Carleton Rode & Forncett St. Peter CEVA Primary Federation

Carleton Rode and Forncett C.E.V.A. Primary Schools' ethos is founded on the belief that we should love our neighbour as we love ourselves and show this by treating others as we would like to be treated.

Mental Health & Wellbeing Policy

Formally adopted by the Governing Board of	**Carleton Rode & Forncett St. Peter CEVA Primary Federation**
On:	**December 2025**
Review due:	**December 2027**
Signed by Chair of Governors: **Ben Stodel & Janice Wood**	
Signed by Executive Head: **Callum Richards**	

Named mental health lead: Jon Wheater
Named mental health overview: Callum Richards

1. Why mental health and wellbeing is important

At Carleton Rode and Forncett St. Peter CEVA Primary Federation, we aim to promote positive and proactive mental health and wellbeing for our whole community (children, staff, governors, parents and carers), and recognise how important mental health and emotional wellbeing is to our lives in just the same way as physical health. We recognise that children's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. All children go through ups and downs during their school career and some face significant life events, but the impact of a serious mental health issue should never be underestimated. A diagnosable mental health need can have an enormous impact on quality of life, relationships and academic achievement. As Church of England schools, our vision and values are at the heart of everything we do, and this is expanded upon in point five below.

The Department for Education (DfE) recognises that: "in order to help their children succeed; schools have a role to play in supporting them to be resilient and mentally healthy". 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 some, school will be a place of respite from difficult home lives and offer positive role models and relationships, which are critical in promoting children's wellbeing and can help engender a sense of belonging and community.

Our role across the federation is to ensure that children are able to manage times of change and stress, and that they are supported to reach their potential or access help when they need it. We also have a role to ensure that children learn about what they can do to maintain positive mental health and improve resilience, what affects their mental health, how they can help reduce the stigma surrounding mental health issues, and where they can go if they need help and support.

Our aim is to help develop the protective factors which build resilience to protect against mental health problems and to be a place where:

a. All children are valued and welcomed in an atmosphere and ethos that allows them to reach their full potential.
b. Children have a sense of belonging and feel safe.
c. Children feel able to talk openly with trusted adults about their problems without feeling any stigma.
d. Positive mental health is modelled, promoted and valued.
e. Bullying is never tolerated.

In addition to children's wellbeing, we recognise the importance of promoting staff mental health and wellbeing, as well as that of the wider schools' community, such as parents/carers and governors.

The British Psychological Society states that "Research indicates that as many as **one in three** children will have at least one episode of mental health difficulties before the age of 16, and that this has a major impact on their schooling and on their schools.

The most common mental health difficulties are conduct disorders, anxiety, depression and hyperkinetic disorders. Where the information is available, figures suggest that the number of children and young people presenting with mental health difficulties is increasing, particularly in eating disorders, self-harm and Attention Deficit Hyperactivity Disorder (ADHD).

Recent guidance from Government requires all schools to promote the wellbeing of their young people and staff by using ideas and interventions from applied psychology (Department for Education, 2015; National Institute for Health and Care Excellence [NICE], 2008a; 2009; Public Health England, 2015, Future in Mind 2015).

The increased focus on psychological health and wellbeing in schools fits with their primary function as places of learning, because health and education outcomes are closely related. For example, children with mental health difficulties have more time off school, are more frequently excluded from school, and more likely to be significantly behind in their learning."

2. Purpose of the policy

This policy sets out:

a. How we promote positive mental health.
b. How we prevent mental health problems.
c. How we identify and support children with mental health needs.
d. How we train and support all staff to understand mental health issues and spot early warning signs to help prevent or address mental health problems.
e. Key information about some common mental health problems.
f. Where parents, carers, staff, governors and children can get further advice and support.

3. Definition of mental health and wellbeing

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 wellbeing is not just the absence of mental health problems. We want all children/young people to:

a. Feel confident in themselves.
b. Be able to express a range of emotions appropriately.
c. Be able to make and maintain positive relationships with others.
d. Cope with the stresses of everyday life.
e. Manage times of stress and be able to deal with change.
f. Learn and achieve.

4. Links to other policies

This policy links to our policies on Safeguarding, Medical Needs, Behaviour and Anti-Bullying and to our SEND and Equalities reports. Links with the federation's Behaviour Policy and Anti-Bullying Policy are especially important because behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, may be related to an unmet mental health need. All of these policies can

be found on the schools' websites. This Policy was written, taking into account the Church of England's Mental Health & Well Being Guidance.

5. A whole school approach to promoting positive mental health

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

This encompasses seven aspects:

a. Creating a kind and inclusive ethos which is modelled by all adults within each school environment. Our vision, rooted in Christian theology, is that we should love our neighbour as we love ourselves. This and all our other school values such as kindness and honesty, underpin and runs through all that we do.
b. Helping children to develop social relationships, support each other and seek help from trusted adults when they need it.
c. Helping children to be resilient learners.
d. Teaching children social and emotional skills and an awareness of mental health.
e. Early identification of children who have mental health needs and planning support to meet their needs, including working with specialist services where necessary.
f. Effectively working with parents and carers.
g. Supporting and training staff to develop their skills and their own resilience.

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues. We therefore aim to create an open and positive culture that encourages discussion and understanding of these issues. This might be through open discussion, or other techniques such as mindfulness, art and music, meditation or yoga.

6. Staff roles and responsibilities, including those with specific responsibility

We believe that all staff have a responsibility to promote positive mental health, and to understand about protective and risk factors around mental health. Some children will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that children with mental health needs get early intervention and the support they need. It is well documented that 75% of diagnosable mental health problems arise before the age of 14. If we can reach these children early, we may be able to make a real difference to their future.

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

Our Lead for Social, Emotional & Mental Health Needs is Jon Wheater.

a. The named lead teacher leads and works with other staff across the federation to coordinate whole school activities to promote positive mental health and wellbeing.
b. The named lead teacher leads on PSHE teaching about mental health.
c. The named lead teacher and overview lead work together to provide advice and support to staff and organise training and updates.
d. The lead teacher is the first point of contact with mental health services, and makes individual referrals to them as required. As well as this, she can also refer families to our pastoral worker or volunteer vicar for pastoral support where appropriate.

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

Sources of relevant support include:

a. Our Senior Leadership Team.
b. Our Safeguarding/Child Protection Lead and deputies.
c. Support staff employed to manage mental health needs of particular children.
d. Our SENDCo who helps staff understand their responsibilities to children with special educational needs and disabilities (SEND), including children whose mental health problems mean they need special educational provision.
e. Our own Pastoral Support worker, Gemma Leggett. Gemma works one to one basis in a designated Wellbeing Room at Forncett and purpose-made area in Carleton Rode's library. Both are designed to provide a relaxing area away from the hustle and bustle of the main school. This area is also open to staff when they may need a quiet time, and other children under adult supervision.
f. Just One Number Team.
g. Our parish priest Rev John Madinda, who is able to provide comfort and support to families.
h. The Norfolk Domestic Abuse Team
i. Child and Mental Health Services (CAMHS)

7. Supporting children's positive mental health

We believe the Federation has a key role in promoting children's positive mental health and helping to prevent mental health problems. We have developed a range of strategies and approaches to assist with this, including:

Child-led activities include:

a. Campaigns and assemblies to raise awareness of mental health such as Children's Mental Health Week.
b. Peer mediation and Peer mentoring – children working together to solve problems and planned sessions where identified adults mentor a designated child.
c. School Councils - these are run by children and allows them to exercise some control over their school activities. Having a sense of control over one's life is important in creating positive mental health.

Transition programmes :

a. Quality transition to secondary schools or for a school sideways move, to help alleviate worries and stress around all aspects of the move, from transport issues to friendship and learning concerns. Extra support for children who are particularly anxious.

Class activities

a. Dojo's and Headteacher Awards – these are mechanisms over the Federation where children can be praised for demonstrating our values, performing certain duties, tasks or things they have done and have them celebrated in class and in 'Special Assembly'.
b. Worry boxes - a mechanism where children can anonymously or by naming themselves if wanted, share worries or concerns in class.
c. Mental health teaching programmes, e.g. based on cognitive-behavioural therapy or mindfulness.
d. Circle times.
e. Plenty of opportunities for exercise and outdoor learning, such as the daily run or workout.
f. A strong focus on thinking with and using a Growth Mindset – saying 'I can't do it *yet*.' instead of 'I can't do it!'

Whole School or Federation wide

a. Wellbeing week – whole school or Federation focus on doing things which make us feel good, becoming more aware about mental health and wellbeing and learning/practicing strategies to help with anxiety or worry reduction such as breathing, yoga, guided meditation, back massage etc.
b. Displays and information around the schools about positive mental health and where to go for help and support - this is for the wider school community as well as children.
c. Peer mediation – we train the eldest children to mediate between willing children who have a problem they need help to solve. This empowers children and gives the message that daily low-level fall-outs can be solved and not left to stew over the day, causing upset.

Small group activities

a. Nurture groups.
b. Resilience Training.

8. Teaching about mental health and emotional wellbeing

Through our PSHE we teach the knowledge and social and emotional skills that will help children to be more resilient, understand about mental health and be less affected by the stigma of mental health problems.

EYFS & Key Stage 1 children learn:

a. Simple strategies for managing feelings.

b. To recognise, name and describe feelings, including good and not so good feelings.
c. How their behaviour affects other people.
d. About empathy and understanding other people's feelings.
e. To cooperate and problem solve.
f. To motivate themselves and persevere.
g. How to calm down.
h. About change and loss and the associated feelings (including moving home, losing toys, pets or friends).
i. Who to go to if they are worried.
j. About different types of teasing and bullying and that these are wrong and unacceptable.
k. How to resist teasing or bullying, if they experience or witness it, whom to go to and how to get help.

Key Stage 2 children learn:

a. What positively and negatively affects their mental and emotional health (including the media and social media).
b. Positive and healthy coping strategies.
c. About positive and difficult feelings.
d. To describe the range and intensity of their feelings to others.
e. To recognise and respond appropriately to a wide range of feelings in others.
f. To recognise that they may experience conflicting emotions and when they might need to listen to their emotions or overcome them.
g. About resilience.
h. How to motivate themselves and bounce back if they fail at something. There is a whole Federation approach to 'growth mindset' thinking to embed this further.
i. How to empathise and be supportive of others.
j. About change, including transitions (between Key Stages and schools), loss, separation, divorce and bereavement.
k. About the consequences of discrimination, teasing, bullying and aggressive behaviours (including online bullying, prejudice-based language), as well as how to respond and ask for help if they are victims of this themselves.
l. About the importance of talking to someone and how to get help.

9. Our approach

a. Provide a safe environment to enable children to express themselves and be listened to.
b. Ensure the welfare and safety of children are paramount.
c. Identify appropriate support for children based on their needs.
d. Involve parents and carers when their child needs support.
e. Involve children in the care and support they receive.
f. Monitor, review and evaluate the support with children and keep parents and carers updated.

Early Identification

Our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible to prevent things getting worse. We do this in different ways, including:

a. Promote a non-judgmental 'Open Door Policy' to enable parents/carers to be open and honest with schools about any issues that their child may be encountering at home or their school, and to ensure that parents/carers feel listened to and their opinions valued.
b. Analysing behaviour in the schools, and also attendance (including punctuality).
c. Staff report concerns about individual children to the relevant lead persons.
d. Worry boxes in each class for children to raise concerns which are checked by the Class Teachers and Mental Health Lead (these are often anonymous but give an indication of needs in a particular class regularly). A worry box is also provided outside of the classroom which is monitored by the Lead for Social, Emotional & Mental Health Needs (Judith Jones), and this has led to a number of worries being addressed, and some children accessing specialist help.
e. Regular staff meetings for staff to raise concerns.
f. Parent/carer information gathering about their child's needs on entry to either school.
g. Gathering information from a previous school at transfer.
h. Encouraging children to raise concerns to any member of staff.
i. Acting on information from Operation Encompass re: domestic abuse or information from Early Help/FSP or CAMHS.

All staff across the Federation have had some training in how to spot the signs that might mean a child is experiencing mental health problems. Any member of staff concerned about a child will take this seriously and talk to the Mental Health Lead. Any new staff will be informed and equipped with information and trained as soon as possible. Staff know about the links between safeguarding and mental health.

These signs might include:

a. Isolation from friends and family and becoming socially withdrawn.
b. Changes in activity or mood or eating/sleeping habits.
c. Falling academic achievement.
d. Talking or joking about self-harm or suicide.
e. Expressing feelings of failure, uselessness or loss of hope.
f. Secretive behaviour.
g. An increase in lateness or absenteeism, or a general reluctance to come to school.
h. Not wanting to do PE or get changed for PE.
i. Wearing long sleeves in hot weather.
j. Physical signs of harm that are repeated or appear non-accidental.
k. Repeated physical pain or nausea with no evident cause.

Staff are aware that mental health needs, such as anxiety and trauma, 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. It is also understood that autism in girls can also present as anxiety or depression, as the effort of 'masking' their difficulties can take its toll on their mental health.

If there is a concern that a child is in danger of immediate harm, then the schools' child protection procedures are followed. If there is a medical emergency, then the schools' procedures for medical emergencies are followed.

10. Disclosures by children and confidentiality

We recognise how important it is that staff are calm, supportive and non-judgmental to children who disclose a concern about themselves or a friend. The emotional and physical safety of our children is paramount, and staff listen rather than advise. Staff make it clear to children that the concern will be shared with the Mental Health Lead or the Safeguarding Lead and recorded, in order to provide appropriate support to the child.

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

All concerns are reported to the Mental Health Lead and recorded. We then implement our assessment system, which is based on levels of need to ensure that children get the support they need, either from within their school or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating.

Needs Analysis

The level of need is based on discussions at regular meetings with key members of staff and involves parents, carers and children.

Evidence-based Intervention and Support

The kinds of intervention and support provided will be decided in consultation with key members of staff, parents, carers and children, as well as specialist services, where appropriate.

If the individual school, professionals and/or parents/carers conclude that a statutory education, health and care plan assessment is required (EHCP), we refer to the SEND policy and SEN School Information Report.

All children needing targeted individualised support will have a Provision Plan drawn up, setting out the following:

a. The needs of the child.
b. How the child will be supported.
c. Actions to provide that support.
d. Any special requirements.
e. Evaluate and begin again.

Children and parents/carers will be involved in the plan, as well as specialist services, where this is appropriate. The plan and interventions are monitored, reviewed and evaluated to assess the impact, and if needed, a different kind of support can be provided.

The Provision Plan is overseen by the Mental Health Lead.

The possible interventions for the varying levels of need are as follows:

a. *Some need* - Access to in-school nurture group, family support worker, school nurse, art therapy, educational psychologist, 1:1 intervention, small group intervention, skills for life/wellbeing programmes, circle of friends.
b. *Low need* - General support, e.g. School Nurse drop in, class teacher/TA.

Children are informed that the Inclusion Lead for Social, Emotional & Mental Health Needs is available when a child is dissatisfied with the level of care and support that they receive.

11. Support for friends

We recognise that when a child is experiencing mental health problems it can be challenging for their friends, who often want to help them but are not sure of the best thing to do and can also be emotionally affected. In the case of eating disorders and self-harm, it is possible that friends may learn unhealthy coping strategies from each other, and we will consider on a case by case basis what support might be appropriate, including one to one and group support.

We will involve the child who is experiencing the mental health problem and their parents/carers and consider what is helpful for friends to know and what they should not be told, how they can best support the individual, things they should avoid doing/saying which may inadvertently cause upset, and warning signs that their friend may need help. We will also make information available about where and how to access information and support for themselves and healthy ways of coping with the difficult emotions they may be feeling.

Support for children after inpatient treatment

We recognise that some children will need ongoing support and the Lead for Social, Emotional & Mental Health Needs will meet with children on a regular basis. We are careful not to "label" children with diagnoses without prior and sensitive consultation with family/carers and other relevant professionals.

We have a duty of care to support children and will seek advice from medical staff and mental health professionals on the best way to support children. We will carry out a risk assessment and produce an Individual Care Plan with the support of health professionals to support children to re-integrate successfully back to their school.

If an occasion arises where a child leaves an inpatient provision and is transitioning back to their school, we discuss what needs to happen so the transition will be smooth and positive.

In some cases, a child's mental health needs require support from a specialist service. These might include anxiety, depression, self-harm and eating disorders.

We have access to a range of specialist services and during the support that they provide we will have regular contact with the service to review the support and consider next steps, as part of monitoring the child's Individual Care Plan.

The schools' referrals to a specialist service will be made by the Mental Health Lead or the SENDCO following the assessment process and in consultation with the child and his/her parents and carers. Referrals will only go ahead with the consent of the child and parent/carer and when it is the most appropriate support for the child's specific needs.

SEND and mental health

Persistent mental health problems may lead to children having significantly greater difficulty in learning than the majority of those of the same age. In some cases the child may benefit from being identified as having a special educational need (SEN).

Working with specialist services to get swift access to the right specialist support and treatment

Child and Adolescent Mental Health Service (CAMHS), including CAMHS LD (Child and Adolescent Mental Health Service - Learning Disabilities) - Accessed through school, GP or self-referral

Educational Psychologist - Accessed through the Mental Health Lead or SENDCO

12. 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 children who do have mental health needs.

On first entry to either school, our parent's and carers meeting includes a discussion on the importance of positive mental health for learning. We ask parents and carers to inform us of any mental health needs their child has and any issues that they think might have an impact on their child's mental health and wellbeing, based on a list of risk factors pertaining to the child or family. It is very helpful if parents and carers can share information with their school so that we can better support their child from the outset. All information will be treated in the strictest confidence.

Supporting parents and carers with children with mental health needs

We are aware that parents and carers react in different ways to knowing their child has a mental health problem and we will be sensitive and supportive. We also aim to reassure parents and carers by explaining that mental health problems are common, that the school has experience of working with similar issues, and that help and advice are available.

When a concern has been raised, the individual school will:

a. Contact parents and carers and meet with them (in almost all cases, parents and carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as where certain serious child protection issues are identified, in connection with the Safeguarding Policy).
b. Offer information to take away and places to seek further information.
c. Be available for follow up calls.
d. Make a record of the meeting.
e. Agree a mental health Provision Plan, including clear next steps.
f. Discuss how the parents and carers can further support their child.

g. Keep parents and carers up to date and fully informed of decisions about the support and interventions provided.

We make every effort to support parents and carers to access services, where appropriate. Our primary concern is the child, 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.

13. Involving children

a) The School Council are used to help promote health and wellbeing, taking messages back to classes or presenting to the whole school in an assembly, as well as taking any concerns or ideas from others to the meetings.

b) We seek children's views about our approach, curriculum and in promoting whole school or Federation mental health activities.

c) We always seek feedback from children who have had support to help improve that support and the services they receive.

14. 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 children and know what to do and where to get help. Our Mental Health Lead is a qualified 'Mental Health Champion'.

Supporting and promoting the mental health and wellbeing of staff is an essential component of healthy schools and we promote opportunities to maintain a healthy work life balance and wellbeing. Staff also have access to Norfolk's wellbeing service.

15. Monitoring and Evaluation

The mental health and wellbeing policy is on both school websites and hard copies are available to parents and carers from either school office. All mental health professionals are given a copy before they begin working with the school as well as external agencies involved in our mental health work.