen and *Asst SENDCO* Georgina Moxon
- Mental Health and Wellbeing lead – Andrea Frith
- Parent Support advisors – Gemma Griffin, Lucie McAvoy, Anita Fourie
- Play Therapists – Emma Kaye, Zoe Bonnell
- Counsellor – Chris Harper
- Behaviour support TA – Vicki Watts *Well-being and ASD champion*
- Trained Wellbeing champions TA in each Key stage.

Pupil Identification

Wellbeing measures include staff observations focusing on any changes in behaviour, attention and presentation will feed into the identification process as well as any communication from the pupils regarding their emotions and feelings. Any member of staff who is concerned about the mental health or wellbeing of a child should speak to their Year group leader *in the first instance*, SLT link, SENDCO or Mental health lead. If there is a fear that the child is in danger of immediate harm then the normal safeguarding procedures should be applied with an immediate referral to one of the DSL's. Referrals may need to be made to Early Help or school nurse initially via Parent support workers. Where a referral to CAMHS is appropriate, this will be led and managed by Paula Standen

Individual support plans will identify support for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents, SENDCO and relevant health professionals.

Risk factors to look for in regards to Mental Health

- Parental issues (e.g. substance or alcohol misuse, mental health issues, parents in prison);
- Loss within the family (e.g. parents who separate or divorce, bereavement);
- Experience of abuse (physical, sexual or emotional) or neglect;
- Experience of being severely bullied;
- Living in poverty or experiencing homelessness;
- Being a young carer;
- Experiencing significant issues at school.

Supporting children' 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 including:

Pupil-led activities
Peer mediation and Peer mentoring – children working together to solve problems in KS2.

Class activities
Zones of Regulation in each class for children to identify how they are feeling and decide on strategies to use to move them into a calm zone.
Daily wellbeing sessions. Weekly assemblies focusing on different aspects of wellbeing through story, celebration or school values.

Pastoral team
Teachers able to raise concerns about a child and a member of pastoral team will talk to the child and organise a plan of action if necessary.
Parents can contact pastoral team for help with their own and child's mental health and other home life issues.
Play therapist employed, to not only work with children but to deliver training and strategies for staff to use to support children. Bespoke videos made to give parents support with issues such as separation anxiety, anger, behaviour etc. These can be accessed on our website and on our Facebook page.

Small group work
Seal programme to support emotional issues.

Bespoke emotional literacy and social skills groups led by TAs
Bespoke programmes run by pastoral team if issues arise such as test anxiety, anxiety following Covid, kindness group.

Teaching about mental health and emotional wellbeing

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.

Assessment, Interventions and Support

Need The level of need is based on discussions at the regular Inclusion meetings/panel with key members of staff and involves parents and children	**Evidence-based Intervention and Support**- the kinds of intervention and support provided will be decided in consultation with key members of staff, parents and children	**Monitoring**
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. *EHCP assessment application from school only possible if parents agree.* If the school, professionals and/or parents conclude that a statutory education, health and care assessment is required, we refer to the	All children needing targeted individualised support will have an *Individual Care Plan* drawn up setting out *personalised plans and BSPs already provide staff with support needed recommended as does the SEND information sheet detailing all recommendations from outside agencies.* • The needs of the children How the pupil will be supported • Actions to provide that support

	SEND policy and SEN School Information Report.	• Any special requirements Children and 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. Record on CPOMS any concerns under the button 'wellbeing, social and emotional'. SENDCO and Mental health lead to be tagged into each entry.
Medium need	Access to family support worker, school nurse, play therapist, school counsellor, 1:1 intervention, small group intervention.	For any interventions organised a provision map will need to be completed and a pre and post assessment (SDQ) to monitor impact. Record on CPOMS any concerns under the button 'wellbeing, social and emotional'. SENDCO and Mental health lead to be tagged into each entry.
Low need	General support E.g. YGL support, PSA drop in, SLT	Feedback given in weekly Welfare meeting to monitor progress and if any

	link drop in, School Nurse, class teacher/TA	further actions need to be taken. Record on CPOMS any concerns under the button 'wellbeing, social and emotional'. SENDCO and Mental health lead to be tagged into each entry.

Procedure for Concern in relation to mental health issues.

If a pupil chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental. Staff should listen, rather than advise and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?'

All disclosures should be recorded on CPOMS and held on the pupil's confidential file. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made.
- Main points from the conversation
- Agreed next steps
- This information should be shared with the a DSL, and the SENDCO and mental health lead, who will provide store the record appropriately and offer support and advice about next steps.

Confidentiality

We should be honest in regards to the issue of confidentiality. If we think it is necessary for us to pass our concerns about a pupil on then we should discuss with the child:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

Working with All Parents and Carers

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

- Highlight sources of information and support about common mental health issues on our school website and Facebook page including bespoke videos on behaviour and wellbeing by our onsite play therapist.
- Ensure that all parents are aware of whom they can to talk to in school, and how to get the support they need if they have concerns about their own child or a friend of their child. This can be face to face or vis dedicated PSA email.
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.
- We understand that to effectively treat a mental health problem in the child or parent a holistic approach is needed. Therefore, our Parent support advisors work with parents **and** their children giving bespoke support depending on the situation

Staff wellbeing

Staff wellbeing is paramount to us as a school. We believe for staff to be able to do their job effectively they need to feel supported and appreciated in their role. The leadership structuring of the school means that staff have a year group leader and also a SLT link to go to at any time with worries or concerns. Pastoral team also have an SLT link with Wellbeing as their focus to support them in their role. SLT regularly review workload for all to ensure that staff can have as much time as possible to do their role effectively without being bogged down with un-necessary tasks.

A 'Wellbeing Team' made up of different members of staff across different roles in the school meet termly to review how staff and pupil Wellbeing is in the school and to work on ways to support staff further.

A CAT wide Wellbeing team has also been appointed to ensure collaboration across the CAT schools on wellbeing. This aims to share good practice and ensure staff across the CAT are getting equal access to good wellbeing strategies.

Appendix 1:

Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years, this figure has increased by 68%.

- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, is sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too. Support on all of these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk). https://www.annafreud.org/schools-and-colleges/5-steps-to-mental-health-and-wellbeing/understanding-need/identify-pupils-at-risk/

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

Books

Pooky Knightsmith (2015) Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2012) A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm. London: Jessica Kingsley Publishers

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness,

numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support

Depression Alliance: www.depressionalliance.org/information/what-depression

Books Christopher Dowrick and Susan Martin (2015) Can I Tell you about Depression?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

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

Books

Lucy Willetts and Polly Waite (2014) Can I Tell you about Anxiety?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) A Short Introduction to Helping Young People Manage Anxiety. London: Jessica Kingsley Publishers

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 do not 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

Books Amita Jassi and Sarah Hull (2013) Can I Tell you about OCD?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

Susan Conners (2011) The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers. San Francisco: Jossey-Bass

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

On the edge: Child Line spotlight report on suicide: www.nspcc.org.uk/preventingabuse/researchand-resources/on-the-edge-childline-spotlight/

Books Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers

Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention. New York: Routledge

Eating problems

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

Books

Bryan Lask and Lucy Watson (2014) Can I tell you about Eating Disorders? A Guide for Friends, Family and Professionals. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) Eating Disorders Pocketbook. Teachers' Pocketbooks

Transgender

The DFE states that ' Gender reassignment is defined in the Equality Act as applying to anyone who is undergoing, has undergone or is proposing to undergo a process (or part of a process) of reassigning their sex by changing physiological or other attributes. This definition means that in order to be protected under the Act, a pupil will not necessarily have to be undertaking a medical procedure to change their sex but must be taking steps to live in the opposite gender, or proposing to do so.'

A Transgender person feels that their external appearance (sex) does not match up with the way they feel internally about their gender identity. A Female to Male (FtoM) person will have been assigned a female sex at birth yet identifies their gender as male; a Male to Female (MtoF) person will have been assigned as male at birth yet identify their gender as female. (Schools transgender guidance; Steven Cannon 2015; Published by: The Intercom Trust & Devon and Cornwall Police 2015)

It is extremely important, as a matter of fairness, respect and inclusion, to ensure that the correct gender, name and pronouns are used uniformly to address Trans people. This will decided following a discussion with the parent and child and will then be communicated to staff and peers that this is the child's wishes. Further to this discussion will also be a decision on toileting and changing facilities to ensure the child feels comfortable within the school environment in line with their gender identity.

Online support

Schools transgender guidance Steven Cannon 2015 Published by: The Intercom Trust & Devon and Cornwall Police 2015
(file:///N:/Transgender_Guidance_booklet_2015%20(1).pdf)

https://www.actionforchildren.org.uk/media/12719/gender-identity-guide_hr-single-pages.pdf

https://www.gires.org.uk/

https://mermaidsuk.org.uk/

Books

Different Families

It's Okay To Be Different	*Todd Parr*	The Princesses Have a Ball	*Teresa Bateman*
The Family Book	*Todd Parr*	You're Different and That's Super	*Carson Kressley*
Who's in a Family?	*Robert Skutch*	We're Different, We're the Same	*Bobbi Kates*
Picnic in the Park	*Joe Griffiths*	Incredible You	*Wayne Dyer*
Prince Cinders	*Babette Cole*		

Children

10,000 Dresses	*Marcus Ewert*	William's Doll	*Charlotte Zolotow*
The Boy in the Dress	*David Walliams*	The Turbulent Term of Tyke Tiler	*Gene Kemp*
My Princess Boy	*Cheryl Kilodavis*	Be Who You Are!	*Jennifer Carr*
The Sissy Duckling	*Harvey Fierstein*	Tutus Aren't My Style	*Linda Skeers*