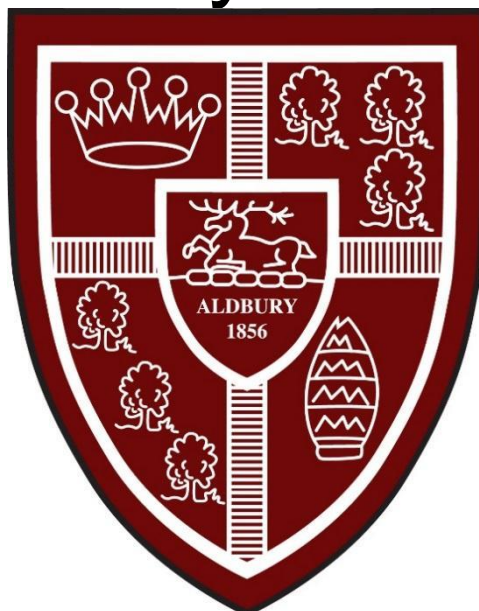


# Aldbury C of E Primary & Nursery School



## Emotional Wellbeing and Mental Health in children Policy

**'To live life in all its fullness' (John 10:10)**

Approved by: FGB	Date: November 2021
Last reviewed on: September 2022	
Next review due: September 2025	



### **Policy Statement**

*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 Organization)*

In our school our Christian vision shapes all that we do:

### **Our Vision and values**

'To live life in all its fullness' John 10:10

Our vision at Aldbury is to ensure that everything we do is underpinned by our core values of Respect, Responsibility and Friendship.

Respect - respect each other and the environment God has given to us  
Responsibility - take responsibility for our learning and the choices we make  
Friendship - somewhere that is supporting, caring and accepting

These values will help us create an environment that embraces difference where all pupils, whatever their background or ability can flourish because all are treated with dignity and respect. We are all guided 'to live life in all its fullness'.

### **Our Aims**

Our Aims as a school community are that we

- respect and embrace difference
- teach a rich curriculum inspire children to progress in wisdom, knowledge, skills and understanding
- value and care for God's creation
- play an active role in the life of Aldbury community
- nurture positive self-worth
- promote a culture that is supportive and full of hope and enjoyment

'Love your neighbour, as you love yourself' Matthew 22:29

In addition we are committed to supporting the positive mental health and wellbeing of our whole school community (children, staff, parents and carers). We recognise that mental health and emotional wellbeing is just as important to our lives as physical health.

We endeavour to ensure that children are able to manage times of change and stress. We aim to ensure 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, 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.

In addition to promoting positive mental health and wellbeing, we aim to recognise and respond to need as it arises. By developing and implementing practical, relevant and effective mental health and wellbeing policies and procedures we can promote a safe and stable environment for pupils affected both directly, and indirectly by mental health and wellbeing issues.

### **Scope**

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.



This policy should be read in conjunction with our medical policy in cases where a pupil's mental health and wellbeing overlaps with or is linked to a medical issue and the SEND policy where a pupil has an identified special educational need.

The policy aims to:

- Promote positive mental health and wellbeing in all staff and pupils
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of poor mental health and wellbeing
- Provide support to staff working with young people with mental health and wellbeing issues
- Provide support to pupils suffering mental ill health and their peers and parents/carers

### **How the policy was developed.**

This policy has been created through consultation with the school community. In developing the policy we have taken account of:

- Healthy Young Minds in Herts.
- Promoting children and young people's emotional health and wellbeing.
- Public Health England 2015.
- Anna Freud school staff wellbeing.

### **Links to other policies**

This policy links to our Employee wellbeing policy, Child Protection Policy, SEND Offer and our Behaviour Policy. It draws on our whole school use of Therapeutic Thinking (Herts Steps), a therapeutic approach to behaviour management that aims to use training and resources to understand the causes of behaviours, rather than a focus on the behaviours themselves.

### **Staff roles and responsibilities, including those with specific responsibility**

We want all staff to be confident in their knowledge of mental health and wellbeing and to be able to promote this in and out of their classrooms. The majority of staff are Mental Health Level 1 certified with regular access to e-modules to upskill from MindEd. Staff have also had Attachment and Trauma and Hertfordshire Steps training. The Mental Health Lead is Mental Health Level 2 certified and Mental Health First Aid trained.

Supporting and promoting mental health and wellbeing of staff is an essential component of a healthy school. At Aldbury we promote opportunities to maintain a healthy work life balance. Staff are supported pastorally and have access to enriched opportunities. Staff also have access to external support systems. See the employee wellbeing policy for further details of how we support our staff.

We believe that all staff have a responsibility to promote positive mental health and to understand the protective and risk factors for mental health. Some children will require additional help; all staff should have the skills to identify warning signs of mental health problems and ensure that children with mental health needs get early intervention and the support they need.

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

- Miss J Moore - Designated Safeguarding Lead
- Miss K Sear – Mental Health Lead
- Mrs K Reid – SENCo (Deputy Mental Health Lead)
- Mrs C Haenshael - Named Mental Health Governor



Our Mental Health Leads:

- Promote a positive ethos around emotional wellbeing and develop the whole school approach along with SLT.
- Identify pupils with mental health difficulties by:
  - supporting class teachers with providing information including materials such as observation sheets and questionnaires to help support identification of emotional wellbeing and mental health difficulties.
  - signposting parents to services which can help identify mental health difficulties.
  - Working in partnership and liaison with local services in addition to co-ordinating external referrals.
  - Implementing and enhancing positive wellbeing aspects to the curriculum, in collaboration with key curriculum leads.
  - Co-ordination of school based interventions promoting a culture of reflection and understanding of possible underlying factors in relation to behaviour and mental health.
  - Development of whole staff awareness and wellbeing including positive emotional wellbeing.
  - Monitoring and recording of outcomes to review impact on individual pupils and whole school.
  - Working with MHL network countywide to share good practice and access advice/support.
  - Making and maintaining links with the Lead Governor for Emotional Wellbeing and Mental Health.
  - Working with parents and carers to increase their awareness and understanding of emotional wellbeing and mental health as well as support in signposting and joint referrals where necessary.

Many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals.

### **Teaching about mental health**

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the JIGSAW Approach when teaching PSHE and take into consideration PSHE Association Guidance<sup>1</sup> to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

At Aldbury we take a whole school approach to promoting positive mental health, aiming to help children become more resilient, happy and successful and to work in a proactive way to avoid problems arising.

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<sup>1</sup> Teacher Guidance: Preparing to teach about mental health and emotional wellbeing URL= <https://www.pshe-association.org.uk/system/files/Mental%20Health%20guidance%20online%20version%20%28Updated%20July%202019%29.pdf>



We do this by:

- Creating and applying consistent ethos, policies and behaviours that support mental health and resilience, and which everyone understands.
- Adhering to Herts Steps therapeutic approach to behaviour management.
- Focusing on the 5 Ways to wellbeing and 'Zones of regulation'.
- Using the Five Ways to Wellbeing to audit wellbeing strategies and introduce more exercise, social interaction, mindfulness, learning and giving where needed.
- Helping children to develop social relationships, support each other and seek help when they need it.
- Promoting self-esteem and ensuring children understand their importance in the World.
- Helping children to be resilient learners and to manage setbacks.
- Teaching children social and emotional skills and an awareness of mental health.
- Identifying children who have mental health challenges and planning support to meet their needs, including working with specialist services, parents and carers.
- Supporting and training staff to develop their skills and their own resilience.
- Developing an open culture where it's normal to talk about mental health.
- Showing unconditional positive regard for pupils and their families; acceptance and kindness can help people to regulate themselves.
- Treating children and young people as individuals; avoid labelling (pupils may define themselves by their behaviours or difficulties).
- Responding to the causes of emotional difficulties such as bullying, family issues, struggling to access learning etc.

We promote a mentally healthy environment through:

- Promoting our school values and encouraging a sense of belonging.
- Promoting pupil voice and opportunities to participate in decision-making.
- Celebrating academic and non-academic achievements.
- Providing opportunities to develop a sense of worth through taking responsibility for themselves and others.
- Providing opportunities to reflect.
- Enabling access to appropriate support.
- Mental Health and PSHE for all year groups
- Wellbeing week and access to information around the school
- Workshops for parents and carers

Small group or one-to-one activities.

- Protective Behaviours Program
- Therapeutic support such as Draw and Talk Program, art therapy, My hidden Chimp.
- Nurture support to focus on mental health, resilience and wellbeing.
- Children to be aware that they can drop in and see a designated adult if they are anxious or worried about any certain situation/issue.

### **Early identification**

We aim to identify children with mental health needs as early as possible to prevent things from getting worse, we do this in different ways including:

- Using teaching resources such as:
  - When to worry NHS questionnaire
  - SDQ (Social difficulty questionnaire)
  - Herts Steps Anxiety mapping and Roots and Fruits table and checklist.



- Observing changes in patterns of behaviours and tracking a range of possible difficulties including:
  - Attendance
  - Punctuality
  - Relationships
  - Approach to learning
  - Physical indicators
  - Negative behaviour patterns
  - Family circumstances
  - Recent bereavement
  - Health indicators

School staff may also become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues.

Possible warning signs include:

- Increased isolation from friends or family, becoming socially withdrawn
- Physical signs of harm that are repeated or appear non-accidental
- Recent bereavement or change in family circumstance
- Changes in eating / sleeping habits
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- 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
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These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with our Mental Health and Emotional Wellbeing Lead or the SENCO, our Deputy Mental Health and Emotional Wellbeing Lead.

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Mental Health Lead in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the Designated Safeguarding Lead. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by the SENCO. Guidance about referring to CAMHS and the services they offer is provided in Appendix One.

### **Individual Profiles**

It is helpful to draw up an individual profile for pupils causing concern or who receives a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play





### **Managing disclosures**

A pupil may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.

If a pupil 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 always be calm, supportive and non-judgemental.

Staff should listen, rather than advise and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?' Guidance from the PSHE Association about how to handle mental health disclosures sensitively <sup>2</sup> is taken into consideration here.

All disclosures should be recorded in writing and held on the pupil's confidential file. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information should be shared with the mental health lead, who will store the record appropriately and offer support and advice about next steps.

### **Confidentiality**

We should be honest with regards to the issue of confidentiality. If it is necessary for us to pass our concerns about a pupil on then we should discuss with the pupil:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We should never share information about a pupil without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent. Particularly if a pupil is in danger of harm.

It is always advisable to share disclosures with a colleague, usually the Mental Health and Emotional Wellbeing Lead, this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with.

Parents should be informed if there are concerns about their mental health and wellbeing and pupils may choose to tell their parents themselves. If this is the case, the pupil should be given 24 hours to share this information before the school contacts parents. We should always give pupils the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Designated Safeguarding Lead, must be informed immediately.

### **Signposting**

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community. Examples of support that is available to the school community is outlined in Appendix Two.

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<sup>2</sup>Talking to pupils when they make Mental Health Disclosures: <https://www.pshe-association.org.uk/system/files/Talking%20to%20pupils%20when%20they%20make%20mental%20health%20disclosures%20FINAL.pdf>



### **Assessment, interventions and support.**

All concerns are reported to the designated adults within school and needs are assessed through a triage approach with SLT, class teachers and SEN to ensure the child gets the support they need, either from within the school or from an external specialist service, as quickly as possible.

We follow the Tiered Approach in the Dacorum Behaviour and Mental Health Guidance to support pupils across the school. (See Appendix Three for a summary of the guidance).

### **Working with Parents and carers**

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

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the pupil, other members of staff.
- What are the aims of the meeting?

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 should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums.

We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with an agreed next step and always keep a brief record of the meeting on the child's confidential record.

### **When a concern has been raised, Class teachers or the Mental Health Lead will:**

- Contact parents to discuss the outcome of any assessment (Although there may be cases, parents and carers cannot be involved due to child protection issues.)
- Discuss any relevant referrals to external agencies.
- Signpost parents to further information or provide resources to take away.
- Create a chronology of actions and events
- Agree a mental health care and protection plan where appropriate including clear next steps.
- Discuss how parents can support their child through strategies or signposts to parenting support groups.

Parents or carers can approach their child/children's class teacher if they have mental health concerns. This will be cascaded to the Mental Health Lead for assessment.

### **To support parents and carers we will:**

- Organise workshops and presentations on mental health, anxiety, resilience and 5 steps to wellbeing.
- Provide information online via [www.aldbury.herts.sch.uk](http://www.aldbury.herts.sch.uk) on mental health issues and local wellbeing and parenting programmes.
- Share ideas about how parents and carers can support positive mental health in their children.
- Ensure that all parents are aware of who to talk to, and how to get advice, if they have concerns about their child.
- Make our emotional wellbeing and mental health policy easily accessible to parents.





- Keep parents informed about the mental health topics taught in PSHE and share ideas for extending and exploring this at home.

### **Working with specialist services**

As part of our targeted provision the school will work with other agencies to support children's emotional health and wellbeing. Your child may be referred to one of the following services for additional support:

- CAMHS
- Healthy Young Minds in Herts.
- School Nursing Service
- Children's Services.
- Therapists
- Family support workers.
- Educational psychology services.
- Counselling services.

### **Training**

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

The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue.<sup>3</sup>

Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more pupils.

Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

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<sup>3</sup> [www.minded.org.uk](http://www.minded.org.uk) [accessed 02/02/18].



## **Appendix One**

Hertfordshire Community

NHS Trust



### **Hertfordshire CAMHS services and referral guidelines:**

#### **Guidance/criteria for referring to Step2**

##### **Making a referral for a child or young person aged**

**0 – 5**

##### **(Early Intervention in Early Years Mental Health)**

The Step2 under 5 team offer parent / infant relationship focussed work using evidence based approaches to promote emotional health and wellbeing for young children.

Interventions offered include:

- Video Interaction Guidance (VIG) with parent and child
- Video Intervention to Promote Positive Parenting and Sensitive Discipline – (VIPP & VIPP-SD) with parent and child
- Circle of Security programme – group programme
- Individual behavioural work with parent (Incredible Years based)
- Anxiety management strategies with parent and child

#### **Criteria**

- For children up to their 5<sup>th</sup> birthday

Possible presentations for children under 5 to consider:

- Difficulties in self-regulation such as toileting, feeding and sleeping. In such cases organic causes need to be ruled out prior to referring to Step2.
- Difficulties in emotional and behavioural regulation eg. Emotional lability, frequent severe emotional outbursts, defiance, aggressive and or destructive behaviour, being fidgety, lacking concentration, impulsivity, attempts to control their parent or others.
- Emotional difficulties eg. being withdrawn, clingy, anxious, overly fearful of ordinary situations, displaying ritualistic behaviours
- Where the family have already engaged in a tier 1 intervention such as a parenting course or one to one work with a nursery nurse, health visitor or family centre outreach worker
- When a brief intervention may bring about change in some areas to improve child mental health.
- Concerns regarding the relationship between parent and infant / child, for example: bonding, maternal sensitivity, emotional connection / warmth or where parent lacks confidence in meeting a child's emotional needs. Maternal mental health difficulties impacting on the parent / infant relationship which does not meet the threshold for specialist perinatal mental health support.
- Children who have experienced developmental trauma where their current situation is now stable, for example: previous exposure to domestic abuse
- Where parents recognise their impact on their child's emotional wellbeing and are motivated to change their parenting
- Where parents recognise they do not want to repeat their own negative experiences of being parented with their own children.



### **Exclusion**

Where family have not accessed tier 1 support prior to referral. Examples of tier one intervention as follows:

#### **For parents with infants up to 18 months:**

- New born parent observation screening and maternal wellbeing visits / listening visits
- Baby massage
- Children's centre support

#### **For parents with infants from 18 months to 5 years:**

- Comprehensive behavioural support accessed from either health visitor, nursery nurse, parenting course, children's centre and/or family support worker
- Where parents primarily want an assessment for ADHD / ASD/ neuro developmental disorder or fundamentally believe there is something 'wrong' with their child
- Where parents do not acknowledge that they have a role in bringing about the desired change and are looking to professionals to 'fix / label' their child.
- Children under a child protection plan / in the court arena or potentially facing care proceedings.
- Children who are 'child in need' and have been for a lengthy period of time, e.g. chronic neglect or where there has been little change from support previously offered.
- Where there are factors impacting on parenting capacity that are not being addressed by services such as: Current domestic violence, Parental mental health difficulties and Parental substance misuse
- Where a brief intervention is unlikely to result in change for the family.
- When a family have many current stressors which mean they are unable to engage in a therapeutic intervention.

Hertfordshire Community

NHS Trust



*...making a difference together*

### **Guidance/criteria for referring to Step2.**

#### **Making a referral for a child or young person aged 5 - 19**

Step2 is an early intervention mental health service commissioned to work with children and young people with a mild to moderate mental health difficulty between the ages of 0 to 19 who are registered with a Hertfordshire GP.

Referrals to Step2 must have evidence of a mild to moderate mental health difficulty which would benefit from up to 6 targeted sessions of therapy.

Step2 is commissioned to support children and young people with emerging/ low level mental health impairments (mild to moderate); to manage their difficulties at the earliest possible stage once appropriate support by Universal Services has been implemented.

As an early intervention service, Step2 is unable to provide urgent care that is directly linked to risk or concerns around the presentation of the child's mental health presentation and referrals therefore are not expedited.



### **Criteria:**

Referrals are suitable when child/young person is presenting with a difficulty in one or two areas but generally functioning well. The difficulties should be in the emerging stages and not accompanied by long term complexities (see exclusion criteria).

Difficulties accepted may include:

- Anxiety.
- Phobias.
- Low mood.
- Mild self-harm.
- Emotional regulation (which is not due to difficult social circumstances or as a result of an unmet neurodevelopmental need).
- Mild obsessive compulsive difficulties.

### **Exclusion criteria:**

Step2 do not accept referrals when:

- Child/young person has not had tier 1/universal input.  
Exceptions to this are:
  - 1) Mild OCD
  - 2) Low mood/mild depression at an emerging stage where a delay in accessing specialist therapeutic support may increase difficulties and where the young person is unsuitable for counselling
  - 3) Cases where there is no access to universal services
- Referral has not been made by a professional who has met the child/young person.
- Complexity of the case deems it unsuitable for tier 2 intervention ie. history of significant domestic violence and/or children's services input (Complex transgenerational family safeguarding concerns) or where significant developmental trauma is suspected.
- Risk clarification is required or the referral seems too risky for tier 2 brief interventions, eg. Young people with biological symptoms of depression alongside suicidal ideation with intent.
- The referral meets the eligibility criteria for another service and there is evidence that a better outcome will be achieved by the other service.
- The referral has no evidence of Mental Health difficulties ie. Referral outlines behavioural issues in children over 5 which could be explained by parenting, difficult social aspects or a neurodevelopmental difficulty.

### **Services:**

**Step2 CAMHS (Child and Adolescent Mental Health Service)** is an Early Intervention Service for children and young people in Hertfordshire aged 0-19. Referral is via any Hertfordshire professional.

Contact **SPA (Single Point of Access)**: If Parent/carers need support for their child or young person, or if a child or young person needs support for a mild to moderate mental health difficulty please call **SPA on 0300 777 0707** in the first instance.

The SPA advisor will be able to discuss your needs, and take the details needed to direct you to Step2 or to the appropriate service for support.

Email: [spa.hpft@nhs.net](mailto:spa.hpft@nhs.net) (password protect).

Use the multi-agency referral form and cc GP



Alternatively, make a written referral directly to Step2 <https://www.hct.nhs.uk/our-services/step-2-camhs/>

**Public School Nursing:** Chat Health text number is: 07480 635050

<https://www.healthforkids.co.uk/hertfordshire/>

<https://www.healthforteens.co.uk/hertfordshire/>

<https://www.hct.nhs.uk/our-services/school-nursing/>

**Educational Psychologist (EP) via Integrated Services for Learning (ISL):** Educational Psychologists help schools and families to understand and manage a wide range of developmental issues and special educational needs. Call your contact EP for more information or the EP tema admin support on [Tel:01442 453904](tel:01442453904).

**PALMS:** Positive behaviour, Autism, Learning disability, Mental health Service offers individually tailored support to children and young people in Hertfordshire, aged 0-19 who have a global learning disability and/or Autistic Spectrum Disorder, helping them and their families to manage challenging behaviour and/or to support mental health needs. (referral via SPA). PALMS can be contacted on 01727 582122 or alternatively professionals and families are encouraged to contact the service by email: [hct.palms@nhs.net](mailto:hct.palms@nhs.net)

**If problems deteriorate:**

You can contact the local CAMHS clinic on the telephone number from the Choice Appointment letter for CYP you have referred to CAMHS (between 09.00am – 5.00pm). Alternatively contact the Single Point of Access (SPA) between 08.00am – 7.00pm.

Out-of-hours mental health advice/ telephone helpline: 01438 843322. (between 5.00pm – 09.00am, 24 hours weekends and bank holidays). This line is available for professionals, parents and young people.

Make an urgent appointment with their GP. Or in the case of immediate urgent mental health support take them to Accident & Emergency or in an emergency dial 999.



### **Appendix Two**

The following organisations and websites offer helpful information and resources to young people, families and professionals:

- ChatHealth for children/young people offers confidential advice and support about problems with friends or family, alcohol or smoking, feeling sad or angry, bullying, relationships and changes to your body.  
Tel: 07480 635050
- Families Feeling Safe Ltd provide Families Feeling Safe programmes across Hertfordshire and provide Protective Behaviours services to children aged 0-19 years and their families working in partnership with schools and children's centres.  
Tel: 01438 728653  
[www.protectivebehavioursconsortium.co.uk](http://www.protectivebehavioursconsortium.co.uk)
- Family Lives is a national family support charity providing help and support in all aspects of family life. They offer telephone support 24 hours a day, seven days a week.  
Tel: 0808 800 2222  
Website: [www.familylives.org.uk](http://www.familylives.org.uk)
- Hertfordshire County Council offer free parenting programmes, many of which address specific concerns identified by parents.  
[www.hertsdirect.org/parentingsupport](http://www.hertsdirect.org/parentingsupport)
- Kooth is an award-winning online support service for children and young people aged 10-25. It is a free, anonymous and confidential website where young people 10-24 can access free online services including; drop in chats with counsellors, booked 1:1 chats with a counsellor, themed message forums, secure web-based email and online magazine.  
Website: [KOOOTH.com](http://KOOOTH.com)
- MindEd offers free online education to help parents/carers/professionals to identify and understand children and young people with mental health issues.  
Website: [www.minded.org.uk](http://www.minded.org.uk)
- YoungMinds offers a free confidential online and telephone support service for parents/carers worried about their child's mental health and emotional wellbeing.  
Tel: 0808 802 5544 (Monday-Friday 9.30am-4pm) Email: [parents@youngminds.org.uk](mailto:parents@youngminds.org.uk)  
Website: [www.youngminds.org.uk/for\\_parents/parent\\_helpline](http://www.youngminds.org.uk/for_parents/parent_helpline)





### **Appendix Three** Aldbury Mental Health Strategy

Tier	Practice	Provision available
Tier 1: Prevention and Early Intervention	<p>Pupils, parents/carers and staff know how to ask for help and where and who to if they need support.</p> <p>Pastoral Support and access to therapeutic support is available for all.</p> <p>Additional plan of support to be written and communicated to parent/student to meet individual child's needs when necessary.</p> <p>Regular communication/check ins with parents- solution focused.</p> <p>Support sought from Family Support Workers</p> <p>Regular CPD for all staff.</p> <p>School follows a therapeutic approach to managing behaviour – Hertfordshire Steps.</p>	<p>Nurture support/ Mentoring</p> <p>Anxiety Cards</p> <p>Zones of Regulation</p> <p>PSHE Programme</p> <p>Wellbeing Weeks</p> <p>Assemblies</p>
Tier 2: Outreach/Emerging Needs	<p>Risk Management plan (RAMP) in place clearly identifying triggers and effective de-escalation strategies to be used.</p> <p>'Roots and Fruits' embedded within practice.</p> <p>Continual SEMH professional development.</p> <p>A support programme is implemented.</p> <p>Professionals meeting with Team Around the Family (EHM)</p> <p>Effective liaison/referral with Family Support Worker</p> <p>Parenting classes offered to provide them with support.</p> <p>Use of Outreach support:</p> <p>Circle Therapy</p> <p>DESC Outreach</p> <p>Woodfield School Outreach</p> <p>DESC therapeutic services</p> <p>DESC Mental Health Worker</p> <p>DESC Parenting Practitioner</p> <p>School Nurse</p> <p>G.P.</p> <p>Family Support Worker</p> <p>Young Carers</p> <p>Families First</p> <p>Targeted Youth Support Team</p> <p>CAMHS</p>	<p>Protective Behaviours</p> <p>Drawing and Talking</p> <p>My Hidden Chimp</p> <p>Art/Play/Music Therapy</p> <p>Weekly Counselling</p> <p>Small group work – to include social skills groups, nurture groups, and/or a mentoring buddy system</p> <p>1:1 support in class for an agreed amount of time</p> <p>EHM meetings to coordinate services</p> <p>DESC Mental Health worker to support</p>
Tier 3: Intensified/Targeted Services/Complex Needs (More complex mental health conditions that have not improved, despite early intervention)	<p>This support is for a young person who has had fixed term exclusions or is at serious risk of exclusions.</p> <p>Advice sought from Single Point of Access (SPA) through DESC Therapeutic Services.</p> <p>A programme of support that enables the young person to succeed both socially and academically.</p> <p>Multi-professional meeting, e.g. CIN, EHM, FFA to include parents/carers/external agencies.</p> <p>A Behaviour support worker to be assigned to support the pupil.</p> <p>Paperwork to be collated for an EHCP to enable more specialist provision.</p> <p>CPD identified for particular staff.</p>	<p>Access to additional services, e.g. Play therapy, counselling, art therapy, family support worker, Educational Psychologist etc.</p> <p>Weekly counselling via DESC, Safe Space, Signpost</p> <p>DESC Outreach or in exceptional circumstances a very short and intensive piece of in-reach.</p> <p>Tailored support and strategies for school staff to aide integration/reintegration.</p>



Aldbury Primary and Nursery School  
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	Referral to CAMHS/advice sought from CAMHS Step2. Signpost parents to known support groups, classes or courses.	Educational Psychologist – advice and strategies Weekly CBT
Tier 4: In Reach/Intensified Outreach	Support and provision at the Primary Behaviour Services Locality Base. Access additional services where necessary, e.g. CAMHS, PALMS. A joined up multi-professional approach is in place. Additional Advice sought from SPA	Access to additional services, e.g. Play therapy, counselling, art therapy, family support worker, Educational Psychologist etc. Specialist CAMHS (in clinic setting) PALMS (Positive behaviour, Autism, Learning disability and Mental Health Services) support
Tier 5: Change of Provision/Specialist Services	Communication with external services in place. Liaise and formulate a plan for return to school. Seek guidance from the external services providing the support. Liaise and offer/signpost support to parents/carers.	A personalised learning and well-being programme to support the young person during this period of transition. DESC Support