Mental Health and Wellbeing Policy

River Bank Primary School

2023

Contents

Policy Statement

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

At River Bank Primary School, we aim to promote positive mental health for every member of our staff and pupil body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils affected both directly and indirectly by mental ill health.

Scope

This policy describes River Bank's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.

This policy should be read in conjunction with our safeguarding policy; our supporting pupils at school with medical conditions and administration of medicine policy, in cases where a pupil's mental health overlaps with or is linked to a medical issue; and our special educational needs and disability (SEND) policy where a pupil has an identified special educational need.

The Policy Aims to:
- Promote positive mental health in all staff and pupils
- 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 pupils experiencing mental ill health and their peers and parents/carers
- Provide support to pupils whose parents/carers are experiencing mental health issues

Key Members of Staff

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

Becki Greenacer - Designated Safeguarding Lead
Laura Scott - Senior Lead for Mental Health
Hannah Leech – Personal, Social, Health and Economic (PSHE) Education Lead
David Sansom – Head Teacher

Jane Vale and Laura Scott - Mental Health First Responders
Charlene Bugler and Laura Scott – Emotional Literacy Support Assistant (ELSA)

Staff Wellbeing

At River Bank Primary, we believe that staff are our most important asset, so we aim to have a happy and cohesive, high performing team that ALL have an effective work life balance.

- To support staff wellbeing at River Bank we offer
- Discounted Gym Membership - We understand the links between exercise and wellbeing. If you choose to sign up, will have access to Active Luton facilities across Luton.
- One Family Day each year - To be taken when you would like for what you would like (e.g., a long weekend away, child's graduation, a birthday day off…) Day to be agreed with a minimum of two weeks' notice.
- Great Supportive Team - We are proud of have created a great team that supports each other to succeed and balance family life with work. SLT have an open door
- Minimal Out of Hours Email - A school wide focus on minimising email communication during evenings & weekends.
- Annual Flu Jab - available each winter, free of charge.
- Clear Calendar & Timetables - All school events are calendared for the year ahead, with clearly identified & distributed deadlines for data.

Role of all staff in support their own wellbeing

- All staff are expected to:
- Treat each other with empathy and respect
- Keep in mind the workload and wellbeing of other members of staff
- Support other members of staff if they become stressed, such as by providing practical assistance or emotional reassurance
- Report honestly about their wellbeing and let other members of staff know when they need support
- Follow the school's policy on out-of-school hours working, including guidance on when it is and isn't reasonable to respond to communications
- Contribute positively towards morale and team spirit
- Use shared areas respectfully, such as the staff room or offices
- Take part in training opportunities that promote their wellbeing

Managing specific wellbeing issues for staff

The school will support and discuss options with any staff that raise wellbeing issues, such as if they are experiencing significant stress at school or in their personal lives.
- Where possible, support will be given by line managers or senior staff. This could be through:
- Sign posting to external support, such as counselling or occupational health services
- Completing a risk assessment and following through with any actions identified

- Reassessing their workload and deciding what tasks to prioritise
- At all times, the confidentiality and dignity of staff will be maintained.

Common Mental Health Issues

Common mental health issues include, but are not limited to, the following:
- Self-harm
- Depression
- Anxiety, panic attacks and phobias
- Obsessions and compulsions
- Suicidal feelings
- Eating problems
- Psychosis

Information on resources and sources of support are given in Appendix A.

Procedure in Cases of Concern

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Mental Health Lead in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the Safeguarding Team. 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 the Child and Adolescent Mental Health Service (CAMHS) is appropriate, this will be led and managed by the Mental Health Lead or the Safeguarding Team.   Appendix B gives details of what makes a good CAMHS referral.

Any member of staff who has concerns about their own mental health may wish to speak to one of the Mental Health First Aiders, or contact a relevant organisation to access support (see Appendix C).

Special educational Needs and Disability (SEND)

Children with Special Education Needs and disabilities (SEND) are at increased risk of social exclusion, bullying, displaying behavioural problems and/or mental health problems when compared to those children without SEND.

We need to be aware of the increased vulnerability and risk of developing mental health issues for pupils with SEND, particularly those with autism (ASD).
Appendix D provides details of specific strategies aimed at preventing social exclusion and bullying of pupils with SEND and to support them when issues affecting their mental health arise.

Individual Care Plans

It is helpful to draw up an individual care plan 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 practitioners. This can include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

Teaching about Mental Health

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 developmental PSHE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort we are teaching 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.

We will follow guidance from the PSHE Association and use Jigsaw (a scheme of work for PSHE) to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms. Appendix E contains additional curriculum resources.

Signposting

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community. Appendix F outlines the support available within our school and local community, who it is aimed at and how to access it.

We will display relevant sources of support in communal areas such as corridors, staff rooms and toilets 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 that 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 to the Safeguarding Team.

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
- 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
- Skipping PE or getting changed secretively
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause

Managing disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff therefore 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, with our first thoughts being of the pupil's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see Appendix G.

All disclosures should be recorded on CPOMs (under safeguarding incident; cause for concern and emotional related) and held on the pupil's confidential file. This should include   :
- Date
- The initials of the member of staff to whom the disclosure was made (and in brackets, their role e.g. teacher)
- Main points from the conversation
- Agreed next steps

This information should be shared with the Safeguarding Team who will offer support and advice about next steps.

Confidentiality

We should be honest with regards to the issue of confidentiality. We will record any disclosures made on CPOMs alerting the safeguarding team.

We should never promise to keep the information a child has shared with us to ourselves.

Always share disclosures with the Safeguarding Team, 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.

Parents/carers must always be informed of any incident, pupils may choose to tell their parents/carers themselves. We should always give pupils the option of us informing parents for them or with them.

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

Working with Parents and Carers

Where it is deemed appropriate to inform parents/carers, we need to be sensitive in our approach. Before disclosing to parents/carers 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?
- What are the aims of the meeting?
- Who should be present? Consider parents, the pupil, and other members of staff.

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 and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you are sharing. Sharing sources of further support aimed specifically at parents/carers can also be helpful too e.g. parent helplines and forums.

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 brief record of the meeting on the child's confidential record (CPOMS).

Working with All Parents and Carers

Parents/carers 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 /carers we will:
- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children
- 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

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 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

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 pupils 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 to developing situations with one or more pupils.

Auditing our Provision

We will audit our mental health and emotional wellbeing provision on a regular basis using the [Luton Schools Mental Health and Emotional Wellbeing Review Tool](#) or the questions given in Appendix H.

Measuring and Monitoring

Pupils' Mental Wellbeing will be monitored, a survey will be carried out annually, in February, on pupils in years 2 and 6. Details of measuring and monitoring are given in Appendix I.

Guidance and Further Information

Sources of further information, guidance and advice are listed in Appendix J.

Policy Review

This policy will be reviewed every year as a minimum. It is next due for December 2024

Acknowledgements

This policy had been informed by the CWMT Foundation, Luton Educational Psychology Service, Luton LSCB, MHFA England, PH Luton, Surrey and Border NHS Trust

Reviewed Date: December 2023

Review Date: December 2024

Signed: R. Mahmool.

Appendix A: Further information and sources of support about common

mental health issues

Information and guidance about the issues most commonly seen in school-aged children is given below. The links will take you through to the most relevant page of the listed website.

Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support relating to self-harm includes:
- SelfHarm.co.uk: www.selfharm.co.uk
- National Self-Harm Network: www.nshn.co.uk
- Source: Young Minds
- "Let's talk about self harm" … The self harm tool kit

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support relating to depression includes:
- Depression Alliance: www.depressionalliance.org/information/what-depression • http://studentsagainstdepression.org/

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support relating to anxiety, panic attacks and phobias includes:
- Anxiety UK: www.anxietyuk.org.uk

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support for obsessions and compulsions can be found at:
  • OCD UK: www.ocduk.org/ocd

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Online support for suicidal feelings includes:
  • Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org
  • On the edge: ChildLine spotlight report on suicide:
  • www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edgechildline-spotlight/
  • http://www.stampoutsuicide.co.uk/

Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.
Online support for eating problems is available at:
  • Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders • Eating Difficulties in Younger Children and when to worry:
      www.inourhands.com/eating-difficulties-in-younger-children

Psychosis

Psychosis is a general term to describe a mental health problem in which a young person experiences changes in thinking, perception, mood and behaviour which can severely disrupt their life. For a young person experiencing psychosis it can be hard to maintain relationships and friendships and can significantly affect their ability to look after themselves and fully concentrate with activities at work and at school.

Online support for psychosis can be found at:
  • https://www.hearing-voices.org/
  • http://www.voicecollective.co.uk/
  • https://www.bipolaruk.org/

Appendix B: What makes a good CAMHS referral?
(Adapted from Surrey and Border NHS Trust)

If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps

Before making the referral, have a clear outcome in mind, what do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis for instance.

You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the pupil by the school and the impact of this. CAMHS will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.

General considerations

- Have you met with the parent(s)/carer(s) and the referred child/children?
- Has the referral to CAMHS been discussed with a parent / carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent / carer given consent for the referral?
- What are the parent/carer pupil's attitudes to the referral?

Basic information

- Is there a child protection plan in place?
- Is the child looked after?
- Name and date of birth of referred child/children
- Address and telephone number • Who has parental responsibility?
- Surnames if different to child's
- GP details
- What is the ethnicity of the pupil / family?
- Will an interpreter be needed?
- Are there other agencies involved?

Reason for referral

- What are the specific difficulties that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem/issues involved.

Further helpful information

- Who else is living at home and details of separated parents if appropriate?
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with CAMHS?
- Has there been any previous contact with social services?
- Details of any known protective factors
- Any relevant history i.e. family, life events and/or developmental factors

- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay
- Are there any symptoms of ADHD/ASD and if so have you talked to the Educational Psychologist?

Mental Health Symptoms

- Panic attacks (overwhelming fear, heart pounding, breathing fast etc.)
- Mood disturbance (low mood – sad, apathetic; high mood – exaggerated / unrealistic elation)
- Depressive symptoms (e.g. tearful, irritable, sad)
- Sleep disturbance (difficulty getting to sleep or staying asleep)
- Eating issues (change in weight / eating habits, negative body image, purging or binging)
- Difficulties following traumatic experiences (e.g. flashbacks, powerful memories, avoidance)
- Psychotic symptoms (hearing and / or appearing to respond to voices, overly suspicious)
- Delusional thoughts (grandiose thoughts, thinking they are someone else)
- Hyperactivity (levels of over activity & impulsivity above what would be expected; in all settings)
- Obsessive thoughts and/or compulsive behaviours (e.g. hand-washing, cleaning, checking)

Harming Behaviours

- History of self-harm (cutting, burning etc.)
- History of thoughts about suicide
- History of suicidal attempts (e.g. deep cuts to wrists, overdose, attempting to hang self)
- Current self-harm behaviours
- Anger outbursts or aggressive behaviour towards children or adults
- Verbalised suicidal thoughts* (e.g. talking about wanting to kill self / how they might do this)
- Thoughts of harming others* or actual harming / violent behaviours towards others

* In case of urgent concerns contact Luton CAMHS duty clinician on 01582 708140 from 9:00-5:00

In cases of serious deliberate self-harm or other mental health emergency the young person should be accompanied to Luton A&E. Deliberate self-harm and other mental health emergency will be screened and assessed by the CAMHS Psych Liaison team at the Luton Hospital A&E.

Appendix C: Organisation for adults to access support.

Your GP surgery

Education Support:

The only UK charity dedicated to supporting the mental health and wellbeing of teachers and education staff in schools, colleges and universities.
https://www.educationsupport.org.uk/get-help/help-for-you/helpline/
08000 562 561

Total Wellbeing Luton

Support for physical and emotional wellbeing, people can self-refer
www.totalwellbeingluton.org
0300 555 4152

The Mix

The Mix provides free information and support for under 25s in the UK, providing advice about sex, relationships, drugs, mental health, money & jobs.
https://www.themix.org.uk
0808 808 4994

NHS 5 Steps to wellbeing

https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/five-steps-tomental-wellbeing/

Shout

24/7 text service, free on all major mobile networks, for anyone in crisis anytime, anywhere. It's a place to go if you're struggling to cope and you need immediate help.
https://giveusashout.org/   Text
85258.

Samaritans

Whatever you're going through, a Samaritan will face it with you. We're here 24 hours a day, 365 days a year. https://www.samaritans.org/
Call 116 123 for free or email jo@samaritans.org

Drug and Alcohol services

Path 2 Recovery (P2R) - 01582 501782
Resolutions – 0800 0546603

Refuge

Refuge provides specialist services to survivors of domestic abuse.   0808 2000 247 24hours a day.

StepChange Debt Charity

StepChange Debt Charity. The largest UK debt charity providing free expert debt advice & debt management solutions
0800 138 1111

MIND

We provide advice and support to empower anyone experiencing a mental health problem.
https://www.mind.org.uk/information-support/
0300 123 3393

Mental Health Crisis Cafe (Luton)

Mind BLMK provides a mental health crisis café in Luton for the NHS Trust. The café provides support and a safe place for anyone experiencing a mental health crisis. It offers free help and advice for anyone 18 or older.

The café is run by friendly coordinators, recovery workers, peer support workers (PSWs) and volunteers trained to offer coping mechanisms and management techniques to help people work through their crisis.
The teams will also be able to refer and direct people to further services if required.

Address: Mind BLMK, 46-56 Dumfries Street, Luton, LU1 5BP
Opening hours: 5-11pm every day of the week, 365 days of the year.
Email address: crisiscafe@mind-blmk.org.uk
Telephone number: 01525 722 225

SANEline

SANEline is a national out-of-hours mental health helpline offering specialist emotional support, guidance and information to anyone affected by mental illness, including family, friends and carers. We are normally open every day of the year from 4.30pm to 10.30pm on 0300 304 7000.
http://www.sane.org.uk/what_we_do/support/helpline/

NHS Wellbeing

https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/five-steps-tomental-wellbeing/

Cruse Bereavement Support

We help people through one of the most painful times in life – with bereavement support, information
https://www.cruse.org.uk/
Helpline: 0808 808 1677

CRISIS Services

NHS 111 option 2
24 hours a day, help available for all ages.
Call this number if you feel your mental health is deteriorating or if you are in distress and you need to contact a qualified mental health professional.

NHS crisis team 01582 556971.
The service enables patients who are in crisis, and not able to function at their normal level, to be supported in their own homes.

Appendix D: Meeting the mental health needs of children and young people with Special Educational Needs and disabilities (SEND)

Children and young people with Special Educational Needs and disabilities (SEND) are at increased risk of social exclusion, bullying and displaying behavioural and / or mental health problems when compared to those children without SEND

We need to be aware of the increased vulnerability and risk of developing mental health issues for pupils with SEND.

Intervention should be at every level within our school and should include school ethos and staff training. We will promote positive messages about mental health and resilience to let pupils know help is available and they will not be stigmatised. We will strive to create a culture that fosters confidence in pupils to approach any member of staff if they are struggling with mental health issues. We will also promote sources of help and advice such as Childline around the school so that a child who may not yet be ready to talk to someone in school can still access support.

To promote the mental health of pupils with SEND we will use the following practical strategies:

- Specific support around emotional wellbeing, such as, Zones of Regulation.
- Children with autism were highlighted as a particular group for whom anxiety can be a real problem and there should be support consistently available for children with ASD. We will endeavour to regularly check in with pupils with autism to ascertain their emotional one and we will specifically teach them about emotions, as required.
- Regular social/ social skills groups. These could be in school interventions, after school clubs or lunchtime clubs.
- Additional training for school staff about understanding children and young people with additional needs. Staff need to notice more when children and young people with SEND are struggling with their emotions, often related to their SEN; becoming overwhelmed, feeling out of control, going from a low level of difficult emotions to a high level very quickly. In addition, peer factors; feeling rejected, picked on and excluded leading to feeling lonely and less sense of belonging.
- Staff need to actively demonstrate they have time and availability for children and young people with SEND to feel really listened to/ heard – they may need more time to be able to identify and express issues.
- Clearly identify those members of staff who are trained to support pupils with their emotional wellbeing needs.
- Ensure there are advocates in school for children and young people with SEND.
- All pupils should be taught about children with SEND and in particular, autism and the kinds of difficulties they have.
- The curriculum should include, appropriately differentiated for all pupils, about mental health issues stemming from self-image issues and social media.
- Hold regular assemblies in school to address emotional wellbeing and mental health issues.
- All pupils should be taught the benefits to emotional wellbeing of helping others / not being self-absorbed. Young people in schools could do fundraising activities where the proceeds could be donated to causes that specifically support children and young people with SEND and their families.

Children and young people with SEND need to feel 'safe and valued' in schools and within the community and we will aim to ensure that this issue is regularly considered in our school.

References:

https://www.nspcc.org.uk/globalassets/documents/information-service/schoolsbriefing-supporting-children-mental-health-issues.pdf

https://www.gov.uk/government/publications/mental-health-and-behaviour-inschools--2

Appendix E: Additional Curriculum Resources

"We know that what is taught to pupils is an important part of any whole school approach. Every child will learn about mental wellbeing, building on the existing sound base that schools offer to pupils".

The Children and Young People's Mental Health green paper. December 2017

Resources

PSHE Association resources

"Preparing to teach about mental health and emotional wellbeing. Lesson plans for Key stages 1, 2 ,3 and 4" provides guidance and lesson plans for schools on preparing to teach about mental health and emotional wellbeing. This mental health guidance has been produced under a grant from the Department for Education and is accompanied by a set of lesson plans spanning key stages 1-4.

Key issues are covered, including:
*   Why it is important to teach about mental health and emotional wellbeing
*   Building teaching about mental health into a planned PSHE programme
*   Promoting wellbeing and resilience from an early age
*   Ensuring teaching is appropriate to the age and maturity of pupils
*   Key principles in teaching about mental health and emotional wellbeing safely and confidently
*   Using visitors to the classroom to support lessons
*   Addressing challenging mental health issues such as eating disorders, self-harm and suicide

Wellness Recovery Action Planning (WRAP)

A comprehensive guide and resource centre for creating a WRAP, a prevention and wellness process to help people get well and stay well. This process is used extensively by individuals, those who support them, and by health care and mental health systems all over the world.

Samaritans Emotional Health lesson plans

Lesson plans exploring a range of topics such as: what is emotional health? The link between physical and emotional health and what factors can impact on emotional health

Dove Confident Me

Teaching resources targeted for teachers running PSHE body-confidence workshops.

Tackling Mental Health Stigma

A series of session plans exploring what mental health is, myths about mental health, attitudes to mental health and how to stop the stigma attached to mental health.

Academic Resilience

Young Minds' resource pack on how to implement a school wide approach to build pupils' academic resilience.

Time to change

Time to change has some excellent free resources such as assemblies, short films, lesson plans and parent materials. The site also has downloadable posters for display boards.

BBC Learning - educational videos to help teachers introduce the topic of mental health to primary school children.

The five short films address different ways children might be able to deal with OCD and depression, panic attacks, eating disorders, being bullied and being a bully.

School Health Education Directory (SHED)

The SHED directory is a collation of providers that offer services to schools.

Primary assemblies

Assemblies can be a useful place to share information and open up general discussions about children's mental health. They also provide opportunities for children to see themselves as part of the wider, whole-school community which shares a common set of values and has a positive ethos about mental health and wellbeing.

No Harm Done

Three short films, co-created with young people, parents and professionals, reflecting their real-life experiences of self-harm.
The films provide hope and give practical support to those affected by self-harm and counteract the negative and frightening messages widely available online. The accompanying digital packs, also co-created by young people, parents and professionals, dispel myths; answer frequently asked questions, provide practical advice and signpost to further help and support.

- Recognising and responding to self-harm-Next steps for staff working with young people
- A Parent's Journey-Next steps for parents or carers whose child is selfharming
- Things Can Change-Information and help for young people worried about self-harm
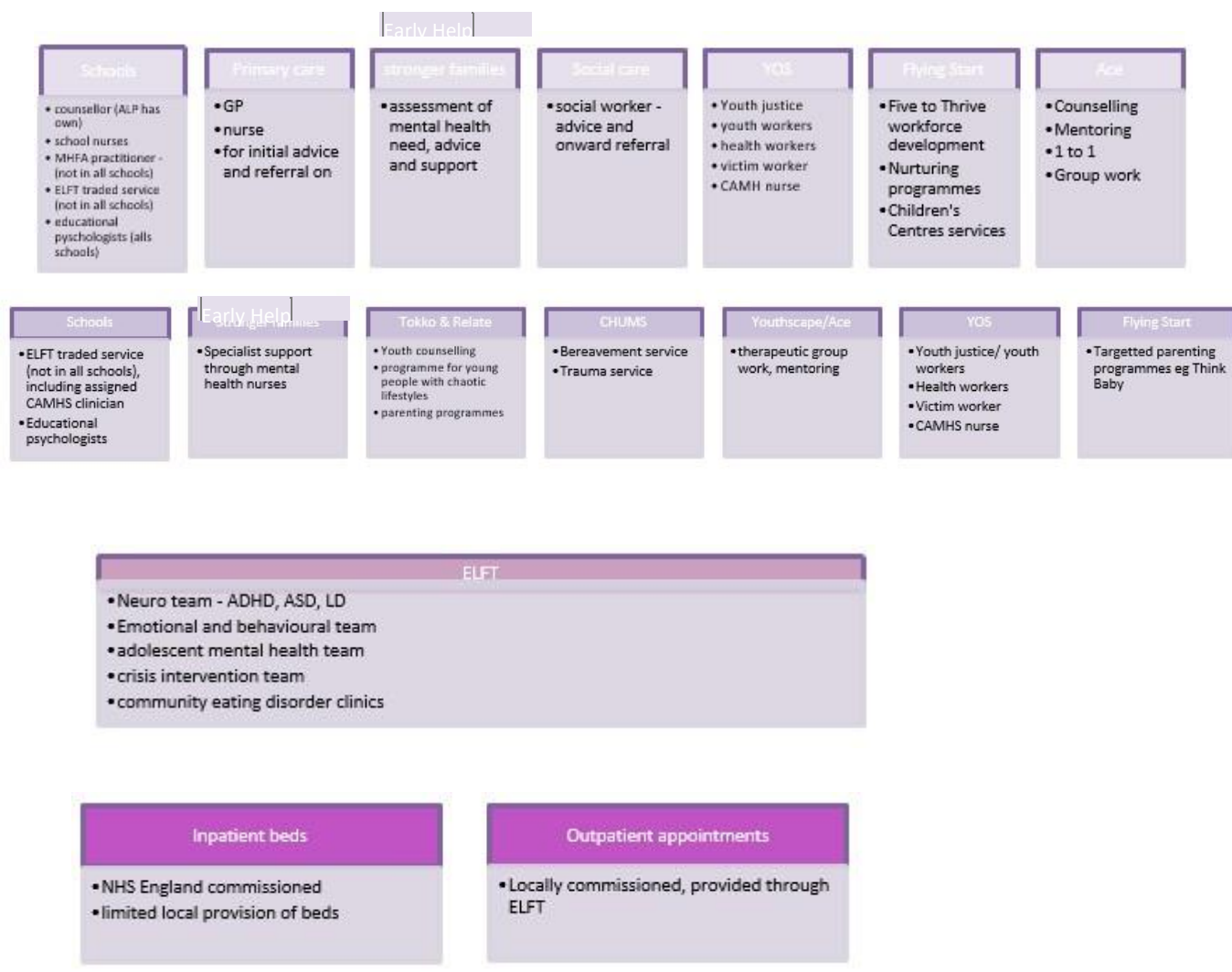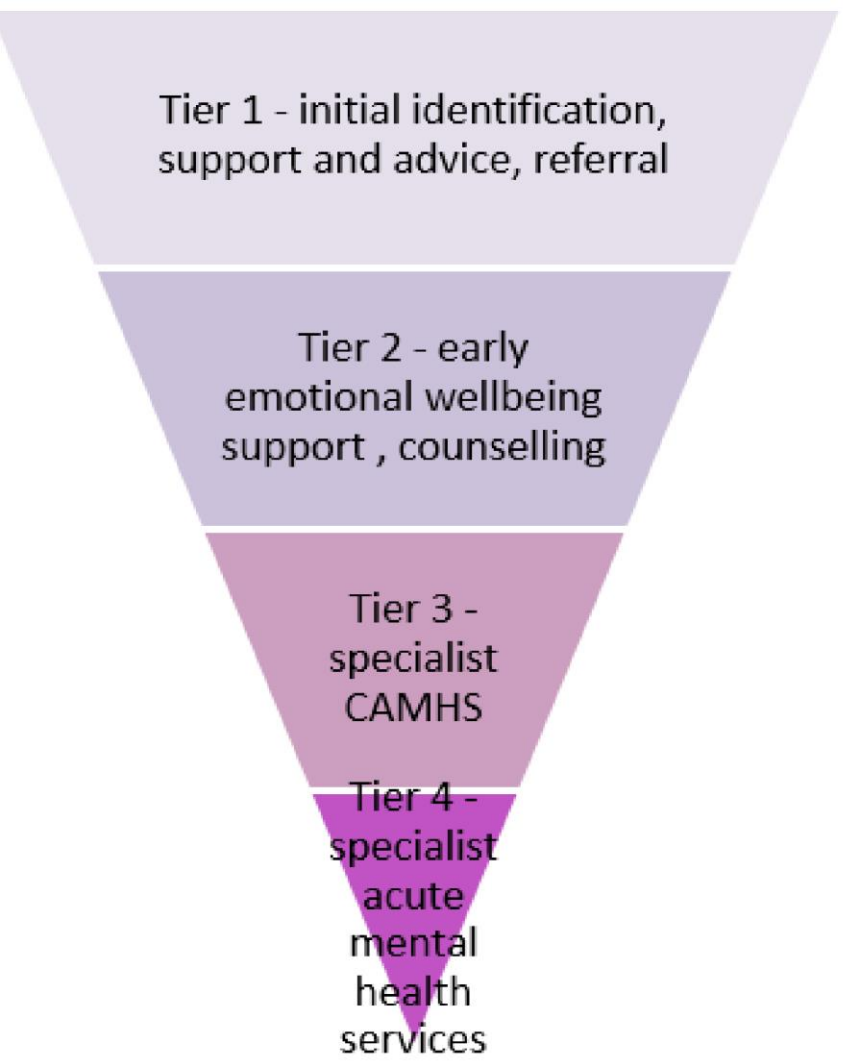
Appendix F: Sources of support in school and in the local community

School Based Support

Drawing and Talking	A non-intrusive way of working with a child on in a 1:1 session, Drawing and Talking gives the child the opportunities express how they are feeling through their drawings. Once a week for 8-12 weeks	Referral to LS
Emotional Literacy Support Assistant (ELSA)	Our trained ELSA work 1:1 with children to support them in developing emotional reliance, friendship skills and supporting bereavement.	Referral from to be completed, LS and CB to assess, then offer sessions.
Nurture Group	A small group intervention for up to 10 children. The aim is to replace missing early experiences by developing positive pupil relationships with both teachers and peers in a supportive environment. Effective nurture group practice follows the six principles of nurture. Our assessment tool the Boxall Profile® determines which pupils would require to be in the nurture group based on their social, emotional, and mental health needs.	Boxall Profile – then decision with SENCO, LS and CP
Family Workers	Support children and families, signpost to external services for support	Self refer or class teacher can signpost families to the family workers
Lego Therapy	Supports children with communication, turn taking and problem solving in a small group.	Class teacher to refer to SENCO or Sarah Smart.

| Wellbeing Check ins | 1:1 support for a child, to monitor how a child is feeling for a short period of time | Refer to LS |

Local Support Services

Tier 1 - initial identification, support and advice, referral

Tier 2 - early emotional wellbeing support, counselling

Tier 3 - specialist CAMHS

Tier 4 - specialist acute mental health services

Early Help

Schools	Primary care	stronger families	Social care	YOS	Flying Start	Ace
• counsellor (ALP has own) • school nurses • MHFA practitioner - (not in all schools) • ELFT traded service (not in all schools) • educational psychologists (alls schools)	• GP • nurse • for initial advice and referral on	• assessment of mental health need, advice and support	• social worker - advice and onward referral	• Youth justice • youth workers • health workers • victim worker • CAMH nurse	• Five to Thrive workforce development • Nurturing programmes • Children's Centres services	• Counselling • Mentoring • 1 to 1 • Group work

Early Help

Schools	stronger families	Tokko & Relate	CHUMS	Youthscape/Ace	YOS	Flying Start
• ELFT traded service (not in all schools), including assigned CAMHS clinician • Educational psychologists	• Specialist support through mental health nurses	• Youth counselling • programme for young people with chaotic lifestyles • parenting programmes	• Bereavement service • Trauma service	• therapeutic group work, mentoring	• Youth justice/ youth workers • Health workers • Victim worker • CAMHS nurse	• Targetted parenting programmes eg Think Baby

ELFT

- Neuro team - ADHD, ASD, LD
- Emotional and behavioural team
- adolescent mental health team
- crisis intervention team
- community eating disorder clinics

Inpatient beds

- NHS England commissioned
- limited local provision of beds

Outpatient appointments

- Locally commissioned, provided through ELFT

Local Support Services

Service	Eligibility criteria	Description of service	Referral route	Contact details
Tier 1				
School nurse support	Universal	Provide school based drop in clinics for children and young people to access advice and support. Recognition of signs and symptoms Advice and guidance Prompt/early signposting to other services	Via teacher in school or Family Workers	0333 405 0088 Luton.schoolnursing@nhs.net
GP support	Universal	Recognition of signs and symptoms Advice and guidance Prompt/early signposting to other services	Self referral	
Early help support	Universal	Recognition of signs and symptoms Advice and guidance Prompt/early signposting to other services	Via school School Nurse	
ACE@ The Hub	Universal	mentoring, outreach and counselling services we offer, both group and 1-1 interventions	Referral	Martin Watson Martin.Watson@luton.gcsx.gov.uk Safeguarding Lead ACE@theHUB and ALPS New landline number 01582 748806 07920 757697

Mental Health First Responders	Universal: MHFA JV and LS	Accredited 2 day training programme Recognition of signs and symptoms Giving advice Sign posting and referrals Self help	Via School Health Education Specialist	Tara.lewis@luton.gov.uk

| The Child & Educational Psychology (EP) Service | Universal:
1.'Core' statutory service
2. Traded Service with schools – all Luton schools buy back and EP service (differing amount of days per year) in addition to the core service they receive.

The EP Service works with children and young people aged 2-25 years. | Core: It is statutory that psychological advice is sought from an EP for all children undergoing the statutory assessment process.

Core: Critical Incident Response to schools for up to 72 hours following incident at school (e.g. child death/ serious incident)

Core: 3.5 days a week Senior, Specialist EP for LAC/ Social care

Traded Services with schools:
Schools choose how to use the EP time they buy back however this is always in collaboration with the EP about what may be appropriate at individual, group or whole school level. The EP Service does not operate a Tier system. Usually EP work is reserved for the more 'complex' children in schools (i.e. those with a range of presenting difficulties).

Work related to cognition and learning, communication and interaction, physical, medical and sensory and social, emotional and mental health (and with any combinations of the above) may include consultation with parents/ carers, school staff and children – gaining views, observation/ assessment of children, training for staff (individual, group, whole school), supervision for staff, drop-in sessions for parents/ staff, intervention with children (from one off session to several weeks, sometimes over some months), e.g. CBT, play therapy, Mindfulness courses, managing exam stress. Training, suggested strategies and approaches and interventions are evidence-based and evaluated for effectiveness. | Schools (SENCO)

Support, Challenge and Intervention/ PEI Service Director

Social care

Virtual School/ Social Care | Dr Linda Delmar Principal Educational Psychologist, Manager for Educational Psychology Service
Futures House, The Moakes, Marsh Farm, Luton, LU3 3QB
01582 548150/ 07796 336 775
Linda.delmar@luton.gov.uk |

Tier 2				
CHUMS – Mental Health & Emotional Wellbeing Service for Children and Young People	**Bereavement service** – supports children young people and their parent or carer following the death of someone close to them.	Telephone, individual & group support at home or in school. Ages 3-18. Ongoing monthly group support, specialist workshops, remembrance service	Open access	Operations & Development Director Amanda Thaxter 01525 863924 Amanda.thaxter@chums.uk.com
	Trauma service – Specialist support for traumatic bereavement including murder, suicide, sudden death, PTSD. Also support for young people traumatised by sexual abuse, witness to domestic violence or another traumatic incident.	Individual specialist psychological techniques such as EMDR and trauma focussed CBT undertaken by clinical and counselling psychologists. Ages 5-18	Open access	
	Young carers – support for young carers	Support groups in school and the community, social groups, activity days. Individual mentoring by trained mentors. Ages 5-25	Open access	

| | | Recreational therapeutic service – uses football and music to engage young people who are not able to engage with traditional therapies | Support groups in schools and the community, social groups and activity dates. Individual mentoring by trained mentors | School based groups | |

		CHUMS Friendship Scheme	Social group for young people with disabilities aged 11-25. Friday evening 7-9 pm during term time, some holiday activities. Delivered from Chalk hills Academy	Open access	
		Stillbirth & Neonatal Bereavement Service – for adults and families	Individual, couples and ongoing group support following the death of a baby. Annual memory day. Siblings access core bereavement service	Open Access	
		Bedfordshire Suicide Bereavement Service – for people of all ages bereaved by suicide	Individual and ongoing group support for anyone living in Bedfordshire bereaved by suicide. Specialist workshops	Open Access	
		Early Intervention Therapeutic Group Programmes 5-10	8 week early intervention programme using craft and games for up to 10 children aged 5-10 displaying early signs of anxiety, low self esteem, withdrawal in the classroom	Traded Service- direct purchase by schools	

Relate	Aged 5-21	• Children and young people's counselling (10 - 21 years old) – in schools and community venues; • Family Counselling Redgrave & Pastures Way CC's • Free at point of access • Maximum 6 sessions (more sessions based on clinical evidence)	Self-referral TOKKO	Tina Miller Tina.miller@relatebedsandluton.co.uk 01234 356350
ACE@ The Hub	Universal	Mentoring, outreach and counselling services we offer, both group and 1-1 interventions	Referral	Martin Watson Martin.Watson@luton.gcsx.gov.uk Safeguarding Lead ACE@theHUB and ALPS 01582 748806 07920 757697

TOKKO	Fairbridge Programme for young people with chaotic lifestyles aged 13-25 including educational underachievers, homeless, care leavers, and those with disabilities, mental health concerns, drug / alcohol addiction	Project involves a compulsory 5-day access course which includes a 3-day residential element. Targeting NEET young people with chaotic lifestyles aged 13-25 including educational underachievers, homeless, care leavers, and those with disabilities, mental health concerns, drug / alcohol addiction and needing support to develop personal and social skills to enable them to achieve positive outcomes of education, training, employment or volunteering.	Referrals from all sources accepted including selfreferrals.	Fairbridge Programme Joff Talbot Youth Worker Jonathon.talbot@tokko.co.uk

	Youth counselling for young people aged 10-21, must live or go to school in Luton for this project.	Counselling for a 4-6 week intervention period.	Referrals from all sources accepted including selfreferrals.	TOKKO Youth Counselling Hannah Outlaw Hazel Mellon Business Support Business Manager Hannah.outlaw@tokko.co.uk Hazel.mellon@tokko.co.uk
Youthscape	Young people aged 11-18 young people struggling with social and emotional wellbeing for group work and mentoring.	Supporting young people with their social, emotional and spiritual wellbeing in secondary schools and the community in Luton, particularly young people who are in care or leaving care, those who are disengaging with the education system and who are at risk of becoming NEET, or those struggling with social and emotional issues. Delivering therapeutic eightweek group work and 1:1 mentoring (anger, low self-esteem, self-harm etc.), specific courses, projects, art installations,	Via school, Social Services, parents, self-referral etc.	hello@youthscape.co.uk
	Vulnerable young people throughout our projects mainly	detached work, a daily after school drop in centre, residential and Summer Camp		

The CAMH Traded Early Intervention and Prevention Service	Determined directly with specific school	Training, consultation, advice and support – including Specialist training and continued partnership support for schools working with vulnerable children and their families/caring systems. An early and accessible pathway into specialist CAMHS for assessment and therapeutic intervention, with the accessibility to a specialist multi-disciplinary team, including clinical psychology, family therapy, child psychotherapy, art and play psychotherapy, access to psychiatry, mental health nursing, and a CAMHS crisis service, either for consultation or direct intervention. School will have a specific assigned CAMHS clinician. Can include bespoke packages around behavioural problems, exam stress, skills-based		In case of urgent concerns contact Luton CAMHS duty clinician on 01582 708140 from 9:00-5:00
Early Help - Stronger Families programme Allocated Early Help Coordinator to coordinate TAF process	Families experiencing at least 2 of 6 following eligibility criteria: 1. Parents & young people involved in crime & antisocial behaviour	Whole family assessment and plan to address identified complexities. Support to manage debt (including rent arrears, housing issues, parenting support, emotional wellbeing support, employment advice & support and parental support and counselling.	Early Help Assessment signed by family	Catherine Barrett Catherine.Barrett@luton.gov.uk

	2. Children who have not been attending school regularly 3. Children who need help 4. Adults out of work or at risk of financial exclusion, and young people at high risk of worklessness 5. Families affected by domestic violence or abuse 6. Parents and children with a range of health problems			
Tier 3				

ELFT	Neuro team – ADHD, ASD and LD clinics ASD – from 13 years Emotional and behavioural team – assessment and			

	treatment service for up to 18 years old with emotional/ behavioural difficulties Adolescent mental health team – multidisciplinary team for people aged 13-18. Assessment and treatment for young people with a severe mental health problem Crisis intervention team – works directly with A&E staff to assess young people presenting in crisis in an acute setting Community eating disorder clinic			
Tier 4				
Inpatient through L&D	Diagnosed acute mental health problem			

Parenting support				
TOKKO	TOKKO Young mothers - Mothers up to 24	Supporting and being an advocate for young mothers aged up to 24 years with their individual needs to enable them to develop good parenting skills and a more stable home environment. Assisting some of our youngest mothers in the transition into adulthood providing independent support, advice & guidance.		TOKKO Young Mothers Project Nikki Bennett Youth Worker Nicola.bennett@tokko.co.uk
	TOKKO Young fathers - Fathers up to 24	Supporting and being an advocate for young fathers aged up to 24 years with their individual needs to enable them to develop good parenting skills and a more stable home environment. Assisting some of our youngest mothers in the transition into adulthood providing independent support, advice & guidance.		Young Father's Worker Neil.hannah@tokko.co.uk
	TOKKO Tots – young parents up to 24	Parent, baby and toddler group run on a Wednesday lunchtime to support young parents up to 24 with small children. Opportunity for children and young parents to learn through play and develop a stronger bond in a safe and supportive environment. Advice is on hand through professionals; embedding the 'Five to Thrive' Flying Start strategy.		Tokko Totz Danielle.kavanagh@tokko.co.uk Nicola.bennett@tokko.co.uk
Flying Start				
Staff Support				

CHUMS	Staff Training and Consultation	Available to schools and other professionals. Training available on variety of mental health difficulties including bereavement, loss and grief. Group consultation sessions also available for support with mental health difficulties in schools and / or safeguarding	Traded service-direct purchase	Operations & Development Director Amanda Thaxter 01525 863924 Amanda.thaxter@chums.uk.com

SOURCES OF SUPPORT

Organisation	Tel	Website / Email address	About
The Education Psychologist service			

The Luton School Nursing Service	0333 405 0087	ccs-tr.0-19Luton@nhs.net	The Luton School Nursing Service are part of Luton Children Community Health Services 0-19 team. The team are made up of specialist nurses, staff nurses and support health professionals. The team can support children and young people with their physical and emotional health needs from when they start school until they leave. The School Nurse service can provide support and advice to children, young people and their families in the home, school or community health settings. We offer face to face support through school 'health and wellbeing drop in sessions', home visits, school class and assembly workshops and via ChatHealth SMS text service. ChatHealth text 07520616070. www.cambscommunityservices.nhs.uk/luton/chathealth For safe, professional and anonymous support, advice via text for young people aged 11-19. The School Nursing Service can be contacted via duty telephone, email, electronic referral or during drop in sessions in school. Other health advice and support resources: Parents/carers/ grandparents can also access parenting advice and support via online Solihull www.solihullapproachparenting.com
			NHS – www.nhs.uk/common-health-questions/childrens-health/ Kooth – www.kooth.com Free, safe and anonymous online support for young people

Samaritans	116 123	https://www.samaritans.org http://www.samaritans.org/sites/default/files/kcfinder/files/help-a-friend-inneed.pdf **Samaritans Media Guide (2013)** https://www.samaritans.org/mediacentre/media-guidelines-reportingsuicide	A national charity: "There for people when they need us, which could be any time of day or night. People talk to us for as long as they like, as many times as they like. We don't rush, interrupt or push anyone out of the door. We let people lead the conversation at their own pace. There's no waiting lists, and no assessments."
Papyrus (HOPELINEUK)	Call: 0800 0684141 Text: 07786 209 697	www.papyrus-uk.org admin@papyrus-uk.org	Papyrus is the national charity dedicated to the prevention of young suicide. They exist to reduce the number of young people who take their own lives by shattering the stigma around suicide and equipping young people and their communities with the skills to recognise and respond to suicidal behaviour.
Childline	0800 1111	www.childline.org.uk	Childline is here to help anyone under 19 in the UK with any issue they're going through. Whether it's something big or small, our trained counsellors are here to support you. Childline is free, confidential and available any time, day or night. You can talk to us.
Young Minds	0808 802 5544 (Parents helpline)	www.youngminds.org.uk	The UK's leading charity fighting for children and young people's mental health. Leading the fight for a future where all young minds are supported and empowered, whatever the challenges. To make sure they get the best possible mental health support and have the resilience to overcome life's difficulties.

OTHER USEFUL SOURCES			
Calm Harm		www.stem4.org.uk/calmharm/	Self-help app to prevent self-harm
PSHE Association	020 7922 7950	https://www.pshe-association.org.uk/ info@pshe-association.org.uk	We are the national association for PSHE education professionals. Providing members with dedicated support, resources, training & guidance.
DEAL (Developing Emotional Awareness and Listening)		www.samaritans.org/yourcommunity/samaritans-education/dealdeveloping-emotional-awareness-andlistening	A free teaching resource aimed at pupils aged approximately 14 and over and inclusive of all abilities and learning styles. It has been developed by Samaritans in consultation with young people and schools across the UK

Appendix G: Talking to pupils when they make mental health disclosures

The advice below is from pupils themselves, in their own words, together with some additional ideas to help you in initial conversations with pupils when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

> "She listened, and I mean REALLY listened. She didn't interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I'd chosen the right person to talk to and that it would be a turning point."

If a pupil has come to you, it's because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they're thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don't talk too much

> "Sometimes it's hard to explain what's going on in my head – it doesn't make a lot of sense and I've kind of gotten used to keeping myself to myself. But just 'cos I'm struggling to find the right words doesn't mean you should help me. Just keep quiet, I'll get there in the end."

The pupil should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the pupil does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the pupil to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now, your role is simply one of supportive listener. So, make sure you're listening!

Don't pretend to understand

> "I think that all teachers got taught on some course somewhere to say 'I understand how that must feel' the moment you open up. YOU DON'T – don't even pretend to, it's not helpful, it's insulting."

The concept of a mental health difficulty such as an eating disorder or obsessive-compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to

themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

> "She was so disgusted by what I told her that she couldn't bear to look at me."

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the pupil may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a pupil may interpret this as you are disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the pupil.

Offer support

> "I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the pupil to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

> "Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."

It can take a young person week or even months to admit they have a problem to themselves, let alone share that with anyone else. If a pupil chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the pupil.

Don't assume that an apparently negative response is actually a negative response

> "The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."

Despite the fact that a pupil has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence, it's the illness talking, not the pupil.

Never break your promises

> "Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken."
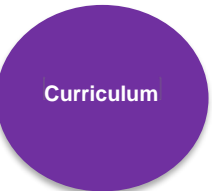
Above all else, a pupil wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the pupil's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

Appendix H: Auditing your provision – A Whole School Approach

Any audit should cover all aspects of our whole school approach to mental health and emotional wellbeing. Areas covered by the audit include:
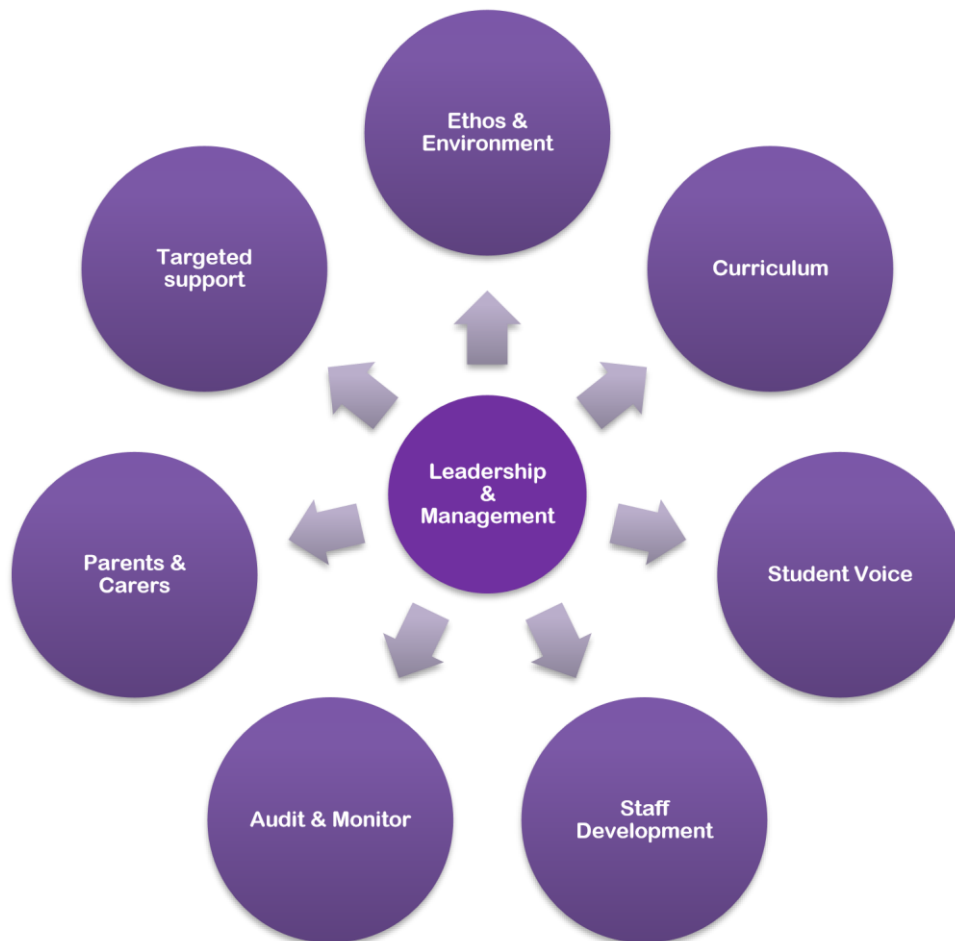
Possible questions to include in an audit are given overleaf:

Leadership & Management	• Is mental health and wellbeing reflected in a variety of school policies such as: Anti bullying, social media, behaviour management, physical activity, healthy eating and safeguarding? • Do you have a governor with specific responsibility to mental health and wellbeing? • Is mental health and wellbeing a key focus in your school with a dedicated lead linked to SLT? • Are staff, parents and pupils are regularly consulted regarding mental health and wellbeing issues?
Ethos and Environment	• Does your school ethos actively promotes positive mental health and wellbeing and challenges stigma? • Are sources of support clearly signposted verbally, visually and online? • Does your school seek to understand the mental health and wellbeing needs of the whole community by using a variety of wellbeing measurement tools and assessment? • Does your school ensure that the school environment enhances the mental health and wellbeing of the entire school community?
Curriculum	• Are we teaching pupils about mental health and emotional wellbeing is part of our developmental PSHE education curriculum? • Do we actively promote positive health and wellbeing and challenge stigma throughout our curriculum? Do • we promote pupils' wellbeing through the teaching of healthy coping strategies and an understanding of pupils' own emotions as well as those of other people? • Do teachers explicitly teach social and emotional skills – self-awareness, resilience, emotional literacy, motivation, social skills?

Staff Development	• Do we ensure that staff receive appropriate training in order that they understand the signs of mental health issues and are upskilled to use appropriate strategies to support them in schools, alongside mental health related issues such as attachment, domestic abuse and safeguarding? • Are staff are trained and supported in the understanding of how to access and refer pupil for specialist mental health support? • Has at least one member of staff has completed Mental Health First Aid England Youth training course? • Are SLT and middle managers trained to support staff with mental health issues and refer when necessary?
Monitor	• Do we take part in the SHEU health and behaviours related survey to understand better understand our pupils? • Are a range of tools used for the assessment of pupils mental health and wellbeing and appropriate **Audit and** interventions in place? • Is the wellbeing of all pupils reviewed regularly to ensure appropriate support is in place as appropriate?
Parents & Carers	• Do we actively involve parents in supporting interventions for their children in relation to their mental health and wellbeing? • Do we communicate regularly with parents and external agencies regarding the mental health and wellbeing of our pupils?

• Does our school work to equip and educate parents on how they can support their own children and themselves

with mental health and wellbeing?

Targeted Support	• Do we make informed commissioning decisions about specialist services to support the mental health and wellbeing of the children and young people? • Do we draw on specialist expertise and new ideas (e.g. CAMHS, Local Authority)? • Does our school have a clear plan and pathway for each child with mental health and wellbeing concerns who requires internal and/or external support?

(Questions taken from the Luton Mental Health and Emotional Wellbeing School Review tool)

Appendix I: Measuring the wellbeing of children and young people

School wellbeing measures pupils' perspectives on the overall values and ethos of their school. The values the school instils into their pupils include behaving well, working hard, helping others, and keeping fit and healthy. The ethos the school creates for the pupils includes fairness, friendliness, and confidence-building.

Emotional wellbeing measures pupils' happiness, and is based on questions exploring, for example, how they feel about how they look and whether they like the way they are. It measures their feelings (sadness, happiness, loneliness, etc.) and how well they feel they get on with others.

There are three main purposes for measuring wellbeing:

1. **Evaluation: to consider the impact of whole school support and interventions-** This approach is used to ensure the support put in place is helping children and young people with findings used to reflect on and improve practice. The method requires looking at outcome changes by measuring them before and after.

2. **Identification: to identify individual pupils who might benefit from early support-**Typically done using screening tools that pick up mental health problems.

3. **Snapshot: to understand needs on aggregated basis, provide evidence for Ofsted and to plan whole- school support -**Used to identify needs or strengths within whole cohorts e.g. across a year group. This method is commonly used for preventative work; inform planning decisions and/or providing evidence of good practice.

Public Health Luton provides schools with free access to the Luton bespoke SHEU survey. SHEU is an independent research unit that has been working with young people and with education and health professionals since 1977. The results provide evidence for the new OFSTED framework whilst also informing the local authority and supporting service.

Other wellbeing measures can be found here:

- Measuring and monitoring children and young people's mental wellbeing: A toolkit for schools and colleges

Appendix J: Guidance and advice documents

- **Mental health and behaviour in schools** - Departmental advice for school staff. Department for Education (2014)

- **Counselling in schools: a blueprint for the future** - Departmental advice for school staff and counsellors. Department for Education (2015)

- **Teacher Guidance: Preparing to teach about mental health and emotional wellbeing** (2015). PSHE Association. Funded by the Department for Education (2015)

- **Keeping children safe in education** - Statutory guidance for schools and colleges. Department for Education (2016) proposed changes Sept 2018

- **The link between pupil health and wellbeing and attainment.** Public Health England

- **Promoting children and young people's emotional health and wellbeing.** Public Health England

- **Supporting pupils at school with medical conditions** - Statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

- **www.rcpsych.ac.uk** Royal College of Psychiatrists
- The Royal College of Psychiatrists website includes readable and wellresearched information about mental health for the public, with information for parents, teachers and young people.

- **Healthy child programme from 5 to 19 years old** is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)

- **Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing** - A report produced by the Children and Young People's Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)

- **NICE guidance on social and emotional wellbeing in primary education NICE guidance on social and emotional wellbeing in secondary education**

- **What works in promoting social and emotional wellbeing and responding to**
- **mental health problems in schools?** Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau (2015)

- **Transforming children and Young People's Mental Health Provision: a Green Paper**
- Promoting resilience in schools Public health England 2014
- Children and young people's mental health —the role of education