Mental Health and Emotional Well-Being Policy

This Mental Health and Emotional Well-Being Policy has been approved and adopted by the Xavier Catholic Education Trust in January 2026 and will be reviewed in January 2028

Committee Responsible: HR Committee

Mission Statement

To inspire, nurture and fulfil the calling of every person we encounter and the potential of every school we serve; growing together in faith, hope and love.

Everything we do in Catholic education is to help ensure that every child we teach and every person we work with has the opportunity to realise their own calling and become the best version of themselves. Our aim is to enable potential with the highest-quality provisions, to go out into the world and make our unique contribution for the greater good of all God's people here on Earth.

Context

Within the Xavier Catholic Education Trust, we are committed to promoting positive mental health and emotional wellbeing to all children and young people, their families and members of staff. We understand that we all have mental health in just the same way that we have physical health. We recognise that positive mental health is a crucial factor in overall wellbeing and can affect learning, achievement and performance. One of the core values of the Trust is unconditional love for each other. This underpins all interactions throughout the Trust at every level.

We believe that all members of our school communities are created in the image and likeness of God and are equally loved and valued. Through living the Gospel values in our daily lives, we strive to create a nurturing and supportive environment in which all can flourish. Following Christ's teaching to love God and love our neighbour, our schools aim to provide a living and learning experience, responsive to the individual's needs, preparing our children for further growth and development and helping them to realise their full potential.

Our open culture allows children and young people's voices to be heard, and through the use of effective policies and procedures we ensure a safe and supportive environment for all affected - both directly and indirectly - by mental health issues.
The policy has been informed based on guidance provided by 'Heads Together' and 'Papyrus,' and we are committed to reviewing and updating the policy to reflect local and national changes to guidance as well as advances in psychological understanding and best practice.

Scope

This policy is a guide for all staff and governors, outlining the Xavier Catholic Education Trust approach to promoting and supporting mental health and emotional wellbeing. It should be read in conjunction with other relevant policies including, but not limited to, the Xavier Catholic Education Trust Child Protection and Safeguarding Policy, Relationship and Sex Education Policy, Recruitment policy, Appraisal policy, Equalities policy, SEND Policy, school Anti-Bullying Policies, and Attendance Management Policies.

Policy Aims

To create an environment that promotes the mental wellbeing of all children and young people, families and members of staff across the Trust.

- All children and young people in our schools will understand the importance of mental

health and emotional well-being, and how to support themselves and others. They will develop skills to identify and manage their emotions, as well as being equipped with tools to help them to cope both now and in the future. Evidenced-based tools that will be promoted in schools may include using the cognitive behavioural approach, Christian meditation, mindfulness, emotion coaching, gratitude diaries, reflection and relaxation techniques, and Zones of Regulation.

- The promotion and protection of a good mental wellbeing culture will be encouraged, recognising that it is important for individuals' physical health, social wellbeing and productivity. As a result, staff will feel that their emotional well-being is valued.
- Advice and support will be given to staff who experience a mental health problem, especially those returning to work after a period of absence. Staff and young people will increase understanding and awareness of common mental health issues including anxiety, low mood and self-harm.
- Staff will have the skills to identify and respond to early warning signs of mental ill health in children and young people (See appendices). However, only appropriately trained professionals (CAMHS and other medical professionals) should attempt to make a diagnosis of a mental health issue.
- Staff will understand how and when to access support when working with young people with mental health issues.
- Staff will be aware of at-risk groups, such as children who have experienced Adverse Childhood Experiences (ACEs), those from disadvantaged backgrounds, and children and young people who identify publicly or privately as LGBTQ+. Schools will seek to be proactively inclusive and supportive of vulnerable groups in order to foster feelings of belonging, self-esteem and acceptance.
- Staff will feel supported in their role within school and school practices will aim to reduce workplace stress resulting from the actions or behaviours of managers, employees or students. The culture within our schools will be open and inclusive, so that staff are able to discuss factors that may affect their physical or mental well-being freely and with a view to constantly improving the working environment.
- Appropriate and timely support to be provided to children and young people with mental health issues, and staff will be aware of where to signpost them and their parents/carers for specific support.
- Develop the protective factors which build resilience amongst children and young people and raise awareness of resilience building techniques.
- Trauma Informed and relational principles will be applied in relation to understanding and managing pupil behaviour.
- Embed a whole school approach to mental health where there is a culture of well-being amongst staff and children and young people. This will be expressed through words but also shown through the conduct of staff and children and young people.
- The Mental Health Audit will be used to drive forward a whole school culture, in line with Public Health England's eight principles of promoting children and young people's mental health and well-being.
- Develop a culture based on trust, support and mutual respect where children and staff will feel able to talk openly with trusted adults / colleagues about their problems and report difficulties without feeling any stigma or fear of discrimination or reprisal.

Key Contacts

This policy aims to ensure all staff take responsibility for promoting the mental health of children and young people; however key members of staff have specific roles to play:

- Pastoral Staff
- Designated Safeguarding Lead
- SENCO
- Emotional Literacy Support Assistants
- Designated Teacher for Looked-after children
- Mental Health Lead
- PSHE Coordinator
- Mental Health Responders/ First aiders

All schools within the Xavier Catholic Education Trust have a Mental Health Lead whose responsibilities include;

- Raising awareness of Mental Health and Emotional Well-Being, as well as promoting positive change within their setting.
- Complete relevant training to equip them to fulfil their role.
- Ensuring a good understanding of the issues for children, staff and parents, and be committed to involving other stakeholders in the development of policies and strategies.
- Attending MAT sessions and other relevant CPD to develop knowledge and share good practice.
- Work together with other senior leaders such as SENCOs to coordinate mental health support for pupils and their families as required.
- All schools will have at least two members of staff who have completed a Mental Health First Aid course, or the 1-day 'Mental Health Response' course run by the Trust. Some schools may also employ counsellors and may have a Peer Mental Health Support Programme.
- All schools will have at least one ELSA to support the emotional needs of pupils.

Key Contacts: ***Insert name of school***

Role	Name	Contact number	Email
Mental Health Lead	Tessa Prentice	01252 716307	info@stpolycarps.surrey.sch.uk
ELSA	Rhona Blagden Delia Parker	01252 716307	info@stpolycarps.surrey.sch.uk
Mental Health First Aider	Julie Crowley Ros Van Dyk Rosemary Pointon	01252 716307	info@stpolycarps.surrey.sch.uk
Designated Safeguarding Lead	Martyn Peebles	01252 716307	info@stpolycarps.surrey.sch.uk
Deputy Designated Safeguarding Lead	Louisa Woolley Hannah Sperling Rosemary Pointon Erin Quirke	01252 716307	info@stpolycarps.surrey.sch.uk
Head teacher	Martyn Peebles	01252 716307	info@stpolycarps.surrey.sch.uk

Any member of staff who is concerned about the mental health or wellbeing of a child or young person should speak to the school's Mental Health Lead, mental health first aider or a member of the safeguarding team.

All staff should be aware that 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.

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy and speaking to the designated safeguarding lead or a deputy.

If you are not able to contact the Designated Safeguarding Lead or the Deputy Designated Safeguarding Lead and the child is at risk of immediate harm, contact the C-SPA or police.

If the child or young person presents as a medical emergency, then the school medical procedures should be followed including alerting the first aid staff and contacting emergency services if necessary.

Individual Healthcare Plans

When a pupil has received a diagnosis of a mental health issue or is receiving support either through CAMHS or another organisation, a plan of support should be drawn up alongside the pupil's parents. This communication needs to be recorded in a way that facilitates effective support of the pupil's individual needs. An Individual Healthcare Plan can be used for this (See Appendix for Template). It is not essential to wait for a formal diagnosis, however, the decision to draw up a plan would usually involve some form of medical evidence.

The development of the plan should involve the child or young person, parents, and relevant professionals. In most cases, the Mental Health Lead would be the appropriate professional to have responsibility for drawing up and reviewing Individual Healthcare Plans where the medical need relates to mental health. The aim is to ensure that the condition is managed appropriately and to allow the pupil to overcome any barriers that the condition may present within school.

This plan includes the following important information:

- Details of the child or young person's condition, including signs, symptoms and triggers
- Special requirements or strategies, and necessary precautions
- Medication, treatment and any side effects
- Who to contact in an emergency
- The role the school and specific staff

It is important that this plan is shared with the SENCO. The plan should detail reasonable adjustments that need to be made within the boundaries of quality first teaching (e.g. teachers avoiding certain triggers, or allowing frequent toilet breaks, etc.). Should the pupil require a significant amount of additional support over a sustained period due to their social, emotional and mental health needs, or other special educational needs, the graduated response to SEND would mean they may require a more detailed 'SEND Support Arrangements' document, or an Education, Health and Care Plan (EHCP). These documents should incorporate the information that would be held with the Individual Healthcare Plan so that support can be planned and delivered in a coordinated way. As with any medical diagnosis, this should be recorded on the

school's medical register. The Individual Healthcare Plan should be reviewed at least annually, or upon any significant change in the pupil's condition.

Not all children with a medical diagnosis of a mental health need will require an Individual Healthcare Plan. The school, relevant professionals, and parent/ carer should agree, based upon evidence, when a plan may be inappropriate or disproportionate. If no consensus can be reached, the head teacher is best placed to take the final view.

Universal Approaches to Promote Mental Health and Well-Being

The skills, knowledge and understanding our children and young people need to keep themselves - and others - physically and mentally healthy and safe are included as part of our PSHE curriculum.

Schools should follow the guidance issued by the PSHE Association and the Diocese to prepare staff to teach about mental health and emotional health safely and sensitively. https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparingteach-about-mental-health-and emotional wellbeing. Incorporating this into the curriculum at all stages is a good opportunity to promote students' wellbeing through the development of healthy coping strategies and an understanding of students' own emotions as well as those of other people. Tools such as Zones of Regulation, the Incredible 5 Point Scale, Emotion Coaching, Christian Meditation and Mindfulness are also useful strategies for helping children to be more aware of their emotions, and to regulate them more effectively.

Through teaching the Gospel values, as part of the core curriculum, we encourage children and young people to recognise that we are all unique and special in the eyes of God and that he teaches us to care for ourselves and others when he says, 'love your neighbours as yourself'. An important part of our ethos is to enhance children and young people's self-esteem and personal growth, through offering them opportunities for reflection and spiritual development during RE lessons and through participation in prayer and worship. Additionally, schools should be regularly monitoring the well-being of children, young people and staff to provide evaluation data on the impact of mental health initiatives and interventions, and to ensure that vulnerable children can be identified and supported. Early identification of need and intervention is a priority. We do this in different ways including:

- Surveys or standardised measures
- Staff sickness absence reports which relate to mental health problems and stress related illness; accidents at work; staff complaints; staff turnover; use of occupational health or counselling services and exit interviews.
- Analysing behaviour, exclusions, visits to the medical room/school nurse, attendance and sanctions
- Clear procedures for reporting concerns about children or staff (e.g. CPOMS)
- Annual staff appraisals
- Establishing good two-way communication to ensure staff involvement and provide opportunities for staff to raise concerns.
- Giving staff the opportunity to influence how they do their jobs, as far as possible, and opportunities to develop and fully utilise their skills.
- Ensuring all staff have clearly defined objectives and responsibilities and provide them with good management support, appropriate training and adequate resources to do their job.

- Gathering information about children from a previous school at transfer
- Maintaining and encouraging open communication channels with parents

Additional interventions in schools

All schools should have in place group interventions and personalised individual support for those children who have been identified as being vulnerable, or those who are struggling with mental health issues. These interventions vary between schools, but may include Rainbows Bereavement Support, Counselling, ELSA support, Drawing & Talking, Social Skills groups, Beating Exam Anxiety Together group intervention, Coping Cat anxiety intervention, amongst others. All interventions should be evaluated to assess impact and meet the needs of the child or young person

Targeted support

We recognise some children and young people are at greater risk of experiencing poorer mental health. For example, those who are in care, young carers, those who have had previous access to CAMHS, those living with parents/carers with a mental illness and those living in households experiencing domestic violence. Staff are aware that a child's life experiences can impact on their mental health and wellbeing.

We work closely with primary mental health workers, school nurses and their teams in supporting the emotional and mental health needs of school-aged children. Their skills cover identifying issues early, determining potential risks and providing early intervention to prevent issues escalating.

All members of staff have the responsibility to identify children and families who may benefit from early help (intervening early to prevent problems getting worse). School staff may consider referring children to early help with parental consent where there is an identified need.

We ensure timely and effective identification of children and young people who would benefit from targeted support and ensure appropriate referral to support services by working closely with Surrey County Council Children's Services, CAMHS/Mindworks and other agencies to follow various protocols including assessment and referral.

Where pupils are struggling with attendance due to a mental health condition, school staff will support pupils in line with Working Together to Improve School Attendance 2024, Children missing education: statutory guidance for local authorities and schools 2025 and follow DfE guidance Promoting and supporting mental health and wellbeing in schools and colleges 2025. Schools will work together with parents or carers and external agencies as appropriate.

Signposting

We will ensure that staff, students and parents/carers are aware of the support and services available to them, and how they can access these services. Within the school (noticeboards, common rooms, toilets etc.) and through our communication channels (newsletters, websites), we will share and display relevant information about local and national support services and events.

The aim of this is to ensure students understand:

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

Managing Disclosures

A student may choose to disclose concerns about themselves or a friend to any member of staff and all staff need to know how to respond appropriately to a disclosure. Staff must follow the guidance of the Child Protection and Safeguarding Policy.

If a student chooses to disclose concerns about themselves or a friend, the member of staff's response should always be calm, supportive and non-judgemental. Staff should listen rather than advise. Appendix 2 provides more details on dealing with disclosures

All disclosures must be recorded in accordance with the school's Child Protection and Safeguarding Policy.

The record should include:

- Date
- Name of member of staff to whom the disclosure was made
- The child or young person's name and date of birth
- Nature of the disclosure & main points from the conversation
- A list of anyone who has consulted been about the disclosure
- Agreed next steps

This information must be shared with the Designated Safeguarding Lead (DSL) or Deputy DSL If a Peer Mentoring Programme is in place, any disclosures made will also map with this process.

Confidentiality

All matters relating to child protection will be treated as confidential and only shared as per the 'Information Sharing Advice for Practitioners' (DfE 2024) guidance.

Information will be shared with staff within the school who 'need to know'.

All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children and that the Data Protection Act 1998 and General Data Protection Regulations are not a barrier to sharing information where a failure to do so would place a child at risk of harm. There is a lawful basis for child protection concerns to be shared with agencies who have a statutory duty for child protection.

All staff must be aware that they cannot promise a child or young person to keep secrets which might compromise the child's safety or wellbeing. However, staff are aware that matters relating to child protection and safeguarding are personal to children and families, in this respect they are confidential and the Head teacher or DSLs will only disclose information about a child to other members of staff on a need to know basis.

Ideally, consent should be gained from the child or young person, however, there may be instances when information must be shared with another member of staff and a parent, if the child or young person is in danger of harm. If it is necessary to pass on concerns about a child or young person to either someone within or outside of the school, then this will be first discussed with the student. We will tell them:

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

Parents must always be informed unless a child or young person gives us reason to believe doing so would put the child or young person at greater risk of harm or impede a criminal investigation.

It is important to also safeguard staff's emotional wellbeing. By sharing disclosures with a colleague this ensures one single member of staff isn't solely responsible for the student. This also ensures continuity of care should staff absence occur and provides opportunities for ideas and support.

Whole school approach

The Xavier Catholic Education Trust advocate a whole school approach to promoting and supporting mental health by seeking to continually evaluate and improve support in the 8 areas set out by Public Health England (2015) https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotionalhealth-and-wellbeing. Schools use resources from Mentally Healthy Schools: Anna Freud Centre to support delivering a whole school approach.

The Mental Health Lead in each school is leading and evaluating this process, with the use of the Xavier CET Mental Health Audit and Action Plan. All Mental Health Leads must complete relevant training. Xavier Mental Health Lead training will equip them with the skills and understanding required to fulfill the role. The Mental Health Lead must attend the termly network meetings to drive change forward and share good practice. The whole school approach promotes the importance of working together with staff, parents/carers, as well as seeking the voice of the child.

Working with parents/carers

We are mindful that for a parent, hearing about their child's issues can be upsetting and distressing. They may therefore respond in various ways which we should be prepared for and allow time for the parent to reflect and come to terms with the situation. Signposting parents to other sources of information and support can be helpful in these instances. At the end of the meeting, lines of communication should be kept open should the parents have further questions or concerns. Booking a follow-up meeting or phone call might be beneficial at this stage.

Ensure a record of the meeting and points discussed/agreed are added to the pupil's record and an Individual Healthcare Plan created if appropriate.

Supporting parents

We recognise the family plays a key role in influencing children and young people's emotional health and wellbeing; we will work in partnership with parents and carers to promote emotional health and wellbeing by:

- Ensuring all parents are aware of and have access to promoting social and emotional wellbeing and preventing mental health problems.
- Highlighting sources of information and support about common mental health issues through our communication channels (website, newsletters etc.).
- Ensuring parents, carers and other family members living in disadvantaged circumstances are given the support they need to participate fully in activities to promote social and emotional wellbeing. Supporting Staff

We recognise that good mental wellbeing in the workplace is important for all staff and will work collaboratively to raise awareness and reduce the stigma associated with mental illness. Establishing a workplace ethos that supports positive mental health can help strengthen the positive, protective factors of employment, reduce risk factors for mental ill health and improve general health. We will promote the mental wellbeing of all staff, including SLT, through:

- Providing information and raising awareness about mental wellbeing and encouraging staff to prioritise their personal well being
- Promoting a balanced approach between staff workload, work life balance and high expectations for the students in our schools
- Developing skills for managers and supervisors to deal with issues around mental health and stress effectively
- Providing opportunities for staff to look after their mental wellbeing
- Promoting policies and practices that improve staff wellbeing across the schools and ensure positive communication opportunities to share ideas and good practice
- Providing a work environment that promotes and supports mental wellbeing for all employees
- Offering assistance, advice and support to people who experience a mental health problem while in employment, including individual risk assessments and where relevant OH referrals
- Supporting staff returning to work after a period of absence due to mental health problems
- Recognise that all staff have a personal life that may affect their working life and vice versa. Supporting the whole person through difficult times and sign posting additional support will help staff manage periods of stress or well-being issues.

See appendix 3 for roles and responsibilities of different groups within the school to support staff well-being.

Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their friends who may want to support but do not know how. To keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided in one to one or group settings and will be guided by conversations by the student who is suffering and their parents 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
- Warning signs that their friend needs help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

Training

All Mental Health Leads must sign up to receive the DofE assured Senior Mental Health Lead Training. All staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep students safe. Schools should access further training in specific areas of mental health through The National College, as well as through their Mental Health Lead, who has access to training modules designed by the Xavier Catholic Education Trust Educational Psychologist and through the 'Well-being Toolkit for Mental Health Leads' (Rae, Such and Woods). At least two members of staff will receive professional Mental Health First Aid training or the in-house equivalent, 'Mental Health Response Training'. All staff will also be given the opportunity to attend trust wide Trauma Informed Training.

Mental Health Leads access up to date information and sharing best practice via the Xavier Mental Health Leads network meetings.

We will host relevant information on our website for staff who wish to learn more about mental health. All staff will also have access to mental health resources and information through the Xavier Shared Drive.

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

Suicide Safer Schools

Staff within the Xavier Catholic Education Trust are aware that we play a vital role in helping to prevent young suicide. In people aged between five and 19, suicide is the leading cause of death in the UK, followed by transport accidents, according to a 2017 Public Health England report, which also states suicide is the leading cause of death for men and women aged 20-34. We want to make sure that pupils at our school or college are as suicide-safe as possible and that our governors, parents and carers, teaching staff, support staff, pupils and other key stakeholders are aware of our commitment to be a Suicide-Safer school or college.

- We believe that every suicide is a tragedy. There are a number of contributory factors surrounding a suicide and the reasons are often complex and individual to that person. However, we are committed to understanding, reflecting and using our learning to help prevent further tragedies.

- We recognise that the stigma surrounding suicide and mental illness can be both a barrier to seeking help and a barrier to offering help. Xavier Catholic Education Trust is dedicated to tackling suicide stigma. In our language and in our working relationships, we will promote open, sensitive talk that does not stigmatise and perpetuate taboos.
- We believe that suicide is everyone's business. As a school or college community, we recognise that pupils may seek out someone who they trust with their concerns and worries. We want to facilitate the reporting of any risks or concerns.
- We know that a pupil who is suicidal may find it very difficult to make their feelings known and speak openly about suicide.
- Research evidence suggests that talking to young people about suicide, in an age appropriate and responsible way, does not create or increase risk.
- We will endeavour to ensure that all our staff are suicide aware. Xavier CET schools completed training and specific staff have attended training relevant to their role.
- We will endeavour to ensure that pupils within higher risk groups (ages 10+) are suicide aware, using language that is age and stage appropriate, and encouraging open discussion and responsible language amongst the children, where necessary.
- We will aim to have at least one member of staff representing the Trust on the Local Authority Suicide Prevention Group. This ensures that our suicide prevention work is integral to that in our wider community. It can also help identify and address possible patterns of imitative suicidal behaviours across the wider community.
- We will be clear about how we enhance the physical safety of our environment to decrease risk of harm within the school setting.
- We recognise that the need to protect someone's life must be balanced against the need to protect their confidentiality. We therefore routinely ask all young people over 18 for permission to share any serious concerns for their welfare with an emergency contact of their choice. Should any young person who is known to have suffered from suicidal thoughts leave school or college unexpectedly for whatever reason, we will inform their emergency contact of their vulnerable state.

We recognise that children and young people may experience periods of poor mental health while attending our school or college. We will ensure, in line with our Child Protection and Safeguarding Policy, processes are in place which allow staff that have regular interaction with the child or young person.

APPENDIX 1

Warning Signs

Staff may become aware of warning signs which indicate a student 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 alert the Mental Health Lead, pastoral lead, SENCo or Designated Safeguarding Officer.

Possible warning signs, which all staff should be aware of 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
- Abusing drugs or alcohol
- 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 secretively
- Lateness to, or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

APPENDIX 2

Dealing with Disclosures

A member of staff who is approached by a child should listen positively and try to reassure them. They cannot promise complete confidentiality and should explain that they may need to pass information to other professionals to help keep the child or other children safe. The degree of confidentiality should always be governed by the need to protect the child.

Additional consideration needs to be given to children with communication difficulties and for those whose preferred language is not English. It is important to communicate with them in a way that is appropriate to their age, understanding and preference. All staff should know who the DSL is and who to approach if the DSL is unavailable.

All staff have the right to make a referral to the C-SPA or Police directly and should do this if, for whatever reason, there are difficulties following the agreed protocol, for example, they are the only adult on the school premises at the time and have concerns about sending a child home.

Guiding Principles, the Seven R's

Receive

- Listen to what is being said, without displaying shock or disbelief
- Accept what is said and take it seriously
- Make a note of what has been said as soon as practicable

Reassure

- Reassure the pupil, but only so far as is honest and reliable
- Don't make promises you may not be able to keep e.g. 'I'll stay with you' or 'everything will be alright now' or 'I'll keep this confidential'
- Do reassure, for example, you could say: 'I believe you', 'I am glad you came to me', 'I am sorry this has happened', 'We are going to do something together to get help'

Respond

- Respond to the pupil only as far as is necessary for you to establish whether or not you need

to refer this matter, but do not interrogate for full details
- Do not ask 'leading' questions i.e. 'did he touch your private parts?' or 'did she hurt you?' Such questions may invalidate your evidence (and the child's) in any later prosecution in court
- Do not ask the child why something has happened.
- Do not criticize the alleged perpetrator; the pupil may care about him/her, and reconciliation may be possible
- Do not ask the pupil to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the pupil that it will be a senior member of staff

Report

- Share concerns with the DSL immediately.
- If you are not able to contact your DSL or the Deputy DSL, and the child is at risk of immediate harm, contact the C-SPA or Police, as appropriate directly
- If you are dissatisfied with the level of response you receive following your concerns, you should press for re-consideration

Record

- If possible, make some very brief notes at the time, and write them up as soon as possible
- Keep your original notes on file
- Record the date, time, place, person/s present and noticeable nonverbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words
- If appropriate, complete a body map to indicate the position of any noticeable bruising
- Record facts and observable things, rather than your 'interpretations' or 'assumptions'

Remember

- Support the child: listen, reassure, and be available
- Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues
- Get some support for yourself if you need it Review (led by DSL)
- Has the action taken provided good outcomes for the child?
- Did the procedure work?
- Were any deficiencies or weaknesses identified in the procedure? Have these been remedied?
- Is further training required?

Review (led by DSL)

- Has the action taken provided good outcomes for the child?
- Did the procedure work?
- Were any deficiencies or weaknesses identified in the procedure? Have these been remedied?
- Is further training required?

What happens next?

It is important that concerns are followed up and it is everyone's responsibility to ensure that they are. The member of staff should be informed by the DSL what has happened following a report being made. If they do not receive this information, they should seek it out.

If they have concerns that the disclosure has not been acted upon appropriately, they might

inform the Head teacher or Safeguarding Governor of the school and/or may contact the CSPA.

Receiving a disclosure can be upsetting for the member of staff and schools should have a procedure for supporting them after the disclosure. This might include reassurance that they have followed procedure correctly and that their swift actions will enable the allegations to be handled appropriately.

In some cases, additional counselling might be needed and staff should be encouraged to recognise that disclosures can have an impact on their own emotions.

APPENDIX 3

Supporting Staff Well-Being Across Xavier Catholic Education

Trust Schools Role and Responsibilities

The Local Governing Committee and Xavier Trust:

- Will take overall responsibility for the implementation of this policy ensuring that staff enjoy a reasonable work-life balance.
- Will adopt the appropriate policies in respect of 'family friendly' employment, including consideration of part-time working, flexible working patterns etc., where this can be implemented without detriment to the operational requirements of the school.
- Actively demonstrate recognition and acceptance of common mental and physical health problems by creating an environment where staff feel comfortable in asking for help.
- Ensure that all of Xavier Catholic Education Trust policies are reviewed for workload impact

The Headteacher and SLT:

- Will support the Xavier Catholic Education Trust and LGC in ensuring that strategies are implemented to effectively manage and, where necessary, reduce employee stress.
- Foster a supportive work environment, operating in a fair and consistent manner
- Will ensure that there is clear communication between staff and management with regards to all areas of school life.
- Will create reasonable opportunities for employees to discuss concerns and will enable staff to do so in an environment where stress is not considered a weakness.
- Follow agreed procedures when there are concerns or absence due to work related stress and other mental-health problems, ensuring that a return-to- work policy is established in workplace that is supportive of staff both while absent and upon return to work.
- Will monitor and review any measures that are planned and assess their effectiveness.
- Ensure that all staff have access to regular training sessions on health and wellbeing in schools, including practical sessions to deal with mental, physical and emotional wellbeing issues, and that they are given the appropriate time and resources to undertake this.
- In consultation with the Xavier mental health leads conduct regular monitoring of staff health and wellbeing and share and act upon results.

Staff:

- Will act in a manner that respects the health and safety needs of themselves and others whilst in the workplace and ensure that they do not, through their actions or omissions, create unnecessary work for themselves or colleagues

- Will make themselves aware of all the relevant school policies e.g. Capability, Staff Attendance, Health and Safety.
- Seek support or help if required. This includes understanding that a good relationship requires communication from both parties and therefore is important that issues are raised at the earliest possible moment so that effective strategies can be put in place to manage workloads.
- Consider attending training on health and wellbeing issues where they feel that this is appropriate.
- Will share their views, ideas and feelings about all issues concerning the school at formal meetings and informal gatherings.

Support Mechanisms

- The Senior Leadership Team (Headteacher, Deputy Head, and other managers) should encourage the creation and maintenance of an atmosphere where all staff members feel comfortable asking for help or raising concerns. The Senior Leadership Team should be sensitive to any problems which may cause the employee stress-related issues and should act in a professional, fair, consistent and timely manner when a concern arises.
- Governors and the Xavier team support the SLT in each school and ensure that regular contact promotes open discussion on wellbeing issues.
- Where additional, professional advice is required, then Occupational Health Professionals and other avenues including seeking support from Xavier CET HR team should be utilised.
- Where necessary, staff should be encouraged to contact the Employee Assistance Programme (EAP), as part of the Xavier benefits package- 0800 028 0199
- Where necessary, staff should be encouraged to use the free confidential counselling service from Education Support Partnership 0800 562 561.
- On joining the school, and also moving to new roles the following support will also be offered:
    - All new staff will be given a school orientation and ensure that they receive the staff induction pack/staff handbook
    - All new staff will be made to feel welcome and given as much support as possible.
    - There will be reviews for new staff held throughout the first 6 months of employment
    - Discussion of new roles and expectations alongside support for new role and related tasks.

Arrangements for implementing the Mental Health and Wellbeing Policy

Arrangements for wellbeing and stress prevention through good management practices.

These include the following:

- Recruitment and selection procedures.
- Clear job descriptions and person specifications to ensure that the 'right' person is recruited for the job.
- Training and Development procedures to ensure that individuals have the necessary skills and competencies to undertake the tasks/duties required of them.
- Promotion and reward procedures.
- Managing performance procedures
- Capability and absence management & return to work procedures to ensure that individuals are supported back into work following illness.
- Suitable adaptations for disability.
- Harassment and anti-bullying procedures.
- Procedures for communicating with employees on the work of the school and issues affecting their work.
- Flexible working arrangements and contact days with staff on maternity leave.

- The arrangements will be updated and augmented as required and when deemed necessary by the findings of stress risk assessments.

Individual Healthcare Plan (IHP)

Child's Information.

Name	
Year/Class/Form	
Date of Birth	
Address	
Medical Need or Condition Diagnosis	
Date of IHP	
Review Date	

Parents/Carers Information.

Name	**Designation**	**Contact Numbers**

Medical Professionals Contact Information.

Name	**Designation & Hospital/Clinic**	**Contact number / email**
	GP	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily Care Requirements

Specific Support for SEMH

Arrangements for Trips

Emergency Details

Any other Information or Reasonable Adjustments required

What happens	**Actions needed**	**By whom**	**Responsibility**

Actions

Action	**Training Need**	**Who**	**By When**

Signed (parent/Carer) ……..

Signed (school)……..

Plan to be shared with: