



WEDDINGTON PRIMARY SCHOOL



# MENTAL HEALTH AND EMOTIONAL WELLBEING POLICY

WEDDINGTON

PRIMARY

SCHOOL

Signed by:

A handwritten signature in black ink, appearing to read 'Haley'.

Chair of Governing Body

A handwritten signature in blue ink, appearing to read 'J. Kershays'.

Headteacher

Date: March 2022

Review date: March 2024



## 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 Organisation)

At Weddington Primary School, we aim to promote positive mental health for all members of staff and pupils. 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, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures, we can promote a safe and stable environment for pupils affected, both directly and indirectly, by mental ill health.

### Scope

This document describes the school's approach to promoting positive mental health and wellbeing. It is intended as guidance for all staff including non-teaching staff and governors. This policy should be read in conjunction with our medical policy, in cases where a student's mental health overlaps with, or is linked to, a medical issue and the SEND policy, where a student has an identified special educational need.

The Policy Aims to outline how the school:

- ♣ Promotes positive mental health in all staff and pupils
- ♣ Increases understanding and awareness of common mental health issues
- ♣ Alerts staff to early warning signs of mental ill health
- ♣ Provides support to staff working with young people with mental health issues
- ♣ Provides support, to pupils suffering mental ill health, and their peers/families

### Lead Members of Staff

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

- ♣ Mrs Kershaw - Designated Safeguarding and Mental Health Lead
- ♣ Miss King – SENDco support, pastoral support worker and trained in mental health first aid
- ♣ Mrs Kirby - Deputy Senior Lead for Safeguarding
- ♣ Mrs Wallis – SENDco and trained in mental health first aid
- ♣ Mrs Owen - PSHE Coordinator and School Governor

Any member of staff who is concerned about the mental health or wellbeing of a student, should speak to the mental health lead in the first instance. If there is a fear that the pupil is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to the designated DSL/head teacher. If the pupil presents a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary. Where a referral to CAMHS is appropriate, this will be led and managed by the SENDco, alongside the pastoral support worker.



### Role of pastoral support worker

The Pastoral support worker for children and families is a vital role within school for supporting pupils and their families with mental health issues. The PSW's main roles include:

- ♣ Working alongside staff, parents and children, to provide relevant welfare support, to ensure that children are reaching their full potential in SEMH, wellbeing and education
- ♣ Being a 'Thrive licenced practitioner'; overseeing our whole school 'Thrive' approach and carrying out targeted 1-1 social and emotional wellbeing work with children
- ♣ Liaising with parents and professionals to provide appropriate support, and signpost to relevant agencies
- ♣ Providing support for parents/staff in completing referrals
- ♣ Early identification of families who would benefit from an Early Help Pathway, carrying out assessments and holding regular meetings
- ♣ Overseeing medical conditions in school; being a trained mental health first aider and being responsible for organising medical training for staff
- ♣ Attendance monitoring; offering support where necessary to improve children's attendance

### Support for Pupils

Pupils with social, emotional and mental health problems will be supported in a number of ways (see Appendix 3). These may include:

- ♣ Whole class approaches e.g. PSHE curriculum, Thrive
- ♣ Small group interventions e.g. 'Circle of friends', Silver SEAL
- ♣ 1-1 targeted support e.g. Boxall, anxiety gremlin

The first of these would be considered a 'Wave 1' intervention, the second a 'Wave 2' intervention and the third a 'Wave 3' intervention in line with our SEND policy. At Wave 2, outside agencies may be consulted for further advice and, at Wave 3, support and interventions may be lead by external providers e.g. COMPASS or Sycamore Councelling

### The 'Thrive' Programme

A number of children at Weddington Primary School may need to access the THRIVE programme, in order to support their emotional development (see separate policy). For a number of reasons, these pupils may be below their age-related expectations for social and emotional development. Although our PSHE programme is well embedded throughout the school, children who struggle with their social and emotional skills are not always able to access this curriculum, so need further support from the Thrive programme.

Thrive is:

- a dynamic, developmental approach to working with vulnerable children, that provides physical strategies to address their needs
- an approach based on relationships with caring, consistent adults
- a programme which identifies the earliest 'missing experience' for a child and fills the gaps in the developmental stages of a child's social and emotional growth
- a programme that recognises that, if children cannot get experiences positively, they will seek them negatively

In practice, Thrive operates at 3 different levels:

- ♣ Level 1: carried out in the classroom through strategies that will benefit all children in the class but in particular the child who requires THRIVE. Strategies can be built into daily rules and routines,



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utor time and when supporting the child with learning. Strategies for the teacher will be provided by the THRIVE licensed practitioner.

- ♣ Level 2: will consist of group interventions led by one of the teachers/HLTAs. Groups will be made up of children who have the same 'interruption'.
- ♣ Level 3: will consist of 1:1 sessions; within the group session or individually if this is deemed to be in the best interests of the child. If the child has a 1:1 HLTA they will be given strategies to use outside of the THRIVE sessions by the practitioners.

The progress of children at levels 2 and 3 is reviewed on a 6-8 week basis so that future plans can be adjusted accordingly.

### **Positive Intervention Plan (PIP) See Appendix 4**

With some pupils, it may be helpful to draw up a positive intervention plan, or health care plan, for anyone causing concern or who has received a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, parents and relevant health professionals. This may include:

- ♣ Details of a pupil's condition
- ♣ Management of behavioural issues
- ♣ Special requirements and precautions (including any interventions in which the child may be involved)
- ♣ Medication and any side effects
- ♣ What to do, and who to contact in an emergency
- ♣ The role the school will play

### **Teaching about Mental Health**

The skills, knowledge and understanding, needed by our pupils to keep themselves and others physically and mentally healthy and safe, are included as part of our developmental PSHE curriculum. The specific content of lessons is determined by the specific needs of the year group being taught, but there will always be an emphasis on enabling pupils to develop skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

The school will follow the PSHE Association Guidance, to ensure that we teach mental health and emotional wellbeing issues, in a safe and sensitive manner which helps rather than harms.

### **Signposting**

We aim to ensure staff, pupils and parents are aware of sources of support available to them within school and in the local community. We have a pastoral support worker for children and families, who can give further advice and support. Additional guidance and signposting of services is outlined in Appendix 1.

We will display relevant sources of support in communal areas and will regularly highlight sources of support for pupils within relevant parts of the curriculum. Alongside this, we will support pupils to understand:

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



### **Possible Warning Signs**

School staff will endeavour to monitor and early 'warning signs' which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs will always be taken seriously and staff observing any of these warning signs, should communicate their concerns with the mental health lead or pastoral support worker.

Possible warning signs include (see Appendix 2):

- ♣ Physical signs of harm that are repeated or appear non-accidental
- ♣ Changes in eating/sleeping habits
- ♣ Increased isolation from friends/family or 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 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 student 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 student's emotional and physical safety rather than of exploring 'why'.

All disclosures should be recorded using the green form system.

This written record should include:

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

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

### **Confidentiality**

The school aims to be as honest and open as possible, with regards to the issue of confidentiality. If we deem it is necessary for us to pass our concerns about a pupil on, then we will discuss the following with the pupil:

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



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

### **Working with Parents**

Where it is deemed appropriate to inform parents, staff endeavour to be sensitive in approach. Before disclosing to parents/carers, we will consider the following questions (on a case by case basis):

- ♣ Can the meeting happen face to face? This is preferable (Covid permitting).
- ♣ Where might the meeting happen? At school, at their home or somewhere neutral?
- ♣ Who should be present? Consider parents, the student, other members of staff.
- ♣ What are the aims of the meeting and how can we move forward in supporting?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. Staff will try to be accepting of this (within reason) and give the parent time to reflect. The school will always highlight further sources of information, and give families leaflets to take away, where possible, as parents/carers will often find it hard to take in all of the information, whilst coming to terms with the news that you are sharing.

Sharing sources of further support, aimed specifically at parents, can also be helpful e.g. FIS, parent helplines and forums. We will always try to provide an easy way to contact a specified member of staff, as a line of communication, and the meeting should always end with agreed next steps and a date for a follow-up meeting, where appropriate. Brief notes will be kept as a record of the meeting on the child's confidential record.

Parents 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 we will:

- ♣ Highlight sources of information and support, about common mental health issues, on our school website and in newsletters and updates
- ♣ Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child, or a friend of their child's, mental health
- ♣ Make our mental health policy easily accessible to parents
- ♣ Share ideas about how parents can support positive mental health in their children through our regular information evenings
- ♣ Keep parents informed about any mental health topics their children are learning about in PSHE and share ideas for extending/exploring this learning at home.

### **Supporting Peers**

When a student 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. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. 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 student who is suffering, and their parents. This discussion may include:

- ♣ 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:



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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**

As a minimum, all staff will receive regular training about recognising and responding to mental health issues, as part of their child protection training on keeping children safe in education. The MindEd learning portal provides free, online training suitable for staff wishing to know more about a specific issue. Our main training, however, will focus around the 'Thrive' initiative and all pupils will be monitored every six weeks through the class profile questionnaires.

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

This policy will be reviewed every 3 years as a minimum.



## Useful contacts

Action for Children

[actionforchildren.org.uk](http://actionforchildren.org.uk)

Charity supporting children, young people and their families across England.

Anna Freud

[annafreud.org](http://annafreud.org)

Provides information for parents on supporting your child and has a directory mental health services that you can search by your local area.

Family Information Services

[www.fis.wales](http://www.fis.wales)

Helping parents and carers connect with key services in Wales.

Family Lives

[0808 800 2222](http://0808.800.2222)

[familylives.org.uk](http://familylives.org.uk)

Information and support for parents and families.

MindEd for Families

[mindedforfamilies.org.uk/young-people](http://mindedforfamilies.org.uk/young-people)

Safe and reliable advice about parenting and young people's mental health, created by experts and parents together.

NHS Service Finder

[nhs.uk/service-search](http://nhs.uk/service-search)

Searchable database of NHS services in England.

National Society for the Prevention of Cruelty to Children (NSPCC)

[0800 800 5000](http://0800.800.5000)

[0800 1111](http://0800.1111) (18 or under)

[nspcc.org.uk](http://nspcc.org.uk)

Support for children and anyone worried about a child.

Papyrus HOPELINEUK

[0800 068 41 41](http://0800.068.41.41)

[07786 209697](http://07786.209697) (text)

[papyrus-uk.org](http://papyrus-uk.org)

Confidential support for under-35s at risk of suicide and others who are concerned about them.

Royal College of Psychiatrists

[rcpsych.ac.uk](http://rcpsych.ac.uk)

Information for parents and carers on children and young people's mental health, and the impact of different situations on their wellbeing.

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Freepost RSRB-KKBY-CYJK

PO Box 90 90

Stirling FK8 2SA

[jo@samaritans.org](mailto:jo@samaritans.org)

24-hour emotional support for anyone who needs to talk.

YoungMinds

[0808 802 5544](tel:08088025544) (parents helpline)

[85258](tel:85258) (crisis messenger service, text YM)

[youngminds.org.uk](http://youngminds.org.uk)

Committed to improving the mental health of babies, children and young people, including support for parents and carers.

## Possible signs and symptoms of common mental ill-health conditions

<p><b>Depression</b></p> <ul style="list-style-type: none"> <li>• Feeling sad or having a depressed mood</li> <li>• Loss of interest or pleasure in activities once enjoyed</li> <li>• Changes in appetite — weight loss or gain unrelated to dieting</li> <li>• Trouble sleeping or sleeping too much</li> <li>• Loss of energy or increased fatigue</li> <li>• Increase in purposeless physical activity (e.g., hand-wringing or pacing) or slowed movements and speech (actions observable by others)</li> <li>• Feeling worthless or guilty</li> <li>• Difficulty thinking, concentrating or making decisions</li> <li>• Thoughts of death or suicide</li> </ul>	<p><b>Anxiety</b></p> <ul style="list-style-type: none"> <li>• Palpitations, pounding heart or rapid heart rate</li> <li>• Sweating</li> <li>• Trembling or shaking</li> <li>• Feeling of shortness of breath or smothering sensations</li> <li>• Chest pain</li> <li>• Feeling dizzy, light-headed or faint</li> <li>• Feeling of choking</li> <li>• Numbness or tingling</li> <li>• Chills or hot flashes</li> <li>• Nausea or abdominal pains</li> </ul>
<p><b>Obsessive-compulsive disorders</b></p> <p>Compulsions are repetitive behaviours or mental acts that a person feels driven to perform in response to an obsession. Some examples of compulsions:</p> <ul style="list-style-type: none"> <li>• Cleaning to reduce the fear that germs, dirt, or chemicals will "contaminate" them some spend many hours washing themselves or cleaning their surroundings. Some people spend many hours washing themselves or cleaning their surroundings.</li> <li>• Repeating to dispel anxiety. Some people utter a name or phrase or repeat a behaviour several times. They know these repetitions won't actually guard against injury but fear harm will occur if the repetitions aren't done.</li> <li>• Checking to reduce the fear of harming oneself or others by, for example, forgetting to lock the door or turn off the gas stove, some people develop checking rituals. Some people repeatedly retrace driving routes to be sure they haven't hit anyone.</li> <li>• Ordering and arranging to reduce discomfort. Some people like to put objects, such as books in a certain order, or arrange household items "just so," or in a symmetric fashion.</li> <li>• Mental compulsions to response to intrusive obsessive thoughts, some people silently pray or say phrases to reduce anxiety or prevent a dreaded future event.</li> </ul>	<p><b>Eating Disorders</b></p> <p><b>Anorexia Nervosa:</b> People with anorexia nervosa don't maintain a normal weight because they refuse to eat enough, often exercise obsessively, and sometimes force themselves to vomit or use laxatives to lose weight. Over time, the following symptoms may develop as the body goes into starvation:</p> <ul style="list-style-type: none"> <li>• Menstrual periods cease</li> <li>• Hair/nails become brittle</li> <li>• Skin dries and can take on a yellowish cast</li> <li>• Internal body temperature falls, causing person to feel cold all the time</li> <li>• Depression and lethargy</li> <li>• Issues with self-image /body dysmorphia</li> </ul> <p><b>Bulimia Nervosa:</b> Patients binge eat frequently, and then purge by throwing up or using a laxative.</p> <ul style="list-style-type: none"> <li>• Chronically inflamed and sore throat</li> <li>• Salivary glands in the neck and below the jaw become swollen; cheeks and face often become puffy, • Tooth enamel wears off; teeth begin to decay from exposure to stomach acids</li> <li>• Constant vomiting causes gastroesophageal reflux disorder</li> <li>• Severe dehydration from purging of fluids</li> </ul>
<p><b>Self-Harm</b></p> <ul style="list-style-type: none"> <li>• Scars</li> <li>• Fresh cuts, scratches, bruises or other wounds</li> <li>• Excessive rubbing of an area to create a burn</li> <li>• Keeping sharp objects on hand</li> <li>• Wearing long sleeves or long trousers, even in hot weather</li> <li>• Difficulties in interpersonal relationships</li> </ul>	



- Persistent questions about personal identity, such as "Who am I?" "What am I doing here?"
- Behavioural and emotional instability, impulsivity and unpredictability
- Statements of helplessness, hopelessness or worthlessness
- Head banging
- Ingesting toxic substances.

**Key Points to Remember:**

- Negative presentations can represent the normal range of human emotions. Everyone feels sad, worried, shy or self-conscious at times and these do not necessarily mean that a child or young person is experiencing mental ill-health.
- Whilst it is important to be aware of potential warning signs, it is crucial to stress that diagnoses need to be made by appropriately qualified clinicians, who use a full range of internationally agreed criteria, not by education professionals.
- It is counter-productive for non-clinicians to use diagnostic terminology, which may not subsequently be confirmed, with parents or young people.



**APPENDIX 3 - Social, emotional and behavioural support**

Area of Need	All Pupils Wave 1 and Catch Up Target Group	Initial Concerns / SEN Support Wave 2	SEN Support Wave 3
<b>Social, Emotional and Behaviour</b>	<ul style="list-style-type: none"> <li>• Thrive – whole school approach</li> <li>• Whole school/class rules</li> <li>• Class reward and sanction systems</li> <li>• Whole school rewards</li> <li>• PSHE curriculum activities and resources</li> <li>• Clear boundaries – routine and consistency established within class</li> <li>• Take time to find out pupil’s strengths and praise these</li> <li>• ‘Catch’ the pupil being good and emphasise the positives in front of other pupils and staff</li> <li>• Give a classroom responsibility to raise self-esteem</li> <li>• Play calming music where appropriate</li> <li>• Give breaks between tasks and give them ‘legitimate ‘moving around’ activities e.g. Brain Gym, wake and shake</li> <li>• Provide lots of opportunities for kinaesthetic learning</li> <li>• Use interactive strategies e.g. pupils have cards / whiteboards to hold up answers, come to the front etc.</li> <li>• Create a quiet area both for working and as a ‘quiet time’ zone</li> <li>• Use a visual timer to measure and extend time on task – start small and praise</li> <li>• Teach pupils how to use post-it notes for questions and ideas rather than calling out</li> <li>• Provide alternative seating if this is an issue</li> <li>• Give a set time for written work and do not extend into break time – the pupil will need these breaks</li> <li>• Use pupil’s name and ensure you have their attention before giving instructions</li> <li>• Chunk instructions and support with visual cues</li> <li>• Make use of different seating and grouping for different activities</li> <li>• Personalise teaching where possible to reflect pupil’s interests</li> <li>• Provide visual timetables and task lists</li> <li>• Communicate positive achievements</li> </ul>	<ul style="list-style-type: none"> <li>• Thrive – small group approach</li> <li>• Small group circle time</li> <li>• Circle of Friends</li> <li>• Support for unstructured activities</li> <li>• Individual Behaviour Support Plan with personalised reward system</li> <li>• Access to school ETA</li> <li>• ‘Jeffie’s Magic Bubble’ story (personal space)</li> <li>• Allow pupil to have a safe place to store belongings and fiddle toys</li> <li>• Nurture Group support to develop social and emotional skills</li> <li>• Silver Seal / Family Seal</li> <li>• 1:1 barrier games to develop turn taking and listening skills</li> <li>• Support available if pupil has to leave the classroom to go to a pre-agreed place</li> <li>• Support at times of stress e.g. coming into school, home time, PE lessons etc</li> <li>• Social Stories written for a specific area of difficulty</li> <li>• Restorative Justice approaches</li> </ul>	<ul style="list-style-type: none"> <li>• Thrive – 1:1 targeted support</li> <li>• Access to school ETA</li> <li>• Individual reward system and behaviour support plan</li> <li>• Peer mentoring</li> <li>• Social Stories</li> <li>• Anger Management support</li> <li>• Social skills support</li> <li>• Small group circle time/Circle of Friends</li> <li>• Preparation for transition</li> <li>• Boxall Profile</li> <li>• SDQ</li> <li>• ‘Think Good, Feel Good’ intervention</li> <li>• ‘Don’t Worry, be Happy’ activities</li> <li>• ‘Starving the anxiety gremlin’ age 5-9 / 10+</li> <li>• Individual counselling</li> </ul>



**Guidelines for developing Positive Intervention Plans**



**INCIDENT ANALYSIS:**

- Analyse number of incidents particularly, times of day, lessons, others involved (pupils and staff), learning environments. When, where and who.
- Reflect on positive times of the day e.g. lessons/group work/subjects/staff/pupils.
- What are the child's motivators?
- Reflect on the function of the behaviour for the child e.g. are they presenting with challenge as a work avoidance strategy?

**THE HOLISTIC PICTURE: The team around the child should contribute (either as a report or attendance at the planning meeting) to the following:**

- Populate the middle of the child outline with the known, or believed **lived experiences** of the child in the home, school and community. *It is best to enlarge the outline to A3 size.*  
e.g. parent verbally abused on the way to school by other members of the community, CLA 5 moves in 2 years, bereavement/loss, behaviour that is very different to the rest of the class cohort
- Populate outside the outline with ALL (both positive and challenging) observable behaviours (communications) of the child. **It is important to remember and record what the child needs in order to feel safe.**
- Establish any Safeguarding needs.
- Assessments and referrals from multi-agency professionals e.g. Educational Psychologist, Occupational therapist, speech and language, Specialist Teaching Service etc.

**PEN PORTRAIT:**

Suggested headings:

Morning/arrival to school routine

Transitions during the day

- Within the classroom
- Outside learning areas

Health Needs

End of the day

Triggers and Strategies

Any other considerations e.g. child will hold on to disagreements, limited understanding of sequence time.

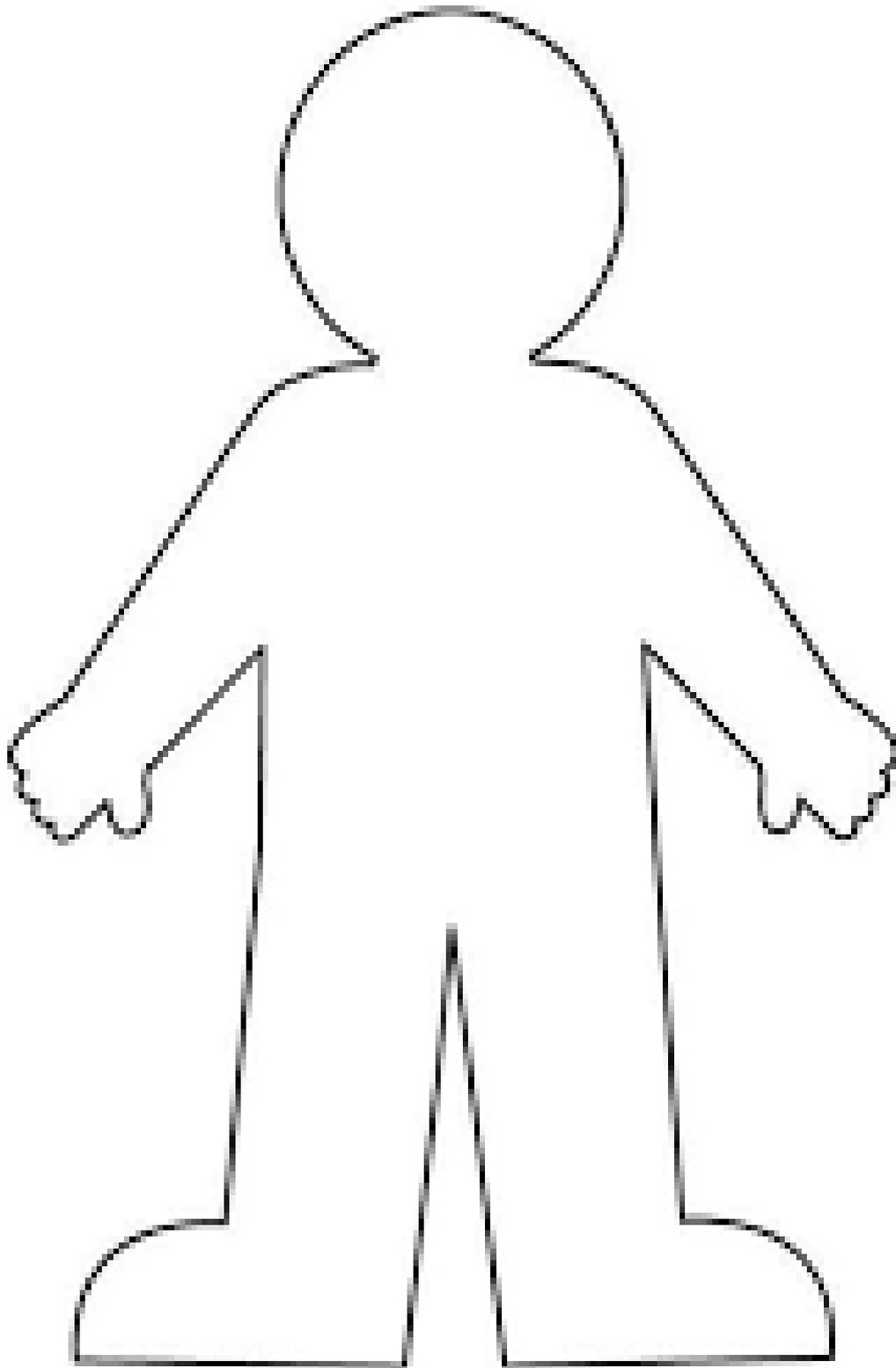
**POSITIVE INTERVENTION PLAN:**

The plan should describe accurately the observable behaviours of the child and the responses and strategies used by the adult.

The plan should be staged in order to prevent escalation.

The plan should include important DO'S and DON'T's e.g. DO offer choices, DON'T use trigger words e.g. work, calm down.

The plan should also include recovery and debrief. ***Attached is the Team Teach recommended proforma and child outline.***





**Positive Intervention Plan**

*This plan is intended to support everyone in returning to physical and emotional safety as effectively as possible.*

*This is a working document and needs to be followed by ALL adults involved with the child.*

*Review at least termly and always after each significant incident. Version control in footer.*

**Pupil:**

Level	Signs of anxiety for this pupil	Staff responses and strategies
0	<b>All calm</b> <i>Pupil on task and behaving appropriately</i>	
1	<b>Low level risks</b>	
2	<b>Medium level risks</b>	
3	<b>High level risks</b>	<i>Safety responses e.g. personal space, environment, others, need to hold?</i>  Detail holds used if necessary:
4	<b>Recovery</b>	

**SIGNED**

**Class teacher:**

**Parents:**

**Leadership/SENCO:**