Mental Health Policy

Policy updated: June **2022**
To be reviewed by: June **2025**

Version Control

Date	Change
June 2022	Policy revised and taken to Governors. Changes added to include Thrive practices.

**At All Saints' we are 'Children of God'.
We wear our crowns with pride.
Together, we are Included, Involved and Inspired.**

24 Do you not know that in a race all the runners run, but only one gets the prize?
Run in such a way as to get the prize.
25 Everyone who competes in the games goes into strict training. They do it to get a crown that will not last; but we do it to get a crown that will last forever.
26 So I run with purpose in every step.

1 Corinthians 9: 24-26

Vision Statement

*At All Saints' everyone is welcomed and **included**. Each individual is acknowledged and valued as an equal member of our school family and we form a community where we worship God together freely. We celebrate our inclusivity and are respectful of our differences.*

*Our emblem is a crown; we wear it with pride because it reminds us that we are working for a purpose. This means that we are **involved** in our learning and are determined to take whatever action is needed for us to be the best that we can be.*

*We seek a clearer understanding of the world and confidently imagine a better future. With our eyes fixed on this prize, we are **inspired** to be life-long learners and we want to inspire others too to make a difference in this world.*

Together · Included · Involved · Inspired

St Edmundsbury and Ipswich
Diocesan Multi Academy Trust

**Jesus said that he had come to bring "Life in all its fullness".
At All Saints' CE School the staff and Governors believe that this fullness includes mental resilience to adapt, cope and succeed; in all areas of life we want our pupils to have good mental health:**

"Mental Health influences how we think and feel about ourselves and others and how we interpret events. It affects our capacity to learn, to

communicate and to form, sustain and end relationships. It also influences our ability to cope with change, transition and life events".

(Dr Lynne Friedli-2004)

We aim to promote positive mental health and wellbeing for our whole school community (children, staff, parents and carers), and recognise how important mental health and emotional wellbeing is to our lives in just the same way as physical health.

This policy has been written in consultation with all stakeholders.

INTRODUCTION & CONTEXT
In an average classroom, three children will be suffering from a diagnosable mental health condition. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for the many students affected both directly, and indirectly by mental ill health.

> *"Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." (World Health Organization)*

> *"Mental health influences how we think and feel about ourselves and others and how we interpret events. It affects our capacity to learn, to communicate and to form, sustain and end relationships. It also influences our ability to cope with change, transition and life events.' (Dr Lynne Friedli-2004)*

> *"10% children aged 5 – 16 years have a clinically diagnosable mental health problem and 50% of mental health problems are established by 14 years old" (data taken from www.mentalhealth.org.uk).*

Recent documents published by NHS England (Future in Mind and The Five Year Forward View for Mental Health) and research conducted by the YMCA have highlighted the challenges facing schools in accessing support and have reinforced the need for early intervention.
An essential aspect of good mental health is developing mental and emotional resilience. Resilience can be defined as:

> *"…the ability to 'bounce back' from adversity. Protective factors increase resilience, whereas risk factors increase vulnerability. Resilient individuals, families and communities are more able to deal with difficulties and adversities than those with less resilience." (UCL Institute of Healthy Equity, 2014)*

At All Saints', we aim to promote positive mental health for every member of our staff and student body. We are committed to supporting the emotional health and wellbeing of our pupils and staff. We know that everyone experiences life challenges that can make us vulnerable and at times, anyone may need additional emotional support. We take the view that positive mental health is everybody's business and we all have a role to play. Therefore, this policy has two sections, section one regarding support we provide for children and section two staff procedures.

We pursue this aim using a 3-tier approach (Prevent- Target – Access) which we will explain later on in this policy. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health.

THIS POLICY HAS SEVERAL AIMS:

- Promote positive mental health for all staff and students
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to students suffering mental ill health and their peers and parents/carers
- Raise the awareness of members of the school community about the causes and risk factors affecting mental health conditions in children;
- Help staff members recognise that pupils' behaviour may reflect their mental health or wellbeing and equip them to identify and support children effectively;
- Enable staff members to identify children who require intervention and to take positive action to provide 'early help';
- Help staff members to develop a 'resilient' learning culture and build the resilience of individual children;
- Encourage staff to promote a 'sense of belonging 'at All Saints for everyone.
- Enable children to be reflective individuals, who can make informed choices about their own emotional and mental wellbeing;
- Enable children to be understanding of their peers' needs with regard to mental and emotional wellbeing;
- Reflect the school's distinctive Christian Values by developing a compassionate, caring environment and taking positive action to support individuals about whom we are concerned;
- Foster a culture of sensitivity, understanding and empathy, in which general supportive practices benefit all pupils.
- Promote positive mental health in all staff and students and increase understanding and awareness of common mental health issues.
- Provide support to students suffering with mental ill health, their peers, parents/carers and staff working with them.

LEAD MEMBERS OF STAFF:

Whilst all staff have a responsibility to promote the mental health of students and support each other. Staff with a specific, relevant remit are part of our 'Wellbeing Team', see below:

THE WELLBEING TEAM ('Wellbeing Champions')

Mrs. Barbara Rodel – Headteacher – DSL, Youth Mental Health First Aider

Miss. Rachel Bacon – Deputy Headteacher, SENDCo, ADSL, Senior Mental Health lead

Mrs. Senga Macro - ADSL, Thrive Practitioner

Ms. Cathy Elsdon – HLTA, Thrive Practitioner

Mrs. Julia Meeks - YMCA Counsellor

Ms. Clare Appleby - Family Support Worker

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Mr. Laurie Seiler – CBT Therapist and School Counsellor

Mrs Rachel Maclaren - Wellbeing Governor

At All Saints' we are fully committed to providing an 'emotionally friendly school' that helps children and adults alike:

- to understand their emotions and feelings better
- to feel comfortable sharing any concerns or worries
- to form and maintain positive relationships
- to have good self-esteem and know that they belong here
- to be confident and 'dare to be different'
- to develop emotional resilience and to manage setbacks in life

More information on what we consider to be an 'Emotionally Friendly School' can be found in Appendix 4.

Section 1: Supporting Children

IDENTIFYING RISK FACTORS IN CHILDREN:

Some children may be particularly vulnerable to developing problems relating to mental health or emotional wellbeing. The presence of individual risk factors does not necessarily lead to problems with mental health. However, staff should be aware of them and mindful of the affect that these may have on a child's mental health. The following list of risk factors is not exhaustive. Risk factors affecting mental health may include:

- Being a young carer;
- Abandonment, broken attachments or other historical family circumstances, e.g. parental separation or divorce;
- Parents having problems with mental health or substance misuse;
- Family members being involved in criminal activity;
- Being a victim of abuse or witnessing domestic abuse;
- Being a victim of bullying or discrimination;
- Living in poverty or homelessness;
- Unreasonable expectations, e.g. to perform academically;
- Having Special Educational Needs or Disability;
- Long-term physical illness;
- Being a Child in Care;
- Experiencing trauma, e.g. the death of a close relative

If staff members are aware that one or more of these risk factors are affecting a child and may have an impact on mental health, then they should be particularly vigilant and mindful of this when managing behaviour, supporting wellbeing and when communicating with the child and parents.

All children are profiled using the Thrive Right Time Development audit to identify any emotional developmental needs as early as possible, in order to support and meet those needs on an individual basis.

BEHAVIOURS, SIGNS AND INDICATORS FOR CHILDREN

The following signs may indicate that a child has low self-esteem or may be developing problems with emotional or mental wellbeing. This list is not exhaustive and these signs are not necessarily indicators of a mental health condition.

- Behaviour and relationships have changed;
- Apparent struggles to accept either praise or constructive criticism;
- The child is isolated from, or does not communicate with, peers (this may be a conscious choice);
- A reluctance to communicate with adults, especially in relation to his or her feelings or a problem;
- The child is very self-critical and makes comments that indicate a lack of self-worth or value, blaming him or herself when things go wrong;
- Multiple minor anxieties or worries;
- The child apologises often, including when it is not necessary;
- Indecisiveness
- A child that may exaggerate the truth or tells lies, deliberately misleading others or who appears to create fabrications or fantasies.
- The child lacks confidence in new or social situations, such as working in a group;
- The child follows others, conforming to expectations or peer pressure.

UNDERSTANDING THE CAUSES OF MENTAL HEALTH CONDITIONS

The causes of poor mental health conditions can be very wide and complex with some being a combination of many of these factors. The impact of **trauma** or problems with **attachment** may be just two of the likely issues that may be affecting a child or young person experiencing poor mental health or wellbeing.

Following trauma, it is possible for children to suffer short term post-traumatic stress; this is true for all of us. Post-traumatic stress disorder may affect someone sometime after the traumatic event. Stress and fear can be triggered at any time by things such as sounds, smells or any other factors associated with the trauma and can trigger emotions and behaviours linked to the "fight or flee" reaction.

Staff members should be aware of the possible impact of **trauma** or issues with **attachment**. More information on these two issues can be found in the Appendix 2.

OUR OFFER OF SUPPORT AT ALL SAINTS'
A 3 STAGE APPROACH TO MENTAL HEALTH
PREVENT- TARGET- ACCESS ('PTA')

1. **Prevent – whole-class/ whole-school approaches (Universal Support)**
2. **Target- Support & Early Intervention (Additional Support)**
3. **Access - specialist support (Targeted Support)**

STAGE 1 – PREVENTION –
WHOLE-CLASS / WHOLE-SCHOOL 'RIGHT-TIME' APPROACHES TO MENTAL HEALTH
This tier is about supporting the needs of all children and creating opportunities to build and develop resilience for all.

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For the overwhelming majority of children, some whole-school or whole-class strategies and a caring, open school culture, ethos and curriculum are sufficient to build their resilience and meet their mental and emotional needs most of the time. We use a range of strategies to build resilience and support children's wellbeing, including the following:

- Children are taught explicitly about emotional wellbeing and basic information about how their emotions can affect their behaviour as part of the PSHE curriculum.
- They may learn things like: how to recognise when they are feeling anxious or angry so that they can then start to take responsibility for self-regulating.
- Methods for self-regulating and self-soothing which could include keeping a diary or using a feelings chart; taking time for personal reflection to think about why they are upset; and breathing exercises to calm down and give thinking time.
- Adults are aware of a range of resources that can be used to support children's emotional wellbeing (see Appendix 1). As well as planned lessons as part of the curriculum, adults will use resources and learning activities to be responsive when classroom life seems to have become particularly stressful or unhappy.
- Children have 'right-time' THRIVE (see Appendix 3) whole class sessions linked to social and emotional development; supporting children to become more resilient and resourceful; form trusting, rewarding relationships; be compassionate and empathetic; and/or overcome difficulties and setbacks.
- Children are encouraged to use the ZONES of REGULATION (see Appendix 5) to check in with themselves and use tools and strategies to self-regulate when needed.
- All children are encouraged to be reflective, for example through their responses to Collective Worship. Reflection is encouraged through a range of quiet, calm activities, including visualisation and mindfulness.
- On a regular basis, staff members use music to create a calm environment and culture. Ultimately, the aim is that children will be able to use these techniques themselves to self-regulate their feelings and behaviour.
- It is important to establish regular routines and boundaries in the classroom. These are made clear to children through the use of displays and visual timetables. When routines change, we make every effort to warn children in advance and we are mindful of the impact this may have on individual children and the class dynamic.
- Adults relate to children in a caring compassionate way, reflecting and modelling the school's Christian values. Adults are supported to use both the PACE and WIN approach to help form supportive relationships and encourage good communication with the children (see Appendix 6).
- We adopt a calm, consistent and respectful manner when talking to children, which both models the behaviour we expect from them and helps to diffuse potentially confrontational situations.
- Adults are mindful of the times when children can be overwhelmed or that can be triggers for emotional responses and misbehaviour. For example, transitions, such as when children need to queue, get changed, wash hands for lunch or move around the building, can be times when misbehaviour is most likely to occur. Adults plan for and manage these times carefully to minimise problems, such as ensuring that particular children are not together.
- Good classroom management ensures that children are challenged but do not feel threatened. For example, questions are differentiated and targeted carefully. Children are rewarded for success but not humiliated by failure. Instead, they are supported with steps to help them achieve in the future. Marking and feedback dialogue in children's books is supportive, noting what children have achieved and

moves them on to the next steps in their learning in a positive manner. Learning is sufficiently stimulating and challenging, with extension work as required, but tasks are presented in ways that are structured and achievable with clear expectations.

- The school's Christian values are an essential part of daily school life. Every classroom has a Christian values display. Through Collective Worship, we study a different value each half term and reward children who demonstrate these values in their everyday behaviour and relationships. This moral foundation helps to give children a 'secure base' and prepares them for life beyond school. The values include 'courage', 'hope', 'perseverance', 'forgiveness' and 'compassion', these principles are constantly reinforced through PSHE lessons, Collective Worship and classroom displays.

- Adults foster a classroom culture in which it is okay for children to be open and share their worries, for example by using a 'worry box' for children to seek help. It is absolutely essential for adults to be honest with children. For example, adults must be clear that they cannot keep secrets and may need to pass a child's worry onto someone else if it is a safeguarding concern. Also, adults need to be honest about the fact that they may not be able to 'solve' all the worries that children have. They may or not be able to 'solve' a problem but just talking about it may help it to feel better. If children feel that adults have not been honest or trustworthy, then this could have a very detrimental effect on their wellbeing.

- We will have special days (called 'Fearfully and Wonderfully Made Days) where we celebrate wellbeing. We will also mention things like 'Mental Health awareness days/ weeks etc. This is all part of us believing that we are all 'fearfully and wonderfully made'.

WELLBEING WARRIORS

Also, as part of our commitment to supporting children through the PREVENTION stage of our 'Wellbeing Offer', we are proud of our 'Wellbeing Warriors' at All Saints'.

Some of our older children (in Year 6) have applied for and have been through an interview process and then a specific training programme to become a 'Wellbeing Warrior'. The idea is that these children provide a listening ear for children around the school and can then talk to an adult if a child might need further support with their emotional wellbeing. They can be a friendly face and a buddy to anyone feeling lonely at playtimes and lunchtimes and know how to access a quiet place for children if they need one.

This group of children take it in turns to lead 'Wellbeing' themed assembly once a month and these cover themes such as: worries, feelings, changes, sleep, healthy eating, relaxation etc. Where possible these themes may link to special days or events in the school calendar. For example, we will talk about changes towards the end of the academic year as lots of children find transitioning to another class or school a real challenge.

Our Wellbeing Warriors for September 2022 will be trained by our Thrive Practitioners to use some of the key aspects of THRIVE to help them with their role. Mrs Macro and Ms Elsdon will meet with them regularly to arrange events, assemblies and support them in their role.

STAGE 2 – TARGETED SUPPORT
This tier is about meeting the needs of those made vulnerable sometimes by life experiences.

Fostering an open, compassionate and empathetic culture, in which children are encouraged to be reflective and resilient, will be sufficient to support most children, most of the time.

However, when an individual child does not respond to whole-class approaches or presents with more significant problems, it is important to identify this and to take positive action to meet that child's needs. It is essential that staff members **intervene at an early stage** if they have concerns about the welfare of an individual.

The support that adults in class may provide for individuals includes:

- Identifying targeted support action planning, linked to their individual THRIVE action plan.
- Using emotions or feelings charts to help the child identify how they are feeling at different times in the day;
- Keeping a diary about relationships, mood or wellbeing;
- Keeping a diary or memory book focused on positive experiences, events or relationships;
- Liaising with parents, e.g. through a home-school book, and agreeing strategies to be used at home and school for consistency, such as sharing two good things with a parent at the end of each day;
- Building in breaks so that the child does not become over-whelmed;
- Agreeing a safe space where the child can go (the teacher and child should agree boundaries for how this time may be used);
- Agreeing strategies with the child, e.g. how to feel calmer, so that children retain some control over how to manage their wellbeing, referring to the tools linked to the ZONEs of Regulation to help.
- 'Pastoral Check Ins' with a member of staff on a regular basis to give the child a chance to talk, share and 'off-load'.
- Therapeutic approaches such as 'drawing and talking therapy' or 'lego therapy'.
- Considering the possible underlying causes of children's behaviours – not just *what* they are doing but *why* they are doing it – staff members should allow children the opportunity to reflect on their actions;
- Use risk assessments and behaviour plans in order to plan for changes in routine, managing transitions or supporting children to cope with other known triggers. When a risk assessment has been completed, this is shared with all adults who work with that child.

At this targeted stage of support, it may also be felt that the child would benefit from a small group support and this could be with our Thrive Practitioners or a Teaching Assistant in school.

Staff members will discuss as necessary with the 'Wellbeing Champions' the strategies that they will use to meet the needs of an individual and seek advice accordingly.

STAGE 3 – ACCESS
This tier is about meeting the needs of those children who need differentiated support and resources for example intervention for learning and pastoral and emotional well-being and

also meeting the needs of those children with overlapping difficulties e.g. SEND/Medical. This was usually be through accessing external support.

If strategies used in class or a small group do not have a significant impact on the individual's wellbeing, the class teacher may first refer the child to the Mental Health lead who then will refer to either the school's Family Support Worker, School Counsellor or YMCA Counsellor for individual support.

Family Support Worker

Staff should use the internal referral form to make their concerns clear. The Family Support Worker may:

- Communicate with parents to share concerns and find out more about changes in the child's life and how the child presents at home;
- 'Check in' with the child on a regular basis to give them the time and opportunity to share their worries;
- Meet the child regularly to provide planned support, e.g. to improve self-esteem;
- Work with the child in a small group, e.g. on developing friendships;

School Counsellor

Staff should speak Miss Bacon if they feel a child would benefit from one to one support from the school counsellor.

Initially the counsellor would meet with the child and assess the need and what practically can be done to support them. School may be able to fund a specific piece of work that a child requires or if the support needed may be long term- then an agreement may be made with the family that school 'part-funds' this level of support.
Our school counsellor makes confidential notes and these are recorded centrally on CPOMS on a weekly basis and the DSL monitors these regularly.

Liaising with External Agencies

Where concerns about a child's wellbeing are very serious or internal school support has had limited or no impact, then the school will liaise with external professional agencies. As appropriate, the Family Support Worker, Headteacher and SENDCo will consult with one another and agree the best approach. They may agree to undertake the following referrals:

Referral / Agency	*Referral Completed By:*
School Nursing Team	Anyone on the Wellbeing Team
Common Assessment Framework (CAF) form with the parent in order to access multi-agency support and intervention from the Early Help Team	Family Support Worker / Headteacher
Educational Psychology Services	SENDCo
Emotional Wellbeing Hub	Anyone on the Wellbeing Team
Letter for parent to take to GP	Family Support Worker / Headteacher / SENDCo

Section 2: Supporting Staff

Mental Health Policy
STAFF WELLBEING:

"Well teachers- teach well"

It is vitally important to recognise that in order to monitor and support children's mental health and emotional wellbeing, staff members and the school community must have due regard for the health and wellbeing of the adults in school. If staff members are not emotionally and mentally healthy, they may not be capable of supporting the children as effectively. School leaders are flexible and supportive when dealing with staff absence and sickness. When appropriate, leaders make Occupational Health referrals and pay close attention to the advice received.

In order to support staff wellbeing, the Governors and Wider Leadership Team (WLT) are committed to:

- Make health and wellbeing a core priority. Value the strategic importance and benefits of a healthy workplace. We will encourage a consistent, positive approach to all staff health and wellbeing
- Make communication clear to ensure that staff have realistic expectations of what's possible, practical and affordable.

- Routinely discuss wellbeing matters in Governing Body meetings and WLT meetings.
- Half termly Wellbeing Team meetings to make Wellbeing & Mental Health a priority.
- Support the staff through buying into the Employee Assistance Programme;
- Hold occasional meetings where necessary or requested with staff members to consider issues affecting their wellbeing and mental health.
- Have a proactive and visible commitment to health and safety and its role in improving the health and wellbeing of staff, that is, view health and safety as part of the culture of a caring and supportive employer – not only a statutory requirement.
- Create a supportive environment that enables employees to be proactive when and if possible to protect and enhance their own health and wellbeing.

Where possible, staff are supported with their work/life balance and wellbeing outside the school. Communication with staff on school matters is restricted to working hours where possible, unless an urgent matter and PPA time can be taken offsite or at a different time to work around other commitments. All staff are encouraged to take a responsible approach to health and wellbeing issues, including adopting a robust self-management to their own health.

The protection and fostering of staff wellbeing is increasingly embedded in our management methods and systems. As part of this we will ensure that we conduct annual 'Wellbeing Surveys' through questionnaires or other appropriate data gathering methods so we can constantly review and improve our practice at All Saints'. This will also aid and inform future strategies to support the health and wellbeing of all staff.

STAFF TRAINING

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As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular safeguarding training in order to enable them to keep students safe.

Wellbeing and Mental Health will also be discussed at staff meetings throughout the year and as our Wellbeing Team attend further training this will be disseminated amongst staff as appropriate.

The Creative Education learning portal provides free online training suitable for staff wishing to know more about a specific issue and Teaching Assistants are encouraged to complete training as part of their CPD.

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 to developing situations with one or more pupils.

SIGNPOSTING AND FURTHER INFORMATION

We want to ensure that staff, pupils and parents are aware of what support is available within our school and how to access further support.

Where else can external support be accessed for children or adults?

- **Paediatricians**
- **Social Workers**
- **Counsellors/ therapists**

The Emotional Wellbeing Hub

https://www.suffolk.gov.uk/children-families-and-learning/children-and-young-peoples-mental-health-and-emotional-wellbeing-support/suffolk-children-and-young-peoples-emotional-wellbeing-hub/

The Emotional Wellbeing Hub provides information, advice, and guidance to families and young people in East and West Suffolk, who are worried about the mental health of a child or young person aged 0-25 years, or if you're a young person experiencing emotional wellbeing difficulties. You can make a referral to the Emotional Wellbeing Hub to access CAMHS (Children and Adolescence Mental Health Services). Call the Emotional Wellbeing Hub helpline on 0345 600 2090 and press option 3 to make a referral to access specialist mental health support services or if you need an assessment. For more information and to make an online referral go to the Emotional Wellbeing Hub.

School Nursing - ChatHealth Text Service

Text 07507 333356 for confidential health advice from the school nurse (available Mon-Fri 9.30am to 4.30pm).

Wellbeing Suffolk

https://www.wellbeingnands.co.uk/suffolk/

Wellbeing Suffolk provide a range of free support for people with common mental health and emotional issues, such as low mood, depression or stress. We work with you to help you make the necessary changes to improve your wellbeing and quality of life. Our services are free and available to anyone aged 16 and over living in Suffolk. We have a range of free support available including one-to-one talking therapy based on individual needs, online workshops, podcasts, guided self-help programmes and community events LINK. You can refer yourself for individual

support from our website by completing this form or by calling us on 0300 123 1503 (lines open 8am – 8pm). Alternatively, you can refer through your GP or any other health or social care professional.

Charities and organisations that provide information and advice:

New Chapters: our service to improve health and wellbeing through events, meetings, information and reading recommendations. Call **01473 921272** or email **sarah.lungley@suffolklibraries.co.uk**

YoungMinds

https://www.youngminds.org.uk/

If you are a parent needing help, you can contact the YoungMinds Parent Helpline on 0808 802 5544 (Mon-Fri from 9:30am to 4pm).

The YoungMinds 'Crisis Text Messenger Service' is a free service for young people experiencing a mental health crisis. A young person can contact their messenger service by text to: 5258 (available 24/7).

The Samaritans

https://www.samaritans.org/

Offer a safe place for anyone to talk. You can talk to them about whatever's getting to you (you don't have to be suicidal to contact them). They offer 24/7 support and can be reached on: 116 123 (free to call and won't appear on your phone bill), or you can email them at: jo@samaritans.org.

MindEd for Families

https://mindedforfamilies.org.uk/

MindEd for Families provides practical and evidenced-based advice and guidance to help you support your child. Parents have worked with mental health practitioners and NHS England to develop the information on their website.

Suffolk Mind

https://www.suffolkmind.org.uk/
Suffolk Mind is a registered Charity committed to improving the mental health and wellbeing of people across the region.

We offer a range of easy to access services for adults which includes Counselling, GreenCare, Waves, Suffolk Work Well, Cognitive Behavioural Therapy (CBT) and Suffolk Night Owls. Through our Workplace Wellbeing service, we also work with organisations to help them to create and sustain a positive work environment. We also provide supported housing accommodation.

For more information on any of our services please visit our website or telephone us on 0300 111 6000.

Healthy Suffolk

Healthy Suffolk have a project known as 5 ways to wellbeing and have conducted specific work in Newmarket. More information through videos can be found on their website.

https://www.healthysuffolk.org.uk/projects/5-ways-to-wellbeing/wellbeing-in-newmarket

POLICY LINKS

This policy should be used in conjunction with the school's policies for PSHE, SEND, Safeguarding, Behaviour, Anti-Bullying and the staff Code of Conduct.

<u>Appendix 1 – Useful Resources</u>

Websites:
www.boingboing.org.uk (a range of supportive materials)
www.anxietyuk.org.uk (helpline – 08444775774) Anxiety UK
www.childline.org.uk (help for children – 08001111; help for adults concerned about a child – 08088005000)
www.whole.org.uk (campaigns about stigma related to mental health)
www.mentalhealth.org.uk (research, reports and information)
www.papyrus-uk.org (prevention of young suicide)

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https://youngminds.org.uk
www.samaritans.org
https://www.healthysuffolk.org.uk/projects/5-ways-to-wellbeing
https://www.wellbeingnands.co.uk/suffolk/
https://www.mentallyhealthyschools.org.uk/ - mostly useful for teachers
www.ocduk.org OCD UK
www.depressoinalliance.org Depression Alliance
www.b-eat.co.uk Eating Disorders
www.inourhands.com National Self-Harm Network
www.selfharm.co.uk Suicidal thoughts
www.youngminds.org.uk champions young people's mental health and wellbeing www.mind.org.uk advice and support on mental health problems
www.minded.org.uk (e-learning)
www.time-to-change.org.uk tackles the stigma of mental health
www.rethink.org challenges attitudes towards mental health
AMPARO SUFFOLK: Call 0330 088 9255 or email amparo.service@listening-ear.co.uk
YANA: The YANA Project provides confidential support, mental health awareness and funding for counselling to the farming and rural communities of Norfolk and Suffolk
Samaritans: call 116 123 (7 days a week, 24 hours a day freephone helpline)
Suffolk Mind: call 0300 111 6000 (Monday to Friday, 9am to 5pm)
Rethink Mental Illness: call 0300 5000 927 (Monday to Friday, 9.30am to 4pm)
Suffolk Wellbeing: call Suffolk on 0300 123 1781 or Norfolk & Waveney on 0300 123 1503
CALM (Campaign Against Living Miserably): call 0800 585858 (7 days a week, 5pm to midnight)
Men's Health Forum Beatstress.uk: offers a free, confidential web chat and SMS service for men – live chat on Wednesdays 7pm to 10pm or receive a reply within 48 hours.
Mental Health Foundation: a charity focused on preventing mental health problems
Papyrus: call 0800 068 4141 (Monday to Friday 10am to 10pm, weekends and bank holidays 2pm to 5pm) or email pat@papyrus-org.uk
Survivors of Bereavement by Suicide (SoBS): call 0300 111 5065 (9am to 9pm) or email sobs.support@hotmail.com

Recommended Books (some of which are available in school):
Attachment in the Classroom – Heather Geddes
Inside I'm Hurting – Louise Bomber
The Relaxation and Stress Reduction Workbook for Kids – Lawrence ShapiroRelax Kids: The Magic Box – Marneta Viegas
A Volcano in My Tummy: Helping Children to Handle Anger – Eliane Whitehouse & Warwick Pudney
Helping Children with Loss – Margot Sunderland
Sitting Still like a Frog – Eline Snel
The Huge Bag of Worries – Virginia Ironside
The Dot – Peter H. Reynolds
Something Else – Kathryn Cave
In My Heart: a Book of Feelings – Jo Witek
Angry Arthur – Hiawyn Oram

<u>Appendix 2 – More Information on Trauma & Attachment</u>

<u>Trauma</u>
Trauma can be an isolated event, such as bereavement, or an ongoing, repeated issue, such as abusive behaviour. Trauma can be reflected in a range of symptoms, such as poor sleeping patterns, a lack of self-care, loss of appetite, crying and a person struggling to function and cope with the typical pressures of daily life. The effect of trauma on the body can be physical as well as

emotional, causing the 'fear, fight or flight' response in an individual. Furthermore, research indicates that trauma can have an impact on cognition, functional IQ and a child's ability to learn effectively. Following trauma, it is normal for people to suffer post-traumatic stress but this does not necessarily last. Post-traumatic stress disorder may continue to affect an individual for many years after an event and can be triggered by different experiences.

Communication is vital for providing effective support following trauma. Children must be given the time and opportunity to communicate about trauma affecting them and explore their feelings. This is done by:
•	Developing a culture in which children understand who to turn to for support and know that their voice is important because adults listen and respond;
•	Explicitly teaching the children to be compassionate, modelling the school's Christian values in adult behaviour;
•	Using worry boxes in classrooms and using agreed methods for children to let the Family Support Worker know that they want time to talk;
•	Making internal professional referrals to the Family Support Worker.

Also, communication with parents is important in order to become fully aware of the trauma affecting the child and to share the best and most consistent ways of supporting them. In order to achieve this, the school fosters a welcoming, open relationship with parents, through:
•	Open and friendly staff presence outside at the beginning and end of the school day;
•	Providing parents with advice and close support through positive relationships, informal meetings and formal processes, such as the Common Assessment Framework;
•	Providing opportunities to come into school for positive experiences and to share children's work, such as class assemblies, open classrooms and 'sharing cafés';
•	Encouraging members of the school community to volunteer in school and finding opportunities to thank volunteers, such as inviting them to special performances or holding a 'thank you' tea party.

It is also vital that there is effective communication between staff in school, through:
•	Successful transitions between year groups, involving the full sharing of relevant information;
•	The use and sharing of written risk assessments in relation to behaviour and known triggers;
•	The use of briefings to update staff members on family circumstances and events that we become aware of.

Attachment
Everyone has an attachment 'style'. Mary Ainsworth theorised that there are four styles of attachment: a secure attachment; an insecure ambivalent attachment; an insecure avoidant attachment; and an insecure disorganised attachment. This is a specialist area and not for school staff members to diagnose. However, it is useful for staff members to have a basic understanding of attachment because this will influence how we respond to and address different behaviours in the classroom. If an approach is not working with a child, then staff members should consider what they know about attachment and employ a different strategy.

Secure attachment
A secure attachment comes as a result of establishing a 'secure base'. While a 'secure base' is usually provided by the family, it is important to note that a school can provide a 'secure base' for a child from an insecure background. When a secure attachment is formed, the 'attunement' between the child and the adults providing the 'secure base' has a literal impact on brain

development. The frontal cortex of the brain has plasticity and can grow and change. Therefore, it is important to address attachment issues and to provide a secure base if necessary. A child with a secure attachment knows that it is acceptable to make mistakes and is more comfortable taking risks. He or she will be able to experiment and explore, knowing that they have the support of the adults around him or her. A child may have problems with attachment if they have not established a 'secure base'.

Insecure Ambivalent Attachment

This child may be fearful or anxious and may display separation anxiety. He or she may seek attention but then reject it and may find it difficult to settle to a task without prompting. In the classroom, this child is likely to seek attention from adults and may be desperate to form relationships but may be disinterested in the task. A useful strategy is to pre-teach individually or in a small group prior to a lesson, which will focus the child on what you want him or her to achieve while giving the attention he or she desires. It can be helpful to give attention before poor behaviour starts to cause a problem. This child benefits from being reassured that you will return after a short time has elapsed (give deadlines to complete tasks) or from being given positive signals from elsewhere in the classroom.

Insecure Avoidant Attachment

This child may be withdrawn and struggle to communicate. He or she may show little emotion and may not react as adults expect in social situations. In order to avoid the risk of being hurt, he or she may avoid relationships and supress desires. It should be noted that in the classroom situation the 'avoidance' links to relationships rather than to tasks. Therefore, teachers can engage these children by focusing on, and talking about, the task. The child will engage more actively and successfully if the task relates to his or her interests.

Insecure Disorganised Attachment

This child will seek attention but this may be in inappropriate ways. He or she may be chaotic and easily distracted. His or her history and family background may be disordered and disorganised. There may be a range of triggers that cause misbehaviour although these could be difficult to identify and plan for. In the classroom, this child may struggle to concentrate on either the task or the adults. He or she would benefit from lots of nurturing activities before misbehaviour starts. Also, it is important to give clear boundaries and to be reliable and consistent. This child may be difficult to reason with or discipline when emotions are heightened in the middle of a challenging situation; he or she is more likely to respond appropriately if allowed some time to calm down first. A 'Behaviour Safe' risk assessment may be appropriate. Teachers receive 'Behaviour Safe' training to enable them to do this.

Appendix 3 – The THRIVE approach

The Thrive Approach®
The Thrive Approach has evolved over the last 25 years, providing those who work with children and young people with the knowledge, skills and tools to optimise social and emotional development. Thrive is committed to supporting and encouraging the development of confident,

curious, creative and capable children and young people who are open to learning and better equipped to deal with life's ups and downs.

Building positive relationships

The connections children and young people have with the adults around them is key. Repetition of positive experiences developed through Thrive activities supports their development, helping them to:
• feel good about themselves and know that they matter
• increase their sense of security and trust
• increase their emotional wellbeing
• improve their capacity to be creative and curious
• increase their self-esteem and confidence to learn
• learn to recognise and regulate their feelings
• learn to think before behaving in a certain way and much more.

How does it work?

Appropriate for all children from birth to adulthood, the Thrive Approach draws on the latest research into brain science, child development theory and attachment theory.
It helps us to understand how the brain develops, and how parents, teachers and other professionals can best support this development by providing the best experiences for the children at each stage.

What difference does Thrive make?

Schools that have adopted the Thrive Approach have reported many benefits. These include calmer children, less disruptions in class, improved attendance, reduced exclusions and higher achievements. The knock-on effect of this can be better parent-school relationships and improved staff morale. You can read about these on the Thrive website: mythrive.uk/ case studies.

How will the children be involved in Thrive?

We use a screening and monitoring tool called Thrive-Online® which identifies the developmental needs of individuals or groups and suggests actions plans to meet these needs so that children and young people can move forward and fulfil their potential.
Thrive-Online will be led by your school practitioners who will:
• Profile whole groups as well as individual pupils identified as having additional needs.
• Create an action-plan at a group and individual level, with a raft of strategies and age-appropriate activities to build into teaching to support social and emotional development.
• Measure and report on the progress of whole groups and individuals over time.

There is lots more information on the **Thrive website (thriveapproach.com)**

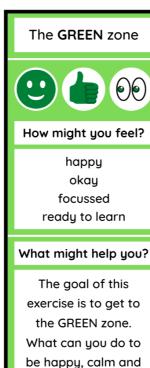# Appendix 4 - Are we an Emotionally Friendly School?

An 'Emotionally Friendly' school should:

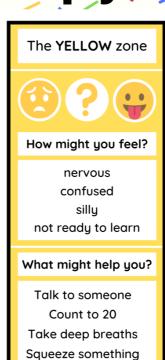|	
Recognise that everyone experiences life challenges that can make them vulnerable and at times, anyone may need additional emotional support. Take the view that positive mental health is everybody's business and that we all have a role to play.	
Promote a mentally healthy school environment through a positive and caring ethos and promoting our values and encouraging a sense of belonging.	
Make sure all teachers are able to recognise the signs and triggers to look out for regarding emotional difficulties or mental health problems.	
Identify difficulties and track pupil's wellbeing needs and progress e.g. through the use of wellbeing trackers.	
Have a key person, co-ordinating work and providing guidance on emotional wellbeing and ensure that all are able to support the needs of children who may be experiencing emotional difficulties.	
Make staff, pupils and parents aware of places they can go to for support e.g. Young Minds, MindEd, Mental Health First Aid England etc.	
Have 'Mental Health Champions' on the staff who can support individuals and groups of children with a range of difficulties.	
Include emotional wellbeing and mental health in the school PSHE curriculum and follow the advice from the PSHE association on how to deliver this sensitively	
Provide support for children who may be experiencing difficulties at lunchtimes or playtimes such as playground buddies or offer lunchtime clubs as places to talk, think or play in a safe and supported environment.	
Teach skills including social skills, resilience, recognising emotions and developing growth mindsets throughout the curriculum and have daily opportunities to reflect on this.	
Ensure consistency of approaches in the schools behaviour and rewards system and celebrate non academic successes.	
Provide mentoring opportunities for individuals, groups or key cohorts of children to build positive relationships and give pupils someone they can go to in need or someone to 'champion' their cause	
Recognise that forms of art, play and music therapy or mindfulness and relaxation techniques can be particularly effective for children experiencing emotional difficulties	
Be aware of the emotional wellbeing difficulties that children with medical needs, with ASD or ADHD, language and communication difficulties or learning difficulties like dyslexia may have. For instance additional stress, anxiety and feelings of isolation or low self esteem.	
Be aware of the vulnerabilities that pupils from disadvantaged groups may have in terms of emotional wellbeing and the additional pressures they face.	
Support families of pupils with emotional wellbeing and mental health difficulties by ensuring that they can access relevant support. Offer or signpost them to parenting classes or training where appropriate.	
Provide targeted support for those in greatest need including mental health group work, circle of friends groups, nurture activities, meet and greet and breakfast clubs.	
Provide targeted support for those experiencing recent difficulties with bereavement or loss, family illness or parental separation.	
Be aware of the relevant referral pathways to CAMHs (child and adolescent mental health service) through GPs, paediatricians and educational psychologists. Make use of the CAMHs helplines.	
Access support from a range of services including the school nurse, educational psychologists, pupil referral units and family support workers. Use counsellors and therapists or organisations such as 'Place2be' as appropriate.	
Tackle stigma around mental health and hold awareness raising events such as in child mental health week or in school assemblies.	

Appendix 5 – Zones of Regulation

How can you help yourself?

The BLUE zone	The GREEN zone	The YELLOW zone	The RED zone
How might you feel?	**How might you feel?**	**How might you feel?**	**How might you feel?**
sad tired bored moving slowly	happy okay focussed ready to learn	nervous confused silly not ready to learn	angry frustrated scared out of control
What might help you?	**What might help you?**	**What might help you?**	**What might help you?**
Talk to someone Stretch Take a brain break Stand Take a walk Close my eyes	The goal of this exercise is to get to the GREEN zone. What can you do to be happy, calm and ready to learn?	Talk to someone Count to 20 Take deep breaths Squeeze something Draw a picture Take a brain break	Stop what I'm doing Make sensible choices Take deep breaths Ask for a break Find a safe space Ask for help

Appendix 6 – PACE, WIN and VRFs

Playfulness
· Light- touch · hopeful · open · spontaneous ·
opportunistic · friendly · positive

Acceptance
- Unconditional Positive Regard
- Everything the child does is accepted
- Behaviour is communication, accept the child's communication

PACE

Curiosity
- Non-judgemental
- Adult does not know best
- Adult genuinely wants to know
- Adult has an active interest in the child's experience

Empathy
- A felt sense of the other's actual experience
- Adults' understanding of the child is experienced and communicated

Beech Lodge
SCHOOL

Fagus

WIN:
It can be hard to know what to say but using these words to start a sentence or question can be really helpful. They make the other person feel seen and allow them to have some say / control in the situation.

W – I wonder….
I – I imagine…..
N – I notice…..

If you say something that is wrong they will let you know. Then you can say "I'm sorry, I got that wrong…."
This can open the door to communication and discussion rather than shutting it down.

There are some key ways to be in relationship with another that contribute positively to the development of a significant relationship and to the development of a healthy sense of self. They are drawn from the teachings and findings of some leading commentators on emotional, psychological and child development including Margot Sunderland. These skills, when provided within a significant relationship, will provide a relational basis for an emotional, social and neurological development.

Vital Relational Functions (VRFs)

Attunement, Validation, Containment, Regulation
Remember to practice these essential tools as part of your general way of being with others.

Attune: Be alert to how others are feeling. Demonstrate attuning to their emotional state showing you are noticing how they feel through facial expression, body language, gesture, noises. The intensity, pitch, pace, volume are all important to show you understand.
(Mis-attunement: Has anyone told you to 'calm down' in a quiet voice when you are feeling angry? This is what we are trying to avoid. 'Never in the history of calming down has anyone calmed down by being told to calm down.')

Validate: Validate their perspective/experience/feeling. This needs to happen before you move to help them contain or regulate it. Avoid reassuring, persuading otherwise, contradicting.
(This is not condoning behaviour or choices – it is simple acknowledging the perspective of the other. When we do this we feel heard.)

Containment: Demonstrate containment. Offer options. A way out of the situation without feeling shame is vital. Show that you understand the pitch/intensity/quality of their feeling or mood and that you can bear it even if they can't. Make their deep distress, raging anger or painful sorrow a survivable experience. Offer your thought processes by thinking out loud and offering it back, named, in small digestible pieces. This will make bearable the strongest emotional state. This shared experience builds trust.

Regulation: Be alert to how they are feeling. Demonstrate emotional regulation. Catch the emotion, match it and help the person to regulate the feeling up or down. Everyone needs to

experience being calmed before they can do it for themselves. You will be communicating the capacity to regulate emotional states by modelling how to do it.