



Trinity and St. Michael's

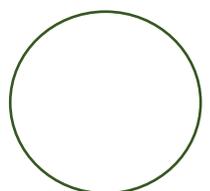
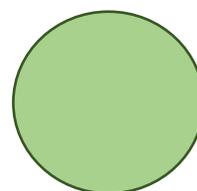
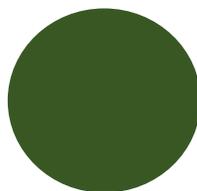
Mental Health and Emotional Wellbeing Policy

"Don't withhold good from someone who deserves it, when it is in your power to do so."
Proverbs 3 Verse 27

Do everything in



1 Corinthians 16:13-14



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1 - Policy Rationale

'Though I walk in the midst of trouble, you preserve my life. You stretch out your hand and with your right hand you save me.' Psalm 138:7

At Trinity and St.Michael's we are committed to promoting positive mental health and emotional wellbeing in all students as well as the whole school community. Our open culture allows students' voices to be heard. Through the use of effective policies and procedures, we ensure that we provide a safe and **compassionate** environment for all who are both directly and indirectly impacted by issues relating to difficulties concerning mental health and emotional wellbeing helping these people have the **courage** to take action on the things they have experienced. This policy provides a guide for all staff, including non-teaching staff and governors. It outlines Trinity and St.Michael's approach to promoting mental health and emotional wellbeing.

It should be read in conjunction with other relevant school policies, especially those concerned with safeguarding, special educational needs & disabilities and PSRHE.

2 – Policy Aims

At TSM we appreciate the importance of mental health and emotional wellbeing. Our focus is on creating a positive ethos where openness, trust and honesty are encouraged and supported in a warm and nurturing atmosphere centred on a compassion-based approach. It is our aim to:

- promote positive mental health and emotional wellbeing in all staff and pupils
- increase understanding and awareness of common mental health issues
- enable staff to identify and respond to early warning signs of mental ill health in pupils
- enable staff to understand how and when to access support when working with young people with mental health issues
- provide the right support to pupils with mental health issues, and know where to signpost them and their parents/carers for specific support
- develop resilience amongst pupils and raise awareness of resilience building techniques
- appreciate that staff may have mental health issues, and ensure that they are supported in relation to looking after their wellbeing; instilling a culture of staff and pupil welfare where everyone is aware of signs and symptoms with effective signposting available for everyone



3 – Key Staff Members

This policy aims to ensure that all staff take responsibility for promoting the mental health and wellbeing of pupils. Certain members of staff have specific roles to play. These key staff are:

- Pastoral Staff
- Designated Safeguarding Lead and Deputy Designated Safeguarding Leads
- SENCO
- Mental Health Lead
- PSRHE Lead

If a member of school staff is concerned about the mental health or wellbeing of a pupil, in the first instance they should speak to the MH lead. If there is a concern that the pupil is high risk or in danger of immediate harm, the school's child protection & safeguarding procedures should be followed. If the child presents a high-risk medical emergency, relevant procedures should be followed, including involving the emergency services if necessary.

4 – Individual Education and Care Plans

When a pupil has either been identified as having a cause for concern, received a diagnosis of a mental health issue, or is receiving support either through CAMHS or another organisation, it is recommended that an Individual Education or Care Plan is written. The development of the plan should involve the pupil, parents and relevant professionals.

Suggested elements of this plan include:

- details of the pupil's situation/condition/diagnosis
- special requirements or strategies and any necessary precautions
- a one page profile to help teaching and support staff to cater adequately for the needs of the pupil
- planned achievable smart targets to promote focused teaching, learning and self-esteem
- medication and any side effects
- who to contact in an emergency
- the role and responsibilities of the school and specific staff



5 – Teaching about Mental Health

The skills, knowledge and understanding which our pupils need to keep themselves, their friends, their family and the broader community healthy and safe are included as part of our PSRHE curriculum.

We will follow the guidance issued by the PSHE Association to help us have a shared approach when teaching about mental health and emotional wellbeing. We will do so safely and sensitively.

See relevant links below:

<https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-teaching-about-mental-health-and>

<https://www.pshe-association.org.uk/system/files/Mental%20Health%20guidance%20online%20version%20%28Updated%20July%202019%29.pdf>

Incorporating focused teaching concerning mental health and emotional wellbeing into our curriculum at all stages, is a good opportunity to develop healthy coping strategies as well as an understanding of the pupils' own emotions and those of other people.

Moreover, we will use such lessons as a vehicle for providing our pupils with strategies to keep themselves safe. These sessions will also explore how pupils can support any of their friends who are facing challenges. Children need to know where to go for help and who to speak to in times of need. We will encourage children to talk openly, so that we can support each other as a school community and move away from any perceived stigma that some may attach to having mental health or emotional difficulties.

When children injure themselves physically, they seek help without giving it a second thought. This is the reactive response that we, at TSM, aim to inspire in our school community regarding any difficulties they may have with emotional wellbeing or mental health.



6 – Warning Signs

Staff may become aware of warning signs which indicate that a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should alert the MH Lead (Karla Cadwallader), DDSL (Gwynan Hughes), DDSL (Pam Kilburn) or DSL/SENDCO (Claire Procter).

Possible warning signs, which all staff should be aware of include:

- physical signs of harm that are repeated or appear non-accidental
- changes in eating / sleeping habits
- increased isolation from friends or family, becoming socially withdrawn
- changes in activity and mood
- lowering of academic achievement
- talking or joking about self-harm or suicide
- abusing drugs or alcohol
- expressing feelings of failure, uselessness or loss of hope
- changes in clothing e.g. long sleeves in warm weather
- secretive behaviour
- trying to skip PE or getting changed secretly
- lateness or absence from school
- repeated physical pain or nausea with no evident cause
- becoming emotionally flat

7 – Signposting

We will ensure that staff, pupils and parents/carers are aware of the support and services available to them and how they can access these services. We will share relevant information about local and national support services and events.

The aim of this is to ensure students understand:

- what help is available
- who it is aimed at
- how to access it
- why they should access it
- what is likely to happen next



8 – Targeted Support

We recognise some children and young people are at greater risk of experiencing poorer mental health than others. For example, those who are in care, young carers, those who have had previous access to CAMHS, those living with parents/carers with a mental illness, those with many childhood ACEs (Adverse Childhood Experiences) and those living in households experiencing domestic violence and/or parents in prison.

We work closely with our school nurse (Bernie Hiles) and our CAMHS CWP (Rachel Starbuck-Children's Wellbeing Practitioner) in supporting the emotional and mental health needs of all children at TSM. If necessary, they will help us in terms of determining potential risks and establishing how we can provide early intervention to prevent issues escalating.

We ensure timely and effective identification of pupils who would benefit from targeted support and carry out appropriate referral to support services by:

- providing specific help for those children most at risk (or already showing signs) of social, emotional and behavioural problems
- working closely with LCC Children's Social Services, Chorley CAMHS and other agency services to provide various levels of support e.g. The Key, Child Action North West, Police Early Action, Inspire, Barnardo's etc.
- identifying and assessing children who are showing early signs of anxiety, emotional distress, or behavioural problems
- discussing options for tackling these problems with the child and their parents/carers
- formulating an Individual Educational or Care Plan as the first stage of a stepped approach
- providing a range of interventions that have been proven to be effective eg Lego Therapy, Friendship Formula, Socially Speaking etc according to the child's needs
- ensuring young people have access to pastoral care and support, as well as specialist services, including CAMHS, so that mental health, emotional, social and behavioural problems can be dealt with in a timely manner
- providing pupils with clear and consistent information about the opportunities available for them to discuss personal issues and emotional concerns
- providing pupils with opportunities to build relationships, particularly those who may find it difficult to seek support when they need it
- identifying and supporting young carers under the statutory duties outlined in the Children & Families Act 2014. 11.0.



9 – Managing Disclosures and Confidentiality

If pupils are struggling with their mental and/or emotional health, this may be noticed by the class teacher or other members of school staff, the child's parents or it may be the child who brings it to our attention. If a student chooses to disclose concerns about themselves, or a friend, to any member of staff, the response will be calm, supportive and non-judgemental. Staff will make pupils aware of their duty of care, and state that they might need to share the information with others in order to keep the pupil safe.

All disclosures will be recorded confidentially on the student's CPOMS file, including:

- date
- name of member of staff to whom the disclosure was made
- nature of the disclosure & main points from the conversation
- agreed next steps

If a member of staff feels it is necessary to pass on concerns about a pupil to either someone within or outside of school, this will be first discussed with the pupil. This information will be shared with the MH Lead and the DSL/DDSL during the same working day.

The member of staff will also tell the pupil:

- who they are going to tell
- what they are going to tell them
- why they need to tell them
- when they're going to tell them

SAFEGUARDING

Ideally, consent should be gained from the pupil if information is to be shared. However, there may be instances when **information must be shared if children are in danger**. It is also important to safeguard staff emotional wellbeing. By sharing disclosures with a colleague, this ensures one single member of staff isn't solely responsible for the pupil. This also ensures continuity of care should staff absence occur and it also provides opportunities for ideas and support.

Parents must*(see **NB** below) always be informed when disclosures are made. This will usually be done by school staff on the day of the disclosure. In some rare cases, pupils may choose to tell their parents themselves. If this is the case, this is best done on the day of the disclosure – parents may be invited into school for this to happen. If this is not possible, a timescale of 18 hours is the maximum allowed to share this information before the school makes contact with the parents/carers. (This will obviously depend on the nature of the disclosure and **the DSL must be consulted if the child is to be allowed to inform parents.**)

***NB.** If a pupil gives staff at TSM reason to believe that **they are at risk, or there are child protection issues, parents will not be informed** - child protection procedures will be followed.

What is Safeguarding? – KCSIE 2023

- **protecting** children from maltreatment
- **preventing** impairment of children's mental and physical health or development
- **ensuring** that children grow up in circumstances consistent with the provision of safe and effective care
- **taking action** to enable all children to have the best outcomes

Keeping Children Safe in Education 2023

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

Local Guidance: <http://www.lancshiresafeguarding.org.uk/>



10 – School Support

At TSM we have the following systems in place to support and nurture the children:

- Whole School Approach**
 Our PSRHE curriculum contains specific units of work concerning mental health and emotional wellbeing. We believe that it is vital to teach everyone about both mental and physical health and how best to achieve a good balance. Children will be taught how to seek help if they need it and how to promote their own mental wellbeing as well as helping to support the mental wellbeing of others.
- Additional Classroom Based Support**
 If needed, intervention within the classroom will occur for specific individuals in order to boost achievement, a sense of self-worth and self-esteem.
- Emotional Literacy Support Assistant (ELSA) Support Group**
 This nurture group is based in KS1 and the sessions are led by the ELSA. Sessions are specific to the children's needs, but often include work concerning social interaction, self-esteem, self-confidence, self-awareness, anxiety and anger.
- Consultation with other Agencies**
 If staff have concerns about the emotional needs of pupils, they will discuss it with parents and might seek additional advice from the school nurse (Bernie Hiles), the school's Children's Wellbeing Practitioner (Rachel Starbuck) or staff might book an individual consultation with one of the clinical psychologists from Lancashire Emotional Health in Schools Services (LEHSS Team- Dr. Richard Slinger, Dr Stacey Story or Dr Anna Duxbury). If difficulties relate to behavioural regulation, a consultation with Golden Hill Inclusion Service Team (GHIST) might be sought.
- Applied Behavioural Therapy (ABA)**
 Applied Behaviour Analysis (ABA) is a **scientific approach to understanding behaviour**. ABA refers to a set of principles that focus on how behaviours change, or are affected by the environment, as well as how learning takes place. ... The ultimate goal of ABA is to establish and enhance socially important behaviours.
 At TSM we have an experienced ABA Therapist on hand to observe, recommend positive behaviour strategies and set in place goals individualised to the child's needs.

We recognise that children are all different and, therefore, different types of support might be more suited to different children. Throughout our stepped intervention programmes, the parents will be kept fully informed and any necessary permission will be sought before interventions take place.

We offer the following additional support at TSM:

10.1 – Resource Based Sessions

- Socially Speaking KS2.**
 This is a withdrawal group which uses a board game based interactive approach. The lead teacher uses discussion and drama activities to trial how to respond in certain situations from classroom based interactions to being out and about in the community. This nurture group is suitable for children with ASC (Autistic Spectrum Condition) and those who find social interaction tricky to navigate. The children learn to be supportive of each other, take turns, follow the thread of a discussion, analyse and make logical comments. It enables them to practise physical responses and trial different facial expressions and body postures. In this safe environment, verbal responses concerning how to react in specified situations will also be practised. Children say that this is an enjoyable way of tackling 'difficult' social situations.



- **Lego Therapy KS2**

At TSM we use these sessions as a social development and spoken language intervention for children with ASC, or those who find social interactions difficult for other reasons. It focuses on children's strengths in a social context and makes learning enjoyable. The basic idea is that children work together in a group, taking on one of three roles (Engineer, Supplier or Builder) to construct Lego sets. Only specific people are allowed to talk at certain times. This encourages skills such as patience, social communication, social support, social problem solving and conflict resolution skills. It also helps children to develop specific vocabulary and precise use of language.

- **1:1 CBT approach KS1 & KS2**

This Cognitive Behavioural Therapy approach can be used in both key stages, using either The Anger Gremlin or The Anxiety Gremlin as a vehicle to help children to explore their own feelings and their physical and emotional responses to situations. The children become thought detectives and build a knowledge of different strategies that can be used successfully to help them to understand and manage their emotional and physical responses to situations.

- **Friendship Formula KS2 (8+)**

This intervention can be done individually or as a small group depending on the nature of the child and the needs involved. The Friendship Formula is designed to help children develop their communication and relationship skills. It is designed to last a full school year and consists of 40 sessions, divided into four units focusing on self-awareness & self-esteem, emotional awareness & regulation, conversational skills and friendships & relationships.

- **The Zones of Regulation KS1 & KS2**

Zones of Regulation is an approach used to support the development of self-regulation in children. All the different ways children feel and the states of alertness they experience are categorized into four coloured zones. Children who are well regulated are able to be in the appropriate zone at the appropriate time.

This can be done individually or as a small group dependent on the nature of the child and needs involved.

This curriculum consists of 18 lessons.

- **The Incredible 5-point Scale KS1 & KS2**

The 5 point scale is developed with many concepts, such as social behaviour mapping. This tool is critical for helping students learn to gauge the different levels of their emotional responses. While we can't control necessarily the feelings we have, we can control the 'size' of the feeling, how it impacts us and our related behaviours. The object of the 5-point scale is to teach social and emotional information in a concrete, systematic way. This curriculum is a pre-requisite to 'The Zones of Regulation'.

- **The We Thinkers Series KS1**

This curriculum is an engaging Social Thinking Series designed to teach thinking vocabulary concepts to children aged 4-7. It allows to teach our children the five basic Social Thinking concepts that help them learn to think about others, notice social clues in their environment, and learn skills to be part of a group. This is done in small groups which involves story books and role playing.



10.2 – In-school Interventions led by External Professionals

School staff may feel that some children would benefit from sessions delivered by outside agencies. If this is the case, parental consent will be obtained before any sessions are accessed.

- Time2Talk Counselling**
 If deemed necessary, we do have a school funded private counselling service for those children who are not served by other methods of intervention or who need specialist counselling.
- Children’s Wellbeing Practitioner/Primary Mental Health Worker 1:1 Therapy**
 There may be occasions where we feel that a referral to the CAMHS CWP (Rachel Starbuck) might be more appropriate for the children. These trained Mental Health professionals mainly work in schools but are based at Chorley CAMHS.
 There are also times when our named CWP will be consulted to offer advice relating to proposed school interventions led by school staff.
- Children & Family Wellbeing Service (CFW) Nurture Groups**
 CFW nurture groups engage children in activities that help them to recognise and understand feelings and emotions. Children learn how to express themselves in a positive way and appreciate the impact that their emotions can have on those around them. The sessions build self-esteem, confidence and resilience in children. Sessions are fun and interactive and usually take place as hourly sessions for six weeks.

11 – Local Support

In Chorley, there are a range of organisations and groups offering support including CAMHS, the CAMHS CWP, The Key, Child Action North West, Police Early Action, Inspire, Barnardo’s Young Carers, Children and Family Wellbeing Service etc

These partner agencies deliver accessible support to children, young people and their families. Whilst working with professionals to reduce the range of mental health issues through prevention, intervention, training and participation, the children and parents are supported, have their questions answered and needs met.

Triple P parenting courses and **Incredible Years** parenting courses have proved invaluable to our parents in the past and they remain one of our main suggestions for our parents in terms of accessing quality support to improve their skillset.

The Chorley and South Ribble NHS Directory has additional information concerning agency criteria and availability.



12 – Approach

12.1 – Work with Parents/Carers

If it is deemed appropriate to inform parents of any issues, there are questions to consider first:

- whether to meet with the parents/carers face-to-face
- who should be present – students, staff, parents etc
- the aims of the meeting and expected outcomes

We are mindful that for a parent, hearing about their child's issues can be upsetting and distressing. They may therefore respond in various ways which we should be prepared for, and we should allow time for the parent to reflect and come to terms with the situation.

Signposting parents to other sources of information and support can be helpful in these instances. At the end of the meeting, lines of communication will be kept open should the parents have further questions or concerns. Booking a follow-up meeting or phone call might be beneficial.

A record of the meeting and points discussed/agreed will be added to the pupil's record on CPOMS and an Individual Education or Care Plan will be created if appropriate.

12.2 – Supporting Parents/Carers

We recognise that family plays a key role in influencing children's mental health and emotional wellbeing. We will work in partnership with parents and carers to promote mental health and emotional wellbeing by:

- ensuring all parents are aware of, and have access to, relevant resources which promote emotional wellbeing and help to prevent mental health problems
- highlighting sources of information and support about common mental health issues through our usual communication channels (website, PAConnect, newsletters etc.)
- offering support to help parents or carers develop their parenting skills. This may involve providing information or offering small, group-based programmes run by community nurses or other appropriately trained health or education practitioners eg **Triple P** or **Incredible Years** parenting courses
- ensuring parents, carers and other family members living in disadvantaged circumstances are given the support they need to participate fully in activities to promote social and emotional wellbeing and mental health. This will include helping them to participate in any parenting sessions and might involve liaison with family support agencies.



12.3 – Supporting Peers

When a pupil is suffering from mental health issues, it can be a difficult time for their friends who may want to support them, but do not know how to do that.

To keep peers safe, we will consider the following on a case-by-case basis:

- which friends may need additional support - input will be provided on a one to one basis or in group settings
- what it is helpful for friends to know and what they should not be told
- how friends can best support others
- things friends should avoid doing / saying which may inadvertently cause upset
- warning signs that their friend needs help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- where and how to access support for themselves
- safe sources of further information about their friend's condition
- healthy ways of coping with the difficult emotions they may be feeling

13 – Training

As a minimum, all staff will receive annual training concerning recognising and responding to mental health issues as part of their regular in-service training to enable them to keep pupils and all staff safe.

The Mental Health Lead will either be in receipt of the SENCO National Award or other appropriate mental health training. Training opportunities for staff who require more in depth knowledge, will be considered as part of the performance management process and additional CPD (Continuous Professional Development) will be provided throughout the year when it becomes necessary.

Where the need to do so becomes evident, we will conduct staff meeting training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group or whole school CPD should be discussed with Claire Procter (DSL and HT).

Staff will also take part in Safeguarding training annually. This will be led by the DSL and/or one of the DDSLs.



14 – Screen Usage

At our school, the use of screens is carefully managed to support children's learning and wellbeing. Research shows that excessive screen time can negatively impact children's mental health, including their ability to focus, regulate emotions and develop social skills. As such, screens are primarily used as a tool for learning and as a focal point to enhance teaching.

In preschool, screen use is kept to an absolute minimum and is used mainly for educational purposes. It may also be offered, as a last resort, to help a dysregulated child calm and re-engage but only when other strategies have been exhausted. In pre school, we aim to limit screen use to no more than an hour a day, including time spent on tablets and other devices. During transitions, screens may be used at the teacher's discretion, but this should be occasional and short.

In older year groups, screens may be used more frequently for learning; however, staff are expected to monitor and limit use to ensure children remain engaged in active, varied and balanced educational experiences.

15 – Policy Review

This policy will be reviewed every two years as a minimum. In between updates, the policy will be updated when necessary to reflect local and/or national changes.

Any personnel changes will be updated as they occur.

Karla Cadwallader (Mental Health Lead)

Claire Procter (Headteacher)

Review: Feb. 2027