

Wellbeing and Mental Health

September 2024

Review date: September 2025





We want all our children to be happy and successful at our school so they can leave us with the skills and knowledge necessary for them to go on to achieve anything they can dream of. Wellbeing and mental health affect how a person thinks, feels and behaves in daily life. Children will only be successful academically if they have a positive level of wellbeing and mental health. We want to ensure that all children are supported to do well emotionally and physically, so that they can achieve academically. This means also actively supporting all staff and families to have a high level of wellbeing.

Values and Aims

At Pleasant Street Primary School, we are committed to supporting the emotional health and wellbeing of our pupils and staff. We have a supportive and caring ethos and our approach is respectful and kind, where each individual and contribution is valued. At our school we know that everyone experiences life challenges that can make us vulnerable and at times, anyone may need additional emotional support. We recognise that positive wellbeing and mental health is everybody's business and that we all have a role to play.

<u>Characteristics of a person with positive wellbeing and mental health</u> (Curriculum Aims)

A person who has a positive level of wellbeing and mental health will be able to:

- feel good about themselves
- learn new things
- enjoy being successful and try again after not being successful yet
- feel, express and manage a range of big and small emotions
- build and maintain healthy relationships with others
- cope with changes and the unknown

At our school we:

- Help children to understand their emotions and feelings
- help children feel comfortable sharing any concerns or worries
- help children socially to form and maintain relationships
- promote self-esteem and ensure children know that they count
- encourage children to celebrate diversity and 'dare to be different'
- help children to develop emotional resilience and to manage setbacks.

We promote a mentally healthy environment through:

- our school values and encouraging a sense of belonging
- 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
- access to appropriate support that meets children's needs.

Curriculum Intent

- Promote positive wellbeing and mental health in all students and staff with input for all children throughout the year.
- Develop resilience amongst the children and raise awareness of resilience building techniques.
- Enable staff to identify and respond to early warning signs of a child who is struggling.
- Have a clear pathway of support in place for those that are identified as needing extra support, with the right support being given in a timely manner.

Curriculum Implementation

- PHSE curriculum includes skills, knowledge and understanding to keep themselves, and others, physically and mentally healthy and safe
- Diversity Days
- Class worship time often focusses on wellbeing and resilience.
- Internet Safety: Computing
- Physical Health and Fitness: P.E.
- Healthy Eating: DT, Science
- Drugs, Alcohol and Tobacco: Science
- Health and Prevention: Science
- Puberty: PSHE, Science
- First Aid training at various stages
- "Five Ways to Wellbeing" is a strategy employed throughout the school to promote the purposeful development of positive wellbeing amongst the children
- All staff are trained in spotting the early signs of poor wellbeing or mental health and a triage system is in place to identify individual support needed This could be additional support in class, 1-1 or group work in school with our Family Liaison Officer or Counsellor or referral to outside agencies

Appendix 1

Healthy, Happy and Ready to Learn Flow Chart

		ion throughout th		AT 1			
Child presentation throughout the school day							
Emotional	K	Conduct	Hyperactivity				
Peer problems				righeractivity			
		o dium		Lliab			
Low Ana the behaviours		edium	High		+2		
Are the behaviours demonstrated ongoing? Are the		ild in regards to ur stand out from	Is this a red card incident? e.g. physical action against other				
behaviours out of character for		beer group?	children/staff. Self-harm behaviours.				
the child?	•	orming with rules,	Rudeness to staff/other children. Language				
e.g. not engaging with work,	-	reen not effective	used – hate speech.				
disruption in class, tapping,							
fiddling							
Alert	KS ad JL on C	POMs	Act upon instantly SLT - Dealt with same				
			day. Meet with parents if appropriate.		priate.		
			1 off?	Frequent			
			Class	Class Teacher to	complete		
\checkmark	N	/	Teacher to	SDQ			
			monitor				
Staff to complete Strengths an					•		
questionnaire triaged regularly	(including those	e pupils with SEND). SDQ gives a	score which indica	tes		
appropriate support.							
Next Steps							
Score below 18 - Changes within	n class to suppo	ort child (Class Tea	cher given stra	tegies and support	ted by JL		
and KS). Reviewed 4 weekly.							
Usually appropriate to speak to	parents saying	KS is involved in su	upporting child	within class.			
			(, , ,	1			
<u>Score 18 - 21</u> - Changes within c	lass to suppor	f child (monifor pro	ogress after 2 v	veeks)			
or							
Small group work, 1-1 Transformative play or 1-1 Emotional Literacy session with KS dependant on child's							
needs. Support also offered in class.							
Parents complete SDQ and give permission for support.							
<u>Above 21</u> - Parents complete SD							
Sessions 1:1 with KS (Family Lia	ison), referral	considered to SW	(School council	lor)			
<u>28+</u> - Onward referral definitel		• • • •	-	•	gist		
Involvement. SW to support alo	ngside outside	specialist referral	whilst awaiting	allocation.			
How do we know the intervention is working?							
Small group and 1-1 sessions to be reviewed half-termly. Progress tracked through monitoring SDQ scores							
and child's presentation within class.							
School Councillor Support							
Internal referral CT/SLT	Internal	eferral SDQ	Ongoing sup	port - Previous			
e.g. Trauma, bereavement outcomes pupils already supporting							
Above 21, 28+ including child self-							
		·	referrals for a top up				

session.

Appendix 2 Teacher/Senco/Referrer

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour the last six months or this school year.

Child's Name	Male/Female
Class	

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings			
Restless, overactive, cannot stay still for long			
Often complains of headaches, stomach-aches or sickness			
Shares readily with other children (treats, toys, pencils etc)			
Often has temper tantrums or hot tempers			
Rather solitary, tends to play alone			
Generally obedient, usually does what adults request			
Many worries, often seems worried			
Helpful if someone is hurt, upset or feeling ill			
Constantly fidgeting or squirming			
Has at least one good friend			
Often fights or argues with other children or bullies them			
Often unhappy, down-hearted or tearful			
Generally liked by other children			
Easily distracted, concentration wanders			
Nervous or clingy in new situations, easily loses confidence			
Kind to younger children			
Often lies or cheats			
Picked on or bullied by other children			
Often volunteers to help others (parents, teachers, other children)			
Thinks things out before acting			
Steals from home, school or elsewhere			
Gets on better with adults than with other children			
Many fears, easily scared			
Sees tasks through to the end, good attention span			

Do you have any other comments or concerns?

Signature Date: