

Motcombe School



**MENTAL HEALTH &  
EMOTIONAL WELLBEING POLICY**

**Reviewed annually in Term 6**

**Last Review: July 2021**



## **Our School Vision**

*"To build a learning community that cares for and values everyone, where promoting confidence through creativity, challenge and high expectations leads to enjoyment and success for all!"*

## **Our School Values**

**to have academic confidence**

**to make safe and sensible choices**

**to be physically fit**

**to gain mental strength through resilience**

**to show kindness**

### **Ethos**

Our school ethos is our shared vision and common sense of purpose. As an Infant School we recognise that it is a privilege to work with children at the start of their school career and as infant practitioners we have a strong understanding of the need to balance social and emotional maturity with academic ambition and plan learning that supports development of both. This ethos aims to guide the day to day life and development of the school and strongly influence the 'feel' of the school.

### **Equal Opportunities**

At Motcombe we believe that all children, regardless of first language, disability, race, gender, cultural or socio-economic background, should receive equal access to the full school curriculum.

### **Disability Statement**

Motcombe is proud to be an inclusive school. We are able to offer access to the full curriculum for children who have a physical disability.

We have easy access into the main part of both buildings and have accessible toilet facilities.

As with any additional needs the school works closely with parents and appropriate outside agencies.

### **Aims of the Policy**

- promote positive mental health in all staff and children
- increase understanding and awareness of common mental health issues
- alert staff to early warning signs of mental ill health
- provide support to staff working with young people with mental health issues
- provide support to children suffering mental ill health

### **Why does mental health and wellbeing matter in schools?**

Schools play a crucial role in developing children's mental health, and a positive school environment and ethos promotes emotional wellbeing across the community. There are a variety of ways that schools can support children through; establishing consistent systems and interventions; enabling children to develop a sense of belonging; ensuring children feel safe and have the opportunity to ask for help.

A consistent whole school culture and vision is integral for developing children's positive mental health and resilience.

A child's mental health will affect them for the rest of their life; it influences their overall health, happiness and productivity into adulthood. Promoting and protecting mental health in school children is therefore one of the most important things we can do for them. Half of all lifetime mental health problems develop by the age of 14, affecting approximately three children in every classroom. Untreated problems in early life lead to adult mental illness.

As well as lifetime wellbeing there are immediate benefits to positive emotional health. Children are happier, make friends and sustain relationships, are aware of and understand others, face problems and setbacks and learn from them, enjoy their play and leisure time and, most importantly for schools, they learn better.

The factors that influence whether or not a child develops an emotional or behavioural problem are complex but broadly fall into two categories: risk and resilience. We cannot always protect children from risks (for example parental substance misuse, bereavement or refugee status), but we know that individuals respond differently to difficult life events, failure and mistakes. Building resilience is about supporting and enabling children to cope better with what life throws at them. Risks don't in themselves cause illness, but they are cumulative, whereas resilience is developmental.

The ESCC MHEW audit framework for schools is a whole school approach that effectively supports children's mental health and resilience. The eight components reflect different aspects of school life that promote positive mental health. The evidence strongly indicates that the framework is most effective when all of the components are embedded in school culture.

We are working to ensure that the framework is put into practice across the whole school community; by staff, parents and children.

### **Roles and responsibilities in school**

Whilst all staff have a responsibility to promote the mental health of children. Staff with a specific, relevant remit include:

- Tracy Robinson - Designated Safeguarding Lead (DSL)
- Adam Robinson – Deputy DSL
- Emma Moore – Deputy DSL
- Jo Ansell – Deputy DSL
- Tracy Robinson - Mental Health Lead
- Janet Sayers – Thrive Lead

### **Role of the Mental Health Lead**

There is an expectation that all schools should have an individual responsible for mental health in schools. The mental health lead will; provide a link to expertise and support regarding specific children; identify issues and make effective referrals; and contribute to leading and developing whole school approaches around mental health.

Any member of staff who is concerned about the mental health or wellbeing of a child should speak to the mental health lead in the first instance. If there is a fear that the child is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to the DSL via MyConcern. If the child presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by SendCo.

### **Specific help for vulnerable children**

#### **Warning signs**

School staff may become aware of warning signs which indicate a child is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the DSL.

Possible warning signs 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
- increased difficulty in separating from adults (clinginess)
- changes in activity and mood
- lowering of academic achievement
- talking or joking about self-harm or suicide
- expressing feelings of failure, uselessness or loss of hope
- changes in clothing – e.g. long sleeves in warm weather
- secretive behaviour
- skipping PE or getting changed secretly
- lateness to or absence from school
- repeated physical pain or nausea with no evident cause
- an increase in lateness or absenteeism

#### **Managing disclosures**

- All school staff receive regular training and know how to respond to a disclosure from a child.
- All disclosures will be recorded in writing and held on MyConcern. This written record will include:
  - Date
  - The name of the member of staff to whom the disclosure was made
  - Main points from the conversation
  - Actions

### **Supporting a child with mental health needs**

#### **Team Around the Child**

We are committed to ensuring that a child with mental health needs receives appropriate support at an early stage. We use Thrive to ensure that a child's needs are appropriately met within the school's resources, and that there is careful joint planning to meet children's specific needs.

### **Effective partnerships with parents**

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the child, other members of staff
- What are the aims of the meeting?

It may be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be understanding and compassionate.

We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record.

### **Support and training for all staff to build skills, capacity and own resilience**

As part of our annual safeguarding training, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep children safe.

Training opportunities for staff that require more in depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more children.

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

### **Mental health within PSHE**

Mental health within PSHE is developmental and appropriate to the age and needs of every child. It is part of a well-planned programme, delivered in a supportive atmosphere, where we aim for all children to feel comfortable to engage in open discussion and feel confident to ask for help if necessary. The format for this is the Jenny Moseley Golden Model including regular circle times - <https://www.circle-time.co.uk/the-golden-model/>.

### **Assessment**

Children with Thrive action plan are assessed each term by the class teacher. Successes and progress are celebrated and new actions plans devised as necessary.