



BIRKWOOD PRIMARY SCHOOL

Mental Health & Well-Being Policy

Updated: September 2024

Next Review: September 2026

Birkwood Primary School

Mental Health Policy

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1. Policy Statement

At Birkwood Primary School, we are committed to promoting positive mental health and emotional wellbeing to all children, their families and members of staff and governors. Our open culture allows children's voices to be heard, and through the use of effective policies and procedures we ensure a safe and supportive environment for all affected - both directly and indirectly - by mental health issues.

2. Scope

This policy is a guide to all staff – including non-teaching and governors – outlining our approach to promoting mental health and emotional wellbeing.

It should be read in conjunction with the Safeguarding and Behaviour and Discipline Policies.

3. Policy Aims

- 3.1 Promote positive mental health and emotional wellbeing in all staff and children.
- 3.2 Increase understanding and awareness of common mental health issues.
- 3.3 Enable staff to identify and respond to early warning signs of mental ill health in children.
- 3.4 Enable staff to understand how and when to access support when working with young people with mental health issues.
- 3.5 Provide the right support to children with mental health issues and know where to signpost them and their parents/carers for specific support.
- 3.6 Develop resilience amongst children and raise awareness of resilience building techniques.
- 3.7 Raise awareness amongst staff and gain recognition from the Senior Leadership Team that staff may have mental health issues, and that they are supported in relation to looking after their wellbeing; instilling a culture of staff and child welfare where everyone is aware of signs and symptoms with effective signposting underpinned by behaviour and welfare around school.

4. Key Staff Members

This policy aims to ensure all staff take responsibility to promote the mental health of children, however key members of staff have specific roles to play:

- Mental Health Lead/Deputy Designated Safeguarding Lead – Mr. Richard Davis
- Deputy Headteacher/Designated Safeguarding Lead/Inclusion Lead – Mr. Ben Froggatt
- Headteacher – Mr. Daniel Wood
- Deputy Safeguarding Leads – Mrs. Jill Birch & Mrs. S Hutchinson
- Designated Safeguarding Governor – Mr. Paul Sabin

If a member of staff is concerned about the mental health or wellbeing of child, in the first instance they should speak to the Designated Safeguarding Lead (Mr. Ben Froggatt)

If there is a concern that the child is high risk or in danger of immediate harm, the school's child protection procedures should be followed.

If the child presents a high-risk medical emergency, relevant procedures should be followed, including involving the emergency services if necessary.

5. Individual Care Plans

When a pupil has been identified as having cause for concern, has received a diagnosis of a mental health issue, or is receiving support either through CAMHS or another organisation, it is recommended that an Individual Care Plan should be drawn up. The development of the plan should involve the pupil, parents, and relevant professionals.

Suggested elements of this plan include:

- Details of the pupil's situation/condition/diagnosis
- Special requirements or strategies, and necessary precautions
- Medication and any side effects
- Who to contact in an emergency
- The role the school and specific staff

6. Teaching About Mental Health

The skills, knowledge and understanding our children need to keep themselves - and others - physically and mentally healthy and safe are included as part of our PSHE curriculum.

We will follow the guidance issued by the PSHE Association to prepare us to teach about mental health and emotional health safely and sensitively.

<https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and-emotional-wellbeing>

Incorporating this into our curriculum at all stages is a good opportunity to promote children's wellbeing through the development of healthy coping strategies and an understanding of children's own emotions as well as those of other people. We use the 1Decision scheme of work to support this.

Additionally, we will use such lessons as a vehicle for providing children who do develop difficulties with strategies to keep themselves healthy and safe, as well as supporting children to support any of their friends who are facing challenges. **See Section 14 for Supporting Peers**

7. Signposting

We will ensure that staff, children and parents/carers are aware of the support and services available to them, and how they can access these services.

Within the school (noticeboards, staffroom, toilets etc.) and through our communication channels (newsletters, websites), we will share and display relevant information about local and national support services and events.

The aim of this is to ensure children understand:

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

8. Sources or Support at School and in the Local Community

School Based Support – Below is a list of support available to our children:

- Support from our Well-Being Champions who can provide 'buddy' support to our children and seek support from the Mental Health Lead
- Some children will be timetabled 'talk time with a designated trusted adult
- Support sessions with the Mental Health Lead
- Through liaison with Compass Be personalised support can be arranged with an Education Mental Health Practitioner

Please contact school if you feel your child needs any of the support above.

Should you or your child need urgent health advice please contact your GP or call NHS 111. In an emergency, please visit A&E or call 999.

Local Support

In Barnsley, there are a range of organisations and groups offering support, including the **Compass Be Mental Health Support Team (MHST)**, a group of providers specialising in children and young people's mental health wellbeing. These partners deliver accessible support to children, young people and their families, whilst working with professionals to reduce the range of mental health issues through prevention, intervention, training and participation.

<https://www.compass-uk.org/services/compass-be-barnsley-mental-health-support-team/>

9. Warning Signs

Staff may become aware of warning signs which indicate a child is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should alert Mr Davis.

Possible warning signs, which all staff should be aware of 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

10. Targeted Support

We recognise some children and young people are at greater risk of experiencing poorer mental health. For example, those who are in care, young carers, those who have had previous access to mental health support, those living with parents/carers with a mental illness and those living in households experiencing domestic violence.

We work closely with school nurses and their teams in supporting the emotional and mental health needs of school-aged children and are equipped to work at community, family and individual levels. Their skills cover identifying issues early, determining potential risks and providing early intervention to prevent issues escalating.

We ensure timely and effective identification of children who would benefit from targeted support and ensure appropriate referral to support services by:

- Providing specific help for those children most at risk (or already showing signs) of social, emotional, and behavioural problems;
- Working closely with Barnsley Council Children's Services, Compass BE and other agencies services to follow various protocols including assessment and referral;
- Identifying and assessing in line with the Early Help Assessment Tool (EHAT), children who are showing early signs of anxiety, emotional distress, or behavioural problems;
- Discussing options for tackling these problems with the child and their parents/carers. Agree an Individual Care Plan as the first stage of a 'stepped care' approach;
- Providing a range of interventions that have been proven to be effective, According to the child's needs;
- Ensure young people have access to pastoral care and support, as well as

specialist services, including Compass Be, so that emotional, social and behavioural problems can be dealt with as soon as they occur;

- Provide young people with clear and consistent information about the opportunities available for them to discuss personal issues and emotional concerns. Any support offered should take account of local community and education policies and protocols regarding confidentiality;
- Provide young people with opportunities to build relationships, particularly those who may find it difficult to seek support when they need it; and
- The identification, assessment, and support of young carers under the statutory duties

outlined in the Children & Families Act 2014.

11. Managing Disclosures

If a child chooses to disclose concerns about themselves, or a friend, to any member of staff, the response will be calm, supportive and non-judgemental.

All disclosures should be recorded confidentially on the child's personal file, including:

- | | |
|---|--|
| ▪ Date | ▪ Nature of the disclosure & main points from the conversation |
| ▪ Name of member of staff to whom the disclosure was made | ▪ Agreed next steps |

This information will be shared with **Mr Davis**.

12. Confidentiality

If a member of staff feels it is necessary to pass on concerns about a child to either someone within or outside of the school, then this will be first discussed with the child. We will tell them:

- | | |
|----------------------------------|---------------------------------|
| ▪ Who we are going to tell | ▪ Why we need to tell them |
| ▪ What we are going to tell them | ▪ When we're going to tell them |

Ideally, consent should be gained from the child first, however, there may be instances when information must be shared, such as children up to the age of 16 who are in danger of harm.

It is important to also safeguard staff emotional wellbeing. By sharing disclosures with a colleague this ensures one single member of staff isn't solely responsible for the child. This also ensures continuity of care should staff absence occur and provides opportunities for ideas and support.

Parents must always be informed unless a pupil gives us reason to believe that they are at risk, or there are child protection issues then a decision will be made if parents should be informed or not. This decision may involve Children's Social Care.

13. Whole School Approach

a. Working with Parents/Carers

If it is deemed appropriate to inform parents, there are questions to consider first:

- Can we meet with the parents/carers face-to-face?
- Where should the meeting take place – some parents are uncomfortable in school premises so consider a neutral venue if appropriate.
- Who should be present – children, staff, parents etc.?
- What are the aims of the meeting and expected outcomes?

We are mindful that for a parent, hearing about their child's issues can be upsetting and distressing. They may therefore respond in various ways which we should be prepared for and allow time for the parent to reflect and come to terms with the situation.

Signposting parents to other sources of information and support can be helpful in these instances. At the end of the meeting, lines of communication should be kept open should the parents have further questions or concerns. Booking a follow-up meeting or phone call might be beneficial at this stage.

Ensure a record of the meeting and points discussed/agree are added to the pupil's record and an Individual Care Plan created if appropriate.

b. Supporting Parents/Carers

We recognise the family plays a key role in influencing children and young people's emotional health and wellbeing; we will work in partnership with parents and carers to promote emotional health and wellbeing by:

- Ensuring all parents are aware of and have access to promoting social and emotional wellbeing and preventing mental health problems;

- Highlighting sources of information and support about common mental health issues through our communication channels (website, newsletters etc.);
- Offering support to help parents or carers develop their parenting skills. This may involve providing information or offering small, group-based programmes run by community nurses (such as school nurses and health visitors) or other appropriately trained health or education practitioners; and
- Ensuring parents, carers and other family members living in disadvantaged circumstances are given the support they need to participate fully in activities to promote social and emotional wellbeing. This will include support to participate in any parenting sessions, by offering a range of times for the sessions or providing help with transport and childcare. We recognise this might involve liaison with family support agencies.

14. Support Peers

When a child is suffering from mental health issues, it can be a difficult time for their friends who may want to support but do not know how. To keep peers safe, we will consider on a case-by-case basis which friends may need additional support. Support will be provided in one to one or group settings and will be guided by conversations by the child 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

15. Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep children safe. A nominated member of staff will receive professional Mental Health First Aid training or equivalent.

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

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

Suggestions for individual, group or whole school CPD should be discussed with **Mr. Davis** who can also highlight sources of relevant training and support for individuals as needed.

16. Monitoring and Review

The Governing Body reviews this policy every 2 years. The Governors may, however, review the policy earlier than this if the government introduces new regulations, or if the governing body receives recommendations on how the policy might be improved.

This policy will be reviewed in September 2026.

Any personnel changes will be implemented immediately.