



Promoting Pupil Wellbeing and Positive Mental Health Policy

July 2022

Version 1.2

Review date: July 2025

Version Control

Version	Date	Amendments/updates	Created/Reviewed & Updated by
1	March 2021	Policy created	R Enwonwu L Hulet
1.2	March 2022 July 2022	Staff names amended in Roles and Responsibilities Ratified at FGB Meeting 11/07/22. Staff notified of new policy and uploaded to website.	J Charman S Croucher

Equality Statement for Park Hill Infant School

At Park Hill Infant School, we continue to teach our children about what it means to be strong, positive and productive members of society. We have always taught our pupils about equality and this remains an important part of our curriculum. We ensure that we always celebrate diversity, promote equality, demonstrate respect and stand together to challenge all forms of discriminatory language and behaviour.

We recognise that education is a vital tool for powerful, permanent and informative change. Our continuously evolving curriculum demonstrates our determination to use education to tackle issues of racism, homophobia and inequality. We strive to ensure our curriculum and supporting resources reflect values of inclusivity, diversity, equality and belonging. We do this by planning to meet the needs of all genders, of children with special educational needs, of children who are more-able, / gifted and talented, of children with disabilities, of children from all socio-economic backgrounds, children from different ethnic groups, religion and cultural backgrounds, and of those from diverse linguistic backgrounds.

Policy Statement

At Park Hill Infant School, we recognise and are committed to our role in supporting and promoting the emotional health and wellbeing of our pupils and staff. We have a supportive and caring ethos and our approach is respectful and kind, each individual and their contribution is valued. Our approach to mental health is part of a consistent whole school approach to mental health and wellbeing.

Legal Framework, Guidance and external advice

The Department for Education (DfE) recognises that “Schools have a role to play in supporting the mental health and wellbeing of children”¹

As set out in Chapter 6 of the statutory SEND 0-25 years Code of Practice 2015, schools need to be alert to how mental health problems can underpin behaviour issues in order to support pupils effectively, working with external support where needed.¹

We are aware of our duties under the Equality Act 2010, recognising that some mental health issues will meet the definition of a disability.¹

We recognise our statutory duty to promote the welfare of our pupils, which includes: preventing impairment of children’s health or development and action to enable all children to have the best outcomes.²

For the purposes of this policy, we define ‘wellbeing’ as referenced in the widely accepted World Health Organisation definition of mental health: “*Mental health is defined as 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*”³

Introduction

At our school we know that everyone experiences life challenges that can make us vulnerable and at times, anyone may need additional emotional support.

We recognise that all pupils cope with some adversity and pupils who experience multiple disadvantages (such as poverty, domestic violence, bullying, refugee and asylum seekers, young people with special educational or complex needs), face greater challenges in school than most. There are many disadvantages and stressors that can have a negative impact on pupils. These are called risk factors which can include, but are not limited to:

- Stress effects and malnourishment in the womb
- Poverty
- Parents with little formal education
- Family instability
- Homelessness
- Exploitation
- Parental alcoholism
- Poor parental mental health
- Breakdown or lack of positive friendships
- Poor pupil to teacher/school staff relationships
- Poor school attendance
- Low peer and adult support
- Discrimination
- Not engaging in the wider community
- Being exposed to negative life experiences, such as sexual abuse, domestic abuse or drug abuse in the family
- Not mastering life skills
- Low self-esteem and self-confidence
- Having the feeling of little control or influence over one's own life⁴
- Neglect⁵

We take the view that positive mental health is everyone's responsibility and that we all have a role to play. When we suspect a pupil has a mental health problem, we use the graduated response process (assess-plan-do-review) to put support in place.

At our school we:

- help children to understand their emotions and feelings better;
- help children to self-regulate;
- help children feel comfortable sharing any concerns or worries;
- help children socially to form and maintain relationships;
- promote self-esteem and ensure children know that they count;
- encourage children to be confident and 'dare to be different';
- help children to develop emotional resilience and to manage setbacks.

We promote a mentally healthy environment through:

- Promoting our school values and encouraging a sense of belonging;
- Promoting pupil voice and opportunities to participate in decision-making;
- Celebrating both academic and non-academic achievements;
- Providing opportunities to develop a sense of worth through taking responsibility for themselves and others;
- Providing opportunities to reflect;
- Ensuring that we have clear systems and processes in place for early intervention and identification⁵;
- Access to appropriate support that meets their needs;
- Having a zero-tolerance policy for bullying.

We pursue our aims through:

- Universal, whole school approaches including a PSHE scheme of work;
- Support for pupils going through recent difficulties including bereavement;
- Specialised, targeted approaches aimed at pupils with more complex or long-term difficulties including attachment disorder;
- Empowering staff to support children by spreading awareness of the benefits of positive mental health and providing training, as appropriate;
- Informal discussion during class 'Circle Times';
- Working collaboratively with other support agencies;
- Understanding and promoting the 'five ways to well-being' – researched and developed by the 'new economics foundation';
 - Connect;
 - Be active;
 - Take notice/ be present;
 - Keep learning;
 - Give.

Roles and responsibilities

All staff, governors and volunteers have a role to play in the promotion of positive mental health and wellbeing of all pupils.

Below are the names of persons who hold particular key roles and responsibilities:

- Jane Charman, Headteacher: Designated Safeguarding Lead (DSL), Mental Health First Aider
- Natasha Parry, Deputy Headteacher: Deputy DSL
- Laura Hulet, Assistant Headteacher: Deputy DSL, Inclusion Leader, Mental Health First Aider
- Diogenes Lopes Da Silva: PSHE and RSE Leader, Mental Health First Aider
- Daisy Keyte-Walden: School Counsellor
- Paula Mascarenhas: Nurture Support Mentor
- Ann-Marie McLoughlin: Governor responsible for Mental Health
- Priya Namjoshi: Governor responsible for Mental Health

Links with other policies

This policy should be read conjunction with the following policies:

- Equalities
- Self-Regulation: Promoting Positive Behaviour

- PSHE including RSE
- Teaching and Learning
- Safeguarding and Child Protection Policy
- Home-School-Child Agreement
- E-safety Policy

Monitoring and review

This policy will be reviewed every three years, or sooner if necessary.

Monitoring the policy and its implementation is the role of Senior Leaders. At every review, it will be approved by the Headship Team and full Governing Body (or their delegated Committee).

Signed: _____

Print Name: _____

Date: _____

Appendix A Sources

- ¹ Mental health and behaviour in schools (DfE, 2018): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools_.pdf
- ² Keeping Children Safe in Education (DfE, 2021): <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>
- ³ World Health Organization: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- ⁴ Young Minds Academic Resilience resources: <https://youngminds.org.uk/resources/school-resources/academic-resilience-resources/>
- ⁵ Mental health and behaviour in schools , Chapter 1 (DfE, 2018): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools_.pdf

Appendix B External support services

NHS – Children and Young People’s Mental Health Services (CYMPHS) information for parents and carers

W: <https://www.nhs.uk/mental-health/nhs-voluntary-charity-services/nhs-services/children-young-people-mental-health-services-cypmhs-parents-carers-information/>

Croydon Health Services NHS Trust

T: 0208 274 6391

E: ch-tr.croydonschoolnurses@nhs.net

Young Minds

T: 0808 802 5544 (9:30am - 4pm, Monday - Friday)

W: <https://youngminds.org.uk/>


Croydon Safeguarding Children Partnership (CSCP)

W: <https://croydonlcsb.org.uk/>

CSCP Child Neglect Strategy SEEN | HEARD | HELPED : <http://croydonlcsb.org.uk/wp-content/uploads/2019/11/CSCP-Neglect-Strategy-2019.pdf>

Child Wellbeing Tool: www.croydonlscb.org.uk/professionals/neglect - Digital and print format (see below)

Croydon Safeguarding Children Partnership Child Wellbeing Tool



The [CSCP Child Neglect Strategy SEEN | HEARD | HELPED](#) – introduces the Child Wellbeing Tool to help prevent neglect, **this new tool will help early identification of needs.**

What is it?

If you have **concerns about a child's wellbeing**, you'll want to consider if the family needs support or advice. This tool is a **short and simple** way to clarify those concerns and **identify** what **advice** or **support** is needed.

When to use it?


This tool is best used when areas of concern have **first** been **noticed**. It can help you **have a conversation** with the parent/carer to explain what you've noticed and talk through what could **help** address this concern.

Who should use it?

School staff who have concerns about a child's wellbeing can use this tool to identify and discuss concerns. If you have a DSL who is GCP2 trained you may want to agree if it is appropriate to use this tool first (see note below).

A note on what it is not

This CSCP Child wellbeing tool is not a referral* or assessment tool and **should not be used instead of the [Graded CareProfile2](#)**, the GCP2 must be used to accurately assess the level of care in cases where child neglect is known/suspected. (*It can used be to help evidence needs in onward referrals).



Download the CSCP
Child Wellbeing Tool

www.croydonlscb.org.uk/professionals/neglect

Child Wellbeing Tool

For a child to grow and develop well, their physical, emotional, safety and developmental care has to be provided for.

If on an on-going basis a child doesn't have these needs met, then the child's immediate and long-term health, learning and emotional development may be negatively impacted.

The impact of not having some or all of these needs met may not always be obvious, or it may only become more noticeable as the child gets older.

If you are working with a child and have some concerns about a child's wellbeing, you might want to consider if the family needs support or advice.

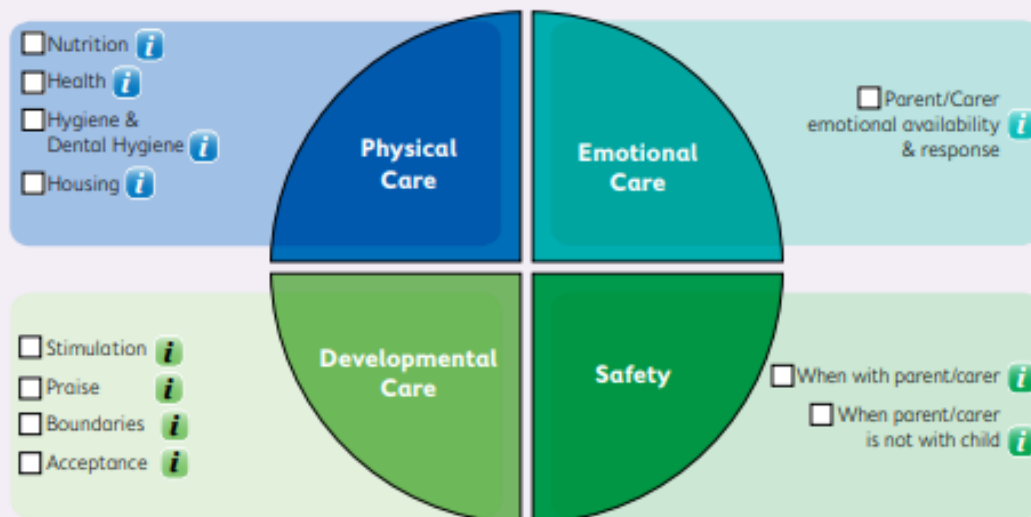
Although you may only see a child for a brief or infrequent period, if there is something which concerns you, use this tool to help clarify your concerns, consider what support or advice you can offer, and how you will monitor and review this.

How to use this e-tool:

You can use this tool to support your conversations with a parent/carer to help explain what you've noticed, talk through what might be needed to ensure the child's needs are met and how to support this happening. Use the tick boxes to record areas of concern; further information about the area of need can be seen by clicking on the 'i'; (or read Guidance notes overleaf).

Complete the notes section on the second page and save a copy of this e-tool in line with your data storage policies.

This tool does not replace the need to use the *Graded Care Profile2**.



*The NSPCC Graded Care Profile2 (GCP2) is a tool used to assess the level of care on a child's wellbeing. This Child Wellbeing Tool should not be used instead of the GCP2, the GCP2 should always be used to accurately assess the level of care when child neglect is suspected or known.

Thinking about the aspects of the child's care and wellbeing you have concerns about - consider what you can do to offer advice or support.

Save a copy of this record on the child's file in line with your safeguarding and data storage policies.

<p>As a professional already working with a child and family, consider how your advice or support might help?</p>	<p>And/or is there another service or organisation within the locality which could also help with advice or support?</p>	<p>If you still have concerns speak with your supervisor or safeguarding lead - use this record to illustrate what impact your interventions have had, what's worked and what still needs to improve.</p>	<p>If you are worried and think that the child may need safeguarding from harm you can call the Croydon Single Point Of Contact (SPOC) Consultation Line</p>
<p>For example: A nursery worker or childminder seeing a child regularly tired – might talk about suitable home play or routines for a child A dentist noticing infrequent check-ups may offer tailored support to help improve the frequency of check-ups A volunteer home support worker noticing how much time is spent between a parent and child may talk about how a parent organises their time to be with their child</p>	<p>For example: Can you help direct the parent/ carer to locally available support – such as at a Children's Centre, food bank, benefits advice, parent group, nutrition and wellbeing etc? For more details on locality based early help services go to: Locality Early Help service information</p>		<p>This service is available to all professionals in Croydon. Consider if you have done all you should reasonably have done to help promote the wellbeing of the child. If there are still ongoing concerns, contact the consultation line to support you in your decision making and next steps. To speak to the Croydon SPOC Consultation Line call 0208 726 6464</p>

Child's Name:

Parent/Carer's name:

Home address:

Your name:

Your role:

Date of completion:

Record here what action you've taken, how you will review any changes and next steps:

Guidance notes

Physical Care

Nutrition: There is adequate quantity and quality of food, and the child isn't over/under weight.

Health: Parent/carer is attentive to health and medical needs – includes issues of missed appointments, lack of use of medicine, hearing.

Hygiene/Dental Hygiene: There is a level of care appropriate to age: consider clothing, un/kempt, complexion, hair, cleanliness, smells. Their dental hygiene is evident through appointments and appearance.

Clothing: Appropriateness for weather and age, fit and condition.

Housing: Basic home utilities, sleeping arrangements, cleanliness, clutter, maintenance.

Emotional Care

Parent/Carer emotional availability & response: Is parent/carer able to pick up on a child's verbal and non-verbal cues and respond and engage appropriately.

Safety

Safety when parent/carer present and when not with parent/carer:

Parent/carer is alert and aware of potential safety hazards, both when the child is with them or elsewhere. This includes: online safety, street safety, traffic safety and safety at home and is appropriate to the child's age.

Developmental Care

Stimulation: Do the parents/carers engage with and provide age appropriate educational, social and play opportunities.

Praise: Do the parents/carers give praise or emotional rewards to child, or do they show indifference to child's achievements or show dismissiveness or even belittle the child.

Boundaries: - are boundaries mild and consistent and appropriate to age or are disapproval measures are occasionally abrupt or disapproval measures are harsh, cruel or physical punishment used.

Acceptance: parent/carer shows unconditional support, or is inconsistent in accepting child's difficulties or rejecting or belittling of child if they make mistakes.