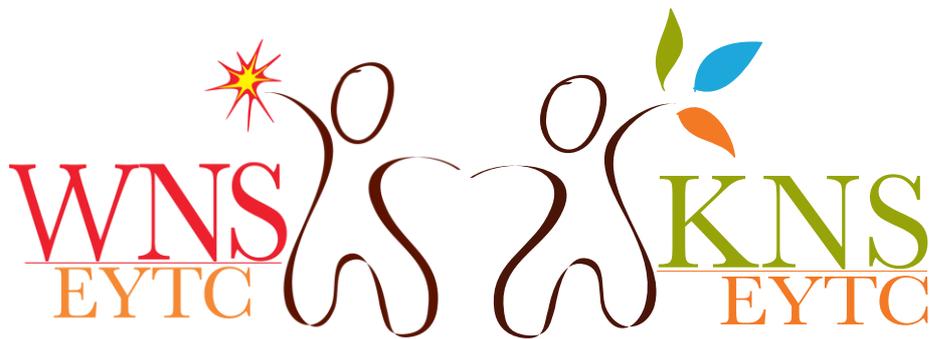


Kenilworth Nursery School & Whitnash Nursery School



Mental Health & Well-Being Policy

Mental Health & Well-Being Policy

Mental Health and Well-Being is Important because

“Good mental health begins in infancy” The Children’s Society 2008

At our Nursery School, we aim to promote positive mental health and well-being for our whole school community; children, staff, parents and carers. We recognise how important mental health and emotional well-being is to our lives in just the same way as physical health. We have worked in a professional partnership for over 14 years with a Child Psychotherapist and this has helped us to better understand the emotional barriers to learning that can be present for young children when mental health is a factor or trauma has been experienced, by themselves or their wider families.

We recognise that children’s mental health is a crucial factor in their overall well-being that affects their learning and achievement. Persistent or unaddressed mental health problems are a barrier to learning for many children who experience them. In young children this may affect language development and other key aspects of social development that allow communication and may lead to a series of behaviours that hamper or prevent effective learning and developmental progression.

The Special Educational Needs and Disabilities (SEND) Code of Practice identifies Social, Emotional and Mental Health as one of the four areas of Special Educational Need.

All children go through ups and downs through their school career and some face significant life events. Based on the last available data it is estimated that around 10% of children aged 5 to 16 have a diagnosable mental health need and these can have an enormous impact on their quality of life, relationships and academic achievement. It is thought that this figure will have risen recently and we await new data. 50% of mental health issues are recognisable before the age of 15.

The Department for Education (DfE) recognises that: “in order to help their pupils succeed; schools have a role to play in supporting them to be resilient and mentally healthy”.

All young children need loving responsive relationships to thrive emotionally. Schools can be a place for children and young people to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. For a few, school may be a place of respite from difficult home lives and offer positive role models and relationships, which are critical in promoting pupils well-being and can help engender a sense of belonging and community.

Our role in school is to ensure that children feel safe and secure and ready to learn we then support them more widely to ensure they are able to manage times of change and stress. In supporting young children's resilience, we are supporting them to reach their potential and access help when they need it. We also have a role to ensure that children and families learn about what they can do to maintain positive mental health and emotional well-being, to support Parent's in their understanding of what affects their young children's mental health and differences they can make, alongside where they can go if they need help and support.

Our aim is to help develop the protective factors which build resilience to mental health problems and be a school where

- Children are valued, noticed and listened to.
- Children have a sense of belonging and feel safe
- Children know their 'rights' and respect the rights of others.
- Adults are aware that behaviour conveys meaning and think in detail about each child and family.
- Positive mental health is promoted and valued
- Bullying is not tolerated

In addition to children's well-being, we recognise the importance of promoting staff mental health and well-being and aim to be a reflective and thoughtful place to work, where workload and stress management well considered and part of every decision of process of change.

Purpose of the Policy

This policy sets out

- how we promote positive mental health
- how we recognise and seek to reduce mental health problems
- how we identify and support children and families with mental health needs
- how we train and support all staff to understand mental health issues and spot early warning signs to help prevent mental health problems getting worse
- key information about some common mental health problems
- where parents, staff can get advice and support

Definition of Mental Health and Well-Being

We use the World Health Organisation's definition of mental health and wellbeing:

... 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.

Mental health and well-being is not just the absence of mental health problems. We want all children to

- feel confident in themselves so they may take part fully in opportunities
- be able to express a range of emotions appropriately
- be able to make and maintain positive social relationships with others
- build resilience to cope with the 'stresses' or challenges of everyday life
- manage times of change and anxious feelings
- learn and achieve so they can be the best that they can be

Links to other Policies

This policy links to our policies on Safeguarding, Behaviour and Well-Being and Special Educational Needs and Disabilities (SEND) Policy.

Links with the Behaviour and Well-Being Policy are especially important because behaviour has meaning, if a child is resistant, withdrawn, 'frozen', anxious or otherwise it is likely to be the result of an unmet need, a warning sign that all is not ok for that child, they feel unsafe or unable to manage. We consider behaviour to be a message.

A Whole School Approach to Promoting Positive Mental Health

How we promote positive mental health:

We take a whole school approach to promoting positive mental health that aims to help children become more resilient, be happy and successful and prevent problems before they arise.

This encompasses eight aspects:

1. creating an ethos, policies and behaviours that support mental health, emotional well-being and resilience that everyone understands
2. helping children to develop social relationships and to understand relationships for learning.
3. ensuring children feel noticed, thought about and safe
4. helping children to become resilient by naming and modelling emotions and responses to problems.
5. teaching children about their rights and the rights of others to feel emotionally safe and to consider their own emotional health and become aware of others.

6. early identification of pupils who have mental health needs and planning support to meet their needs, including working with specialist services
7. working co-responsibly with parents and carers by voicing concerns and offering time to talk and think together
8. supporting and training staff to develop their skills and resilience

We also recognise the role that stigma can play in preventing understanding and awareness of emotional and mental health issues and aim to create an open and positive culture that encourages discussion and understanding. We aim to be a 'talking and thinking together school' with an 'Open Door Policy'.

Roles and Responsibilities

We believe that all staff have a responsibility to provide emotional safe environments, promote positive mental health, and to understand about protective and risk factors for mental health. Some young children will require additional help and all staff should have the skills to look out for any early warning signs of emotional problems and ensure that children get the support they need by working with the family to 'change' or address an underlying issue that has become/risks becoming an emotional barrier for the child.

All staff understand about possible risk factors that might make some children more likely to experience problems; such a physical long-term illness, having a parent who has a mental health problem, death and loss, including loss of friendships, family breakdown and bullying. They also understand the factors that protect children from adversity, such as self-esteem, communication and problem-solving skills, a sense of worth and belonging and emotional literacy.

The Nursery School's Mental Health Team (Executive Headteacher/SENCO, Lead Teachers):

- EHT leads on and works with other staff to coordinate whole school activities to promote positive mental health
- EHT provides advice and support to staff and organises training and updates
- Lead Teachers keep staff up-to-date with information about what support is available
- EHT is the first point of contact and communicates with mental health services or partner professionals
- EHT/SENDCo leads on and makes referrals to services

Support includes:

Direct work with Parents to focus on issues and behaviours that are seen in school and to think about what that may look like at home and to then develop an approach to reduce/address emotional barriers or prevent further issues from developing.

It may include shared video reflections in which we unpick together what is happening for the child in given situations and consider how we may support the child by rethinking the adult response/approach.

Video reflection work using analysis by our professional partner, a qualified child and adolescent psychotherapist.

Support staff to manage emotional needs of children when they are unable to manage or regulate their own feelings and so become 'unsafe'. This may also mean recognising that staff need support from Leads within the setting to address an issue.

SENCO who helps staff understand their responsibilities to children with special educational needs and disabilities (SEND), including children whose mental health problems mean they need specialist educational provision.

How we recognise Pupils' Positive Mental Health

Issues may be flagged by Parents who tell us all about their child from the first home visit and via our questions to support settling in. For example they may tell us their child may have issues with toileting, sleep, anxiety and worry or be resistant to adult support. Some of these issues will be developmental learning but may also indicate emotional barriers to learning and mental health issues if not supported correctly.

We begin by finding out as much as we can about each child and getting to know them, we then watch and notice children. Young children tell us how they are feeling by their behaviour. Their communication is often non verbal but usually expressive and the adults beside them can work with Parents to unpick what the behaviour may mean and whether it is seen elsewhere. As our young children develop their communication skills they can begin to use words to tell us how they feel. Adults may support this process promoting emotional literacy, 'naming' feelings and providing a 'space' and listening adult.

We recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals. Some children will need more intensive support at times, and there are a range of mental health professionals and organisations that provide support to pupils with mental health needs.

The School may link with:

Child Psychotherapist for specialist advice and support

Health Visitors to gather a holistic view or to ensure support with wider issues are considered for the child and family.

Integrated Disability Service when underlying needs may affect behaviour and well being.

CAMHs when direct therapeutic advice is needed.

We believe we have a key role in promoting young children's positive mental health and helping to prevent/reduce mental health problems.

What does it look like?

Our school has developed a range of strategies and approaches including:

Transition Support

- A professionally planned approach to 'settling in' and separation for young children, with on going advice from a child psychotherapist to tailor our approach in responses to needs and emotional barriers.
- Use of transitional objects to support young children into school where it is viewed as appropriate to the child.
- Specific planned systems that support the child to bring 'home' with them, via photographs of families and favourite things photographs.
- Home visits and 1:1 stay and play visits with significant adults before a short separation.

Class Activities

- Back and forth trust building games
- Use of gaze and focus and verbal reminders that you have a child in your 'mind'
- Opportunities to be beside adults and to explore for a place of safety
- Soft spaces and toys to cuddle
- Baby care play in which adults model care
- A snack time that establishes care from the adult on arrival.
- 'Naming' feelings and actions to promote emotional literacy.
- Mirror play and communication
- Feelings fans
- Emotion emojis
- Emotion dolls and jigsaws
- A developmental range of stories that demonstrate emotional problems or issues from friendship to first experiences, loss and bereavement to unkind behaviour and loneliness.

Whole School

- Group time themes
- Protective behaviours curriculum and support materials
- Children's Human rights work
- A communication policy
- A behaviour and well being policy that recognises behaviour carries meaning.
- Increased adult support at key points of transition.
- 'Being 2' workshop
- "follow my lead" approach to home/ school activities in which children's skills can be celebrated.

Our School involves Parents, at our first point of concern and also encourages Parents to share their worries. We always listen to a Parents concerns and are aware that they will often have thought long and hard before coming to speak to us, so we take it seriously. A focused conversation can provide reassurance and guidance at difficult times and is a time to think together about what is happening for the child and the family and what we may try to address the issues. Focused conversations can be initiated by Parents or the School.

Teaching Children about Mental Health and Emotional Well-being

Personal Social and Emotional Development (a prime area) is the foundation for Learning in the Early Years. We 'weave' opportunities to develop PSED skills and dispositions to learn through out all of our activities, free flow and adult led/invited. We also respond to the needs of the children and will plan group times based around social stories, children's rights, consent and feeling safe. We also use protective behaviour materials to support children to understand how their bodies respond to worry and stress and who they might go to for help.

Staff Training and Awareness:

The School has also received training in the use of a Protective Behaviours Curriculum as developed by Warwickshire Safeguarding Children Board. This work supports young children to discuss and understand behaviours that make them feel safe and unsafe, the impact this may physically have upon their bodies and the network of people they have around them to help them. Within this work we recognise that some children may have had Adverse Childhood Experiences (ACES) and that these may be a barrier to their learning or building of social relationships. (Harvard Centre for the Developing Child)

ACEs.

It is important to acknowledge that ACEs affect people at all income levels and social levels, and can have serious, costly impacts across the lifespan. Experiences of significant adversity do not have to cause irreparable damage if we acknowledge trauma's effects on lives. By reducing families' sources of stress, providing children and adults with responsive relationships, and strengthening the core life skills we all need to adapt and thrive, we can prevent and counteract lasting harm. A major part of preventing ACEs is to ensure the delivery of effective early years services that support parents/carers in providing safe and stable nurturing environments for young children. ACEs can result in negative or unsafe behaviours being exhibited by young children and to respond flexibly the School needs to consider Protective And Compensatory Experience buffers for stress and trauma (PACEs)

PACEs:

Protective and compensatory experiences are based in **relationships** that provide connectedness, a sense and feeling of community, involvement and unconditional care. They also require **resources and the provision of environments** and experiences that create safety, order, self-control and mastery. **Direct experiences** that support children are based in a sense of friendship and care, support for others and collaborative working and

involvement, involvement in groups in which they can follow their interests and be inspired by the interest and of others, Children also need access to an available adult who is trusted, access to a safe environment and the opportunity to engage in learning and interests.

To achieve this and promote positive behaviours and self-esteem staff are:

1. Able to hold children in mind
2. Present and available
3. Aware of the Importance of noticing and regularly checking in with young children.
4. Able to listen, validate and empathise with children's emotions.
5. Able to respond with authentic interest
6. Able to scaffold finding solutions
7. Provide emotional regulation remaining calm and even in the face of emotional upset and at times anger and frustration.

Staff are aware that mental health needs such as anxiety might appear as non-compliant, disruptive or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development. If there is a concern that a pupil is in danger of immediate harm then the school's child protection procedures are followed. A risk assessment and plan will be made.

Verbal Disclosures by Pupils

We recognise how important it is that staff are calm, supportive and non-judgmental to pupils who verbally disclose a concern about themselves or a friend. The emotional and physical safety of pupils is paramount and staff listen rather than advise. Staff are clear to pupils that the concern will be shared with the Inclusion Manager/Designated Safeguarding Team and recorded in order to provide appropriate support to the pupil.

Non-Verbal Disclosures by Pupils

Staff also recognise persistent and unusual non-verbal disclosures in behaviours in line with the NICE (National Institute for Health & Care Excellence) recommendation that behaviour may be an unmet need or message.

Confidentiality

All disclosures are recorded and held on the pupil's confidential file, including date, name of pupil and member of staff to whom they disclosed, summary of the disclosure and next steps.

Assessment, Interventions and Support

All concerns are discussed within weekly children's meetings. Many of these concerns will be small issues that are quickly resolved when the Parents become involved and aware but some are more significant and are reported to the Inclusion Manager/Designated Safeguarding Team and recorded. We then implement our assessment system based on levels of need to ensure that pupils get the support they need, either from within the school or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating.

We recognise that just like physical health, mental health and emotional well-being can vary at any given time and is fluid and changes, there are no absolutes.

Specialist Services:

Child and adolescent psychotherapist

Child and Adolescent Mental Health Service (CAMHS)

Involving Parents and Carers

Promoting Mental Health

We recognise the important role parents and carers have in promoting and supporting the mental health and wellbeing of their children, and in particular supporting their children with mental health needs.

When a concern has been raised the school will:

- contact parents and carers and meet with them
- in most case parents and carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as child protection issues.
- offer information to take away and places to seek further information
- be available for follow up calls
- make a record of the meeting
- agree an Action Plan
- discuss how the parents and carers can support their child
- keep parents and carers up to date and fully informed of decisions about the support and interventions

Parents and carers will always be informed if their child is at risk of danger.

We make every effort to support parents and carers to access services where appropriate. Pupils are our primary concern, and in the rare event that parents and carers are not accessing services we will seek advice from the Local Authority. We also provide information for parents and carers to access support for their own mental health needs.

Involving Pupils

Adults work careful with children to share social stories, to discuss scenarios and problem solve together. To think about their rights and then the rights of others. Children are listened to and communicated with, they are given opportunities to make decisions and be autonomous so that they have advocacy.

How do we support Staff well-being:

As a Warwickshire County Council School we have subscribed to the 'Employee Wellbeing Support Service'. This is in place to support any emotional and financial challenges and demands on you and your staff.

Vita Health Group is the provider and gives unlimited access to information, support, and guidance on a wide range of topics including work/career, relationship/family, money management and debt and health and wellbeing. There is also a 24/7, easy to access, confidential and free of charge helpline for practical and emotional support. All staff can access this service directly and confidentially without manager involvement.

- Employees can call 0800 1116 387
- Managers can call 0800 1116 385 (for specific management support)

The helpline (only) is also available to dependants who meet the guidance criteria.

In School:

We provide regular supervision for staff. This occurs on a termly basis led by the AHT and is offered to all staff. However, if staff feel they need more regular supervision or an interim meeting to the one planned, they are encouraged to request this as and when issues arise that they feel would benefit from Supervision.

Staff are also offered Well-being meetings in addition to Supervision, in which signposting to services are offered and time to consider other networks of support in relation to specific concerns and issues.

Supporting and Training Staff

We want all staff to be confident in their knowledge of mental health and wellbeing and to be able to promote positive mental health and wellbeing, identify mental health needs early in pupils and know what to do and where to get help (see Appendix 3).

Those staff with a specific responsibility have more specialised training and where possible access to supervision from mental health professionals.

Staff training to raise awareness of Mental Health and emotional well-being topics have been accessed through The Maudsley, Charlie Waller Memorial Trust, Greenwich Time to Talk and PAC UK The Agency for Permanency and Adoption.

Supporting and promoting the mental health and wellbeing of staff is an essential component of a healthy school and we promote opportunities to maintain a healthy work life balance and wellbeing and have ask staff not to take work home and to work within our e-mail protocol so that work e-mails do not occur after 6pm or on non-working days.

13, Monitoring and Evaluation

This policy was made in collaboration with the Leadership team and Governors of Kenilworth and Whitnash Maintained Nursery schools. Its effectiveness will be monitored by the SLT and reported to the Governing Board. This policy will be reviewed every three years or sooner if deemed necessary.

Protective Factors

Appendix 1

Risks and Protective factors (adapted from Mental Health and Behaviour DfE March 2016)

In the Child	<ul style="list-style-type: none"> • Genetic influences • Specific development delay • Communication difficulties • Physical illness • Academic failure • Low self-esteem • SEND 	<ul style="list-style-type: none"> • Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the Family	<ul style="list-style-type: none"> • Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse or neglect • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship 	<ul style="list-style-type: none"> • At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord
In the School	<ul style="list-style-type: none"> • Bullying • Discrimination • Breakdown in or lack of positive friendships • Negative peer influences • Peer pressure 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health

	<ul style="list-style-type: none"> • Poor pupil to teacher relationships 	<ul style="list-style-type: none"> • Positive classroom management • A sense of belonging • Positive peer influences
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<p>Disaster, accidents, war or other overwhelming events</p> <ul style="list-style-type: none"> • Discrimination • Other significant life events 	<ul style="list-style-type: none"> • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities
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Appendix 2

Specific mental health needs most commonly seen in school-aged children

For information see Annex C Main Types of Mental Health Needs

Mental Health and Behaviour in School DfE March 2016

<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

Annex C includes definitions, signs and symptoms and suggested interventions for Anxiety

(including panic attacks, phobias and Obsessive Compulsive Disorder OCD) Depression

Eating Disorders

Substance Misuse Self Harm

The DfE guide does not include specific information on suicidal thought

Suicidal Thoughts

Young people may experience thoughts and feelings about wanting to end their lives. Some young people never act on these feelings but may openly discuss and explore them, while other young people die suddenly from suicide without any apparent warning signs.

Appendix 3

Where to get information and support

For support on specific mental health needs

Anxiety UK www.anxietyuk.org.uk OCD UK www.ocduk.org Depression Alliance

www.depressoinalliance.org

Eating Disorders www.b-eat.co.uk and www.inourhands.com National Self-Harm Network

www.nshn.co.uk

Self-Harm www.selfharm.co.uk

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

For general information and support

www.youngminds.org.uk champions young people's mental health and wellbeing

www.mind.org.uk advice and support on mental health problems

www.minded.org.uk (e-learning)

www.time-to-change.org.uk tackles the stigma of mental health

www.rethink.org challenges attitudes towards mental health