



St Michael's Church of England Infant School

Mental Health and Wellbeing Policy

Reviewed March 2022

To Be Reviewed by March 2025

Mental Health and Wellbeing Policy

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 and values shapes all we do. For example, the children learn through our PSHE curriculum that they have control over their actions and understand how they can impact positively on others. In addition, we aim to promote positive mental health for every member of our staff and child. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils.

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.

The policy aims to:

- Promote positive mental health and wellbeing in all staff and children
- 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 children with mental health and wellbeing issues
- Provide support to children suffering mental ill health and their peers and parents/carers

Lead Members of Staff

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

Headteacher - Designated Safeguarding Lead (DSL)

Miriam Thorley and Karen Barnett- Deputy Designated Safeguarding Leads

Sarah Boon - Mental Health and Emotional Wellbeing Lead for children

Fiona Bell- Mental Health and Emotional Wellbeing Lead for adults

Becky Carey- Emotional Literacy Support Assistant

Sarah Boon- PSHE lead

Governor mental health and wellbeing leader

Any member of staff who is concerned about the mental health or wellbeing of a child should speak to or report to (on CPOMS) the DSL 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 DSL's. 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 Dot Patton, Headteacher and DSL. Guidance about referring to CAMHS is provided in Appendix 1.

Individual Care Plans

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents/carers 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

Teaching about Mental Health and Wellbeing

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.

Signposting

We will ensure that staff, children and parents/carers are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it is outlined in Appendix 2 and 3.

We will display relevant sources of support in communal areas (e.g: in the staffroom) and on the newsletter every month. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

This is always carried out in a way that is age appropriate for young children. We ensure that the same message is sent out to parents/carers via the newsletter, tapestry and individual letters.

Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with our DSL and DDSL's via CPOMS.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- 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
- An increase in lateness or absenteeism

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?'

All disclosures should be recorded on CPOMS.

This information should be shared with the DSL and DDSL's, who will 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, DSL's or one of the Mental Health leads, 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/carers should be informed if there are concerns about their mental health and wellbeing.

If a child gives us reason to believe that there may be underlying child protection issues, and the child is in danger of immediate harm, parents/carers should not be informed by the DSL immediately.

Working with Parents/Carers

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents/carers 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/carers, the pupil, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents/carers 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/carers 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/carers often have many questions as they process the information. Finish each meeting with

agreed next step and always keep a brief record of the meeting on the child's confidential record.

Working with All Parents/Carers

Parents/carers are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents/carers we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents/carers are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents/carers
- Share ideas about how parents/carers can support positive mental health in their children through our monthly newsletter bulletins
- Keep parents/carers informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

Supporting Peers

When a child is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how or are too young to understand. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations by the pupil who is suffering and their parents/carers with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves in school

- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

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.

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 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.

Suggestions for individual, group or whole school CPD should be discussed with the Headteacher who can also highlight sources of relevant training and support for individuals as needed.

Mental health of school staff

Mental health and wellbeing of school staff is a significant priority within our school.

Staff will be supported in the following ways:

1. Annual training from the MHFA to:

- raise awareness of and mental illness
- provide confidence that there is no stigma associated with mental illness within our school community
- outline signs and symptoms of mental illness in themselves and others
- provide suggestions for self help strategies
- signpost resources available to provide support within the working environment
- signpost resources available to provide support out of school

1. A supportive culture within the school

- a sympathetic response from school leadership when concerns are raised.
- mental illness to be accepted and prioritised in the same way as physical illness
- adaptations to roles within school to be considered where possible to improve staff wellbeing.

- staff to be encouraged to share their experiences with others, if they feel comfortable to do so
- affected staff signposted to resources within the school such as ESL and OHU
- governors to be aware of and supportive of mental health issues in school

2. Talking about mental health

- Regular agenda item of staff meetings
- Regular agenda item for governor meetings
- Occasional items on HT's weekly update.
- Emphasise availability of MHFA. Can be contacted even if not in school (dedicated email?)

Policy Review

Completed: March 2022

This policy will be reviewed every 3 years as a minimum. It is next due for review in March 2025

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis.

This policy will always be immediately updated to reflect personnel changes.

Appendix 1

Referral to CAMHS

Please visit Hampshire CAMHS for the online referral form:

<https://hampshirecamhs.nhs.uk/>

This website then gives advice on the following areas:

- Anxiety
- ADHD
- ASC
- Crisis, self-harm and suicide
- Depression
- Eating difficulties
- Learning disabilities
- Psychosis
- Trauma

<https://hampshirecamhs.nhs.uk/help/professionals/>

There is also guidance on life issues e.g: sleep, bereavement and loss

Appendix 2

School Interventions and Support for Mental Health and Well being

Physical and Mental Health and Wellbeing				
Level	Responsibility	Trigger	Intervention	Outcomes
1/2	Class Teacher/Admin Team	Short term health needs	<ul style="list-style-type: none"> ➤ Referral to Admin Team to assess any medical needs ➤ Meet with parent to discuss needs and adaptations needed 	<ul style="list-style-type: none"> ✓ Short term medical plan including medication/recovery plan if needed ✓ Classroom adaptations including seating, rest breaks ✓ Playtime adaptation/protected play
	Class Teacher/ELSA	Mild anxiety	<ul style="list-style-type: none"> ➤ Meeting with parent to discuss: <ul style="list-style-type: none"> ○ causes and symptoms ○ key stressors and triggers ○ agree adaptations and support ➤ Meeting with ELSA to identify: <ul style="list-style-type: none"> ○ relaxations techniques including breathing strategies ○ mindfulness exercises ➤ Special time with key adult to: <ul style="list-style-type: none"> ○ Meet and greet ○ Talk through timetable and key events ○ Check in at trigger times ○ Implement ELSA strategies/advice 	<ul style="list-style-type: none"> ✓ Allocation of key adult ✓ Implementation of supporting strategies and interventions ✓ Reduction of cognitive load through: <ul style="list-style-type: none"> ○ Teaching and learning adaptations with individualised expectations ○ Pre-emption including positive priming ○ Regular check ins – ‘keeping in mind’ ○ Visual timetable including ‘whoops’ card
	Class Teacher/ELSA	Low self-esteem/resilience	<ul style="list-style-type: none"> ➤ Meeting with parent to discuss: <ul style="list-style-type: none"> ○ causes and symptoms using resilience mapping ○ agree adaptations and support ➤ Meeting with ELSA to identify strategies to: 	<ul style="list-style-type: none"> ✓ Implementation of supporting strategies and interventions ✓ Build resilience and self-esteem through: <ul style="list-style-type: none"> ○ Teaching and learning adaptations with individualised expectations

		<ul style="list-style-type: none"> ○ develop resilience ○ build positive self-image ○ improve self esteem ➤ Special time with teacher to: <ul style="list-style-type: none"> ○ socialise as part of a small group ○ build positive relationships ○ implement ELSA strategies/advice ○ identify/celebrate positives of the day 	<ul style="list-style-type: none"> ○ Positive priming and reinforcement ○ Regular check ins – ‘keeping in mind’ ○ Visual timetable/‘whoops’ card ○ Raising the positive profile of the child in the class community ○ Limiting negative comments/reporting ○ Ensuring interventions are discrete with reduced audience
Class Teacher/ELSA	Separation anxiety	<ul style="list-style-type: none"> ➤ Meeting with parent to discuss: <ul style="list-style-type: none"> ○ causes and symptoms ○ key stressors and triggers ○ agree adaptations and support ➤ Meeting with ELSA to identify: <ul style="list-style-type: none"> ○ supporting books eg The Invisible String ○ supporting strategies ➤ Implement ‘Keeping in Mind’ strategies: <ul style="list-style-type: none"> ○ Books to share at home and school ○ Use of home/school transition object – something that can be kept in a pocket ➤ Allocation of key adult to: <ul style="list-style-type: none"> ○ Meet and greet ○ Enable positive review and anticipation 	<ul style="list-style-type: none"> ✓ Allocation of key adult for individualised support ✓ Implementation of supporting strategies and interventions ✓ ‘Starting and leaving well’ by: <ul style="list-style-type: none"> ○ Positive meet and greet ○ Positive anticipation of day’s events ○ End of day review to identify positive events ○ ‘Looking forward to’ discussion to identify positive events for the next day
Class Teacher/SENDco	Mild behaviour disorder	<ul style="list-style-type: none"> ➤ Behaviour mapping to identify: <ul style="list-style-type: none"> ○ triggers ○ behaviours ○ communicative function ○ key times/subjects/adults/peers 	<ul style="list-style-type: none"> ✓ Team review of behaviour maps (IBP’s) to agree communicative function and interventions ✓ Guidance and PBS consultation advice

		<ul style="list-style-type: none"> ➤ Pupil conferencing to review outcomes from behaviour mapping using restorative approach: <ul style="list-style-type: none"> ○ This is what we see/hear ○ What are you thinking/feeling when we see/hear this [what is the cause/trigger from the child's perspective] ○ This is the affect of the behaviour. What does that make you think/feel? ○ What needs to change? ○ How can we change it? ○ What will help – what can the child do/what can adults do? ➤ Consultation meeting with PBS ➤ Meeting with SENDco to: <ul style="list-style-type: none"> ○ Review behaviour mapping ○ Review outcomes from PBS consultation ○ Review pupil conference ○ Agree intervention strategies ➤ Meeting with parent and child to discuss: <ul style="list-style-type: none"> ○ causes and associated behaviours ○ key stressors and triggers ○ intervention with 2 week review 	<ul style="list-style-type: none"> ✓ Individual behaviour plan and interventions in place and known/followed by all adults in class ✓ Pupil conferencing with daily/weekly review celebrating in class- what went well ✓ review meetings with parents/carers and child ✓ Team around the child meetings
Class Teacher/Lunchtime Supervisor	Mild eating disorder	<ul style="list-style-type: none"> ➤ Meeting with parents/carers to agree: <ul style="list-style-type: none"> ○ possible causes ○ food preferences/dislikes ○ in-school support ○ referral to school nurse ○ referral to GP 	<ul style="list-style-type: none"> ✓ Shared agreement and understanding between school and home

			<ul style="list-style-type: none"> ➤ Meeting with senior lunchtime supervisor to agree expectations and support 	
	Class Teacher	Toileting needs	<ul style="list-style-type: none"> ➤ Meeting with parents/carers to: <ul style="list-style-type: none"> ○ understand severity of need ○ agree in-school and home support ○ agree toileting provision from home eg wipes/change of clothes ○ signpost to ERIC ○ agree home referral to GP ➤ Review on-line support and strategies: <ul style="list-style-type: none"> ○ ERIC https://www.eric.org.uk/ ➤ Referral to Family Support Service 	<ul style="list-style-type: none"> ✓ Implementation of support strategies including: <ul style="list-style-type: none"> ○ Toilet timing and tracking ○ Regular access to, and encouragement to drink water ○ Agreed sign between pupil/adult ○ Toilet allocation and footstool ○ Discrete access to provision from home ○ Regular home/school liaison ✓ Co-ordinated home/school approach through targeted support from external agencies
2/3	Supporting Medical Needs Lead Class teacher Class teacher/ELSA	Long term health needs	<ul style="list-style-type: none"> ➤ Supporting Medical Needs Plan in place and agreed with: <ul style="list-style-type: none"> ○ Parents/carers ○ Teacher ○ Year Lead ○ Teaching Assistants ➤ Adaptations agreed and implemented including: <ul style="list-style-type: none"> ○ Classroom adaptations ○ Curriculum adaptations ○ Timetable adaptation ○ Play time adaptation ○ Additional learning support and intervention ○ Home schooling ➤ Emotional well-being support including: 	<ul style="list-style-type: none"> ✓ Medical Needs Plan in place and implemented ✓ Adaptations in place ✓ Referral to PBS ✓ Emotional well-being protected ✓ Multiagency involvement

			<ul style="list-style-type: none"> ○ Whole class understanding and education on medical condition with agreement from pupil and parent ○ ELSA provision ○ Pre-identification of support available during critical times, including friendship support ➤ Multi-agency meeting with relevant health professionals including regular review with parent ➤ Admin Team and class teacher to monitor for evidence of fabricated illness and refer to DSL if required 	
2/3	SENDco/DSL/DDSL	Chronic anxiety	<ul style="list-style-type: none"> ➤ Meeting with parent to discuss: <ul style="list-style-type: none"> ○ Impact of Level 1 and 2 intervention ○ How behaviour displays at home and school ○ Potential causes and impact ○ Next level intervention ➤ Referral to [dependent on need]: <ul style="list-style-type: none"> ○ Family Support Service ○ Educational Psychology ○ PBS ○ Early Help Hub ○ CAMHS ➤ Continuation of Level 1/2 interventions ➤ Priority referral for ELSA 	<ul style="list-style-type: none"> ✓ Continued implementation of Level 1 and 2 strategies and interventions ✓ Family Support Service referral and support [Level 2] ✓ Early Help referral and assessment [Level 3] ✓ Team Around the Family/Child support including: <ul style="list-style-type: none"> ○ Precise identification of need and intervention ○ Targets and actions for intervention with agreed outcomes ○ Regular review ✓ Person centred planning involving: <ul style="list-style-type: none"> ○ Educational Psychologist ○ Class teacher ○ Parent ○ Child ✓ Safeguarded ELSA provision

2/3	SENDco/DSL/ELSA/Mental Health lead	Persistent low self-esteem/resilience	<ul style="list-style-type: none"> ➤ Meeting with parent to discuss: <ul style="list-style-type: none"> ○ Impact of Level 1 and 2 intervention ○ Potential causes and impact ○ Next level intervention ➤ Referral to [dependent on need]: <ul style="list-style-type: none"> ○ Family Support Service [level 2] ○ Early Help Hub [level 3] ➤ Continuation of Level 1/2 interventions ➤ Priority referral for ELSA 	<ul style="list-style-type: none"> ✓ Continued implementation of Level 1 and 2 strategies and interventions ✓ Family Support Service referral and support ✓ Early Help referral and assessment ✓ Team Around the Family/Child support including: <ul style="list-style-type: none"> ○ Precise identification of need and intervention ○ Targets and actions for intervention with agreed outcomes ○ Regular review ✓ Person centred planning involving: <ul style="list-style-type: none"> ○ Educational Psychologist ○ Class teacher ○ Parent ○ Child ✓ ELSA provision
3	SENDco/DSL/ DDSL	Continued/Chronic behaviour disorder	<ul style="list-style-type: none"> ➤ Meeting with parent to discuss: <ul style="list-style-type: none"> ○ Impact of intervention ○ Potential causes and impact ○ Next level intervention ○ Personal Support and Learning Plan ➤ Referral to [dependent on need]: <ul style="list-style-type: none"> ○ PBS ○ Educational Psychologist ○ CAMHS ○ Family Support Service [Level 2] ○ Early Help [Level 3] ➤ Meeting with SENDco to: <ul style="list-style-type: none"> ○ agree Personal Support and Learning Plan with 2 week review meeting with parents/carers 	<ul style="list-style-type: none"> ✓ Shared understanding of: <ul style="list-style-type: none"> ○ the communicative function of the behaviour ○ proactive and reactive strategies ✓ Regular review meetings: <ul style="list-style-type: none"> ○ Teacher/child ○ Teacher/child/parent ○ Teacher/parent/SENDco ✓ Continued implementation of Level 1 and 2 strategies and interventions ✓ Outreach/inreach from PBS ✓ Family Support Service referral and support ✓ Early Help referral and assessment

			<ul style="list-style-type: none"> ○ complete Challenging Behaviour Risk Assessment ➤ Circle of Adults meeting to understand the communicative function and agree strategies and next steps ➤ Parent/pupil meeting to agree: <ul style="list-style-type: none"> ○ core expectations including negotiables and non-negotiables ○ home/school liaison ○ rewards and sanctions ○ curriculum and timetable adaptations ➤ Continuation of Level 1/2 interventions with changes to ensure continued improvement 	<ul style="list-style-type: none"> ✓ Team Around the Family/Child support including: <ul style="list-style-type: none"> ○ Precise identification of need and intervention ○ Targets and actions for intervention with agreed outcomes ○ Regular review ✓ Person centred planning involving: <ul style="list-style-type: none"> ○ Educational Psychologist ○ PBS ○ Class teacher ○ Parent ○ Child
3/4	DSL	Eating disorder Significant under/over weight	<ul style="list-style-type: none"> ➤ Meeting with parent to discuss: <ul style="list-style-type: none"> ○ Impact of Level 1 and 2 intervention ○ Next level intervention ➤ Multiagency meeting to review outcomes and agree targeted support ➤ Referral to Early Help for assessment ➤ Referral to Children's Services [dependent on level of parental engagement/persistence/severity] 	<ul style="list-style-type: none"> ✓ Targeted support plan in place with regular review ✓ Early Help assessment with Team around the Family support ✓ Child in Need or Child Protection Plan in place
	DSL	Health needs not being met	<ul style="list-style-type: none"> ➤ Multi agency meeting with parents/carers to discuss impact of early intervention and agree: <ul style="list-style-type: none"> ○ Early Help referral and assessment ○ Referral to Children's Services ➤ Continuation with Level 1 - 2 intervention 	<ul style="list-style-type: none"> ✓ Referral to Early Help ✓ Referral to Children's Services ✓ Co-ordinated multi-agency support through: <ul style="list-style-type: none"> ○ Child in Need Plan ○ Child Protection Plan
4	DSL	Fabricated illness	<ul style="list-style-type: none"> ➤ Meeting with parents/carers to discuss: <ul style="list-style-type: none"> ○ Reasons for concern 	<ul style="list-style-type: none"> ✓ Referral to Children's Services

			<ul style="list-style-type: none"> ○ Referral to Children’s Services for Early Help or protection plan 	<ul style="list-style-type: none"> ✓ Co-ordinated multi-agency support through: <ul style="list-style-type: none"> ○ Early Help ○ Child in Need Plan ○ Child Protection Plan
4	DSL	Emotional abuse and/or neglect	<ul style="list-style-type: none"> ➤ Immediate referral to Children’s Services where there is evidence of: <ul style="list-style-type: none"> ○ Long term impact on pupil emotional well-being ○ Evidence of emotional abuse ○ Evidence of neglect ➤ Immediate ELSA provision ➤ Immediate class level support including: <ul style="list-style-type: none"> ○ Key adult support ○ Regular check-in 	<ul style="list-style-type: none"> ✓ Co-ordinated response and support for family and pupil through: <ul style="list-style-type: none"> ○ Child Protection Plan ○ Core Group Meetings
4	DSL	Physical abuse and/or neglect	<ul style="list-style-type: none"> ➤ Immediate medical referral if required ➤ Immediate police contact if required ➤ Immediate referral to Children’s Services where there is evidence of: <ul style="list-style-type: none"> ○ Significant impact on pupil physical and mental health and well-being ○ Long term neglect of pupil’s physical and health needs ○ Evidence of physical harm or abuse ○ Immediate ELSA provision ○ Evidence of sustained neglect ➤ Immediate ELSA provision ➤ Nurture provision ➤ Immediate class level support including: <ul style="list-style-type: none"> ○ Key adult support ➤ Regular check-in 	<ul style="list-style-type: none"> ✓ Co-ordinated response and support for family and pupil through: <ul style="list-style-type: none"> ○ Child Protection Plan ○ Core Group Meetings

Appendix 3

Support For Families

ELSA

Sometimes, despite everyone's best efforts your child may still need support. At St Michael's Infant School we have an ELSA who is trained by the Educational Psychologist department to support children who are finding it hard to manage their emotions. This may be due to mental health, bereavement, separation or trauma.

Our ELSA is able to provide one to one or group support

Farnborough Foodbank

<https://www.trusselltrust.org/get-help/find-a-foodbank/farnborough/>

no judgement, just support

CAMHS

0300 304 0050 between 9am and 2pm | SPNT.HantsCamhsSpa@nhs.net

they have a wealth of information on their website including ideas of support for young people in crisis - <https://hampshirecamhs.nhs.uk/help-im-in-crisis/>

Virtual Safe Haven (Adults)

Between 6pm and 8pm, daily and also 12:30-2.30pm on weekends and bank holidays.

<https://nhs.vc/sabp/safe-haven-aldershot>

The NHS 111 mental health triage service

NHS 111

The mental health triage team has a wide range of skills, including on the phone brief psychological support and has access to key services and organisations that can offer mental health support to people in their time of need.

Hampshire Children's Services

Out of hours contact telephone number for Children's Services

Phone 0300 555 1373

The Children's Sleep Charity

<https://www.thechildrenssleepcharity.org.uk/>

Rushmoor Citizens Advice

<https://citizensadvicerrushmoor.org.uk/>

