

Health and Wellbeing Policy

September 2023



RECORD OF UPDATES

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1	September 2023	<i>fiana Wyeth</i>
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Safeguarding

Overton fully recognises the contribution it can make to protect children and support children in school and beyond. We are fully committed to safeguarding our children through prevention, protection and support. We are also committed to actively promoting the fundamental British values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs; the children are encouraged to develop and demonstrate skills and attitudes that will allow them to participate fully in and contribute positively to life in modern Britain. It is our duty to protect children and young people against the messages of all violent extremism and to prevent terrorism. Any concerns should be referred to the Designated Safeguarding Leads who have local contact details for PREVENT and Channel referrals.

Health and Wellbeing Policy

Rationale

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)

Health and Wellbeing should encourage children to explore and clarify their beliefs, attitudes and values; develop personal and interpersonal skills and increase their knowledge and understanding of a range of health issues.

Health and Wellbeing is not the responsibility of any one teacher or subject, but is best addressed through contributions from a range of teachers in a number of curricular areas. Health and Wellbeing is concerned with the development of life skills and life-long learning. Through these life skills children should learn to make formal choices taking account of the outcomes and experiences covered in the following areas:

- **Mental, Emotional, Social and Physical wellbeing**
- **Planning for Choices and Changes**
- **Physical Education, Physical Activity and Sport**
- **Food and Health**
- **Substance Misuse**

This school is committed to the health and wellbeing of everyone here and we will work together with parents and the local community to enable children to make healthy informed choices.

At our school, we aim to promote positive mental health for every member of our staff and child body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable children. We work hard to support children with social, emotional and mental health needs, but there is always more we can do. This policy helps aid consistency of approach and equality of provision for our children.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. Over 50% of mental illnesses start before the age of 14 and 1 in 10 children and young people has a mental health disorder¹. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for children affected both directly, and indirectly by mental ill health.

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff and governors. This policy should be read in conjunction with our medical policy in cases where a child's mental health overlaps with, or is linked to, a medical issue and/or the SEND policy when a child has an identified special educational need.

Aims

Our schools aims to enable our children, staff, parents, parish and everyone working in partnership with the school to develop the knowledge and understanding, skills, capabilities and attributes necessary for mental, emotional, social and physical wellbeing, now and in the future.

We aim to:

- Plan and deliver a coherent and curriculum based Health and Wellbeing Education programme in line with the new learning outcomes
- Provide a supportive and encouraging atmosphere for children, staff and parents/carers
- Develop our relationships with children, parents/carers and the wider community, particularly the parish
- Work closely with outside agencies to encourage a wide range of health related activities
- Further develop school policies and procedures to promote health
- Ensure all members of staff are aware of their professional roles in health related issues and are involved in developments to promote healthy living
- 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 children experiencing mental ill health, their peers and parents/carers

Curriculum organisation

Emotional health and wellbeing cover the spectrum of activities in school and the range of educational and health/ welfare agencies who support our children. Our school is

¹ The five year forward view for mental health. Mental Health Task Force.

proactive in its approach and welcomes opportunities to promote emotional health and wellbeing through the formal and informal curriculum.

Staff use a variety of methods for ensuring sound emotional health and wellbeing for children. These complement and reflect the overall aims and philosophy of the school. Our approach includes:

- Class teaching and reinforcement of our school values
- Clearly identified rewards and sanctions, understood by all
- Rewarding positive behaviour and achievement
- Setting appropriately challenging tasks
- Providing a forum for listening and talking, e.g. using circle time as a tool
- Encouraging co-operation and collaboration
- Developing social competence
- Encouraging and developing coping strategies and resilience
- Heartsmart
- Thrive Approach screening for all children 3 times per year
- Philosophy for Children (P4C)
- Mindfulness and Breath

The school places emphasis on problem-solving, positive self-assessment, time for reflection, quality feedback and encouragement to participate in school and community events.

The delivery of relationship, sex and health education (RSHE) is fundamental to our promotion of emotional health. Through the planned programmes and informal curriculum, opportunities exist to explore issues appropriate to children's ages and stages of development. Staff deal sensitively with these issues and differentiate according to the varying needs of the children in their care.

We see parental involvement as a vital part of emotional wellbeing. Regular opportunities exist to promote partnership with parents, including:

- Parents' Evenings three times a year
- Staff availability on the school playground each morning for parent queries
- Weekly homework opportunities
- Regular parent workshops
- Biannual parental questionnaires, to help us build on what we do best and identify areas for improvement
- Social events such as Firework Night and the summer fair
- Opportunities to come into school to celebrate children's learning such as exhibitions
- Opportunities to see children perform such as at Christmas, Easter, the end of Year 6 and musical performances
- Opportunities to attend class assemblies and stay for refreshments afterwards with staff available to meet parents

- Parent council

Pastoral organisation for children

We pride ourselves on the great care that is given to all children in our school. Our methods include:

- Recognising and responding positively to a child's emotional and behavioural needs
- Communicating with parents positively and realistically to create a partnership approach to children's emotional health and wellbeing
- Liaising with appropriate agencies to enlist advice and support
- Highly effective Learning Assistant Support, including Emotional Literacy Support Assistant (ELSA)

Alongside the high quality in-class pastoral support, we have skilled and committed Learning Support Assistants who work together to support individuals and groups throughout the school. These LSA are led by our Inclusion Manager who oversees the social and emotional support within the school, and they lead interventions in close consultation with class teachers and the Inclusion Manager.

Whole school approaches to pastoral care are contained in our Behaviour Policy. Clear policies for Child Protection, Anti-Bullying and Attendance are promoted in school. Together, they provide the foundations for emotional health and wellbeing.

Alongside our policies are a range of practices to promote well health:

- Clear transition arrangements, including Transition Plan Agreements.
- School Council with elected membership from all year groups
- Reward systems
- A highly effective behaviour policy
- Pastoral groups on specific issues
- Heartsmart
- The Thrive Approach- a dynamic developmental approach supporting emotional health and wellbeing with brain development, attachment and child development at its centre.
- Social stories and Therapeutic stories
- Wellbeing Measures inc. Wellbeing Measurement Framework for Primary Schools (UCL and Anna Freud); Strengths and Difficulties Questionnaire; Measures of Children's Mental Health and Psychological Wellbeing: Resilience (GL Assessment).

Our Inclusion Manager supports children through a whole school referral system. This provides a structure for the range of pastoral interventions available in school, including:

- ELSA
- Weekly small group and 1-1 time
- The Thrive Approach
- Emotionally Based School Avoidance (EBSA) guidance, HIEPS:2021

We actively promote the support that can be provided by a range of agencies. Where appropriate, the whole team may become involved to support a child experiencing emotional and behavioural difficulties; we recognise the effectiveness of our early intervention approach and our commitment to pastoral care for all.

At Overton we are committed to supporting children at risk. This includes the exploitation of vulnerable young people, aiming to involve them in terrorism or to be active in supporting terrorism. At Overton we are committed to supporting children at risk. This includes the exploitation of vulnerable young people, aiming to involve them in terrorism or to be active in supporting terrorism. Please see the Safeguarding and Child Protection Policies and follow the guidance there, should you have any concerns about a child.

Assessment and Recording

Assessment is done on a regular basis using AFL strategies. We assess knowledge, understanding and skills on a regular basis, continually meeting the needs of the individual child.

It is recognised that certain issues within the RSHE curriculum will require to be approached with sensitivity, confidentiality and flexibility.

Healthy Eating

The school will actively encourage a healthy approach to eating. Staff will observe and encourage healthy playtime snacks. Staff in the dining room will encourage children to try new foods and to eat a healthy lunch. When cooking or baking in school a balance must be struck between sweet and savoury dishes.

Children wishing to give a treat to their classmates must give them out at the end of the day when parents can decide if they are eaten.

Children are encouraged when on packed lunch to bring a combination of healthy foods. Chocolate, sweets, crisps are not allowed. Celebration food for religious or cultural events is allowed in moderation and with due diligence to allergies etc.

Key Members of Staff for Mental Health and Inclusion

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

- Fiona Wyeth, Warren Glew and Jane McDevitt - Designated Safeguarding Leads
- Jane McDevitt and Ellen Glynn - Mental Health Champions
- Jane McDevitt and Lisa MacKrill – Inclusion and Pastoral lead
- Fiona Wyeth – Designated teacher for looked after children
- Sally Davenport – Emotional Literacy Support Assistant (ELSA)
- Carly Barker - Lead First Aider

- Jane McDevitt- Accredited Thrive Approach Practitioner

Any member of staff who is concerned about the mental health or wellbeing of a child should speak to a member of the leadership team in the first instance. If there is a fear that the child is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the Designated Safeguarding Leads. If the child presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary. Where a referral to CAMHS is appropriate, this will be led and managed by the Inclusion Manager and the HT.

Mental Health Champion

All staff should be mental health champions, but it is important for the staff to have a named person to maintain the importance of mental health issues and to champion their interest. A member of staff will be agreed each two years by self-nomination and an interview process Leadership Team. This role will be to champion mental health for the school community, not to be directly responsible for it. The role will include promotion of wellbeing materials; being a 'listening ear'; acting as a signpost for other services or professionals; relaying ideas and information to senior staff that could further improve wellbeing in school; having oversight of school improvement plans to ensure that mental health promotion has a key place; help to reduce barriers to mental health in school by promoting positive language in relation to mental health.

Individual Care Plans

It may be helpful to draw up an individual care plan for children causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the child, the parents and relevant health professionals. This can include:

- Details of a child's condition
- Special requirements and precautions
- Advice for staff on managing any associated behaviours
- 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 children to keep themselves and others physically and mentally healthy and safe are included as part of our developmental RSHE curriculum and HeartSmart.

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

We will use guidance and resources from Heads Together; Mentally Healthy Schools website <https://www.mentallyhealthyschools.org.uk/> to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Resources such as Anna Freud Centre's campaign 'You're Never Too Young to Talk Mental Health' are useful for assemblies, Y5/6 debate and RHSE.

<https://www.annafreud.org/what-we-do/schools-in-mind/youre-never-too-young-to-talkmental-health/>

Signposting

We will ensure that staff, children and parents are aware of sources of support within school and in the local community, who it is aimed at and how to access it. The Inclusion Manager has completed 'The Link Programme' (DFE, Anna Freud) bringing together local partners who support children's mental health and wellbeing, is a member of the Mental Health Forum and has attended training on attachment, trauma, ACEs and resilience.

We display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to children within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of children seeking help by ensuring children understand:

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

Warning Signs

School staff may become aware of warning signs which indicate a child, or a parent/carer is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with key members of staff for safeguarding, mental health or inclusion.

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 secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause

Managing disclosures

A child or parent may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.

If a child or parent chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

Staff should listen, rather than advise, and our first thoughts should be of the child's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see the appendix.

All disclosures should be recorded in writing on a child communication form or by email to the HT (DSL) and held on the child's confidential file. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information will be stored appropriately and offer support and advice about next steps. The person who brings the disclosure to the DSL also has the right to know the outcome for the child, or parent (where appropriate). This may just be an assurance that help was sought, or that the child is now receiving some support in school.

Confidentiality

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

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

- Why we need to tell them

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

It is always advisable to share disclosures with a colleague, usually a member of the Leadership Team. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the child, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the child and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed if a child is self-harming, talking of self-harm, saying they are being bullied, bullying others, or expressing low mood.

We should always give children 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 Designated Safeguarding Leads (DSL) Fiona Wyeth, Warren Glew or Jane McDevitt must be informed immediately.

Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the child and other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information 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're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums.

We should always provide clear means of how to contact 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 agreed next step and always keep a brief record of the meeting on the child's confidential record.

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents we will:

- 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 Health and Wellbeing Policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- Keep parents informed about the mental health and emotional wellbeing topics their children are learning about in RSHE and HeartSmart and share ideas for extending and exploring this learning at home

Sources of support for children with mental health needs, in addition to school professionals may include:

School Health: 01256 376330	Barnardos Specialist Parenting: 01489 799178
Hampshire CAMHS: 0300 304 0050	Simon Says (Child Bereavement Support): 02380 647550
Year 6: 'Kooth' App- online mental wellbeing- www.kooth.com	North Hants Young Carers: 0800 878 6500
YPI Counselling/ mentoring: 01256 423878	Childline: 0800 1111

When a child 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 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 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 in Peer Support (e.g. Anna Freud Centre resources and 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 in order to enable them to keep children safe.

Some good websites for staff who wish to learn more about mental health are:

<https://www.minded.org.uk/>

<https://www.mentallyhealthyschools.org.uk/>

<https://www.annafreud.org/training/>

<https://www.cwmt.org.uk/>

<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/children-incare/emotional-wellbeing-of-children-in-care/>

<https://www.adoptionuk.org/campaigns>

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 the Leadership team, who can also highlight sources of relevant training and support for individuals as needed.

Concerns for immediate welfare of a parent and/or child

If the school's DSL are unavailable then contact the Children's Services Professional Line on 01329 225379, or complete the Inter Agency Referral form;

https://forms.hants.gov.uk/en/AchieveForms/?form_uri=sandbox-publish://AF-Process7e6115a7-b0ba-484d-991f-084c1248ac72/AF-Stage-52cf8e73-0daf-47d4-bb550fdad856d3e6/definition.json&redirectlink=/en&cancelRedirectLink=/en

If you are concerned a parent is suffering from urgent mental health needs you can contact the Southern Health NHS Foundation Trust urgent mental health helpline (providing 24/7 Mental Health Triage Service): Call NHS 111 and select the 'Mental Health' option.

Appendix: Talking to students when they make mental health disclosures

(Adapted from Charlie Waller Memorial Trust, aimed at students and young people, but useful insights for talking with parents and children)

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students 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 student 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 student 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 student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student 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 overanalyse 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 student 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 student may interpret this as you being 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 student.

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 student 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 weeks or even months to admit to themselves they have a problem, themselves, let alone share that with anyone else. If a student 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 student.

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 student 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 student.

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 student 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 student’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.