

COGNITA



AKELEY WOOD
SCHOOL

**Wellbeing
and
Mental Health
Policy**

November 2020

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1. Important contacts and Arrangements

SCHOOL CONTACTS	NAME	CONTACT DETAILS
Wellbeing Lead	Michael Rice	michael.rice@cognita.com
Designated Safeguarding Lead (DSL)	Michael Rice	michael.rice@cognita.com
Deputy DSL (DDSL)	Kara Dowson	Kara.dowson@cognita.com
Headteacher	Kara Dowson	Kara.dowson@cognita.com
Director of Education	Nicola Lambros	Nicola.lambros@cognita.com
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Regional Safeguarding Lead (RSL) - Europe	Alison Barnett	alison.barnett@cognita.com
Director of Wellbeing	Beth Kerr	beth.kerr@cognita.com

Details of important internal contacts are listed above.

With regards to arrangements, the DSL/Wellbeing Lead, wherever their location (remote or onsite), will be responsible for supporting the emotional wellbeing and mental health of pupils, alongside the Headteacher who holds ultimate responsibility.

Where children have specific SEND the SENDco alongside the DSL/Wellbeing Lead will be responsible for the emotional wellbeing and mental health of pupils, alongside the Headteacher who holds ultimate responsibility

The DSL/Wellbeing Lead, with the support of all school staff, will identify who the most vulnerable children in our school are with regards to mental health, and arrange additional support/interventions as needed. They will update any safeguarding records and liaise with parents at all time, and make referrals to external partner agencies where significant mental health concerns arise.

2. Definitions

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

Wellbeing is defined as the sense of feeling content: socially, emotionally, and physically flourishing.

3. Core principles

The safety and wellbeing of all our pupils is the number one priority in our school

In our school we follow these important safeguarding and wellbeing principles:

- The best interests of children **must** come first
- If anyone has a concern about any child, including in relation to their emotional wellbeing /mental health they should act on it immediately by informing their DSL and Wellbeing Lead
- A DSL or DDSL must be available and contactable during school hours in term time
- Children's wellbeing should be promoted when they are learning **online** in school or at home
- We will have regard to the statutory safeguarding guidance: [Keeping Children safe in Education \(2020\)](#).

4. Rationale

- Wellbeing is a global issue linked to the increasing prevalence of mental health concerns (Mental Health Foundation)
- One in eight children aged 5-19 have at least one mental health disorder (Mental Health Foundation)
- Suicide is the second leading cause of mortality in 15-19-year olds (Mental Health Foundation)
- More than 80% of the world's adolescent population is insufficiently active (World Health Organisation)

Evidence supports that a proactive focus on wellbeing impacts positively on personal development and academic success, with the aim of equipping all young people to understand and self-regulate their own wellbeing (Organisation for Economic Co-operation and Development | International Positive Psychology Association)

At Akeley Wood Junior School, we are committed to '**Providing an inspiring world of education: building self-belief and empowering individuals to succeed**'. This means that we want each student to flourish, aspire, fulfil their dreams and, most importantly, be comfortable with who they are. Ensuring that our pupils develop as well-rounded individuals takes **intentional effort** and does not happen by chance. For this reason, we place a high emphasis on creating the right climate within each school and proactively teaching pupils about wellbeing.

We believe that **academic outcomes and pastoral care are interrelated and complementary**. We wish for our pupils to be healthy and well-rounded individuals, able to inter-relate with others; to make sound life choices; to engage and make a positive difference; and be prepared for whatever they wish for in their future. Within Akeley Wood Junior School, we see health in its broadest sense - including **physical and mental health**, with these being inter-related. Our over-riding approach to mental health and wellbeing is positive and proactive.

5. A whole school approach

It is critical to have a whole school approach to mental health and wellbeing. This means that we:

- have a culture and environment that promotes positive mental health and wellbeing
- raise awareness of emotional wellbeing and mental health issues, and reduce stigma
- ensure that all school staff know every child and young person in the round, including their mental health

- upskill staff so they can respond to children and young people’s mental health needs should they arise
- identify the mental health needs within the school
- implement both targeted and school-wide interventions to help pupils build resilience and support their wellbeing
- make sure that pupils and their parents/carers are aware of, and able to access a range of mental health interventions
- are committed to student and parent participation in decision making
- support staff to have positive wellbeing themselves
- deliver high quality teaching to pupils around mental health and wellbeing
- align and link wellbeing strategies to existing policies and procedures

6. Our Be Well Charter

Our Be Well Charter (below) is a simple model of wellbeing which is designed to help everyone reflect on their own wellbeing and understand how to maintain it or, if necessary, improve it. It takes account of both physical and mental health and is embedded throughout our school.



7. The link between Mental Health and Safeguarding

There is a logical link between safeguarding and mental health. With regards to safeguarding, it is incumbent upon us all to ensure that we:

- Protect children from maltreatment
- Preventing impairment of children's mental and physical health or development
- Ensure that children grow up in circumstances consistent with the provision of safe and effective care
- Take action to enable all children to have the best outcomes

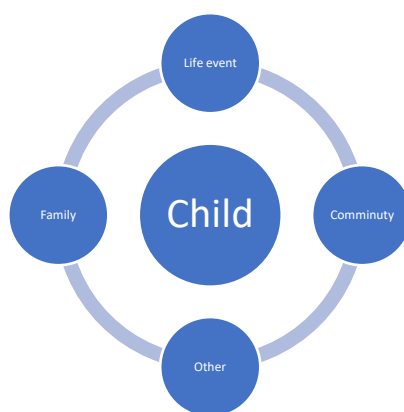
Whilst only appropriately and medically trained professionals should attempt to make a diagnosis of a mental health problem, all staff are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. If staff have a mental health concern about a child, they will speak to the Designated Safeguarding Lead (DSL) and Wellbeing Lead. Should there also be safeguarding concerns about the child, then appropriate decisions will be made to safeguard the child by the DSL. Likewise, if there are safeguarding concerns about any child, consideration about how this may be impacting on the child's emotional wellbeing will be taken into consideration, support offered, and interventions put in place where appropriate.

Internal school *Safeguarding* Meetings will still take place at a minimum of 6 weeks and pupils, where there is a new concern about deteriorating wellbeing or mental health for a child, this will be discussed. Clear actions for intervention will be decided, working in partnership with the parents/external agencies if involved. These interventions will be reviewed at every subsequent meeting, or before as the need arises, as is often the case with children who are experiencing poor or deteriorating mental health.

8. Identifying vulnerable children

We recognise that we have a pivotal role to play in building children and young people's resilience, fostering their emotional wellbeing, and supporting them to have good mental health. We know that all children and young people need to have opportunities to talk to school staff about how they are feeling and what maybe troubling them. Our staff understand that the 'contextual safeguarding model' and knowing about the 'bigger picture' of children and young people's lives *including their family circumstances*, will help them identify any social, emotional and mental health needs.

All staff employed in Akeley Wood Junior School have an awareness of the early indicators of poor emotional wellbeing, and know that certain children, young people and families are more likely to be at risk of having poor emotional wellbeing. The risks can relate to their community, to life events, to their family, to the child themselves and/or another factor.



The tables below show the key protective factors alongside the risk factors with regards to developing mental health difficulties. The school DSL and Wellbeing Lead will regularly review children who may face these risks to ensure that any children who are more vulnerable are identified at any early stage with the aim of preventing a mental health difficulty arising in the first place, or reducing the impact of one before it becomes more serious.

In the Child

Protective Factors	Risk Factors
Being female (in younger children)	Genetic influences
Secure attachment experience	Low IQ and learning difficulties
Outgoing temperament	Specific developmental delay or neurodiversity
Sociability	Communication difficulties
Being a planner and having a belief in control	Physical illness
Humour	Academic failure (perceived or actual)
Problem solving skills	Low self-esteem
Experiences of success and achievement	
Faith or spirituality	
Capacity to reflect	

In the family

Protective Factors	Risk Factors
At least one good parent-child relationship	Overt parental conflict
Affection	Family breakdown
Clear, consistent parenting/discipline	Inconsistent or unclear parenting/discipline
Support for education	Hostile or rejecting relationships
Supportive long-term relationship or the absence of severe discord	Failure to adapt to a child's changing needs
	Abuse
	Parental mental health illness
	Parental criminality, alcoholism or drug misuse
	Death and loss-including loss of friendship

In the School

Protective Factors	Risk Factors
Clear policies on behaviour and bullying	Bullying
Open door policy for children to raise problems	Discrimination
A whole school approach to promoting good mental health	Breakdown in or lack of positive friendships
Positive classroom management	Deviant peer influences
Positive peer influences	Peer pressure

In the community

Protective Factors	Risk Factors
Wider supportive network	Socio-economic disadvantage
Good housing	Homelessness
High standard of living	Disaster, accidents, war or other overwhelming events
High morale school with positive policies for behaviour, attitudes and anti-bullying	Discrimination
Opportunities for valued social roles	Other significant life events
Range of sport/leisure activities	

9. Interventions to promote positive wellbeing

We know that school interventions to promote positive emotional wellbeing are more successful when pupils and their parents participate in any decision making. Any interventions put in place by school staff to support pupils with their emotional wellbeing are therefore planned, co-ordinated, targeted appropriately, then sustained and evaluated. With regards to the support offered to pupils, please see below:

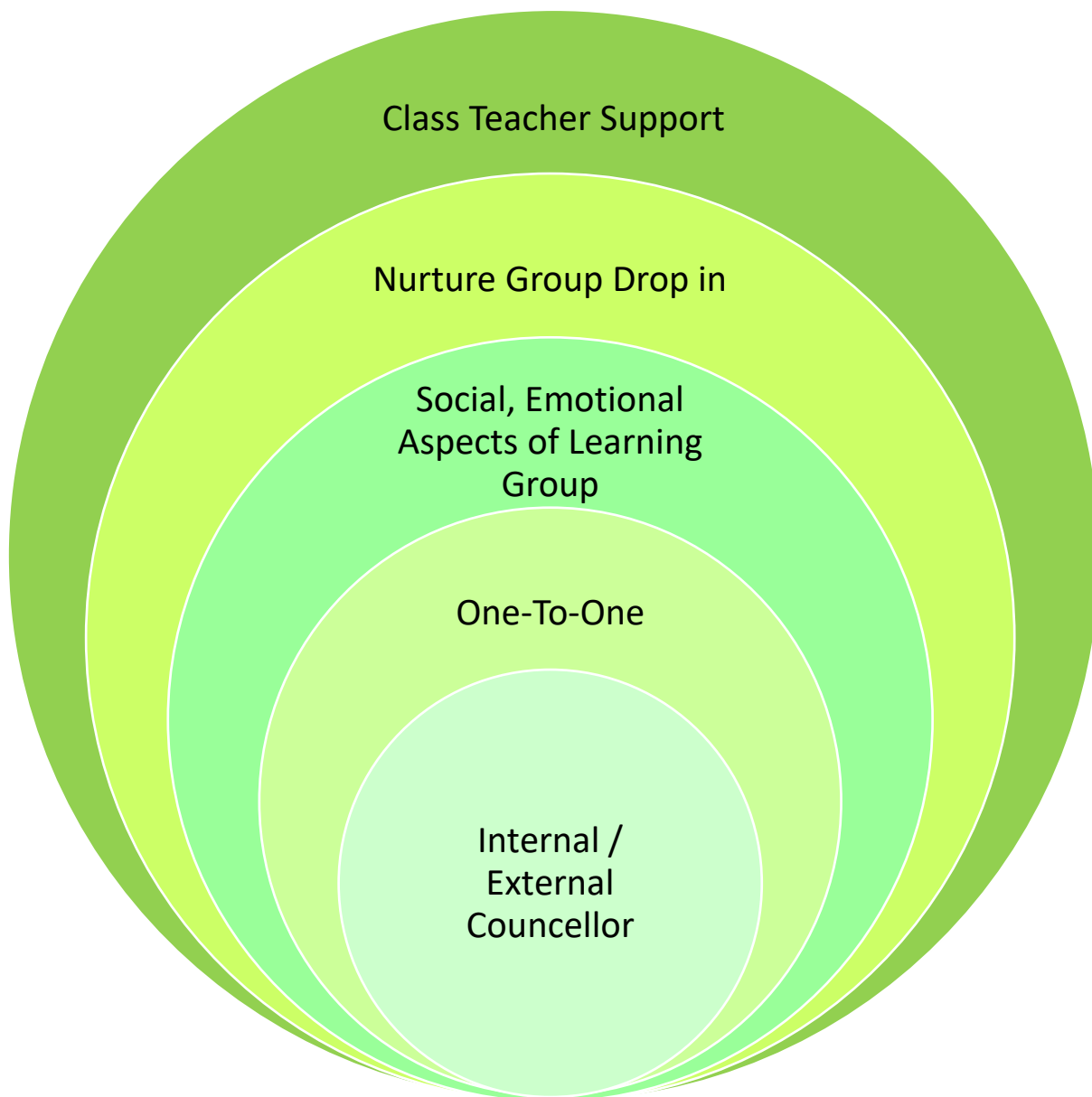
Universal support

We will support the emotional wellbeing of **all** pupils in partnership with their parents/guardian, who hold main responsibility for meeting their child needs.

The school will

- Promote and take part in Global be Well day across all year groups.
- Assess years 3 – 6 through AS Tracking to gain insights in to hidden vulnerabilities
- Have a safe space in each class for quiet time.
- Have a buddy system in times of need
- Promote the friendship bench

Pastoral Support



The school uses a Team around the Child model of pastoral support.

Class teachers form the front line of student support. The class teacher is there to provide the first line in early help. Assessing student needs, and providing support or a friendly ear, or referring to The Head of Pastoral or SENDCo should they feel that they are unable to support the child.

The Nurture group is part of the continuum of support provided within the school for children in need of some additional support with any aspects of SSMC. It is invitation based and offers a free flow of calming therapeutic activities and adult support. The group is an intervention for those children who need additional support with a small-scale setting in which children can experience nurturing care from a caring adult, who actively work towards building self-esteem, self-confidence and someone to talk to.; to have a predictable, calm and purposeful environment, free from curriculum pressures; to develop

self-esteem; to develop relationships between adults and children, building trust, confidence and reliability; The following therapies are used with the children: Sand therapy, Art therapy, Lego therapy, playdough therapy, diary writing. Children are invited to attend this drop in and are given a token invite, they can choose when and if they need to attend.

The Social Emotional Aspects of learning group is a weekly programmed session with the aim to teach children skills socially, emotionally and behaviourally; to develop responsibility for self and others; to help children learn appropriate behaviour; to help children make decisions and wise choices through understanding the consequences of certain ways of behaving; To help children understand different emotional cues; To aid children in learning how to enhance their social skills. to work in partnership with parents and teachers to achieve consistency of approach at home and school

Targeted support

For some children, enhanced pastoral support may not be enough to meet their emotional/mental health need. They will be given additional targeted support with nominated staff.

One to one well-being sessions with TA support are for children who have been flagged up with Head of Pastoral Care or SENDCo as needing an extra boost of well-being support. They may be having a difficult time either at school, at home or both and need extra support to deal with it at that time.

These sessions are 1:1 so the children feel comfortable to speak about their concerns and we work on developing their skills to find ways of coping with their situation. Sessions vary depending on the child but basically it is a time where children can speak about their feelings and work on dealing with any issues, they may be finding difficult.

External Support

For some children, enhanced pastoral support and targeted support may not be enough to meet their need. In these situations, the parents of the child will be signposted to an external agency/organization/professional/GP. The school may also make a referral to an external agency as required.

Request to temporarily withdraw

In some situations, akin to when a child is physically very unwell, the mental health needs of a pupil may be so serious that the school is unable to keep them safe on the school site despite a range of interventions being attempted. Discussions about how interventions are managed are facilitated with the parents at every step of their child's journey. Any decision made about the pupil being unable to attend school may be a temporary measure until the child's mental health is assessed as stable enough for them to safely return to school (this may be an immediate full return or a staggered return by

arrangement). This assessment will be required to be completed by the child's treating clinician and must be put in writing for the school prior to the child reintegrating.

Request to permanently withdraw

In a very small minority of situations, despite a range of interventions attempted, a pupil's mental health needs are such that the school can no longer keep them safe on the school site. A decision will be made that the school is no longer not the most appropriate setting to meet the child's mental health needs and the parents will be asked to permanently withdraw their child. All avenues and options will be considered before this serious step is taken.

Self-harming and/or suicidal ideation interventions

Should an incident occur where a pupil has harmed themselves, first aid will be administered by the school's nominated First Aider and their parents contacted unless to do so will place the pupil potentially at greater risk of harm (in these situations, social care and the Regional Safeguarding Lead will be contacted for advice).

Should a more serious incident occur whereupon a pupil requires urgent medical assistance after harming themselves, an ambulance will be called via 999, and the parents contacted.

Should a pupil voice that they intend to harm themselves or that wish to take their own life, they will be supervised by the school staff immediately. The parents will be called and asked to collect their child immediately from school. They will be advised to take their child to Accident and Emergency to have an urgent mental health assessment.

Where pupils have serious mental health needs, including self-harm or suicidal ideation, then a Risk Assessment will be completed by the school, in collaboration with the pupil and their parents. Those who have expressed significant and repeated suicidal ideation or attempted to take their own life will require medical certification to say that their mental health is stable enough for them to return safely to school (see above).

10. Wellbeing in the Curriculum

The school uses the PSHE Association schemes of work to promote Wellbeing in the Curriculum. The PSHE association has specific learning outcomes that explore mental health and wellbeing during the Health and wellbeing section of the curriculum. This is done over several lessons and ranges from Year 1 to Year 6. PSH lessons are recorded in class with the use of a scrap book of evidence.

The school also recognises specific days related to mental health such as Mental health awareness, Anti-Bullying, Internet Safety day and others. These form part of the SMSC calendar of event undertaken throughout the year.

11. Inter-agency working

We will continue to work with Children’s Social Care, Police, and all other external agencies involved with the care of our children, for example CAMHS/other professionals involved in supporting children’s mental health. DSLs/DDSLs/Wellbeing Leads will make referrals to partner agencies and contribute to meetings such as CAMHS reviews, Core Groups and CIN/LAC Reviews (in some cases remotely or by sending documentation) as needed.

13. Policy review arrangements

This policy will be reviewed centrally by Cognita by Alison Barnett (Regional Safeguarding Lead – Europe) and Beth Kerr (Director of Wellbeing) on a bi-annual basis.

At every review, any changes or amendments will be approved by Simon Camby (Group Director of Education) and Jayne Pinchbeck (Group Legal Counsel).

Ownership and consultation	
Document sponsor	Simon Camby - Group Director of Education
Document author	Alison Barnett - Regional Safeguarding Lead (Europe) Beth Kerr - Director of Wellbeing

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Signed:	Simon Antwis, Principal & Michael Rice, Assistant Head Pastoral & DSL