



Mental Health and Wellbeing Policy 2022-2024

Mental Health and Wellbeing Policy

I Introduction/Background

Definition:

For the purpose of this policy:

Mental health is a state of well-being 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 Organisation)

Mental Health affects all aspects of a child's development including their cognitive abilities and their emotional wellbeing. Childhood and adolescence are when mental health is developed and patterns are set for the future. For most children, the opportunities for learning and personal development during adolescence are exciting and challenging and an intrinsic part of their school experience. However, they can also give rise to anxiety, low mood and stress which can lead to a diagnosis of ill mental health. Children can suffer from a range of ill mental health issues also owing to circumstances outside of school.

As stated in the Safeguarding and Child Protection Policy, Horsforth School is committed to providing a safe and secure environment for students and promoting a climate where all of its community feel confident about sharing any concerns they may have.

At Horsforth school, we aim to promote positive mental health and wellbeing for every member of our staff and student body. We will pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at students needing additional and/or bespoke support.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health procedures we will promote a safe and stable environment for students affected both directly and indirectly by mental ill health.

This document describes our whole school approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff, parents and Trustees.

This policy should be read in conjunction with the following policies:

- Safeguarding Policy
- Attendance Policy
- Positive Behaviour Policy
- Anti- Bullying Policy
- First Aid Policy
- SEND policy
- RSE Policy
- Online Safety Policy
- Drug misuse Policy

Lead Members of Staff

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

- Designated Safeguarding Lead, Deputy Head Pastoral – Mental Health Lead
- SENDCo and Deputy DSL – Mental Health Lead for SEND students
- Head of PSHCE and Mental Health Lead within the curriculum
- Lead Trustee for Safeguarding and Manager for Horsforth Children Services
- First Aider's
- Director of student support (including mental health and wellbeing)
- Designated Staff: All Pastoral and Behaviour Officers (mental health first aiders level I)
- Designated Staff: All Designated child protection staff – DSL and DSO's
- Designated Staff: The SEMH team (mental health first aiders level I)

This policy has been based on the following guidance:

- DfE Research and analysis: Supporting mental health in schools and colleges (August 2017)
- DfE Advice on Mental health and behaviour in schools (2018)
- Mindmate resources and tips for professionals www.mindmate.org.uk
- Training and Resources by the Anna Freud Centre www.annafreud.org
- PSHE Association: Teaching about mental health and emotional wellbeing 2019
- PSHE education – Statutory Guidance DfE 2020

2 Aims and objectives

The aims of this policy are:

- To promote positive mental health and wellbeing in all staff and students and as part of school life
- To Improve the emotional wellbeing of our staff and students
- To Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health and prevent escalation of ill mental health
- Provide support to staff working with young people with mental health issues
- To ensure mental health problems are identified early and appropriate support provided
- To provide intervention, guidance and/or support for students suffering mental ill health and to their peers and parents or carers
- Offering provision and interventions that matches the needs of our students and staff
- To signpost and to provide guidance and/or support for staff suffering mental ill health
- To explain how the curriculum teaches and explores this issue
- To reduce the stigma associated with ill mental health
- To create an environment where staff and students openly and safely talk about this issue
- To reduce and prevent the number of students having serious ill mental health which leads to a negative impact on their attendance, progress, wellbeing and quality of life

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures, we can promote a safe and stable environment for students affected both directly and indirectly by mental ill health.

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to Designated Staff or record it on CPOMs. If it is urgent staff should see the team in person straight away and if the student presents with a medical emergency then staff should follow usual first aid procedures, calling on the emergency button for an escort to the medical room.

Designated staff are: The DSL, DSO's, SEMH team or the PBO Team.

3 Procedures

Procedures to support this policy are appended:

Appendix 1 Teaching about mental health

Appendix 2 Signposting

Appendix 3 Signs/Indicators

Appendix 4 Working with Parents

Appendix 5 Identification and Support

Appendix 6 Supporting peers

Appendix 7 Disclosures

Appendix 8 Managing expectations

Appendix 9 Further Info

Appendix 10 School support

Appendix 11 Protocols for classroom

Appendix 12 Its good to talk poster

Appendix 13 Bereavement Procedures

Appendix 14 Staff support

Appendix 15 Parent support

Appendix 16 5 ways to Wellbeing

Appendix 17 ALGEE

Appendix 18 Support Plan examples

4 Evaluation

This policy/procedure will be evaluated every two years by the Headteacher to ensure it is still fit for purpose. Circumstances may require more frequent modifications.

5 Author This policy has written by updated by S Nowell, Deputy Headteacher, (Youth MHFA trained level I) and E Gledhill, PSHCE lead, (Youth MHFA trained level I) February 2023.

Appendix I Teaching about Mental Health

A general knowledge and awareness of mental health and wellbeing is delivered to our students in years 7-13 as part of our wider curriculum; students explore themes around positive mental health and wellbeing in English, Science, PE, Drama, Health and Social Care, Psychology and RE. We explore this theme in specialist Safeguarding sessions, Health Week, Mental Health Week, assemblies, form time and drop-down sessions.

Students have targeted bespoke mental health lessons as part of the PSHCE programme in years 7-13. Form Tutors deliver PSHCE lessons in one hour per fortnight. These are carefully planned and mapped and form part of the learning journey for PSHCE and forms part of our Personal Development offer. The offer is sequenced and shows progression throughout the key stages

All PSHCE classes have 'ground rules' to establish the right context for discussion of sensitive and complex topics.

Appendix 2 Signposting

We ensure that staff, students and parents are aware of sources of support and intervention within the school and sources of external support within the local community, nationally and online.

We display within the student planner and on posters around the school the 'It's good to Talk' poster. This signposts students to trained staff with whom they can approach, as well as local and national helplines, websites and telephone numbers.

We have a prominent whole school display dedicated to signposting our students for support with mental health and wellbeing and others boards signpost students on the PSHCE corridor, sixth form common room and in reception.

Signposting is part of PSHCE lessons and specialist assemblies.

We will regularly highlight sources of support to staff in emails and in the staffroom and through staff briefings.

We will regularly highlight sources of support to parents in emails/ newsletters and on the school website. The mental health lead sends out specialist support information at key times of year to both parents and staff via email.

Whenever we highlight sources of support, we hope to increase the chance of students 'help-seeking' and ensure they understand:

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

Appendix 3 Signs and Indicators

School staff must be vigilant and watch out for signs and indicators that our young people are having difficulties. Staff must be aware of the following warning signs which indicate a student 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 the Mental Health Lead (DSL) via CPOMs. If it is urgent, and the student is at risk of harm or injury staff should see a DSO (Designated Safeguarding Officer) in person that day.

Possible signs and indicators include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits – looking tired, withdrawn, pale, falling asleep
- 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
- An increase in lateness or absenteeism

Staff Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their annual child protection training in order to enable them to keep students safe.

16 staff are Youth MHFA level I trained and are front line staff supporting and managing students.

Additional training opportunities for staff who require more in-depth knowledge will be considered as part of an ongoing cycle based on student need and as part of the whole school performance management process.

Appendix 4 Working with Parents and Carers

Unless there are child protection concerns or extenuating circumstances, such as increasing risk at home, school will always contact parents where there is a reported mental health concern. School will do this where a child is under 18 years.

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

- Can this contact be made as a phone call? Or should this be a meeting on school site, face to face?
- How immediate should the contact be made or meeting happen? Have staff consulted with the DSL.
- Who should be present? Consider parents, the student, other members of staff.
- What are the aims of the meeting? What are the next steps.

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 will provide support and signpost help for parents if needed. We will highlight further sources of information/ websites/ options where possible.

Where parents have been called, school staff will agree next steps and/or a possible student support plan depending on the nature of the concern. Formal support plans should be shared with parents.

Any call or meeting should agree a next step by staff and also by parents – it is best practise to support the mental health and wellbeing of a child holistically and this should come from both home and from school.

We will provide clear means of contacting school staff for follow ups, concerns and questions.

Designated staff will record any call/meeting/ action/student support plan on SIMS and/or CPOMS. The DSL will always be notified.

Specific signposting and useful websites for parents that we use:

NSPCC, Childline

www.Kooth.com

www.mindmate.org.uk

www.mind.org.uk (parent section)

www.youngminds.org.uk (parent section)

www.nhs.org

Link to a downloadable parent guide in supporting their child:

<file:///atlas/staff/nowellsa01/mental%20health%20week/Parents-carers-guide%20mental%20health.pdf>

Appendix 5 Identification and Support

Identification:

Using a range of data and information, the school will identify and record students about who we have SEMH concerns.

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.

CPOMS, SIMS and SEND documents will be used to record diagnosed SEMH conditions e.g. eating disorders, Attention Deficit Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder (OCD), and Post Traumatic Stress (PTS) etc, and those students without a diagnosis and who are accessing school or external support.

This data and information will allow the pastoral, SEMH and safeguarding teams working in conjunction with the SENDCO to flag students who have significant SEMH concerns.

Formal Support Plans:

Student Support Plans

These are plans written by designated staff for an individual student who maybe accessing level 1 support in school. This is a formal plan of support for the student causing a concern. This must be drawn up involving the student, the parents, and if appropriate relevant health professionals or external agencies. This will sit on the child's CPOMs record and will be reviewed.

Student Safety and Coping Plan

These are bespoke plans written by designated staff for an individual student who maybe accessing level 2 or 3 support in school and external support out of school and may typically have a diagnosis. This is a formal plan of support for the student detailing emergency protocols and numbers, healthy coping strategies, how to keep safe and signposts further. This must be drawn up involving the student, the parents, and if appropriate relevant health professionals or external agencies. The use of the mobile phone will be used to store emergency numbers and helplines as part of the meeting. This will be reviewed regularly with the student by designated staff.

Individual Student Risk Assessment

Where the child may be at risk of harm for example, by absconding from lesson, or site, or if both the child and members of the school community could be at risk of harm, for example, sharp objects or large amounts of tablets being brought onto site for self-harm or overdose, the school will write up a risk assessment to manage the risk presented and put in control measures to minimise the risk for all. The risk assessment will be shared with relevant staff, the student and parents and will be reviewed regularly. These are kept on CPOMs and with the DSL in a central record.

Where student plans and/ or risk assessments are needed for those students whose needs require them, these will be shared with relevant staff via pastoral briefings and password protected emails.

Appendix 6 Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their peers and 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 with the student who is suffering and their parents.

Designated staff 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 or saying which may inadvertently cause upset.
- Warning signs that their friend may need help (e.g. signs of relapse).
- Signpost peers to external help
- Inform parents where appropriate

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

Appendix 7 Managing Disclosures and Confidentiality

A student may choose to disclose concerns about themselves or a friend to any member of staff, so all staff are trained annually as part of the safeguarding training on how to respond appropriately to a mental ill health disclosure. This is the same procedure as is for a safeguarding or child protection disclosure.

If a student 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:

- Be calm, supportive and non-judgmental.
- Staff should receive and reassure the student that they have done the right thing in sharing and opening up.
- Non-designated staff should actively listen, and record and report. (they are not to advise or manage the child's problems, this is for designated staff)
- After listening, first thoughts should be of the student's emotional and physical safety.
- Staff should record non urgent concerns to the DSL as soon as possible via CPOMs.
- If the student is in physical need of first aid then staff should follow the medical and first aid procedures, or call staff to escort the student to the medical room by using the emergency SIMs button.
- If the student is at risk of harm or has implied suicide or thoughts of suicide, staff should see a DSO or the DSL in person as soon as possible that day.
- All disclosures should be recorded on CPOMs
- Subsequent actions will be recorded on CPOMs.

Confidentiality

Non-designated staff are aware that they cannot promise confidentiality when a disclosure is made. During the disclosure staff must make the student aware of this, explain why and say whom they will pass it to and why. Staff must reassure the student that the passing of information is a supportive mechanism and to ensure the right help is provided.

Designated staff cannot promise confidentiality when a disclosure is made, unless there are child protection concerns. For children under 18 years, staff will always make parents aware of mental health concerns. However, staff will use their professional judgement and in liaison with the DSL may give a child 24 hours to inform parents themselves before school does so.

Appendix 8 Managing Expectations

Teachers:

Mental health issues can be ongoing for a long time. They can influence a student's ability to access learning. We will ensure that all members of staff are familiar with students who are suffering from mental health and provide information that helps manage expectations of affected students in order to ensure those students are not placed under undue stress which may exacerbate their mental health issues.

In addition to the Pastoral and SEMH Team, teachers and Form Tutors will play a significant part in monitoring these identified students, taking a holistic approach which may include considering issues addressing:

- Academic achievement
- Absence and lateness
- Duration and pace of recovery
- Ability to interact and engage within lessons

Students and Parents:

Mental health issues are complex. They can be ongoing for a long time and can appear when they are least expected. Parents and students should not blame or pinpoint to a specific trigger without medical opinion. There can be multiple triggers and only medical professionals can diagnose triggers.

Triggers could include adverse childhood experiences, historic trauma or stress, a physical accident, poor physical health, parenting or family issues, complex or difficult home lives, peer issues, school work or stress. More often than not, it is usually a combination.

There are basic steps that both students and parents can take to support the wellbeing of their child:

- Ensure at least 8 hours sleep
- Ensure breaks and time out from gaming technology and mobile phone usage
- A healthy, balance diet, eating 3 meals a day
- Regular hydration with water, not fizzy, high sugar / energy drinks
- Regular physical exercise, sport, fitness activity – 3 x 30 minute sessions a week
- Fresh air and walking, being with nature and open air
- Fun activities with the family or peers
- Hobbies and Interests
- Being with family, connecting in person or online
- Quality 'Talking' at home, conversations asking about emotions and feelings, taking time out of busy schedules to ask how each other how
- Parental monitoring of social media pages and messages
- Encouragement of a balanced work/play routine
- Breaks from homework or studies or revision
- No technology in the bedroom at night

Parents and Carers must note that school staff are not medical professional's nor experts. Designated staff can assist with support and signposting on a basic level and will ensure children are supported in school. It is the parent's responsibility to seek out, contact and arrange for medical professional help and safeguard their child beyond the school gates.

Appendix 9

Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues:

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children and at Horsforth School. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

Support on all of these issues can be accessed via:

- Young Minds www.youngminds.org.uk,
- Mind www.mind.org.uk
- Minded www.minded.org.uk
- KOOTH www.kooth.com
- Anna Freud www.annafreud.org
- www.nhs.uk
- www.place2be.org.uk

Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support: www.SelfHarm.co.uk www.selfharm.co.uk
Battle Scars <https://www.battle-scars-self-harm.org.uk>
National Self-Harm Network: www.nshn.co.uk

Self- Harm Books:

- Young Minds Positive Mental Health & Wellbeing Policy 2016 12 Pooky Knightsmith (2015)
- Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies. London: Jessica Kingsley Publishers Keith Hawton and Karen Rodham (2006)
- By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers Carol Fitzpatrick (2012)

The school will always inform parents of self-harm unless by doing so the child will be at risk. School staff may allow children to inform parents first and give a time limit on this at the discretion of the DSL.

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support:

Depression Alliance: www.depressionalliance.org/information/what-depression

Depression Books:

- Christopher Dowrick and Susan Martin (2015) Can I Tell you about Depression?:
- A guide for friends, family and professionals. London: Jessica Kingsley Publishers

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support:

Anxiety UK: www.anxietyuk.org.uk

Anxiety Books:

- Lucy Willetts and Polly Waite (2014) Can I Tell you about Anxiety?:
- A guide for friends, family and professionals. London: Jessica Kingsley Publishers Carol Fitzpatrick (2015)
- A Short Introduction to Helping Young People Manage Anxiety. London: Jessica Kingsley Publishers

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support:

OCD UK: www.ocduk.org/ocd

OCD Books:

- Books Amita Jassi and Sarah Hull (2013)
- Can I Tell you about OCD?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers Susan Connors (2011)
- The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers. San Francisco: Jossey-Bass

Suicidal feelings and Ideation

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Online support:

Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/researchand-resources/on-the-edge-childline-spotlight

Suicidal Ideation Books:

- By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015)
- Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention. New York: Routledge.

Eating problems, disorders

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support:

Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficultiesin-younger-children

Eating Disorders Books:

- Bryan Lask and Lucy Watson (2014) Can I tell you about Eating Disorders?
- A Guide for Friends, Family and Professionals. London: Jessica Kingsley Publishers Pooky Knightsmith (2015)
- Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies. London: Jessica Kingsley Publishers Pooky Knightsmith (2012)

HORSFORTH SCHOOL STAFF MENTAL HEALTH PROTOCOL

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Follow this protocol in the event of a young person disclosing concerns about their mental health

1 CONCERN IDENTIFIED

Young person (YP) discloses a mental health concern about themselves or a peer (e.g. anxiety, depression, eating disorder, self harm, suicidal ideation, psychosis)

2 IS THERE EVIDENCE OF IMMEDIATE DANGER?

Has the (YP) made a serious suicide attempt, serious laceration or self injury (taken drugs/alcohol, ingested something / overdose?)



Press emergency SIMS button to seek an escort to the medical room or for the attention of Designated Safeguarding Officer. Record incident later

3 INITIAL ACTIONS

Be calm, supportive and non-judgmental
Speak to YP in a quiet setting
Explain confidentiality protocol
Listen rather than give advice

Check for clarification/make notes for accurate information

4 PASSING ON INFORMATION

If in doubt about YP safety - see Designated Child Protection Staff
Complete CPOMS referral
Give date, time and summary of conversation
Record accurately on CPOMS


5 MENTAL HEALTH FIRST AIDERS

Staff specially trained to respond to a YP or adult in a mental health crisis
They have an understanding of a variety of mental health issues





IT'S GOOD TO TALK

I HAVE CONCERNS ABOUT A SCHOOL SUBJECT



- Talk to your subject teacher
- Talk to your form tutor
- See your year co-ordinator at the HUB
- Go to homework club, the library or the ELC for extra help

I AM STRUGGLING WITH MY LEARNING IN ALL SUBJECTS

- Talk to your form tutor
- See Miss McFadden- post a note in her box on her office door (SENDCo)
- See your year co-ordinator at the HUB
- Ask your parent to call your year co-ordinator

I (OR A FRIEND) DON'T FEEL SAFE...AM BEING HARMED...AM SUFFERING...AM AT RISK OUTSIDE OF SCHOOL




YOU MUST REPORT IT TO ONE OF THESE PEOPLE





Mrs Nowell Mr Bennett Miss McFadden Mrs Gledhill Mr Watkins Mr Coone Mr Croft Miss Dalton Mrs Storey Mrs Squire Mr Steele Mr Casey

Post a note in Mrs Nowell's worry box on her office door
Tell a trusted adult or older child





I (OR A FRIEND) AM FEELING SAD...LOW... ANXIOUS...UNHAPPY

- Tell any trusted adult
- Tell your tutor or PBO
- Speak to Mr Strongman, Mrs Squire, Mrs Nowell or Mrs Gledhill
- Post a note in Mrs Nowell's worry box on her office door
- Tell a friend who will let us know
- Tell your parents to let us know

I AM HAVING FRIENDSHIP ISSUES... I WORRY ABOUT BULLYING

- Tell any trusted adult
- Talk to your tutor or PBO
- Always report bullying even if you are not involved
- Post a note in Mrs Nowell's worry box on her office door
- Tell a friend who will let us know
- Tell your parents who will report to us

ALWAYS TELL

CHILD LINE
0800 1111
SAMARITANS TEL :116 123
EMAIL: JO@SAMARITANS.ORG
NURSING TEAM TEXT:
07520 619 750

SOS
HELP AND SUPPORT

LEEDS MARKET PLACE
0113 246 1659
TEEN CONNECT.COM
KOOH.COM

Appendix 13

Bereavement Procedures

Horsforth school's policy and procedures when a pupil experiences a death of a loved one either expected or unexpected

Aims

To support the emotional and physical wellbeing of bereaved pupils and their families.

To communicate with, and support bereaved pupils and their families, both before, and after, a pupil's return to our school.

Our procedures will help bereaved children and young people to:

1. **Be safe** – with their welfare supported
2. **Be involved** – be given information and choices
3. **Feel connected** – with support from people they trust and can help
4. **Understand, and be understood** – particularly regarding their reactions, feelings and thoughts
5. **Be respected** – have their identity and family context acknowledged
6. **Thrive** – within our supportive education setting.

All bereavements, in all families, matter to our school equally.

- Every bereavement is unique, and results in different challenges.
- Sometimes, more than one person dies suddenly in a family, or a family faces other difficult challenges, such as injury, or another life challenge.
- Every family is unique, and their needs deserve to be understood and met.

Procedures

1. Establish a core group of staff responsible for communication and co-ordination of support offered. This should include a main point of contact.
2. In the days after the death, but before a suddenly-bereaved pupil returns to education, a nominated person with experience and skills in listening and empathetic support, will contact the family to:
 - a) Acknowledge the bereavement, offer the school's condolences, and listen to their story of bereavement, if they want to tell it, in confidence;
 - b) Establish the family's initial wishes regarding what the child, wider school community, and media (if applicable) should be told about the death;
 - c) Offer time for the family to reflect on information they may wish to keep private, and a future time to talk about it further, if necessary;
 - d) Offer a point of contact and explain ongoing support the school can offer; and listen to the family's views on the pupil's emotional needs;
 - e) Offer future availability, as required, to discuss anything the family may wish to, relating to the pupil's welfare, and explaining days and times available;

- f) Offer bereavement resources that are age-appropriate and signpost to online advice and relevant agencies;
 - g) Offer the opportunity, at a time and place agreed with the family, for a teacher (or other school representative who the pupil knows and trusts), to meet with the pupil directly, accompanied by any family member/s, to explain what will happen when the pupil returns to school, and who will support them in school;
 - h) Signpost to agencies that can support families bereaved in sudden ways, including www.sudden.org and Winston's wish, as well as local providers; including Horsforth Children's Services
 - i) Make clear the names of anyone else who is available to communicate with the pupil's family, and find out who, within the family, wishes to liaise with the school.
3. In the days after the death, we will inform staff members and pupils. This will be done in an age-appropriate and sensitive way, considering confidentiality, potential stigma surrounding the cause of death and the family's wishes (as established with them).
4. When the pupil returns to school we will:
- a) Determine the date of that return in discussion with the family, reflecting on the needs of the pupil; use a phased return if appropriate and/ or time in nurture
 - b) Acknowledge their bereavement directly with them;
 - c) Discuss collaboratively with the pupil, family and our staff what we can do to best support them; and
 - d) Work to enable the pupil's re-integration into 'normal' school routines and create a safe and secure environment for them.
5. For a bereaved pupil's remaining time in our school we will:
- a) Ensure significant dates (such as death anniversaries, birthdays and culturally-significant dates such as annual festivals) are recorded and considered;
 - b) Allow opportunities for reflecting on the death, through encouraging an ongoing and open dialogue with the pupil, and with their family; and
 - c) Consider a pupil's bereavement when planning school activities that might trigger thoughts or feelings about the bereavement and engage the pupil and their family in discussions regarding the pupil's involvement, providing information and choice.
6. When helping a bereaved pupil we will:
- a) Ensure they know who they can reach out to for support and how to access this help in ways that are easy and discreet;
 - b) Offer them opportunities to express their reactions, feelings and emotions about their bereavement, in ways they want to, safely and confidentially;
 - c) Offer a safe and supervised space where a pupil can go if they need time out from a classroom or playground because of their bereavement;
 - d) Use age-appropriate bereavement resources
 - e) Be aware of the pupil's family circumstances, including their cultural background, and its relevance to their bereavement;
 - f) Be on the lookout for changes in behaviour that may be a sign of a mental health condition, or other illness or risk to health and safety; and liaise with the safeguarding team
 - g) Signpost to support for the wider family, as well as the pupil, through the local authority, in order that the family unit work together where necessary.

7. If a suddenly-bereaved child or young person is showing signs of suffering from a mental health condition, or other illness, or any indicators or risks of harm, we will ensure that information is shared with the family, appropriate agencies and managed appropriately.

Appendix 14 Mental Health and Wellbeing Support for our Staff

<p>Universal Support (for all)</p>	<ul style="list-style-type: none"> ✓ Line manager support and informal supervision from colleagues ✓ Direct line and number to HR ✓ Open door policy with the Headteacher and HR ✓ Staff confidentiality policy ✓ Promotion of staff welfare and tips for positive mental health during targeted mental health weeks via emails and updates, including signposting in the staffroom ✓ Staff Yoga ✓ Staff football ✓ Star of the Week ✓ Buddy Scheme ✓ Wellbeing sessions as part of training days (ongoing) ✓ Staff wellbeing as part of the SIP ✓ Confidentiality ✓ Voluntary Mindfulness sessions ✓ Mental Health Training as part of annual safeguarding training ✓ Updates on how to manage students with mental ill health via pastoral briefings and emails ✓ Leadership have taken into consideration staff workload when implementing new strategies and have shared with staff where this has taken place and how ✓ Whole school Staff breakfast or Lunches ✓ Surprise goodies in pigeon holes ✓ Parking raffle
<p>Additional Support</p>	<ul style="list-style-type: none"> ✓ Additional, bespoke signposting ✓ Additional welfare checks with an agreed staff member ✓ Bespoke session(s) with a mental health first aider ✓ Bespoke meeting with HR and/or other relevant staff of choice, to make an agreed support plan or agree next steps ✓ Referral to adult counselling ✓ Formal Supervision with a line manager or staff member of choice ✓ Formal Supervision with a member of LT or Mental Health First Aider ✓ Practical, bespoke session using mindfulness at home and in the classroom ✓ Regular reviews and check-ins with HR

Supporting Parents and Carers with Mental Health Concerns

We understand that mental health can be a difficult and complex issue to deal with. To support our parents and carers we have put together this list of local and national agencies that will offer advice, signpost or support you first hand. We hope you find it useful.

Horsforth Children's Services:



Horsforth Children's Services are based at the Brownlee Stone Centre, Town Street, Horsforth. Please call the team on **0113 336 7724**. Follow Facebook 'Horsforth Children's Service' for regular updates. They offer a range of services, including family support, parent advice, parent classes, adult and child counselling and general signposting for parents.

Call the school directly if you are struggling or worried about our child, ask for a member of the pastoral team or contact us at pastoralhub@horsforthschool.org.uk, we can support and offer advice; we can also help refer students for external support with mental ill health.

Mental Health Support, Information and Advice for Adults and Parents/Carers:

Key websites to access:

www.leedsmind.org.uk
www.mindmate.co.uk



Mental Health Support for Children and Young people

www.mindmate.org

Teen Connect (13-18 years)

Teen Connect is a helpline for Leeds based 13-18 year olds who are in crisis.

Open 6 pm – 2 am every night of the year. Call, go online or send a text **0771 566 1559** .

Kooth online counselling and emotional wellbeing service

Kooth online counselling is a free, safe and anonymous service for 10-18 year olds where young people can chat 1-2-1 with counsellors, access self-help articles 24/7 and connect with peers through live moderated forums. www.kooth.com



Resist or manage the urge to self-harm

The **Calm Harm app** has been customised for young people in Leeds (aged 12 – 25 years). It helps you resist or manage the urge to self-harm; it has a number of activities including breathing techniques to help reduce symptoms of stress and anxiety.

Safe Zone (11-17 years)

The Safe Zone is a crisis service for young people aged 11-17 in Leeds.

It's open every Monday from 7pm to 10pm – the last drop-in to Safe Zone will be 9.30pm.

Call **0113 819 8189** call before you go.

The Market Place

The Market Place offers free, confidential support in Leeds 11-25 year olds. Call 0113 246 1659.
18A New Market St, Leeds. www.themarketplaceleeds.org.uk



ChildLine

ChildLine (for under 18s) is there for anyone who needs confidential support. Call anytime or chat online. Call 0800 1111 <https://www.childline.org.uk/>

Samaritans

Samaritans is available round the clock, every single day of the year, for anyone who is struggling to cope. Call 116 123 <https://www.samaritans.org/>



Support for Single Parent families:

www.gingerbread.org.uk A UK charity. Visit the site for expert advice and support.

Support for Children who are Carers for a family member:

www.barnados.org.uk/willow



General Support for Parents/Carers:

www.home-startleeds.co.uk Offers advice, support and will signpost

www.relate.org.uk Relate offers live online chats with counsellors



Connecting with the people around us is a great way to remind ourselves that we're important and valued by others.

- Arrange to meet people regularly
- Reach out to someone
- Take time to get to know your neighbours



By regularly engaging in some form of exercise we can look after our mental and physical health at the same time.

- Go for a walk during your lunch break
- Walk to work
- Join a local sports club



Taking notice of our thoughts, emotions and surroundings is a great way to stay present and pay attention to our needs.

- Take up a mindful hobby e.g. knitting
- Write down three things you feel grateful for



Learning new things is a good way to meet new people and boost our self confidence, which in turn improves our mental health and wellbeing.

- Try out a new recipe
- Join a class or learn a new language
- Learn something new about the people around you



Research has found a link between doing good things and an increase in wellbeing.

- Try and do one kind thing every day
- Become a Health in Mind Hero by giving your time through volunteering/ fundraising

At Horsforth School, we regularly promote the 5 ways to wellbeing to both staff and students. This forms part of our universal offer for all students and staff.

- We have over 12 staff trained as level 1 Youth Mental Health First Aiders.
- Mental Health First Aiders are known as the SEMH team and support the Mental health Lead and First Aid team in responding to individual students or staff in crisis, managing disclosures, mentoring students, signposting staff and parents, leading and managing student support plans, meeting with parents and supporting the whole school approach via policy development and mental health events.
- As part of training staff learn to manage students using the ALGEE action plan:



A = Approach the young person, reassure, assess risk, assist.

L = Listen non – judgmentally, applying active listening skills. Use open ended questions and allow time for silence. Do not finish student’s sentences, rush them or end the conversation until they are ready.

G = Give immediate support, this might be a quiet place, water, calming strategies, counting down, deep breathing, square breathing, mindfulness body scan, 5 senses countdown, a walk, music, food, distraction toy or magazine, or an app on the their phone.

E= Encourage professional support through signposting to local and national helplines, websites, GP, discussion of school based referrals for help

E = Encourage other forms of support: self -care, self -care box, friend and family support, the 5 ways to wellbeing, sleep, exercise, healthy food, writing problems down, talking to an adult in school, meditation, mindfulness, distraction techniques, **school support**

Where staff have applied ALGEE, the DSL will be informed and so will parents.

SEMH: School Support Plan

Name of Student:

Form:

<p>Insert Student photo</p>	<p>My areas of concern and difficulties:</p>
<p>Things that will help me in the classroom:</p>	
<p>Things that will help me when I am at home or not in school:</p>	
<p>School based support and suggested strategies:</p>	
<p>Desired outcome of the plan:</p>	
<p>Time Frame for plan or review date:</p>	
<p>Lead staff at school:</p>	
<p>Date shared with parent:</p>	

What will I tell myself (as alternatives to any dark or negative thoughts)

What could others do that would help?

Who can I call when I am in need or in an emergency:

Friend:

Relative:

Adults at Horsforth:

Health professional:

Telephone helpline: Samaritans: 08457 90 90 90 Childline: 0800 1111

Online support: Kooth www.kooth.com. (free online emergency counselling)

CONNECT HELPLINE: 0808 800 1212 - emergency number for 6pm -2am (Leeds services, free)

[The Market Place – free advice and counselling, Leeds city centre](http://www.themarketplaceleeds.org.uk)
www.themarketplaceleeds.org.uk

Others? Write down here and put in your phone:

A place of safety I can go at school, and at home:

If the plan above is not working for me and I still feel out of control:

I will go to the Leeds hospital's emergency department

If I can't get there safely, I will call 999

I will call an adult I trust

I will call an emergency number: Childline or the Samaritans

other:

Details of any medication (if any). Any physical health needs / conditions / medications I want school to be aware of and details of any arrangements with the school's first aid team/reception
Details of any school risk assessment for me:
What I would like my teachers to know / What support I need for my classes/lessons:
Parent voice:
signed by student _____ signed by key worker _____ signed by parent