

# Chuckery Primary School

**Chuckery**  
Primary School



*Working Together*

## Pupil Mental Health & Wellbeing Policy

Completed By:	Angella McMorrow
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## Chuckery Primary School is proud to be part of the Cadmus Family of Schools

### Rationale:

Mental Health is an individual's cognitive, behavioural and emotional wellbeing (Mind, 2020). It is something we all have - every child and young person. Many students have mental health difficulties at some stage in their school career or are directly or indirectly impacted by poor mental health within their family. The Mental Health of Children and Young People in England survey (2020) indicates:

- 1 in 6 children aged 5-16 likely to have a mental health problem
- In the last 3 years, the likelihood of young people having a mental health problem has increased by 50%
- Five children in a class of 30 are likely to have a mental health problem.

Children's Society website: <https://www.childrenssociety.org.uk/what-we-do/our-work/well-being/mental-health-statistics>

The coronavirus pandemic has resulted in fundamental changes to the lives of children and young people. The Public Health England COVID-19 mental health and wellbeing surveillance report suggests that whilst some evidence shows that children and young people have generally coped well during the pandemic (March to September 2020), other evidence suggests that some children and young people, especially those with certain characteristics, such as those who are disadvantaged economically, females, and those with pre-existing mental health needs, appear to have experienced greater negative impacts on their mental health and wellbeing.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1020249/Promoting\\_children\\_and\\_young\\_people\\_s\\_mental\\_health\\_and\\_wellbeing.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1020249/Promoting_children_and_young_people_s_mental_health_and_wellbeing.pdf)

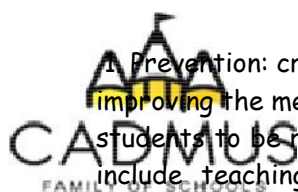
### Aims

- 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 students suffering mental ill health and their peers and parents or carers
- Provide a consistent, graduated approach to support children with SEMH needs.
- Provide a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems.

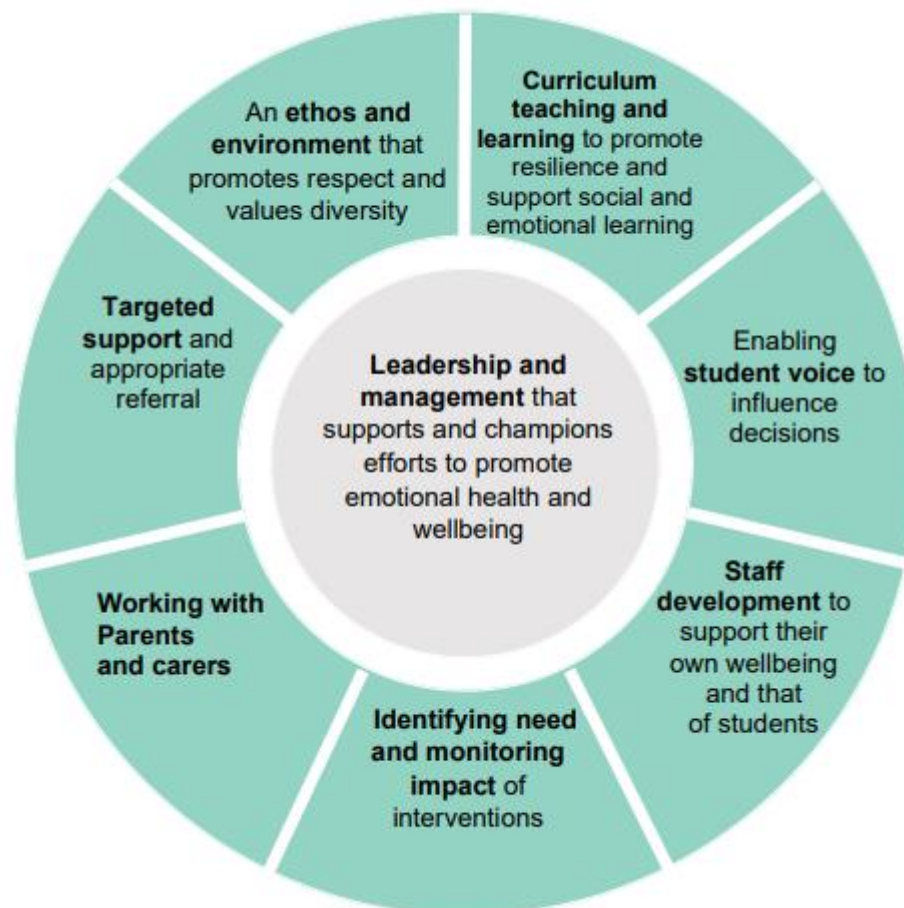
### Whole School Approach

Chuckery School's approach to supporting and promoting mental health and wellbeing can be summarised as:

**1. Prevention:** creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils and students to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils and students about mental wellbeing through the curriculum and reinforcing this teaching through school activities and vision.



2. Identification: recognising emerging issues as early and accurately as possible.
3. Early support: helping pupils and students to access evidence informed early support and interventions.
4. Access to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment.



*Public Health England: Promoting Children and Young People's Mental Health and Wellbeing*

Chuckery School is committed to supporting and improving the mental health and wellbeing of our children. Two full time HLTAs have been appointed to provide support and advice to staff and to deliver and plan targeted interventions for identified children.

Staff have regular CPD which helps them to understand that Children in Need, looked after children and previously looked after children are more likely to experience the challenge of social, emotional and mental health issues than their peers. They may struggle with executive functioning skills, forming trusting relationships, social skills, managing strong feelings (eg shame, sadness, anxiety and anger) and coping with transitions and change. The impact of these circumstances can have wide ranging impacts on children's own behaviour, their interpersonal relationships and emotional state.

Chuckery School has strong links with outside agencies. Two Educational Mental Health Practitioners (EMHP) who are part of the NHS Mental Health Support Teams (MHST) visit the school weekly to provide 1:1 and group work with children and regular assemblies across the school. They liaise with the Family Support Worker to provide parent workshops with a range of emotional and mental health strategies to support their children. A play therapist is in school once a week who provides 1:1 or group therapy. Chuckery School achieved the Gold Award for Attachment and Trauma Informed Schools in July 2021. We are now working towards the Platinum Award.

### **Lead Members of Staff**

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

- Angela McMorro - designated child protection / safeguarding officer and Senior Mental Health Lead
- Angela Jones - Safeguarding and Family Welfare Support
- Sue Knight - mental health first aiders (MHFA) and SENCo
- Safiyya Kola - Head of PSHE and RSE, BRICS team (Building Resilience in Communities)
- Kathryn Heaton - HLTA for SEMH needs, (ELSA trained, My Star trained, Drawing and Talking)
- Afikul Islam - HLTA for SEMH needs (Trained in Lego Therapy, Circle of Friends, Children's mentor)
- Kirsty Tonks - BRICS team (Building Resilience in Communities)

Any member of staff who is concerned about the mental health or wellbeing of a student should record this on CPOMs under the category 'Mental Health' in the first instance. All members of the BRICS team receive the alert and will add appropriate actions. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures are followed with an immediate referral to the designated safeguarding lead. If the student presents a medical emergency then the normal procedures for medical emergencies are followed, including alerting the first aid staff and contacting the emergency services if necessary.

### **Identification of Students with Social, Emotional and Mental Health Issues (SEMH)**

The school will use a range of data and information, including referrals from parents and students, to identify social, emotional and mental health (SEMH) concerns within school. CPOMS (safeguarding and child protections software) will be used to record incidents, behaviours and emotions, which can be interpreted as expressions of SEMH e.g. self-harm, anxiety, suicidal thoughts, being withdrawn, challenging behaviour etc. All children will complete a questionnaire Tracking Social and Emotional Skills (Darlington EPS) in the autumn term to identify individuals, groups or cohorts. There are regular class drop-ins by the HLTAs and there is a referral process if there are concerns for individual children. This data and information will allow the team (see above) to flag students who have significant SEMH concerns.

The school aims to build strong relationships with students and their families in order to recognise early changes in the student.

Possible warning signs for SEMH include:

*Physical signs*

- Frequent headaches, stomach upsets or minor illness
- Sleep problems
- Lack of care over appearance
- Altered energy levels
- Sudden weight gain or loss
- Unexplained or frequent injuries

*Emotional signs*

- Fearful
- Suspicious / paranoid
- Being louder or more lively than usual
- Angry
- Tearful
- Loss of humour
- Loss of confidence and self esteem

*Behavioural*

- Changes in appetite
- Appearing silent or withdrawn, or distracted
- Difficulty in concentrating, memory loss
- Not participating in social activities
- Becoming uncooperative, disruptive, or aggressive behaviour
- Drop in academic performance
- Poor attendance/timekeeping or increased sickness absence
- Alcohol and / or drug misuse
- Excessive risk taking behaviour
- Overworking

### Graduated Approach to supporting children with SEMH needs

Levels	Description of Need	Provision	Assessment	Desired Outcome
0	Children are making good progress in all areas of their emotional wellbeing	<ul style="list-style-type: none"> <li>• Emotion coaching</li> <li>• Regulation stations</li> <li>• Wellbeing Wellie</li> <li>• Visual timetable</li> </ul> Restorative conversations Behaviour and Relationships Policy. Staff trained in understanding impact of ACEs on wellbeing. Mental Health Awareness Week Regular class drop ins by SEMH HLTAsth	BRICS meeting regularly CPOMs Tracking Social and Emotional Skills (Darlington EPS) start and end of year for all children	Wellie and Regulation Stations used appropriately Children are aware of and can use tools and strategies to regulate their feelings. Can discuss feelings and emotions with others confidently. Children making good progress and have good attendance.
1	Children who need class based interventions to support their SEMH needs	Advice from HLTA SEMH Supported within mainstream class group with the usual adult:child ratios. Some access to small group intervention and reasonable adjustments as required <ul style="list-style-type: none"> <li>• Unconditional positive regard</li> <li>• Conditional and unconditional positive feedback - (develop</li> </ul>	Teacher lead working in partnership with parents and evidences conversations through CPOMs.  Review of check in targets.  HLTA SEMH environment walks	Can use strategies to regulate their feelings with small amount of support from adult in the class.  Learning and environmental adaptations enable them to make progress.

		<p>staff skills and knowledge)</p> <ul style="list-style-type: none"> <li>• Regular planned rest breaks</li> <li>• Personalised approach to rewards/motivation</li> <li>• Person centred approaches</li> <li>• Circle time</li> <li>• Organisational adjustments</li> <li>• Adaptations to regulation station</li> <li>• Refer to Education Mental Health Practitioner (Tier 1) for 1:1 or group work</li> <li>• Weekly check ins/ups/outs</li> </ul>		Adaptations and environment supports needs of children.
2	Involvement of SEMH HLTAs, ELSA, pastoral support.	<p>Supported within mainstream class group with the usual adult:child ratios. Engagement in regular, planned, small group intervention and reasonable adjustments as required. Initial planning meeting with teacher and ELSA</p> <ul style="list-style-type: none"> <li>• ELSA (1:1)</li> <li>• FRIENDS</li> <li>• Refer to School Nursing</li> </ul>	<p>ELSA referral form SDQ My Star Me and My Feelings Student Resilience Survey <a href="https://www.corc.uk.net/media/2603/student-resilience-survey-interactive-pdf.pdf">https://www.corc.uk.net/media/2603/student-resilience-survey-interactive-pdf.pdf</a></p>	<p>Child moves to Level 1 or 0. Improvement in SDQ etc scores.</p> <p>Can use strategies to regulate their feelings with in class and HLTA SEMH support.</p> <p>Meeting SMART targets set in the referral form.</p>

		<ul style="list-style-type: none"> <li>• Refer to Early Help for further assessment/ support</li> <li>• Drawing and Talking group</li> <li>• 4Rs (group/ whole class)</li> <li>• The Resilient Classroom (group)</li> <li>• Refer to Positive Steps (CAMHS, Tier 2)</li> </ul>		
3	Present with more complex emotional needs Involvement of trained school staff and outside agencies	<p>Engagement in regular, planned, highly targeted 1:1 or small group intervention. Support from all adults responsive to needs and prevent risks from escalating</p> <ul style="list-style-type: none"> <li>• SEMH profile with strategies shared with all adults</li> <li>• Key adult(s) identified</li> <li>• Emotion Coaching</li> <li>• Planned activities to support transitions</li> <li>• Social stories</li> <li>• CBT based approaches (e.g. challenging negative automatic thoughts)</li> <li>• De-escalation approaches</li> </ul>	SDQ Provision reviewed every half term with parent and child.	<p>Child moves to Level 2 or 1. Improvement in SDQ etc scores.</p> <p>Meeting SMART targets set on individual profile.</p> <p>All adults aware of child needs and strategies to use.</p>



		<ul style="list-style-type: none"> <li>• May be appropriate to request an EHCP assessment.</li> <li>• Advice will be sought from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, Inclusion &amp; wellbeing Team, CAMHS</li> <li>• Refer to CAMHS Positive Steps (Tier 2)</li> <li>• Drawing and Talking 1:1</li> <li>• Circle of Friends</li> <li>• Lego Therapy</li> </ul>		
4	Significant SEMH difficulties which require a multi-agency response	<p>Inclusion Manager directly involved at this stage to oversee provision and monitor progress in liaison with relevant specialist support services.</p> <p>Supported within mainstream class group with an enhanced adult:child ratio, ensuring access to planned intervention as well as ensuring that adult support can be responsive to needs and prevent risks from escalating. Supported by</p>	<p>SDQ</p> <p>Personlised timetable reviewed with child and parent every 4 weeks and outside agencies.</p>	<p>Child moves to Level 3 or 2.</p> <p>Improvement in SDQ etc scores.</p> <p>Meeting SMART targets set on individual profile.</p> <p>All adults aware of child needs and strategies to use.</p>

		<p>staff who have relevant experience and skills in supporting children with SEMH needs.</p> <ul style="list-style-type: none"> <li>• Individually planned support and approaches informed by specialist services such as Educational Psychology, School Nursing, CAMHS (approx. 50% timetable)</li> <li>• SEMH profile with strategies shared with all adults</li> <li>• Play therapy</li> <li>• Support during unstructured times</li> <li>• Personalised timetable</li> </ul>		<p>Increase time engaged in class based learning</p> <p>Child has an EHCP.</p>
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Appendix: Risk and protective factors that are believed to be associated with mental health outco

	<b>Risk factors</b>	<b>Protective factors</b>
<b>In the child</b>	<ul style="list-style-type: none"> <li>• Genetic influences</li> <li>• Low IQ and learning disabilities</li> <li>• Specific development delay or neuro-diversity</li> <li>• Communication difficulties</li> <li>• Difficult temperament</li> <li>• Physical illness</li> <li>• Academic failure</li> <li>• Low self-esteem</li> </ul>	<ul style="list-style-type: none"> <li>• Secure attachment experience</li> <li>• Outgoing temperament as an infant</li> <li>• Good communication skills, sociability</li> <li>• Being a planner and having a belief in control</li> <li>• Humour</li> <li>• A positive attitude</li> <li>• Experiences of success and achievement</li> <li>• Faith or spirituality</li> <li>• Capacity to reflect</li> </ul>
<b>In the family</b>	<ul style="list-style-type: none"> <li>• Overt parental conflict including domestic violence</li> <li>• Family breakdown (including where children are taken into care or adopted)</li> <li>• Inconsistent or unclear discipline</li> <li>• Hostile and rejecting relationships</li> <li>• Failure to adapt to a child's changing needs</li> <li>• Physical, sexual, emotional abuse, or neglect</li> <li>• Parental psychiatric illness</li> <li>• Parental criminality, alcoholism or personality disorder</li> <li>• Death and loss – including loss of friendship</li> </ul>	<ul style="list-style-type: none"> <li>• At least one good parent-child relationship (or one supportive adult)</li> <li>• Affection</li> <li>• Clear, consistent discipline</li> <li>• Support for education</li> <li>• Supportive long term relationship or the absence of severe discord</li> </ul>

	<b>Risk factors</b>	<b>Protective factors</b>
<b>In the school</b>	<ul style="list-style-type: none"> <li>• Bullying including online (cyber)</li> <li>• Discrimination</li> <li>• Breakdown in or lack of positive friendships</li> <li>• Deviant peer influences</li> <li>• Peer pressure</li> <li>• Peer on peer abuse</li> <li>• Poor pupil to teacher/school staff relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Clear policies on behaviour and bullying</li> <li>• Staff behaviour policy (also known as code of conduct)</li> <li>• 'Open door' policy for children to raise problems</li> <li>• A whole-school approach to promoting good mental health</li> <li>• Good pupil to teacher/school staff relationships</li> <li>• Positive classroom management</li> <li>• A sense of belonging</li> <li>• Positive peer influences</li> <li>• Positive friendships</li> <li>• Effective safeguarding and Child Protection policies.</li> <li>• An effective early help process</li> <li>• Understand their role in and be part of effective multi-agency working</li> <li>• Appropriate procedures to ensure staff are confident to can raise concerns about policies and processes, and know they will be dealt with fairly and effectively</li> </ul>
<b>In the community</b>	<ul style="list-style-type: none"> <li>• Socio-economic disadvantage</li> <li>• Homelessness</li> <li>• Disaster, accidents, war or other overwhelming events</li> <li>• Discrimination</li> <li>• Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation</li> <li>• Other significant life events</li> </ul>	<ul style="list-style-type: none"> <li>• Wider supportive network</li> <li>• Good housing</li> <li>• High standard of living</li> <li>• High morale school with positive policies for behaviour, attitudes and anti-bullying</li> <li>• Opportunities for valued social roles</li> <li>• Range of sport/leisure activities</li> </ul>

*From: 'Mental Health and Behaviour in Schools', DfE 2018*

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