Merton Bank Primary School

Keeping Children Safe in Education

Mental Health Policy

Approved by Full Governing Body on _____

To be reviewed on or before _____

Signed _____ Chair of Governors

Signed _____ Headteacher

Reviewed September 2025 (to be reviewed annually)

Merton Bank Primary School

Mental Health Policy

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Mental Health Policy

1.0 Introduction

Named Senior Mental Health Lead: Mrs. Joanne O' Brien

Why Mental Health and Wellbeing is important to us:

Schools have an important role to play in supporting the mental health and wellbeing of children by developing whole school approaches tailored to their particular needs, as well as considering the needs of individual pupils. Our aim is to support pupils whose mental health problems manifest themselves in behaviour. This policy will:

- ❖ Set out schools' roles and responsibilities in relation to mental health and behaviour, within their existing duties;
- ❖ Outlines how schools can identify whether a child or young person's behaviour –disruptive, withdrawn, anxious, depressed or otherwise – may be related to a mental health problem, and how to support them in these circumstances;
- ❖ Provide advice and guidance on working with other professionals and external agencies where appropriate; and
- ❖ Provide links to additional support available to schools, including frameworks, audit tools, evidence and resources.

This policy sits alongside our Safeguarding and Behaviour Policies, which summarises the statutory powers and duties for school staff and the approaches and procedures we take to manage behaviour in our school. It also reflects recent policy developments in other related policy areas, in particular alternative provision, exclusions, and SEND.

2.0 Schools' responsibilities in relation to mental health

Our School has an important role to play in supporting the mental health and wellbeing of our pupils, by developing approaches tailored to the particular needs of pupils.

Early intervention to identify issues and provide effective support is crucial. Our school role in supporting and promoting mental health and wellbeing can be summarised as:

- ❖ **Prevention:** creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos;
- ❖ **Identification:** recognising emerging issues as early and accurately as possible;
- ❖ **Early support:** helping pupils to access evidence based early support and interventions; and
- ❖ **Access to specialist support**: working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

Schools are under a duty, to use their 'best endeavours', to identify and support pupils with SEN and to meet their pupils' special educational needs. As part of this duty, it is important that our school considers how best to use some of our SEN resources to provide support for pupils with mental health difficulties that amount to special educational needs. It is also important that all the needs of those pupils who attract pupil premium, including mental health needs, are assessed and support is arranged accordingly.

At Merton Bank, we have in place arrangements which reflect the importance of safeguarding and promoting the welfare of our pupils. This is enforced through our Safeguarding Policy.

Mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. It is essential that staff are aware of their responsibilities, as set out in statutory guidance (Part 1 of Keeping Children Safe in Education and in Working Together to Safeguard Children). If staff have a mental health concern that is also a safeguarding concern, immediate action should be taken, following their school's child protection policy and speaking to the Designated Safeguarding Lead (Mrs. J O' Brien – Safeguarding and Pastoral Manager) or a Deputy Designated Safeguarding Lead (Mrs Rebecca King- Head Teacher, Mr Nicholas Bullough – Deputy Head Teacher or Mrs. Karen Weatherby – Assistant Head Teacher, Key Stage 2 Lead). School staff are particularly important as they are in a position to identify concerns early, provide help for children and prevent concerns from escalating as outlined in our annual Safeguarding Training for ALL school staff.

We also have a nominated Senior Mental Health Lead (Mrs O' Brien) in school who provides a point of contact for all school staff. She is responsible for leading initiatives and ensuring Mental Health and Wellbeing maintains a high profile in and beyond our school community supported by our Head Teacher (Mrs. King), Deputy Head Teacher (Mr. Bullough) and Senior Leadership Team (Mrs. Weatherby, Mrs. Milburn and Miss. Brussells).

3.0 Creating a whole school culture

The culture, ethos and environment of our school can have a profound influence on both pupil and staff mental wellbeing. Environments that are hostile, aggressive, chaotic or unpredictable can be harmful to mental health, and can lead to stressful teaching and working conditions. Schools are in a unique position, as they are able to help prevent mental health problems by promoting resilience as part of an integrated, whole school approach that is tailored to the needs of their pupils. A whole school approach is one that goes beyond the teaching in the classroom to pervade all aspects of school life, including:

• culture, ethos and environment: the health and wellbeing of pupils and staff is promoted through the 'hidden' or 'informal' curriculum, including leadership practice, the school's policies, values and attitudes, together with the social and physical environment;

• teaching: using the curriculum to develop pupils' knowledge about health and wellbeing; and

• partnerships with families and the community: proactive engagement with families, outside agencies, and the wider community to promote consistent support for children's health and wellbeing.

An important element of school leadership at any level is to create a culture where calm, dignity and structure encompass every space and activity. This approach is one of the most effective ways of encouraging good mental health, in order to avoid circumstances where poor mental health is exacerbated. This model, in conjunction with an efficient system to identify common symptoms of mental health, followed by precise and targeted care by appropriate health care professionals, should be the aspiration for every school.

To create the culture, the Senior Mental Health Lead, Senior Leadership Team, Staff, Governors, Pupils and Junior Leadership Team have set out their vision for the school. This means setting clear behaviour expectations, that embody high expectations from all, conveyed consistently throughout the whole school community. The vision is underpinned by a clear system of restorative justice practice and behaviour reflection opportunities that is child-centred and an accountability system that sets expectations for all staff, parents and pupils to play their part as much as they are able; and should be aimed at all times to the mutual benefit of every member of the school community.

Embedding the Culture

As the first step in embedding the culture, the Senior Leadership Team at Merton Bank ensure high levels of pupil commitment to the school vision/ mission, core values and policies. The SLT communicate their vision clearly with the whole school community (which includes staff, parents/carers, pupils and partnerships with

outside agencies), to ensure it is highly visible, embedded throughout the school and that it underpins everything the school does. This can be achieved through high levels of pupil and parent engagement in designing the vision, such as working with children to ensure the language is child-friendly and accessible to all.

At Merton Bank we also emphasise the importance of promoting positive mental wellbeing using various strategies to support pupils who are experiencing high levels of psychological stress, or who are at risk of developing mental health problems. This can include teaching through curriculum subjects such as relationships education, relationship and sex education, health education or PSHE; counselling; positive classroom management; developing social skills; working with parents/carers; or peer support.

At Merton Bank, the Senior Leadership Team is responsible for determining the training needs of all staff within the approach to school improvement, professional development and performance management. The Teachers' Standards set out the expectation that all teachers manage behaviour effectively to ensure a good and safe educational environment and requires teachers to have a clear understanding of the needs of all pupils, including those with mental health needs.

The Senior Leadership Team should promote continuous professional development to ensure that staff are aware of some common symptoms of mental health problems: what is and isn't a cause for concern; and what to do if they think they have spotted a developing problem. Clear systems and processes should be in place to help staff who identify possible mental health problems, providing routes to escalate issues with clear referral and accountability systems.

The Senior Leadership Team should also ensure there are clear policies and processes in place to ensure that stigma is reduced, and pupils feel comfortable talking about mental health concerns. Pupils should know where to go for further information or support should they want to talk about their own, their peers', or their family's mental health or wellbeing.

It is important that where vulnerable pupils or groups are identified within the school, provision should be made to support and promote their positive mental health. Abuse, neglect, exploitation and a range of adverse parental, familial and contextual circumstances are identified risk factors for mental health problems, often experienced by children identified as Children in Need and supported by children's social care. Children We Look After (CWLA) and children who are adopted may also have faced such risk factors. Socio-economic disadvantage is another identified risk factor for mental health, so this may include children currently or previously receiving Free School Meals and eligible for the Pupil Premium.

4.0 Mental health problems in children

"Mental health is defined as a state of wellbeing in which every individual recognises his or her own potential, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her own community."

World Health Organisation, August 2014

Short term stress and worry is a normal part of life and many issues can be experienced as mild or transitory challenges for some children and their families. Others will experience more serious and longer lasting effects. The same experience can have different effects on different children depending on other factors in their life. For example, it is normal for children to feel nervous or under stress around exam times, but other factors can make such stress part of an enduring and persistent mental health problem for some children. When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as experiencing mental health problems.

Where children experience a range of emotional and behavioural problems that are outside the normal range for their age, they might be described as experiencing mental health problems or disorders. Mental health professionals have classified these as:

• emotional disorders, for example phobias, anxiety states and depression;

• conduct disorders, for example stealing, defiance, fire-setting, aggression and anti-social behaviour;

• hyperkinetic disorders, for example disturbance of activity and attention;

• developmental disorders, for example delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;

• attachment disorders, for example children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers;

• Trauma disorders, such as post-traumatic stress disorder, as a result of traumatic experiences or persistent periods of abuse and neglect; and

• other mental health problems including eating disorders, habit disorders, somatic disorders; and psychotic disorders such as schizophrenia and manic-depressive disorder.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem.

Non-professional diagnoses, however well meant, can exacerbate or promote mental health problems. Within school, however, we are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. This may include withdrawn pupils whose needs may otherwise go unrecognised.

5.0 Prevalence of mental health problems in children

We know that where a pupil has certain types of Special Educational Need (SEN) there is an increased likelihood of mental health problems. Children with autism or learning difficulties, for example, are significantly more likely to have conditions such as anxiety.

Children in Need, on a Child Protection Plan and Children We Look After (CWLA) (past and present) are more likely to have SEN and to experience the challenge of social, emotional and mental health issues than their peers. For example, they may struggle with executive functioning skills, forming trusting relationships, social skills, managing strong feelings (e.g. shame, sadness, anxiety and anger), sensory processing difficulties, foetal alcohol syndrome and coping with transitions and change. Such children may be living in very chaotic circumstances and be suffering or at risk of suffering abuse, neglect and exploitation. They may also have less support outside.

6.0 Factors that place children at risk

Certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family, or to their community or life events. These risk factors are listed in Table 1.

How Merton Bank support our children and their families is outlined in Table 2.

Risk factors are cumulative. For example, children exposed to multiple risks such as social disadvantage, family adversity and cognitive or attention problems are much more likely to develop behavioural problems.

7.0 Factors that make children more resilient

Research suggests that there is a complex interplay between the risk factors in children's lives, and the protective factors which can promote their resilience. As social disadvantage and the number of stressful life events accumulate for children, more protective factors are needed to act as a counterbalance. The key protective factors which build resilience to mental health problems are shown alongside the risk factors in Table 1, below.

In order to promote positive mental health, it is important that our school has an understanding of the protective factors that can enable pupils to be resilient when they encounter problems and challenges (Table 1) and what we can do to support the child/ren either on an individual or whole family approach (Table 2). The goal is that school should be a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems.

Table 1: Risk and protective factors that are believed to be associated with mental health outcomes

	Risk factors	Protective factors
In the child	• Genetic influences • Learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem	• Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • A positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family	• Overt parental conflict including domestic abuse including coercive and controlling behaviours, leading to a power imbalance between care givers • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse, or neglect • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship Presence of the Toxic Trio – Poor mental health, drug/alcohol misuse and domestic abuse.	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long-term relationship or the absence of severe discord
In the school	• Bullying including online (cyber) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer on peer abuse • Poor pupil to teacher/school staff relationships	• Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct) • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Good pupil to teacher/school staff relationships – **3 Trusted Adults** • Positive classroom management

		• A sense of belonging • Positive peer influences • Positive friendships • Effective safeguarding and Child Protection policies. • An effective early help process • Understand their role in and be part of effective multi-agency working • Appropriate procedures to ensure staff are confident to raise concerns about policies and processes, and know they will be dealt with fairly and effectively
In the community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation • Other significant life events	• Wider supportive network including the local PCSO • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

Table 2: What Merton Bank Offer

For the Child		
Whole School Offer	KABs My Happy Minds Curriculum Daily Check In (classroom based) Pupil of the Day and Daily Compliments PSHE Curriculum Designated Behaviour and PSHE Lead – Mrs. K Weatherby Rights Respecting School X (formally Twitter) Play Leaders Junior Leadership Teams Ambassadors Pupil Heads of School representation Celebration Assembly every week Generic Pastoral Support Reflection Time Restorative Justice Practice 7 Steps Approach to Bullying Mindfulness Linking in with Parents and Carers All staff are trained in Safeguarding, Adverse Childhood Experiences, Child Sexual Exploitation, E-Safety and the PREVENT Duty annually.	This is what every child who attends Merton Bank receives.
Personalised Support via in-house services	Trusted Adult Identification 1:1 Pastoral Support Mental Health St. Helens (MHST) SENCo Support – Mrs I. Milburn	This support is child centred. The children who access personalised support have been discussed between parents/carers, their Teacher, the Safeguarding and Pastoral Manager and the Senior Leadership Team, and the child is informed within a child friendly manner.

		This level is based on consent from parents / carers.
External / Specialised Support	CAMHs Barnardos KOOTH Online Counselling (11+) St. Helens Young Carers Neurodevelopment Pathway Education Health Care Plans (EHCP) Educational Psychologist Speech and Language Therapy Listening Ear Counselling Services Catch 22 Police Community Support Officer (PCSO) Behaviour Improvement Team (BIT) PACE Provision Pastoral Support Plans Individual Education Programmes	This support is again child centred however, support is sought via external agencies. The children who access specialised support have been discussed between parents/carers, their Teacher, the Safeguarding and Pastoral Manager and the Senior Leadership Team, and the child is informed within a child friendly manner. This level is based on consent from parents / carers.
Whole Family Approach (to include parents and older siblings where appropriate)		
Early Help with School Lead and Family Support	Early Help Assessment Tool (EHAT) Homestart ADDvanced Solutions Level 2 Panel Invest in Play parent support School Health / 0-19 Child Programme Food Bank Vouchers St. Helens Family Hubs	The Early Help Offer within school is CONSENT BASED and is NOT part of Social Care (please note if there were safeguarding concerns the Safeguarding Procedures would be consulted, which are separate to EHAT). Early Help is offered to families to help to avoid crisis and is tailored to the needs of the family. **This information is accessible on the Merton Bank Website.**
External / Specialised Support	Social Care Adult Carers Centre Police Urgent Mental Health Support Line via 111 services (select Mental Health Option) Probation Safe2Speak Domestic Abuse Support Services Early Help (Partner Agency) and Social Care Domestic Abuse, Recovering Together (DART) Young People's Drug and Alcohol Team (YPDAAT) Teen Advice Zone (TAZ) KOOTH Online Counselling Occupational Therapy and Seedlings Safer Communities and local PCSO	External and Specialised support is not always consent based and where needed, safeguarding policies and procedures WILL be followed in the best interests of the welfare of the child. It is always PREFERRED that consent is discussed with parents / carers prior to any referrals and that school and parents / carers work together openly and honestly in the best interests of the child.

The balance between the risk and protective factors set out above is most likely to be disrupted when difficult events happen in pupils' lives. These include:

• loss or separation – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted, deployment of parents in armed forces families;

• life changes – such as the birth of a sibling, moving to a new house or changing schools or during transition from primary to secondary school, or secondary school to sixth form;

• traumatic experiences such as abuse, neglect, domestic violence, bullying, violence, accidents or injuries; and

• other traumatic incidents such as a natural disaster, COVID-19 or terrorist attack. Some groups could be susceptible to such incidents, even if not directly affected. For example, schools should ensure they are aware of armed forces families, who may have parents who are deployed in areas of terrorist activity and are surrounded by the issues in the media.

It is important that our school provides support to pupils at such times, including those who are not presenting any obvious issues. Providing early help is more effective in promoting the welfare of children than reacting later and can also prevent further problems (including mental health problems) arising. This support may come from existing provision within the school, or it may require the involvement of specialist staff or support services, such as the school nursing service

8.0 Identifying children with possible mental health problems

Negative experiences and distressing life events can affect mental health in a way that can bring about changes in a young person's behaviour or emotional state, displayed in a range of different ways, all of which can be an indication of an underlying problem. This can include:

• Emotional state (fearful, withdrawn, low self-esteem)

• Behaviour (aggressive or oppositional; habitual body rocking)

• Interpersonal behaviours (indiscriminate contact or affection seeking, over-friendliness or excessive clinginess; demonstrating excessively 'good' behaviour to prevent disapproval; failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed; coercive controlling behaviour; or lack of ability to understand and recognise emotions).

Where there are concerns about behaviour, as a school we should instigate an assessment to determine whether there are any underlying factors such as undiagnosed learning difficulties, difficulties with speech and language, child protection concerns, or mental health problems.

Identification and measurement tools

There are two key elements that can enable schools to reliably identify children at risk of mental health problems.

• effective use of data so that changes in pupils' patterns of attainment, attendance or behaviour are noticed and can be acted upon; along with

• an effective pastoral system so that at least one member of staff (e.g. class teacher) knows every pupil well and has received training to spot where disruptive or unusual behaviour may have a root cause that needs addressing. Where this is the case, the mental health lead, pastoral system (including school nurses) or school policies should provide the structure through which staff can escalate the issue and take decisions about what to do next. This system should also provide the opportunity for pupils to seek support in a confidential way.

Merton Bank promotes the children to identify 3 Trusted Adults at home and in school who they can speak to if they are worried or have any uncomfortable feelings. This culture is embedded throughout assemblies, PSHE curriculum, My Happy Minds Teaching and pastoral support. We encourage

parents and carers to share this ethos with us and have similar discussions at home with their children.

When we suspect that a pupil is having mental health difficulties, we should not delay putting support in place, using the graduated response process:

• an assessment to establish a clear analysis of the pupil's needs;

• a plan to set out how the pupil will be supported;

• action to provide that support; and

• regular reviews to assess the effectiveness of the provision and lead to changes where necessary.

This can happen whilst our school is gathering the evidence, and the pupil's response to that support can help further identify their needs. Tools such as the Strengths and Difficulties Questionnaire (SDQ) and the Boxall Profile can support this process. In addition to informing decisions on whether to seek specialist support, they can also provide a basis for ascertaining whether the initial intervention is working or whether something different needs to be tried.

These resources can be found at:

The English (UK) version of the Strength and Difficulties Questionnaire (SDQ) is available here: https://mentallyhealthyschools.org.uk/resources/the-strengths-and-difficulties-questionnaire-sdq/

The Boxall Profile can be found at: https://boxallprofile.org/

9.0 Exclusions

When considering excluding a pupil, our school will consider any contributing factors that are identified after an incident of poor behaviour has occurred, which could include where the pupil has mental health problems. Where appropriate, we should consider if action can be taken to address underlying causes of disruptive behaviour before issuing an exclusion. In doing so, if a child has SEN or a disability and/or is a CWLA, there are additional requirements and expectations of them as set out in the relevant legislation and statutory guidance. Permanent exclusion, for example, needs to be very much a last resort. However, in all cases, schools must balance the interests of the pupil against the mental and physical health of the child and of the whole school community.

Further information and guidance around school exclusions can be found at: https://www.gov.uk/government/publications/school-exclusion

10.0 Adverse Childhood Experiences (ACEs) and other events that may have an impact on pupils

Children in Need, Children supported by a Child Protection Plan and Children We Look After (past and present)

Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood even if the incident happened a long time ago. These children may be receiving statutory social care support and recognised as Children in Need, or currently or previously in local authority care as children we look after.

It is key that our school staff are aware of how these children's experiences, and their high prevalence of special educational needs and mental health needs, can impact on their behaviour and education. They should be able to reflect this in the design and application of behaviour policies, including through individualised graduated responses, balanced with the needs of the whole school community and its physical and mental health.

Where a child is being supported through local authority children's social care, their allocated social worker can be an important source of appropriately shared information about wider developmental needs, child protection concerns, and parental, familial and contextual circumstances. Effective multi-agency working between schools and social care will help to inform a school's assessment of child's educational and mental health needs, as well as enabling a prompt response to any safeguarding concerns.

The school's Designated Teacher for CWLA (Mr. Nicholas Bullough) and local authority Virtual School Head - VSH (Heather Addison) are also sources of advice and expertise on CWLA (past and present). Where a school has concerns about a CWLA's behaviour, the Designated Teacher and relevant VSH should be informed at the earliest opportunity so they can help decide how to support the child to improve their behaviour. Where a school has concerns about the behaviour of a previously CWLA, the child's parents or the school's Designated Teacher, following discussions with the child's parents, may seek the advice of the VSH on strategies to support the child to avoid exclusion.

11.0 Mental Health and Special Educational Needs

Early intervention to address underlying causes of disruptive behaviour should include an assessment of whether appropriate provision is in place to support any SEN or disability that a pupil may have. The Head Teacher should also consider the use of a multi-agency assessment for a pupil who demonstrates persistent disruptive behaviour. Such assessments may pick up unidentified SEN, disability or mental health problems but the scope of the assessment could go further, for example, by seeking to identify housing or family problems.

The majority of children with SEN will have their needs met through mainstream education providers and will not need Education, Health and Care plans (EHC plans).

It is important that the qualified teacher who acts as the special educational needs co-ordinator (SENCO), Mrs. Imogen Milburn, ensures that all adults working in the school understand their responsibilities to children with SEND. This includes pupils whose persistent mental health difficulties mean they need special educational provision. Specifically, the SENCO will ensure colleagues understand how the school identifies and meets pupils' needs, provide advice and support to colleagues as needed and liaise with external SEND professionals as necessary.

12.0 Providing support and collaborative working with other agencies

There are a range of options for identifying where pupils might need extra support, and for helping schools to understand what sort of support might be suitable, including working with external agencies.

It is important that children are provided with support as soon as a problem emerges, at any point in their life. Providing early help is more effective in promoting the welfare of children than reacting later. Our School has access to local and private educational psychology services, who will support children with SEND, but can also be well placed to advise on emerging mental health needs and either to provide direct intervention or signpost to other, more appropriate, forms of support.

Local areas should have a comprehensive range of effective, evidence-based services in place to address assessed needs early and will typically include support for mental health. Full details regarding early help and the role of schools can be found in Part 1 of Keeping Children Safe in Education and Chapter 1 of Working Together to Safeguard Children.

Additional in-school support for children with the most complex problems

For children with the most complex problems, additional in-school interventions may include:

• support for the pupil's teacher, to help them manage the pupil's behaviour within the classroom, considering the needs of the whole class;

• additional educational one to one support for the pupil to help them cope better within the classroom;

• an individual Education Health Care Plan (EHCP). Governing bodies, academy trusts and management committees must comply with their statutory duty in ensuring that schools to make arrangements to support pupils with medical conditions. If mental health professionals have recommended medication this should be detailed in the individual healthcare plan. School staff should be aware of any medication that children are taking, and how this should be stored and administered. The Department has published statutory guidance about the support pupils with medical conditions should receive at school -

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

• one to one therapeutic work with the pupil, delivered by trained mental health specialists (within or beyond the school), which might take the form of cognitive behavioural therapy, behaviour modification or counselling approaches. Where possible, such therapy should be scheduled so as to minimise the disruption to the pupil's attendance in school; and

• family support and/or therapy could also be considered by mental health professionals to help the child and their family better understand and manage behaviour.

Commissioning services directly

When required, our school is able to commission individual support and health services for pupils, which gives increased flexibility and provides an early intervention response.

It is important that we commission appropriately qualified and experienced external providers, as this will provide assurance they are properly trained, supported, professionally supervised, insured and working within agreed policy frameworks and standards, and accountable to a professional body with a clearly articulated complaints procedure.

It is important that we are aware of how and when to access our local support services. Local voluntary and community sector (VCS) organisations can offer valuable services, either working directly with pupils and their families, or offering support and advice to schools.

The school nursing service is confidential, and not limited to term time, so can provide the opportunity for early identification of physical, emotional or mental health needs. As a school we may wish to commission extra support from school nurses and their teams, who can:

• Build trusting and enduring professional relationships with children and young people throughout their time in education.

• Support the interaction between health and education working with schools to provide public health expertise. They can work with mental health support teams to identify vulnerable children, young people and carers, and provide a response through tailored packages of coordinated support, referring to other services when appropriate.

• Engage with children and their families in their own homes; which can further enable early identification and interventions to mitigate problems worsening in the future, thus contributing to demand management in areas of statutory requirements.

Working with Alternative Provision (AP)

Local authorities are responsible for arranging suitable education for permanently excluded pupils, and for other pupils who because of illness or other reasons including social, emotional and mental health needs, would not receive suitable education without such provision.

Routes into AP include off-site direction from schools to improve a child's behaviour; and referrals from the NHS, because of a child's physical or mental health needs. In cases of health needs, local authorities are normally responsible for commissioning provision. Provision will differ from pupil to pupil, but there are some common elements that AP should aim to achieve, including the below:

• good pupil motivation and self-confidence, attendance and engagement with education; and

• clearly defined objectives, including the next steps following the placement such as reintegration into mainstream education, further education, training or employment.

Our School and AP settings should work together to develop a plan for reintegration of the pupil's return to mainstream education, where this is considered appropriate. To facilitate reintegration, information should be shared between schools and AP providers; this should lead to clear plans with baselines against which to measure progress (including towards reintegration into mainstream schooling, further education, or employment). Where children have SEN, these plans will link to 'Education, Health and Care Plans'.

13.0 Working with parents and carers

Evidence shows that where support is provided to help manage behaviour at home, alongside work being carried out with the child at school, there is a much greater likelihood of success in reducing the child's problems, and in supporting their academic and emotional development. Many support services will provide this support as well as that for the child.

It is important that we make all aware what support is available.

Whilst it is good practice to involve families wherever possible, in some circumstances the child may not wish to have their families involved with any interventions or therapies they are receiving. Children under the age of 16 may in certain circumstances consent to their own treatment if they are deemed to be 'Gillick competent', i.e. a relevant medical professional judges that they have sufficient intelligence, competence and understanding to appreciate what is involved in their treatment. Otherwise, an adult with parental responsibility can consent for them.

14.0 Where to find out more

Merton Bank's School Website

There is a wealth of information to support children, parents/carers and families within the Family Support and Safeguarding section of the school website.

Additional Mental Health and Wellbeing Resources

Anna Freud National Centre for Children and Families – Provides a crisis messenger service which is a free, confidential, 24/7 text message support service for anyone who is feeling overwhelmed or struggling to cope. Text: AFC to 85258.

BEAT Eating Disorders – BEATs Youthline offers support to children and young people with an eating disorder. Website: https://www.beateatingdisorders.org.uk/get-information-and-support/get-help-for-myself/i-need-support-now/helplines/ Phone: 0808 801 0677

Childline – The UK's free, 24hr confidential helpline for children and young people. Website: https://www.childline.org.uk/ Phone: 0800 11 11.

Childline – also have a dedicated page to bullying issues that can be accessed via the above web link.

Safe Space – Educational Action Challenging Homophobia (EACH) – advice and support online through freephone helpline for children experiencing homophobic, biphobic or transphobic bullying or harassment. Website: https://each.education/homophobic-transphobic-helpline Phone: 0808 1000 143 (Mon – Fri 10am-5pm)

Winston's Wish – a website providing advice for any parent / young person dealing with the loss of a loved one. Website: https://www.winstonswish.org/ Phone 08088 020 021

Child Bereavement UK – advice and support for those affected by loss. Website: https://www.childbereavementuk.org/ Phone: 0800 028 8840

PAPYRUS Prevention of Young Suicide – provides advice and support for young people who feel like they want to take their own life. Advice is confidential. Website: https://www.papyrus-uk.org/ Phone: 0800 068 41 41. Text: 07860 039 967

Shout 85258 here for you 24/7 – Free, confidential text message support in the UK for those struggling to cope. Text 'Shout' to 85258 to access a trained volunteer.

Young Minds – provides free crisis support 24/7. Website: https://www.youngminds.org.uk/ Text: YM to 85258 (24/7) for urgent help.

Young Minds – also offer advice on bullying at https://www.youngminds.org.uk/young-person/coping-with-life/bullying and sleep issues at https://www.youngminds.org.uk/young-person/my-feelings/sleep-problems

BBC Bitesize – offers support, advice and tips to children and young people on a host of areas including mental health, wellbeing, resilience, identity and healthy relationships. Website: https://www.bbc.co.uk/bitesize/support

BBC Bitesize also offer advice and support on school transitions for both Primary and Secondary ages.

Staring Primary School: https://www.bbc.co.uk/bitesize/collections/starting-primary-school/1

Staring High School: https://www.bbc.co.uk/bitesize/tags/zh4wy9q/starting-secondary-school/1

KOOTH – free, safe and anonymous online mental wellbeing support. 11+ only. Website: https://www.kooth.com/

Kidscape help with bullying – advice and tips on dealing with bullying and cyber bullying, and ways to help build confidence. Website: https://www.kidscape.org.uk/

Every Mind Matters – expert advice and tips to help look after your mental health and wellbeing including sleep, self care and dealing with change. Website: https://www.nhs.uk/every-mind-matters/

Barnardo's BOSS Service – an emotional health and wellbeing service that work alongside CAMHS who offer short term therapy to children and young people aged 5-19 including play therapy, art therapy, counselling and solution-focussed interventions. Website: https://www.barnardos.org.uk/

Barnardo's St. Helens Resilience Service – Offering emotional wellbeing and resilience support to secondary age children and young people (children in Y6 can also access this service in preparation for high school transition). Website: https://www.barnardos.org.uk/

Thrive St. Helens - St Helens Children and Young People Emotional Wellbeing and Mental Health Support Offer can be found at: https://thrivesthelens.my.canva.site/

ADDvanced Solutions – support for families living with a child who has a neuro-diverse condition such as ADS, ADHD or any other condition that affects their daily living or behaviour. Website: https://www.addvancedsolutions.co.uk/our-offers/our-offer-in-st-helens.html Phone: 01744 582 172.

St. Helens Young Carers – a service supporting children who hold caring responsibilities at home in order to give them advice, support and respite from their caring roles. Website: https://www.sthelensyoungcarers.org/

Listening Ear – counselling services providing support to those affected by bereavement (Butterflies Programme), support after suicide (AMPARO) and Children We Look After and their Carers (Titanium). Website: https://listening-ear.co.uk/

(Please note this list is not exhaustive. The information above is up to date and correct as of September 2025)

(Should you wish to access additional support for your child / children it is always advised to seek advice and support directly from school.)

We very much appreciate your support in implementing this policy in order to keep your children/ our pupils safe.

Policy written by: Joanne O' Brien – Safeguarding and Pastoral Manager, Designated Safeguarding Lead and Senior Mental Health Lead.

To be reviewed – September 2026