



Pupil Mental Health and Wellbeing Policy

Date of last review: September 2023



Contents

Policy Intent Statement 3

Scope..... 4

Roles and Responsibilities 4

Teaching about Mental Health and Wellbeing..... 8

Signposting..... 9

Warning Signs..... 10

Wellbeing Support Plans (WSPs) 11

Managing disclosures and confidentiality 12

Working with Parents 12

Supporting Peers 13

Training..... 13

Policy Review 14

Appendix 1: Risk factors and protective factors 15

Appendix 2: Warning Signs for Suicidal Behaviour 16

Appendix 3: Wellbeing Flowchart (inc Assess, Plan, Support, Review). 17

Appendix 4 – Wellbeing Initial Concern Form 18

Appendix 5: Parent Wellbeing Consultation Form 19

Appendix 6: Pupil Wellbeing Session Form 20

Appendix 7: Wellbeing Action Plan 21

Appendix 8: Continuum of Wellbeing Support..... 22



Mental health is a state of wellbeing in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community. (World Health Organisation)

Social, Emotional and Mental Health: SEMH

Policy Intent Statement

Our school pursues an inclusive, ambitious, Christian vision. **We seek to equip children with the vision, passion and skills needed to transform society.** We want children to be 'fired up' about building God's Kingdom here on Earth, enacting positive change across all spheres of society. God's Kingdom is one of peace, love, joy, unity, equality, respect, forgiveness and compassion. It is a Kingdom where all can flourish, finding belonging, purpose and fulfilment. It is a Kingdom where we receive God's love and the promise of 'life in all its fullness' through Jesus (John 10:10).

In seeking to create a community where all can flourish, we prioritise the health and wellbeing of all in our community. We want our pupils and staff to be physically, emotionally, mentally and spiritually healthy.

We pursue this aim using both universal (whole-school approaches) and specialised (targeted) approaches for vulnerable pupils. By developing and implementing practical, relevant and effective mental health and wellbeing policies and procedures, we can promote a safe and stable environment for pupils affected both directly, and indirectly by mental health and wellbeing issues.

What supporting positive mental health means to us:

- The child stays at the centre of every conversation.
- We are trauma-informed and consider past lived, and known, experiences.
- We prioritise those who need our help most, but we promote positive mental health with everyone.
- We embedded social, emotional and mental health awareness across the curriculum.
- Children are taught skills to build resilience and manage everyday stressors.
- Support is accessible, where required.
- Staff wellbeing, resilience and mental health is a key focus; this has a direct impact on pupil wellbeing.
- We have a highly trained team who lead on evidence-based practice for all our interventions.

How we ensure best practice:

- A wellbeing register holds key information on all those pupils being supported.
- Notes are kept up to date and recorded on CPOMS for a chronology over time. This forms part of our Safeguarding response.
- Staff read and understand section one of Keeping Children Safe in Education.
- Staff know our behaviour, SEMH, attendance and safeguarding policies and protocols.
- The wider school community has an active voice about SEMH.
- We monitor SEMH interventions and adjust where necessary.
- We identify applications and programmes that can further support wellbeing (YouHue, A Confident Me).
- All staff have relevant and continuous training.
- Supervision is provided for those closely working with pupils who require support.
- A member of SLT is the Pastoral and Wellbeing Lead.

Parbold Douglas CE Academy

Mental Health and Wellbeing Policy [Last updated: September 2023]

Scope

This document describes the approach, at Parbold Douglas Church of England Academy, to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.

This policy relates specifically to the mental health and wellbeing of pupils. For our policy on supporting and developing the mental health and wellbeing of staff, please refer to the [Staff Mental Health and Wellbeing Policy](#).

This policy should be read in conjunction with our [Safeguarding Policy](#) in cases where a pupil's mental health and wellbeing overlaps with, or is linked to, a safeguarding concern. Other policies worth noting are: [SEND](#), [Behaviour](#), [Attendance](#), [Supporting Pupils with Medical Conditions](#), [Exclusions](#), [Bereavement](#) and [Staff Code of Conduct](#).

The policy aims to:

- Promote positive mental health and wellbeing for all pupils.
- Increase understanding and awareness of common mental health issues.
- Alert staff to early warning signs of poor mental health and wellbeing.
- Provide support to staff working with young people with mental health and wellbeing issues.
- Provide support to pupils suffering mental ill health and their peers and parents/carers.

Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to:

- Children and Families Act 2014
- Health and Social Care Act 2012
- Equality Act 2010
- Education Act 2002
- Mental Capacity Act 2005
- Children Act 1989

This policy has been created with regard to the following DfE guidance:

- DfE (2023) 'Keeping children safe in education'
- DfE (2018) 'Mental health and behaviour in schools'
- DfE (2016) 'Counselling in schools: a blueprint for the future'
- DfE (2015) 'Special educational needs and disabilities code of practice: 0 to 25'

Roles and Responsibilities

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

Mr John Coxhead – Head teacher, CPD Lead

Mr Chris Lawson – Assistant Head teacher; Designated Safeguarding Lead; Pastoral, Mental Health and Wellbeing Lead; Senior Mental Health First Aider

Mrs. Bonnie Halsall – Wellbeing Coach

Mrs Jo Mercer – Lead First Aider

Mrs Heather Wainwright – Chair of the Staff Wellbeing Committee, Adult Mental Health First Aider, SENCO

Mrs Catherine Britner – Lead Governor for Wellbeing



The PSHE Subject Leadership Team includes a number of key staff, ensuring that PSHE has the highest possible status in the school's curriculum provision. The team includes: John Coxhead (Headteacher), Chris Lawson (Assistant Headteacher, Pastoral Lead, and DSL), Kate Jonker (Assistant Headteacher), and Heather Wainwright (SENCO).

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Pastoral Lead/ DSL. If there is a fear that the pupil is in danger of immediate harm then the normal safeguarding procedures should be followed with **an immediate referral** to the Designated Safeguarding Lead or Children's Social Care. If the pupil 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 Pastoral Lead/ DSL.

The school's leadership as a whole is responsible for:

- **Preventing mental health and wellbeing difficulties:** By creating a safe and calm environment, where mental health problems are less likely to occur, the leadership can improve the mental health and wellbeing of the school community and instil resilience in pupils. A preventative approach includes teaching pupils about mental wellbeing through the curriculum and reinforcing these messages in our activities and ethos.
- **Identifying mental health and wellbeing difficulties:** By equipping staff with the knowledge required, early and accurate identification of emerging problems is enabled.
- **Providing early support for pupils experiencing mental health and wellbeing difficulties:** By raising awareness and employing efficient referral processes, the school's leadership can help pupils access evidence-based early support and interventions.
- **Accessing specialist support to assist pupils with mental health and wellbeing difficulties:** By working effectively with external agencies, the school can provide access or referrals to specialist support and treatment.
- **Identifying and supporting pupils with SEND:** As part of this duty, the school's leadership considers how to use some of the SEND resources to provide support for pupils with mental health difficulties that amount to SEND.
- **Identifying where wellbeing concerns represent safeguarding concerns:** Where mental health and wellbeing concerns could be an indicator of abuse, neglect or exploitation, the school will ensure that appropriate safeguarding referrals are made in line with the Child Protection and Safeguarding Policy.

The governing board is responsible for:

- Fully engaging with pupils with SEMH difficulties and their parents when drawing up policies that affect them.
- Identifying, assessing and organising provision for all pupils with SEMH difficulties, whether or not they have an EHC plan.
- Endeavouring to secure the special educational provision called for by a pupil's SEMH difficulties.
- Designating an appropriate member of staff to be the Pastoral Lead and SENCO to ensure there are provisions for pupils with SEMH difficulties.
- Taking all necessary steps to ensure that pupils with SEMH difficulties are not discriminated against, harassed or victimised.
- Ensuring there are clear systems and processes in place for identifying possible SEMH problems, including routes to escalate and clear referral and accountability systems.

The Headteacher is responsible for:

- Ensuring that those teaching or working with pupils with SEMH difficulties are aware of their needs and have arrangements in place to meet them.



- Ensuring that teachers monitor and review pupils' academic and emotional progress during the course of the academic year.
- Ensuring that the Pastoral, Mental Health and Wellbeing Lead/ DSL has sufficient time and resources to carry out their functions.
- Reviewing the quality of teaching for pupils at risk of underachievement, as a core part of the school's performance management arrangements.
- Ensuring that staff members understand the strategies used to identify and support pupils with SEMH difficulties.
- Ensuring that procedures and policies for the day-to-day running of the school do not directly or indirectly discriminate against pupils with SEMH difficulties.
- Establishing and maintaining a culture of high expectations and including pupils with SEMH difficulties in all opportunities that are available to other pupils.
- Consulting health and social care professionals, pupils and parents to ensure the needs of pupils with SEMH difficulties are effectively supported.
- Keeping parents and relevant staff up-to-date with any changes or concerns involving pupils with SEMH difficulties.
- Ensuring staff members have a good understanding of the mental health support services that are available in their local area, both through the NHS and voluntary sector organisations.

The Designated Safeguarding Lead/ Pastoral, Mental Health and Wellbeing Lead is responsible for:

- Overseeing the whole-school approach to mental health, including how this is reflected in policies, the curriculum and pastoral support, how staff are supported with their own mental health, and how the school engages pupils and parents with regards to pupils' mental health and awareness.
- Collaborating with the SENCO, Head teacher and governing board, as part of the SLT, to outline and strategically develop SEMH policies and provisions for the school.
- Coordinating with the SENCO and mental health support teams to provide a high standard of care to pupils who have SEMH difficulties.
- Advising on the deployment of the school's budget and other resources in order to effectively meet the needs of pupils with SEMH difficulties.
- Being a key point of contact with external agencies, especially the mental health support services.
- Providing professional guidance to colleagues about mental health and working closely with staff members, parents and other agencies, including SEMH charities.
- Referring pupils with SEMH difficulties to external services, e.g. specialist children and young people's mental health services (CAMHS), to receive additional support where required.
- Overseeing the outcomes of interventions on pupils' education and wellbeing.
- Liaising with parents of pupils with SEMH difficulties, where appropriate.
- Liaising with other schools, educational psychologists, health and social care professionals, and independent or voluntary bodies.
- Liaising with the potential future providers of education, such as secondary school teachers, to ensure that pupils and their parents are informed about options and a smooth transition is planned.
- Leading mental health CPD.

The SENCO is responsible for:

- Collaborating with the governing board, Head teacher and the Pastoral, Mental Health and Wellbeing Lead, to determine the strategic development of SEMH policies and provisions in the school.
- Undertaking day-to-day responsibilities for the successful operation of the SEND Policy and supporting implementation of the SEMH policy.
- Supporting the subject teachers in the further assessment of a pupil's particular strengths and areas for improvement and advising on the effective implementation of support.

Teaching staff are responsible for:

- Being aware of the signs of SEMH difficulties.
- Understanding that persistent mental health difficulties can lead to a pupil developing SEND.
- Planning and reviewing support for their pupils with SEMH difficulties in collaboration with parents, the Pastoral, Mental Health and Wellbeing Lead and, where appropriate, the pupils themselves.
- Setting high expectations for every pupil and aiming to teach them the full curriculum, whatever their prior attainment.
- Planning lessons to address potential areas of difficulty to ensure that there are no barriers to every pupil achieving their full potential, and that every pupil with SEMH difficulties will be able to study the full national curriculum.
- Being responsible and accountable for the progress and development of the pupils in their class.
- Promoting resilience to help encourage positive SEMH.
- Being aware of factors that put pupils at risk of SEMH difficulties, such as low self-esteem, physical illnesses, academic difficulties and family problems.
- Knowing that risks are cumulative and that exposure to multiple risk factors can increase the risk of SEMH difficulties.
- Being aware of the needs, outcomes sought and support provided to any pupils with SEMH difficulties.
- Keeping the relevant figures of authority up-to-date with any changes in behaviour, academic developments and causes of concern.
- Taking any concerns expressed by parents, other pupils, colleagues and the pupil in question seriously.
- Understanding that familial loss or separation, significant changes in a pupil's life or traumatic events are likely to cause SEMH difficulties.

Staff members understand what indicators they should be aware of that may point to SEMH difficulties, such as behavioural problems, pupils distancing themselves from other pupils or changes in attitude. Staff members will observe, identify and monitor the behaviour of pupils potentially displaying signs of SEMH difficulties; however, only medical professionals will make a diagnosis of a mental health condition.

Our school works in collaboration with mental health support workers who are trained professionals who act as a bridge between schools and mental health agencies.

Creating a supportive whole-school culture

Senior leaders will clearly communicate their vision for good mental health and wellbeing with the whole school community.

The school utilises various strategies to support pupils who are experiencing high levels of psychological stress, or who are at risk of developing SEMH problems, including:

- Teaching about mental health and wellbeing through curriculum subjects such as PSHE & RSE
- Positive classroom management
- Developing pupils' social skills
- Working with parents
- Peer support
- Access to a Wellbeing Coach

Clear processes are in place to help staff who identify SEMH problems in pupils and steps to escalate issues through clear referral and accountability systems. The school's [Behaviour Policy](#) includes measures to prevent and tackle bullying, and contains an individualised, graduated response when behaviour may be the result of mental health needs or other vulnerabilities.



Teaching about Mental Health and Wellbeing

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our PSHE curriculum. Links are also made across the wider curriculum – for example, in Computing lessons, pupils learn about staying safe online to support their emotional wellbeing.

The specific content of lessons will be determined by the specific needs of the cohort being taught, but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

The SLT ensures that there are clear policies and processes in place to reduce stigma and make pupils feel comfortable enough to discuss mental health concerns. Pupils know where to go for further information and support should they wish to talk about their mental health needs or concerns over a peer's or family member's mental health or wellbeing.

Common SEMH difficulties

Anxiety:	Anxiety refers to feeling fearful or panicked, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a pupil's ability to develop, learn and sustain and maintain friendships.
-----------------	---

Specialists reference the following diagnostic categories:

- **Generalised anxiety disorder:** a long-term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event.
- **Panic disorder:** a condition in which people have recurring and regular panic attacks, often for no obvious reason.
- **Obsessive-compulsive disorder (OCD):** a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter their mind, causing them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to try to prevent an obsession coming true).
- **Specific phobias:** This is the excessive fear of an object or a situation, to the extent that it causes an anxious response such as a panic attack (e.g. school phobia).
- **Separation anxiety disorder:** This disorder involves worrying about being away from home, or about being far away from parents, at a level that is much more severe than normal for a pupil's age.
- **Social phobia:** This is an intense fear of social or performance situations.
- **Agoraphobia:** This refers to a fear of being in situations where escape might be difficult or help would be unavailable if things go wrong.

Depression:	Depression refers to feeling excessively low or sad. Depression can significantly affect a pupil's ability to develop, learn or maintain and sustain friendships. Depression can often lead to other issues such as behavioural problems.
--------------------	---

Generally, a diagnosis of depression will refer to one of the following:

- **Major depressive disorder (MDD):** A pupil with MDD will show several depressive symptoms to the extent that they impair work, social or personal functioning.
- **Dysthymic disorder:** This is less severe than MDD and characterised by a pupil experiencing a daily depressed mood for at least two years.

Hyperkinetic disorders:	Hyperkinetic disorders refer to a pupil who is excessively easily distracted, impulsive or inattentive.
--------------------------------	---

If a pupil is diagnosed with a hyperkinetic disorder, it will be one of the following:

- **Attention deficit hyperactivity disorder (ADHD):** This has three characteristic types of behaviour: inattention, hyperactivity and impulsivity. While some children show the signs of all three characteristics,



which is called ‘combined type ADHD’, other children diagnosed show signs of only inattention, hyperactivity or impulsiveness.

- **Hyperkinetic disorder:** This is a more restrictive diagnosis but is broadly similar to severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. The core symptoms must also have been present from before the age of seven, and must be evident in two or more settings, e.g. at school and home.

Attachment disorders:	Attachment disorders refer to the excessive distress experienced when a child is separated from a special person in their life, like a parent. Pupils suffering from attachment disorders can struggle to make secure attachments with peers.
------------------------------	---

Researchers generally agree that there are four main factors that influence attachment disorders, these are:

- Opportunity to establish a close relationship with a primary caregiver.
- The quality of caregiving.
- The child’s characteristics.
- Family context.

Eating disorders:	Eating disorders are serious mental illnesses which affect an individual’s relationship with food. Eating disorders often emerge when worries about weight or appearance begin to dominate a person’s life.
--------------------------	---

Substance misuse:	Substance misuse is the use of harmful substances, e.g. drugs and alcohol.
--------------------------	--

Deliberate self-harm:	Deliberate self-harm is a person intentionally inflicting physical pain upon themselves.
------------------------------	--

Post-traumatic stress:	Post-traumatic stress is recurring trauma due to experiencing or witnessing something deeply shocking or disturbing. If symptoms persist, a person can develop post-traumatic stress disorder.
-------------------------------	--

Signposting

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community.

The National Society for the Prevention of Cruelty to Children (NSPCC) visit the school on a regular basis. This includes an assembly with both key stage 1 and key stage 2, as well as some class-based workshops. As part of these sessions, children are made aware of Childline. The number for Childline (0800 1111) is displayed around school.

We will display relevant sources of support in communal areas and classrooms and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand:

- What help is available
- Who it is aimed at
- How to access it / Why to access it
- What is likely to happen next

Warning Signs

School staff may become aware of warning signs which indicate 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 communicate their concerns with the Head teacher/ Pastoral, Mental Health and Wellbeing Lead or Designated Safeguarding Lead. Risk Factors are referenced in **Appendix 1**.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Anxiety
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood including low mood for periods of time
- 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
- Low self-worth
- Unable to make choices
- Refusing to accept praise
- 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
- Avoiding risks
- Failure to engage
- Poor personal presentation
- Lethargy/apathy
- Daydreaming
- Unable to make and maintain friendships
- Speech anxiety/reluctance to speak
- Task avoidance
- Challenging behaviour
- Restlessness/over-activity
- Non-compliance
- Mood swings
- Impulsivity
- Physical and/ or verbal aggression
- Perceived injustices
- Disproportionate reactions to situations
- Difficulties with change/transitions
- Lack of empathy

Identifying signs of SEMH difficulties

The school is committed to identifying pupils with SEMH difficulties at the earliest stage possible. Staff are trained to know how to identify possible mental health problems and understand what to do if they spot signs of emerging difficulties. When the school suspects that a pupil is experiencing mental health difficulties, a graduated response is employed.

Further information on this can be found in **appendix 3**.

- **Assess:** an assessment is undertaken to establish a clear analysis of the pupil's needs. Appropriate assessment tools, such as an entry and exit questionnaire, are utilised to assess need and impact.
- **Plan:** a plan is set out to determine how the pupil will be supported. Which interventions and support can be provided. Staff members consider all previous assessments and progress over time, and then refer the pupil to the appropriate services. Where appropriate, the Head teacher asks parents to give consent to their child's GP to share relevant information regarding SEMH with the school.
- **Do:** Action is taken to provide that support
- **Review:** regular reviews are undertaken to assess the effectiveness of the provision, and changes are made as necessary

Vulnerable groups

Some pupils are particularly vulnerable to SEMH difficulties. These ‘vulnerable groups’ are more likely to experience a range of adverse circumstances that increase the risk of mental health problems. Staff are aware of the increased likelihood of SEMH difficulties in pupils in vulnerable groups and remain vigilant to early signs of difficulties.

Vulnerable groups include the following:

- Pupils who have experienced abuse, neglect, exploitation or other adverse contextual circumstances
- Children in need
- LAC
- Previously LAC (PLAC)
- Socio-economically disadvantaged pupils, including those in receipt of, or previously in receipt of, free school meals and the pupil premium

These circumstances can have a far-reaching impact on behaviour and emotional states. These factors will be considered when discussing the possible exclusion of vulnerable pupils.

Adverse childhood experiences (ACEs) and other events that impact pupils’ SEMH

The balance between risk and protective factors is disrupted when traumatic events happen in pupils’ lives, such as the following:

- **Loss or separation:** This may include a death in the family, parental separation, divorce, hospitalisation, loss of friendships, family conflict, a family breakdown that displaces the pupil, being taken into care or adopted, or parents being deployed in the armed forces.
- **Life changes:** This may include the birth of a sibling, moving house, changing schools or transitioning between schools.
- **Traumatic experiences:** This may include abuse, neglect, domestic violence, bullying, violence, accidents or injuries.
- **Other traumatic incidents:** This may include natural disasters or terrorist attacks.

Some pupils may be susceptible to such incidents, even if they are not directly affected. For example, pupils with parents in the armed forces may find global disasters or terrorist incidents particularly traumatic. The school supports pupils when they have been through ACEs, even if they are not presenting any obvious signs of distress – early help is likely to prevent further problems. Support may come from the school’s existing support systems or via specialist staff and support services.

Wellbeing Support Plans (WSPs)

In some cases, wellbeing support plans will be created (**Appendix 7**). These plans are for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. These may tie into a Health Care Plan which would include special requirements and precautions; medication and any side effects; what to do, and who to contact in an emergency etc.

Managing disclosures and confidentiality

A pupil may choose to disclose concerns about themselves or a friend to any member of staff, so all staff need to know how to respond appropriately to a disclosure. 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 the first thoughts of staff should be of the pupil's emotional and physical safety rather than of exploring 'Why?'

All disclosures should be recorded in writing and held online with CPOMS in line with our Safeguarding procedures. This information should be shared with the Head teacher and Designated Safeguarding Lead who will offer support and advice about next steps.

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

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

We should never share information about a pupil without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and/ or a parent. Particularly if a pupil is in danger of harm.

Reporting disclosures is essential. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil. It ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with. All should be recorded on CPOMS in line with the schools [Safeguarding Policy](#).

Parents should be informed if there are concerns about their child's mental health and wellbeing and pupils may choose to tell their parents themselves. If this is the case, the pupil should be given 24 hours to share this information before the school contacts parents if there is no immediate danger or threat to the pupil. We should always give pupils the option of us informing parents for them or with them. This decision is age and stage dependent and should be decided in discussion with the Pastoral, Mental Health and Wellbeing Lead/ DSL.

If a child gives us reason to believe that there may be underlying safeguarding issues, parents should not be informed, but the Designated Safeguarding Lead must be informed immediately.

Working 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 pupil, other members of staff.
- What are the aims of the meeting?

It can 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 accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information, where possible. Ideally, this should be provided in written form, as they will often find it hard to take much in whilst coming to terms with the news that you are sharing. Parents and pupils are expected to seek and receive support elsewhere, including from their GP, NHS services, trained professionals working in CAMHS, voluntary organisations and other sources.

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 an agreed next step and always keep a record of the meeting using CPOMS.

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:

- Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child.
- Make our Mental Health and Wellbeing Policy easily accessible to parents ([via our school website](#)).
- 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.
- Share information with parents via our school Twitter feeds, e.g. to make them aware of NSPCC visits.

Supporting Peers

When a pupil is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case-by-case basis which friends may need additional support. Support will be provided either in one-to-one or group settings and will be guided by conversations by the pupil who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend requires 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

Training

All staff will receive regular training about recognising and responding to mental health issues as part of their regular safeguarding training in order to enable them to keep pupils safe. Additional opportunities may also be provided in response to the context at the time.

The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue: <https://www.minded.org.uk/> All staff can make use of this service.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD arranged year where it becomes appropriate due developing situations with one or more pupils this may include twilight 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 John Coxhead, our Head teacher and CPD Lead, who can also highlight sources of relevant training and support for individuals as needed.

Policy Review

This policy will be reviewed every 3 years as a minimum. Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis.

If you have a question or suggestion about improving this policy, this should be addressed to Mr John Coxhead (j.coxhead@pda.lancs.sch.uk).

This policy will always be immediately updated to reflect personnel changes.

Date of last review: September 2023

Date of next review: September 2026

Appendix 1: Risk factors and protective factors

There are a number of risk factors beyond being part of a vulnerable group that are associated with an increased likelihood of SEMH difficulties, these are known as risk factors. There are also factors associated with a decreased likelihood of SEMH difficulties, these are known as protective factors.

The table below displays common risk factors for SEMH difficulties (as outlined by the DfE) that staff remain vigilant of, and the protective factors that staff look for and notice when missing from a pupil:

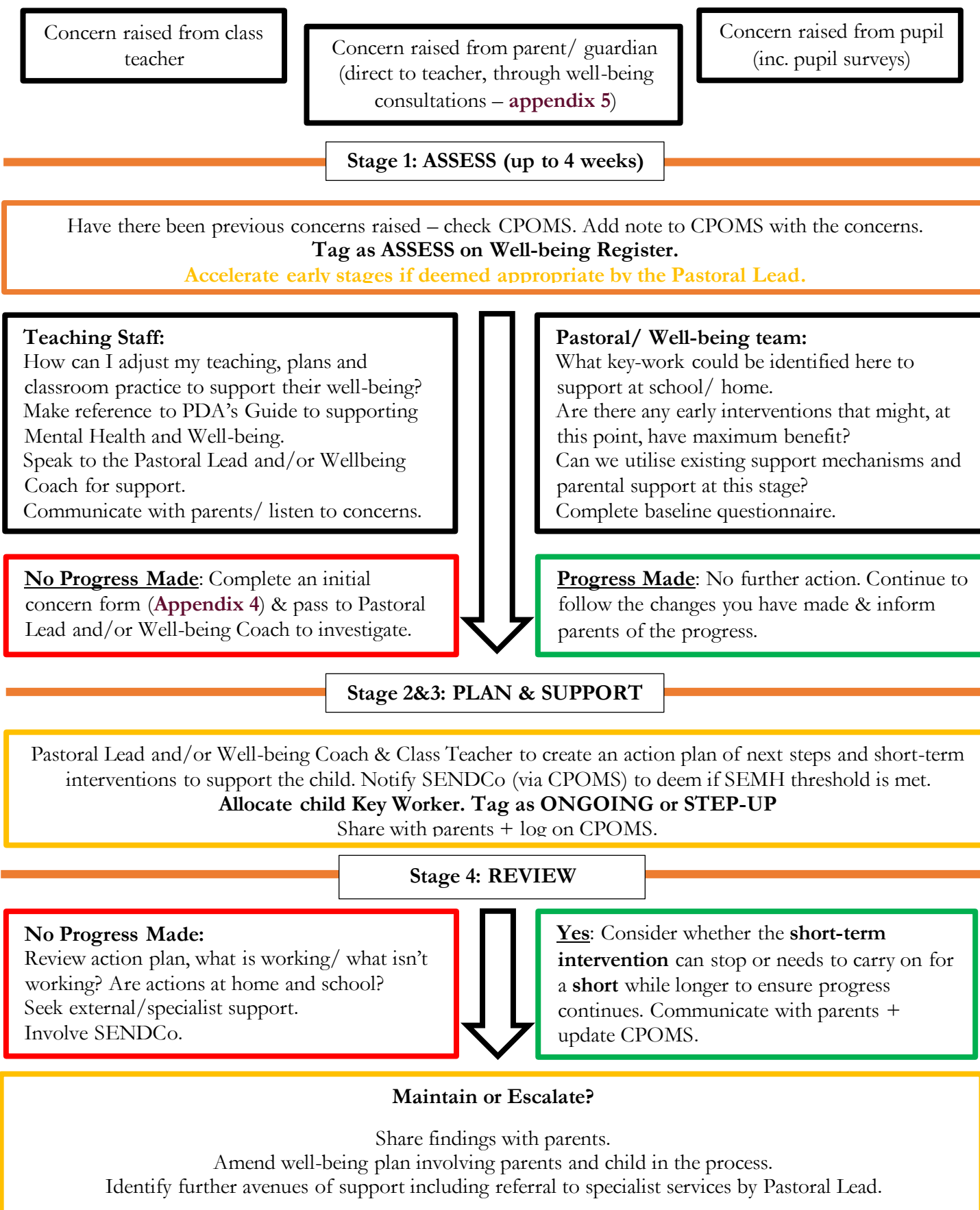
	Risk factors	Protective factors
In the pupil	<ul style="list-style-type: none"> ▪ Genetic influences ▪ Low IQ and learning disabilities ▪ Specific development delay or neuro-diversity ▪ Communication difficulties ▪ Difficult temperament ▪ Physical illness ▪ Academic failure ▪ Low self-esteem 	<ul style="list-style-type: none"> ▪ Secure attachment experience ▪ Outgoing temperament as an infant ▪ Good communication skills and sociability ▪ Being a planner and having a belief in control ▪ Humour ▪ A positive attitude ▪ Experiences of success and achievement ▪ Faith or spirituality ▪ Capacity to reflect
In the pupil's family	<ul style="list-style-type: none"> ▪ Overt parental conflict including domestic violence ▪ Family breakdown (including where children are taken into care or adopted) ▪ Inconsistent or unclear discipline ▪ Hostile and rejecting relationships ▪ Failure to adapt to a child's changing needs ▪ Physical, sexual, emotional abuse, or neglect ▪ Parental psychiatric illness or personality disorder ▪ Parental criminality, alcoholism ▪ Death and loss – including loss of friendship 	<ul style="list-style-type: none"> ▪ At least one good parent-child relationship ▪ At least one good supportive adult relationship ▪ Affection ▪ Clear, consistent discipline ▪ Support for education ▪ Supportive long-term relationships or the absence of severe discord
In the school	<ul style="list-style-type: none"> ▪ Bullying including online (cyber bullying) ▪ Discrimination ▪ Breakdown in or lack of positive friendships ▪ Deviant peer influences ▪ Peer pressure ▪ Peer-on-peer abuse ▪ Poor pupil-to-teacher/school staff relationships 	<ul style="list-style-type: none"> ▪ Clear policies on behaviour and bullying ▪ Staff behaviour policy (also known as code of conduct) ▪ 'Open door' policy for children to raise problems ▪ A whole-school approach to promoting good mental health ▪ Good pupil-to-teacher/school staff relationships ▪ Positive classroom management ▪ A sense of belonging ▪ Positive peer influences and friendships ▪ Effective safeguarding and child protection. ▪ An effective early help process
In the community	<ul style="list-style-type: none"> ▪ Socio-economic disadvantage ▪ Homelessness ▪ Disaster, accidents, war or other overwhelming events ▪ Discrimination ▪ Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation ▪ Other significant life events 	<ul style="list-style-type: none"> ▪ Wider supportive network ▪ Good housing ▪ High standard of living ▪ High morale school with positive policies for behaviour, attitudes and anti-bullying ▪ Opportunities for valued social roles ▪ Range of sport/leisure activities

Appendix 2: Warning Signs for Suicidal Behaviour

The following table contains common warning signs for suicidal behaviour. It is worth noting that death by suicide of a significant family member, or hearing about an incident without full information can also lead to pupils becoming curious to suicide. This can lead to suicidal behaviour.

Speech	Behaviour	Mood
The pupil has mentioned the following:	The pupil displays the following behaviour:	The pupil often displays the following moods:
Killing themselves	Increased use of alcohol or drugs	Depression
Feeling hopeless	Looking for ways to end their lives, such as searching suicide online	Anxiety
Having no reason to live	Withdrawing from activities	Loss of interest
Being a burden to others	Isolating themselves from family and friends	Irritability
Feeling trapped	Sleeping too much or too little	Humiliation and shame
Unbearable pain	Visiting or calling people to say goodbye	Agitation and anger
	Giving away possessions	Relief or sudden improvement, e.g. through self-harm activities
	Aggression	
	Fatigue	
	Self-harm	

Appendix 3: Wellbeing Flowchart (inc. Assess, Plan, Support, Review).



Appendix 4: Wellbeing Initial Concern Form

Pupil Name:		Year Group:		Completed by:	
--------------------	--	--------------------	--	----------------------	--

Who of the following has instigated the initial concern (tick)?			
Pupil	Teacher	Parent	Other:

What is the child's voice regarding the situation? (<i>What is going well? What could be improved?</i>)

What is the parent's voice regarding the situation? (<i>What is going well? What could be improved?</i>)

What is the teacher's voice regarding the situation? (<i>What is going well? What could be improved?</i>)

What actions have already been taken?

Additional Notes:

Triage and Next Steps.

Appendix 5: Parent Wellbeing Consultation Form

Child's Name:		Year:	
Parent:		Date:	
Issues raised by parent:			
Ideas/ advice provided by school:			
Further actions by school/ home:			
Follow Up (4 weeks after initial conversation / start of support)			
Way Forward / Status			

Appendix 6: Pupil Wellbeing Session Form

Pupil's Name:		Year:	
Date:			
Session Number:			
Notes:			
Take Away:			
Next Time:			

Appendix 7: Wellbeing Action Plan

Pupil's Name:		Year:		Completed by:	
----------------------	--	--------------	--	----------------------	--

Summary of need:	
-------------------------	--

Pupil's Voice: <i>(What I would like/ How I feel now).</i>	
--	--

Action Planning:

Target:	Support:	Outcome:

Pastoral Lead/ Wellbeing Coach Notes:

--

Appendix 8: Continuum of Wellbeing Support

Class Teaching Staff	Referral to Wellbeing Team through Initial Concern Form	SLT/ DSL/ SMEH First Aider/ SENCO/ Wellbeing Coach	EXTERNAL REFERRAL THROUGH CAF/ ACCESS TO SUPPORT DOCUMENTS	External Pupil Support
<ul style="list-style-type: none"> ▪ Speak to pupil 1-1. ▪ Make a conscious effort to see the positive. ▪ See the need not the behaviour. ▪ Ring/email parents. ▪ Meet parents in school. ▪ Move them places. ▪ Give them SMART targets. ▪ Track feelings using YouHue/ Communication Box/ Blob Tree ▪ Access to Confident Me emotion cards to articulate how they feel. ▪ Celebrate success. ▪ Track attendance ▪ Start to discuss concerns with MH team. 		<ul style="list-style-type: none"> ▪ Initial assessment of need – Triangulate - child, school and home. ▪ Baseline – entry questionnaire ▪ Create confidential log of conversations with the child. ▪ Wellbeing Coach on-call when required. ▪ Meet with parents ▪ Effort reviews and target setting. ▪ Soft landings in the morning <p><u>Access to the following interventions:</u></p> <ul style="list-style-type: none"> ▪ One to One coaching ▪ Small Group coaching ▪ A Confident Me Programme ▪ Stable Lives involvement (Group or 1-1) ▪ Packtypes to understand character traits ▪ Social Communication and Interaction work. <p><u>Step-up to higher level internal support:</u></p> <ul style="list-style-type: none"> ▪ One to one mentoring. ▪ Confident Minds. ▪ Early Help Assessment. ▪ Wellbeing Action planning ▪ Refer to external agencies. 		<ul style="list-style-type: none"> ▪ Children’s Social Care. ▪ Family Wellbeing Service. ▪ Family Support Workers. ▪ MASH ▪ Stable Lives ▪ Young Carers. ▪ School Nurse. ▪ LAC – one to one tutors. ▪ Child and Adolescent Mental Health Services (CAMHS). ▪ Therapies for Anxiety, Depression and Stress (TADS). ▪ Art Therapy. ▪ Educational Psychologist. ▪ ADHD assessment (via CAMHS). ▪ ASD assessment (via CAMHS).