



Alley's Junior School Policies & Procedures

Pupil's Social and Emotional Wellbeing and Mental Health Policy

Name of Policy	Pupil's Social and Emotional Wellbeing and Mental Health Policy
ISSR	Part 3: Welfare, health and safety of pupils
Reviewed by	Junior School SLT
Author/SLT	Mrs B Whitelaw (Junior School PSHE Coordinator)/ Mrs E Olley (Junior School Deputy Head)
Date of school review	September 2024
Date of next school review	September 2025

Policy Overview

This policy applies to the Junior School, including EYFS (Early Years Foundation Stage).

This policy is intended for pupils, parents and staff in the Junior School. It informs our whole-school approach to promoting social and emotional wellbeing and mental health and also outlines the school's role in identifying and managing a pupil presenting with symptoms suggestive of a mental health concern. It draws on the non-statutory advice from the Department for Education and the National Children's Bureau advice for schools. This policy should be read in conjunction with the statutory guidance, *Keeping Children Safe in Education (KCSIE) September 2024*.

A. Promoting social and emotional wellbeing and good mental health

Alley's Junior School has a whole-school approach to promoting social and emotional wellbeing and good mental health and to dealing supportively with any problems that arise. The following all help to promote social, emotional and mental wellbeing:

i. Whole-school ethos and organisation

The School has an ethos of inclusivity, valuing all its pupils and their diversity. There are clear and robust policies on behaviour, anti-bullying and harmful peer relations (including cyberbullying).

The aim of promoting social and emotional wellbeing is shared by all members of the School staff. All teaching staff have additional responsibilities to children with special educational needs and disabilities (SEND) and those receiving additional learning support. Regular training and updates keep staff aware of mental health problems and the school's role in early intervention.

ii. Pastoral provision.

Our strong culture of pastoral care promotes the pupils' social and emotional wellbeing and their mental health, and also enables staff to recognise and help pupils displaying potential or possible mental health issues. We encourage an 'open-door' approach for pupils to raise problems. We believe that listening in a non-judgemental way to what a young person is saying is essential to enable concerns to come to light.

Form Teachers have daily contact with their pupils, are available to talk to pupils as needed and are well placed to notice changes in behaviour that might indicate a problem. Any concerns raised about mental health problems should be brought to the attention of the Junior School Deputy Head.

Communication with and from parents is vital in understanding any circumstances at home that may affect a child's wellbeing and mental health. We encourage parents to share information with Form Teachers, whilst recognising that these are often sensitive issues, so that they can support the child in school in a discreet manner.

The "Let's Talk" initiative enables pupils to request to speak to any member of staff, not just their Form Teacher or one of their subject teachers. Pupils can request to speak to a member of staff urgently (that day), tomorrow or some time that week, depending on the urgency felt. All staff who speak to pupils through this initiative report back to the Deputy Head, who keeps a record of pupils accessing it and the general theme of their concerns.

Specialist teachers play a role in alerting Form Teachers to any concern they may have about a pupil, especially PE staff. Any member of staff who notices any concerns regarding physical appearances and emotional wellbeing must first speak to the Form Teacher and then the Junior School Deputy Head.

As part of weekly staff meetings, there is a "Pupil News" agenda item, where staff raise concerns or ongoing issues regarding specific pupils. This is an opportunity for all staff to be aware of pupils to look out for and the systems that have been put in place to support those who have already been brought to attention.

The PHSE co-ordinator keeps a bereavement record on ISAMS where any pupil we are alerted to as having experienced bereavement is recorded. Where appropriate, these bereavements are mentioned as part of "Pupil News" in the weekly staff meeting.

The Pastoral Care Committee (PCC) meets once a term to discuss pastoral initiatives in the school. The Junior School Deputy Head chairs this committee.

In order to ensure that all pupils are eating a balanced meal at lunch time, members of Infant and Junior staff are on duty in the dining hall each day. A record is kept, in consultation with the Junior School Nurse of any children with specific dietary requirements and needs and also of those who need encouragement at lunch times. The Junior School Deputy Head and School Nurse meet regularly, and these children are discussed as part of this meeting. Where necessary, parents will be involved in discussions around their child at mealtimes in order to support those more reluctant to eat.

Alleyn's Junior School shares a school counsellor with the Senior School, who is available to pupils through referral from the Junior School Deputy Head.

The Junior School Nurse is available for advice and confidential consultations for pupils, staff and parents.

The School Chaplain is also available to pupils to meet with and is a familiar face within the Junior School.

The Senior School's Senior Deputy Head is the Designated Safeguarding Lead (DSL) of the whole school. The Head and Deputy Head of the Junior School are Deputy Designated Safeguarding Leads (DDSLs) and meet

regularly with the DSL to discuss safeguarding concerns. The Junior School Head is the DDSL for the Early Years Foundation Stage.

iii. The role of the curriculum and co-curriculum

The School aims to promote resilience in all its pupils. Our School Learning Dispositions and ROCCK encourage our pupils to develop an open and growth mindset and to be comfortable with failure. The PSHE curriculum includes life skills such as making informed choices, understanding risks and valuing diversity. Curriculum teaching and learning, along with co-curricular involvement, also promote resilience and social and emotional learning, alongside the school dispositions and ROCCK. Pupils' end of term reports characteristically encourages a positive approach to tackling the challenges of school life and reward effort and engagement in particular.

Regular "Our Time" sessions within Years 3 to 6 give Form Teachers opportunities to discuss the school's learning dispositions and to discuss any form-based issues that may have arisen during the week. Similar discussions are had within Infant assemblies for Reception to Year 2.

The commendations read out in Friday's assembly and the weekly Head's Merits are a perfect opportunity for staff to encourage and reward specific learning dispositions shown, as well as recognising excellent effort and achievement in a curriculum or co-curricular area.

Through the School's computing curriculum and celebration of Safer Internet Day, Alleyn's Junior School endeavours to teach children about positive e-wellbeing. The use of mobile phones and social media are also covered in not only these sessions but also in PHSE lessons.

B. Mental health problems

Examples of the range of problems pupils may experience are stress, depression, anxiety, eating disorders, and self-harm behavioural problems. These problems can stem from a wide range of factors; some problems may be quite mild or moderate, while others may take a more severe form, affecting a pupil's ability to cope with day-to-day living.

If the symptoms become more severe, distressing or ongoing, it is important to seek further support. Only medical professionals can make a formal diagnosis of a mental health condition.

Please see Appendix 1 for definitions of some mental health problems.

C. Risk factors

There are many different risk factors that can increase the probability of a child developing a mental health problem.

Particular events in a child's life can impact upon their ability to develop and maintain good mental health. It may be that a child is affected by one particular risk factor, or by a culmination of a number of factors.

Please see Appendix 2 for some risk factors for mental health problems.

D. Identifying mental health need and the referral process

Through working with parents, external medical and other professionals, the School aims to detect and address mental health problems in their earliest stages, and to set in place a plan of action as soon as possible.

i. Identifying need:

- A pupil's Form Teacher plays a very important part in identifying need and any significant changes in a pupil
- Any member of staff who has a concern about a pupil with a possible or actual mental health problem should speak to the Junior School Deputy Head in addition to the pupil's Form Teacher. They can also speak to the Lead School Counsellor, if appropriate.

Please see Appendix 3 for some common early signs of a mental health problem.

ii. Gathering information:

- Any additional information will be gathered, as appropriate, from other staff and the child's parents
- If a safeguarding concern is identified, then the Deputy Head will raise this with the Designated Safeguarding Lead in the Senior School.

iii. Referral process:

- We aim to work with parents, as well as with the pupil, ensuring that the pupil's opinions and wishes are taken into account and that they are kept fully informed so that they can participate in decisions made about them
- Parents and guardians will be informed and invited to meet with the Deputy Head and, possibly, the Junior School Nurse or the Lead School Counsellor
- If it is felt appropriate, then a pupil may be referred to the School Counsellor by the Junior School Deputy Head
- If the concerns are greater than the School can provide for, then the School may recommend that the parents or guardians seek a consultation with the family GP and to inform the School of the outcome
- However, if the family do not consult their GP and the School remains concerned, then the school may refer directly to CAMHS (Child and Adolescent Mental Health Service)
- A Common Assessment Framework (CAF) may also be completed as directed by the Local Authority to assess needs and involve other professions where there is a concern over a pupil's health, development, welfare, behaviour, progress or any other aspect of their wellbeing.

iv. Follow up and support:

- Regular follow up meetings will be arranged to support the pupil and their parents or guardians
- Any targets set will be monitored and reviewed
- Interventions provided in School will be designed to:
 - Establish a clear analysis of the pupil's needs
 - Plan how the pupil will be supported
 - Provide support needed
 - Review the effectiveness of the provision and make changes where necessary
 - Liaise with external support provided and the professionals involved.

The importance of early intervention and referral to outside agencies must be stressed when dealing with mental health issues.

Please see the flow chart at the end of this policy for the referral process the School would follow in the event of a suspected mental health concern.

E. Confidentiality and consent

Where a pupil has a special coping strategy, they, and their parents, will be asked if they wish this information to be shared with staff. Sometimes it is right to share this information with staff irrespective of the pupil's wishes. If information is to be shared, it will be done in the weekly staff meeting under the agenda item "Pupil News".

Our School protocol is to inform parents/guardians if a pupil is a risk to themselves or to others. Each circumstance is different, and so where appropriate, we shall inform the pupil of the need to pass concerns on to parents/guardians.

Although medical practitioners and GPs cannot always share information, the School will seek to be aware of any support programmes being offered by a GP that may affect the pupil's behaviour and attainment at School. The School may ask parents to give consent to their child's GP to share information with the School where necessary.

The School may also need to pass on the information to other staff. The pupil and their parents/guardian will be informed who these staff members are and why they would need to know.

The information exchanged between members of staff should only include what is necessary on a need-to-know basis.

APPENDIX 1: Definitions of some mental health problems

Clinical depression: is a common mental disorder that presents with depressed mood, loss of interest, feelings of guilt or low self-worth, disturbed sleep, low energy, poor concentration and/or changes of appetite. These symptoms occur most days for at least two weeks.

Anxiety disorders: anxiety disorders are conditions in which anxiety dominates the person's life or is experienced in particular situations. They include panic attacks, post-traumatic stress disorder (PTSD), obsessive compulsive disorder (OCD) and "generalised anxiety disorder".

Eating disorders: are characterised by an abnormal attitude towards food that causes someone to change their eating habits and behaviour, e.g. anorexia (an emotional disorder characterised by an obsessive desire to lose weight by refusing to eat), or bulimia (an emotional disorder characterised by a distorted body image and an obsessive desire to lose weight, in which bouts of extreme overeating are followed by fasting or self-induced vomiting or purging).

Self-harm: is a term used when someone injures or harms himself/herself on purpose (also called self-injury or deliberate self-harm) rather than by accident. Common examples include cutting, hitting, scratching, burning, deliberate ingestion of poisonous substances, or large quantities of medication. Attempted suicide is the most serious form of self-harm.

Some other recognised disorders: attention deficit disorder (ADD), attention deficit hyperactive disorder (ADHD), attachment disorder, schizophrenia, bipolar disorder.

APPENDIX 2: Risk factors for mental health problems

Risk factors for mental health problems:

These can increase the probability of a child developing a mental health problem:

- Low self-esteem
- Life changes: changing schools, birth of a sibling
- Physical illness
- Bullying and/or discrimination
- Peer pressure
- Loss of friendship
- Learning difficulties
- Poor ability to relate to others
- Dysfunctional family life; including domestic violence
- Disadvantaged background
- Neglect; including hostile or rejecting relationships at home
- Severe psychological trauma – e.g. physical, sexual or emotional abuse
- Significant early bereavement – such as the death of a parent
- Death or divorce within the family
- Cultural/social expectations
- Environmental circumstances beyond their control
- Substance abuse (drugs and/or alcohol) – by the child or their parents
- Genetics – family history of mental illness, including parental psychiatric illness
- Being in care or adopted.

APPENDIX 3: Some common early signs of a mental health problem

Some common early signs of a mental health problem may include any one or a combination of the following:

- Feeling tired and lacking energy
- Sleep problems
- Losing interest in activities and tasks that were previously enjoyed
- Increased anxiety, looking or feeling 'jumpy' or agitated, sometimes including panic attacks
- Changes in eating habits and/or appetite: over-eating, bingeing, not eating
- Deteriorating performance at school/attendance/behaviour
- Mood swings that are very extreme or fast and out of character
- Isolating behaviour, socialising less; spending too much time in bed
- Aggression; anti-social behaviour
- Needing very little sleep
- Frequent visits to the toilet, particularly in young children
- Self-harming behaviour, such as cutting, burning, hair pulling, scratching or biting
- Physical injuries.

APPENDIX 4: External mental health resources list (sources of support and information)

National support and information services:

Childline – A confidential service, provided by the NSPCC, offering free support for children and young people up to the age of nineteen on a wide variety of problems.

Education Endowment Foundation – The Sutton Trust-EEF Teaching and Learning Toolkit is an accessible summary of educational research which provides guidance for teachers and schools on how to use their resources to improve the attainment of all pupils and especially disadvantaged pupils.

Young Minds – a charity website providing general information about common medications that may be prescribed for children and young people with diagnosed mental health conditions.

MindEd – MindEd provides free e-learning to help adults to identify and understand children and young people with mental health issues. It provides simple, clear guidance on mental health to adults who work with children and young people, to help them support the development of young healthy minds.

MindEd Counselling – Counselling MindEd is an online resource within MindEd that provides free evidence-based, e-learning to support the training of school and youth counsellors and supervisors working in a wide variety of settings.

National Institute for Health and Care Excellence (NICE) – NICE's role is to improve outcomes for people using the NHS and other public health and social care services, including by producing evidence-based guidance and advice. Some of this guidance had been drawn on to produce this document and much of it is provided in non-specialist language for the public. This can be useful in understanding social, emotional and mental health conditions and their recommended treatments.

Place2Be – Place2Be is a charity working in schools providing early intervention mental health support to children aged 4-14 in England, Scotland and Wales.

Relate – Relate offers advice, relationship counselling, sex therapy, workshops, mediation, consultations and support face-to-face, by phone and through their website. This includes children and young people's counselling for any young person who is having problems.

Royal College of Psychiatrists (RCPsych) – Provides specifically tailored information for young people, parents, teachers and carers about mental health through their *Parents and Youth Info A-Z*.

Winston's Wish – Winston's Wish is a charity that supports bereaved children and their families. It provides specialist child bereavement support services across the UK, including in-depth therapeutic help in individual, group and residential settings.

Women's Aid – Women's Aid is the national domestic violence charity that works to end violence against women and children and supports domestic and sexual violence services across the country. They provide services to support abused women and children such as the free 24-hour National Domestic Violence Helpline and The HideOut, a website to help children and young people.

YoungMinds – Young Minds is a charity committed to improving the emotional wellbeing and mental health of children and young people. They undertake campaigns and research, make resource available to professionals (including teachers) and run a free helpline for adults worried about the emotional problems, behaviour or mental health of anyone up to the age of 25. They also offer a catalogue of resources for commissioning support services.

Youth Health Talk - They provide advice and support on mental health issues for young people.

Local services:

Child and Adolescent Mental Health Service (CAMHS)

South London and Maudsley (SLAM)

Access Child & Youth Mental Health Service at Springfield University Hospital

PROCEDURE IN THE EVENT OF SUSPECTED MENTAL HEALTH CONCERN

(follow this referral process to ensure the concern is escalated)

