Emotional Health and Mental Wellbeing Framework

It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning as well as their physical and social health and their mental wellbeing in adulthood.

The aim of our Emotional Health and Mental Wellbeing Framework is to promote social, emotional and mental wellbeing across our school community, tackling mental health problems of pupils, families and staff with more serious difficulties and providing guidance to commission safe and effective emotional health and mental wellbeing interventions or services.

The framework sets out key actions that our school leaders will take to embed the whole school approach to emotional health and mental wellbeing. The actions contained in the eight principles are informed by national evidence of what works.

It is important that we acknowledge the extent and nature of mental health problems in children and young people:

• One in 10 children have a diagnosable mental health disorder – that's roughly three children in every classroom or over 45 children in our school.

• One in five young adults have a diagnosable mental health disorder.

• Half of all mental health problems manifest by the age of 14, with 75% by age 24.

• Almost one in four children and young people show some evidence of mental ill health (including anxiety and depression).

• Suicide is the most common cause of death for boys aged between 5-19 years, and the second most common for girls of this age.

• One in 12 young people self-harm at some point in their lives, though there is evidence that this could be a lot higher. Girls are more likely to self-harm than boys.

• Three in four children with a diagnosable mental health condition do not get access to the support that they need.

We have identified eight core principles which are designed to promote emotional health and mental wellbeing in our school.

The eight principles are:

Management and Leadership
Our ethos and environment
Curriculum, teaching and learning
Pupil Voice
Staff development, health and wellbeing
Identifying need and monitoring impact
Working with parents, carers and the wider community
Coordinated support

When our eight principles are consistently and comprehensively applied, they can positively impact on:

- The cognitive development of children, their learning, motivation, and sense of commitment and connectedness with learning and with our school.
- Staff wellbeing, reduced stress, sickness and absence, improved teaching ability and performance.
- Pupil wellbeing including happiness, a sense of purpose, connectedness and meaning.
- Development of social and emotional skills and attitudes that promote learning, success, wellbeing and mental health, in school and throughout life.
- The prevention and reduction of mental ill health such as depression, anxiety and stress.
- Improving school behaviour, including reductions in low-level disruption, incidents, fights, bullying, exclusions and absence.
- Reducing risky behaviour, such as impulsiveness, uncontrolled anger, violence, bullying and crime, early sexual experience, alcohol and drug use.

Management and Leadership

Support from the senior leadership team and school governors is essential to ensure that our whole school approach to emotional health and mental wellbeing is accepted and embedded. This means that our school policy, environment and ethos all promote the mental health of the whole school.

Mental health awareness is integrated into the school curriculum as a cross cutting principle and throughout the school years.

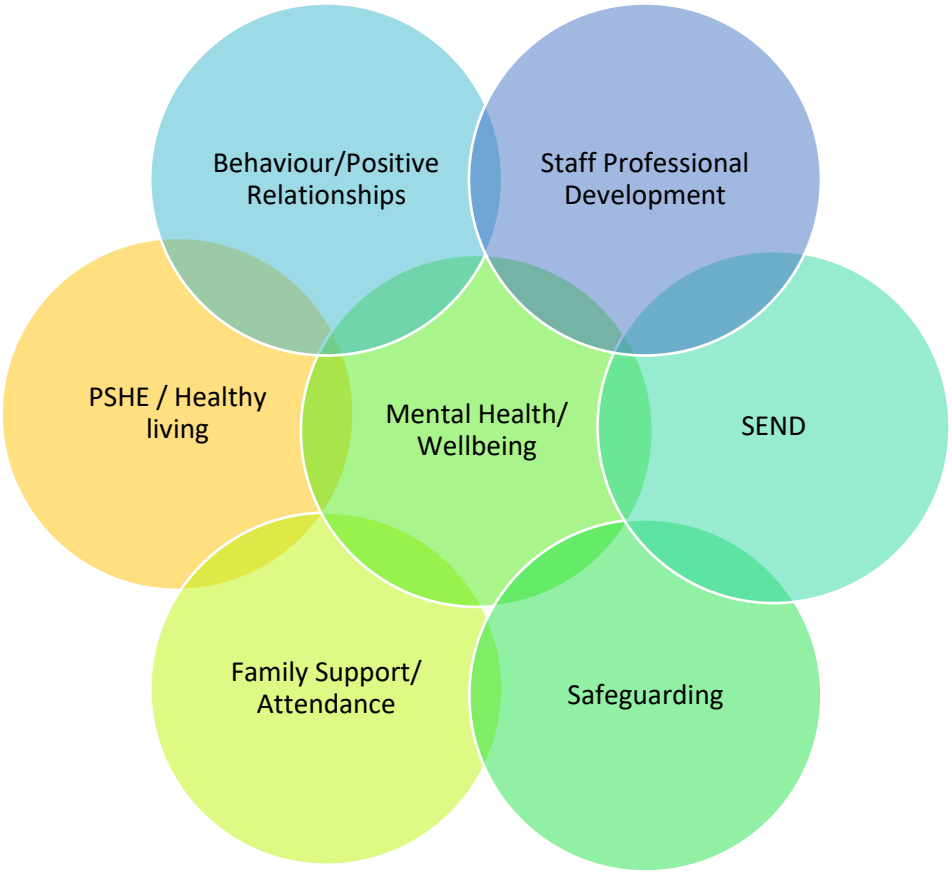
To ensure actions are sustained and monitored for impact, a commitment to addressing social and emotional wellbeing is integrated within our school improvement plans, policies (such as safeguarding; online safety; confidentiality; personal, social, health and economic (PSHE) education; Positive Relationships) and practice. Where possible, we strive to involve pupils, staff and parents in developing these policies so that they remain 'live' documents that are reviewed and are responsive to the evolving needs of our school community.

A designated 'Mental Health and Emotional Wellbeing Lead Practitioner' will champion and promote emotional health and wellbeing across our organisation, working with children, staff and parents - Our champion/lead practitioner may not be a senior manager, but will have the support of the senior management team and governors in order to take work forward in a way that is embedded across the school. The named 'Mental Health and Emotional Wellbeing Lead Practitioner' will also link the school to mental health providers and specialist services.

There is a named member of the senior leadership team to support emotional health and mental wellbeing. They have oversight of all the work carried out to support mental health and wellbeing across our school

Mental health problems are reported and monitored through SEMH (SEN). Wellbeing 'difficulties' need not be reported through SEMH unless they are directly linked to a child's special educational needs.

The school promotes positive messages about emotional health and wellbeing as well as tackling myths about mental health. This includes consistently challenging negative images and stereotypes via health and wellbeing policies, anti-bullying, positive relationships policy and PSHE curriculum



Each of the above areas/teams has a designated lead who has responsibility for their own individual area. The named member of the school's leadership team has oversight of the above and ensures that, where 'overlap' occurs, there is a smooth, seamless link between the services/ provision offered by each area. The named member of the school's leadership team facilitates regular meetings between the designated leads.

Our ethos and environment

The physical and social environment in which staff and pupils spend a high proportion of every week day may have profound effects on their physical, emotional and mental health as well as effecting attainment.

Positive relationships between teachers and pupils, and between pupils, are critical in promoting pupil wellbeing and encouraging them to avoid risky behaviour..

School belonging is stronger in schools where children feel safe. Our 'Werrington Way' has a positive impact on creating a sense of belonging for pupils and staff.

The senior leadership team provides clear leadership to create and manage the physical, social and emotional environment as this impacts on staff and pupils' emotional health and mental wellbeing.

The school improvement plan has reference to emotional health and mental wellbeing including home/ life balance for staff.

We actively seek to develop a climate and ethos of the 'Werrington family', which supports 'connectedness', a feeling of being accepted, respected and bonded to the school environment.

Dedicated staff training, signposting information (staff, parents and pupils), PSHE and library resources and targeted mental health campaigns (including tackling stigma and discrimination) are used effectively across the school.

A programme of social and emotional learning (PSHE) is delivered within the school as well as across subjects. Our school has adopted the following 'Werrington Way to Wellbeing' to encourage staff and pupils to take ownership of their own and others wellbeing:

Body - What do you do to help others be active?

Creativity - What do you do to challenge your creative side?

People - What do you do to connect and collaborate with others?

Place - What do you do to look after our school?

Planet - What do you do to care for our planet?

Spirit - What do you do to help others?

Curriculum, teaching and learning

Certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family, or to their community and life events.

Risk factors are cumulative. Children exposed to multiple risks such as social disadvantage, family adversity, cognitive or attention problems are much more likely to develop mental health or wellbeing problems.

Risk and protective factors for child and adolescent mental health

	Risk factors	Protective factors
In the child	Genetic influences Low IQ and learning disabilities Specific development delay or neuro-diversity Communication difficulties Difficult temperament Physical illness Academic failure Low self-esteem	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	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, neglect or emotional abuse Parental psychiatric illness Parental criminality, alcoholism or personality disorder Death and loss – including loss of friendship	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 or college	Bullying Discrimination Breakdown in or lack of positive friendships Deviant peer influences Peer pressure Poor pupil to teacher relationships	Clear policies on behaviour and bullying 'Open door' policy for children to raise problems A whole-school approach to promoting good mental health Positive classroom management A sense of belonging Positive peer influences
In the community	Socio-economic disadvantage Homelessness Disaster, accidents, war or other overwhelming events Discrimination Other significant life events	Wider supportive network Good housing High standard of living High morale school with positive policies for behaviour, attitudes and anti-bullying Opportunities for valued social roles Range of sport and leisure activities

Source: Department for Education (2016) Mental health and behaviour in school: departmental advice for school staff

In order to promote children's emotional health and mental wellbeing it is important that we identify and understand the protective factors that enable children to be resilient when they encounter problems and challenges.

School-based programmes of social, emotional learning and mental health awareness are developed and reviewed to ensure that they are effective in helping children and young people acquire the skills they need to make good academic progress as well as benefit their health and wellbeing.

Opportunities exist to develop and promote social and emotional skills through both a dedicated Personal Social Health and Economic Education (PSHE) curriculum and the wider curriculum.

At Werrington we believe that pupils are more likely to engage in lessons that focus on emotional wellbeing if they have practical application and are of relevance to them. We use a range of ways to get insight into pupil need, including 'pupil voice' surveys. Assessment for learning is important and both teachers and pupils check that what has been taught, has been learnt, and that learning is progressing.

Where there are stages during the academic year that provide opportunities for a specific curricular focus, for example learning skills for coping with transition periods or learning skills for coping with the pressures of studying for tests, these are embraced. When necessary, we are aware that there may also be times when it will be appropriate for a focus to be given to a local topical issue.

We are members of the PSHE Association and where appropriate, use their guidance on preparing to teach about mental health and emotional wellbeing.

Their guidance covers key issues including:

- Why it is important to teach about mental health and emotional wellbeing.
- Building teaching about mental health into a planned PSHE programme.
- Promoting wellbeing and resilience from an early age.
- Ensuring teaching is appropriate to the age and maturity of pupils.
- Key principles in teaching mental health and emotional wellbeing safely and confidently.
- Using visits to the classroom to support lessons.
- Addressing challenging mental health issues such as eating disorders, self-harm and suicide.

Pupil Voice

Children and young people spend a lot of time at school. After the family, school has the most significant influence on children and young people's development, so making pupils' time at school enjoyable and worthwhile supports their emotional health and mental wellbeing. Part of this process involves us supporting pupils to be active contributors to their own learning.

The sense of belonging, positive relationships and improved self-esteem achieved when children are active contributors in their school community are significant protective factors that support their mental health and wellbeing now and in the future. While listening to pupil voice is important, research shows that the benefits for pupils don't come from just hearing their own voices; it's more about how other people (pupils, teachers, schools) respond to pupils' voices and work with them to make ideas come to life. In other words, the opportunities for pupils to participate in shaping their experiences at school must be real rather than simulated.

Pupil participation can happen in a variety of ways and at different levels of school life. Some of these that we use at Werrington are:

- Having an authentic voice in teaching and learning.
- Processes such as circle time, focus groups, questionnaires and consultations.

- Participatory groups such as the school council, eco committee, Seven Stars healthy schools and peer mentors/buddy systems, including peer-led/education approaches.
- Having structures in place so that all pupils can be involved in decision making, including those with additional learning needs

Staff development, health and wellbeing

Good staff wellbeing is important in supporting pupil emotional health and wellbeing.

Promoting staff health and wellbeing is also an integral principle of our whole school approach to emotional health and wellbeing. We demonstrate a commitment to staff health and wellbeing in a number of ways including, providing opportunities for assessing the emotional health and wellbeing needs of staff (including training Mental Health First Aiders), providing support to enable staff to reflect on and to take actions to enhance their own wellbeing and promoting a healthy work-life balance for staff.

We believe that it is important for staff to access training to increase their knowledge of emotional wellbeing and to equip them to be able to identify mental health difficulties in their pupils. This includes being able to refer them to relevant support either within the school or from external services.

- All staff at Werrington Primary School benefit from access to the 'Health Assured Employee Assistance Programme'.
- Opportunities are provided to staff to enhance their own health and wellbeing and by promoting a home/life balance for staff.
- We ensure there is time for staff to access internal or external supervision (e.g. clinical supervision) to enable them to support individual children with emotional or mental health problems.
- We use the staff professional development system as a way to monitor staff health and wellbeing
- We encourage staff to try out the Six Ways to Wellbeing with an open mind to improve mental wellbeing. https://www.youtube.com/watch?v=rsyw2b6rf5Q
- All staff delivering aspects of children and young people's social, emotional and psychological wellbeing are fully trained, confident and competent.
- There is dedicated time/professional development opportunities for all teaching staff and practitioners delivering emotional health and mental wellbeing interventions.

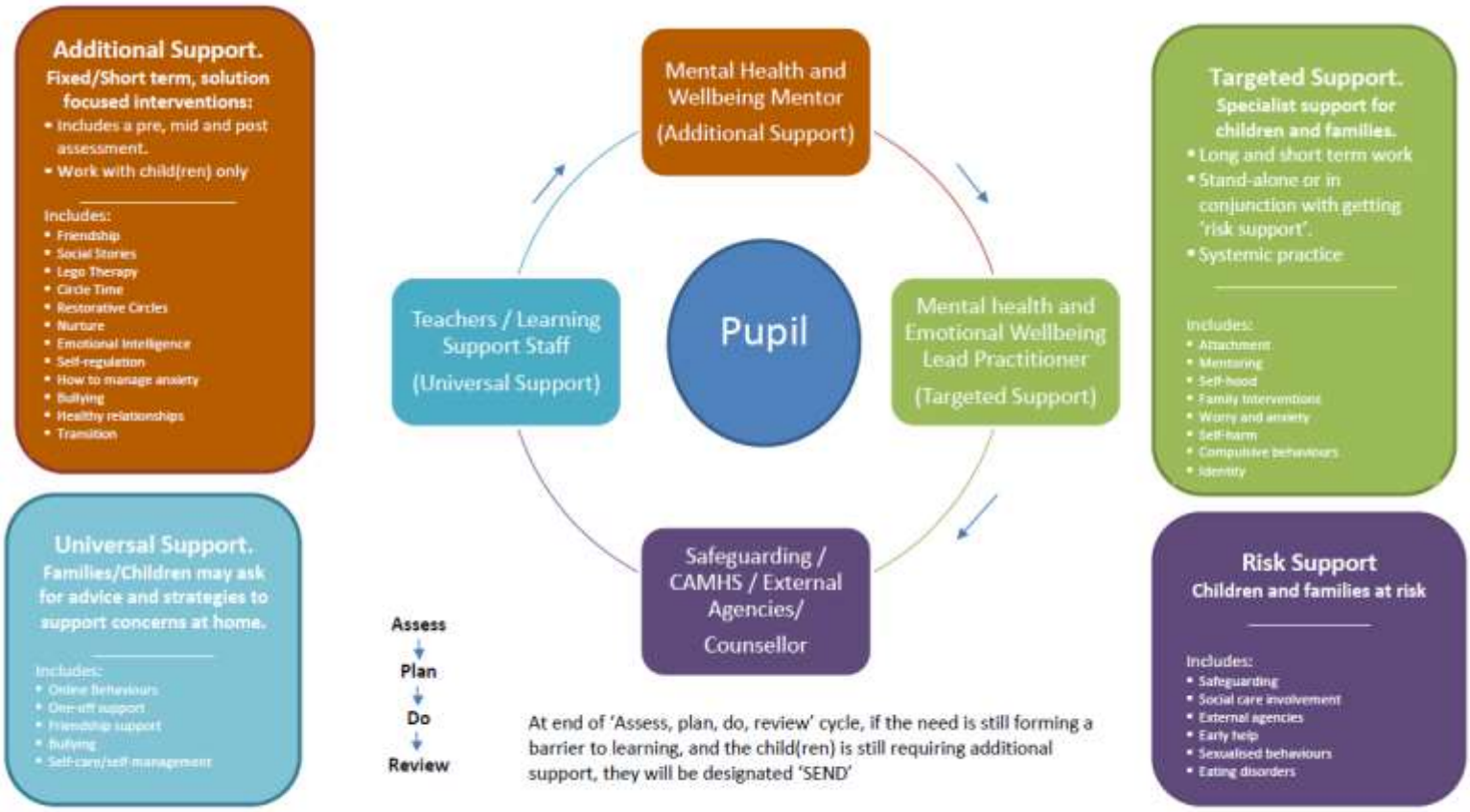
Identifying need and monitoring impact

We use a range of strategies to identify children and young people at risk of poor emotional and mental health. Usually more serious cases can easily be identified, e.g. through change in academic progress or application, attendance or behaviour, or through sudden trauma or bereavement where the school has been informed. Some cases are less easy to spot, particularly where early signs are subtle and can be attributed to various causes. Some pupils may try to 'hold it together' or want to keep their school life as 'normal' as possible, and don't want to share any worries or concerns they have. Some may fear the consequences of disclosing, not knowing what will happen next or how their disclosure will be dealt with.

Sometimes low level disruptive behaviour can also indicate that there may be an unmet mental health need. Rewards and sanctions can be put in place which are designed to modify the behaviour and encourage the child to conform, but ultimately may not address any underlying needs. Our Positive Relationships Policy encourages staff to apply the principle – behaviour is a form of communication – to identify any potentially unmet emotional and mental health needs and ensure that these are addressed.

At Werrington we try to work with parents to identify children's emotional and mental health needs as this can provide valuable information; often the 'missing pieces of the jigsaw.' In many cases parents are acutely aware of the difficulties they and their children are experiencing yet might not raise this with schools or refer them for support. The evidence indicates that, while parents are well-placed to recognise risks they need to feel confident that they can approach school staff and will be actively listened to by professionals before a situation reaches crisis point – we seek to proactively engage/communicate with parents to build this trust and confidence. We do this by hosting parent workshops, offering one-to-one sessions/meetings and by ensuring a consistent flow of positive communication.

Defining pupil need on a more formal basis can help to inform commissioning decisions at school level. It is equally important to be able to record and monitor the impact of any support that is put in place. At Werrington we have adapted the 'Thrive' model as shown below:



Referral Process: All referrals go to the Mental Health and Emotional Wellbeing Lead Practitioner who carries out a 'triage' activity, gathering the child's thoughts and the parents' thoughts before assigning the child to an appropriate support level.
The Mental Health and Emotional Wellbeing Lead Practitioner, SENCO and a member of the SLT meet every two to three weeks to discuss cases to ensure appropriate support is in place for children and their families.

Levels of support:

Universal Support	Additional Support	Targeted Support
To meet the needs of all our pupils through our overall ethos and our wider curriculum. For instance developing resilience for all	For those who may have short term needs and those who may have been made vulnerable by life experiences such as bereavement	For pupils who need more differentiated support and resources or specific targeted interventions such as wellbeing groups or personal mentors

- At Werrington, validated tools are used to assess pupil emotional health and mental wellbeing (including identifying those who need extra support) as well as evaluating outcomes of interventions.
- We ensure effective use of data so that changes in pupil patterns of attainment, attendance or behaviour are noted and acted on.
- We have an effective pastoral system in place so that at least one member of staff knows each pupil well and can spot changes in individual behaviour patterns and that the root cause can be addressed.
- We are mindful that some groups of children are more vulnerable to mental health difficulties than others and monitor these accordingly.

Working with parents, carers and the wider community

The family plays a key role in influencing children and young people's emotional health and wellbeing. We believe that well implemented universal and targeted interventions supporting parenting and family life have the potential to yield social as well as economic benefits.

- We provide parents and carers with regular opportunities to give their views on emotional health and mental health provision.
- We aim to ensure parental/carer participation and training is part of a whole school programme.
- We provide information for all parents/carers on the need to provide an effective emotional health and mental wellbeing programme and the resources used.
- We ensure parents or carers and other family members are supported to enable them to participate in activities to promote social and emotional wellbeing. Some parents or carers may need additional support.
- Parents or carers are aware of our school's emotional health and mental wellbeing policy and how we will deal with sensitive issues and specific questions from pupils.

Coordinated support

Some children and young people are at greater risk of experiencing poorer mental health. For example, those who are in care, young carers, those who have had previous access to Child Adolescent Mental Health Services (CAMHS), those living with parents/carers with a mental illness and those living in households experiencing domestic violence. Delays in identifying and meeting emotional health and mental wellbeing needs can have far reaching effects on all aspects of children

and young people's lives, including their chances of reaching their potential and leading happy and healthy lives as adults.

There are a number of things that we do for those children showing early signs social, emotional and mental health problems as well as those children exposed to several risks. Where appropriate we use our 'Thrive' model to assign support. We also refer to the Staffordshire Graduated response guidance. The Staffordshire Graduated Response uses the principles of universal, selected (additional) and targeted support as described below:

1. **Universal support** refers to whole school approaches to promoting emotional health and wellbeing supporting individuals. Typically, this is support embedded within every classroom and intrinsic to the wider school ethos and environment. The aim is to develop all students' social, emotional and behavioural competencies and focuses on primary prevention, including classroom-based approaches, changes to the school environment as a whole (safe/talking spaces, displays) and whole school activities (assemblies, focus weeks). Staff modelling is part of this and universal support might also involve more formal wellbeing or resilience building programmes for children who are showing mild or transient signs of difficulty, sometimes reaching beyond the school to include the family and community. According to the health promotion model and the evidence base, the greatest amount of time and resources should be spent on these universal approaches.
2. **Additional support** is for students identified as being at risk of developing emotional or behavioural difficulties. Here school support for some pupils is embedded in a whole school approach and focuses on identifying the small number of young people who are at risk of developing unhealthy patterns of behaviour or those who are already showing early behavioural signs of mental health difficulties. A school support team/ pastoral team may be established in schools to support the needs of all children in school but with particular regard to the needs of this small group of children. This is usually made of group approaches and some 1:1 opportunities with pastoral staff and keyworkers that sometimes reach out to families to help prevent the onset of behaviour or emotional problems. They do not necessarily require direct involvement of an external professional to deliver them but a practitioner (e.g. school health nurse, mental health nurse, educational psychologist) may be able to add value or another dimension to the programme e.g. skills building, supervision and consultation and evaluation.
3. **Targeted interventions** also build on a whole school approach and have a particular focus on putting interventions in place for families and children with more complex and enduring emotional or mental health needs. These families/children, relatively few in number, are likely to require the involvement of external agencies that support and complement the work of the school. The staff member coordinating the plan for a child may need the support of other staff members and external agency support. Support for children at this level will generally be more intensive and individualised. These require an appropriately qualified professional to deliver them (e.g. evidence based therapeutic interventions).

- At Werrington we ensure all children and young people can be sign posted to relevant help lines / websites and have access to free information and self-help resources in relation to emotional health and mental wellbeing.
- Pupils understand the pastoral and self-referral arrangements within our school.

- Where pupils experience difficulties, we use either the Thrive Model or the Graduated Response and provide more intense work with clear plans, evaluations, information or referral to specialist service.
- We provide targeted and intense work on social and emotional skills development for pupils identified as having difficulties, including one to one support and group work.
- We use specialist staff to initiate innovative and specialist programmes to ensure they are implemented authentically, transferring responsibilities to mainstream staff whenever possible, to ensure longer term sustainability and integration
- Individual health care plans are available to support children and young people with medical needs.