



Mental Health Policy

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**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

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1. Introduction and Context

Jesus said that he had come to bring “Life in all its fullness”. At All Saints’ CE School we believe that this fullness includes the mental resilience to adapt, cope and succeed; we aim to promote positive mental wellbeing for our whole school community (children, staff, parents and carers) in all areas of life. We recognise that mental health and emotional wellbeing is as important to our lives as physical 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

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 those 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

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.

www.mentalhealth.org.uk

The NHS England reports *Future in Mind* and *The Five Year Forward View for Mental Health* (2016) highlighted the challenges facing schools in accessing support and reinforced the need for early intervention. An essential aspect of this 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 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.

See **Section 4** for the support we provide to children, and **Section 5** for support to staff.

We use a 3-stage approach (**Prevent-Target-Access**; see **Section 4.4**). In addition to promoting positive mental health, we aim to recognise and respond to mental ill health.

We are committed to being an ‘Emotionally Friendly School’ (see **Appendix 4**) helping children and adults alike to:

- understand their emotions and feelings better
- feel comfortable sharing any concerns or worries
- form and maintain positive relationships

- have good self-esteem and know that they belong here
- be confident and 'dare to be different'
- develop emotional resilience and to manage setbacks in life

2. Aims of this Policy

1) Building resilience by

- helping staff to develop a 'resilient' learning culture and building the resilience of individual children
- encouraging staff to promote a 'sense of belonging' for everyone at All Saints'
- enabling children to be reflective individuals, who can make informed choices about their own emotional wellbeing
- reflecting the school's distinctive Christian Values by developing a compassionate, caring environment where children and adults are sensitive to and understanding of others' emotional needs and take positive action to support those about whom we are concerned

2) Raising awareness by

- increasing understanding of common mental health issues
- training staff to understand the causes and risk factors affecting mental health conditions in children
- alerting staff to early warning signs of mental ill health and how children's behaviour may reflect their mental health

3) Taking action by

- training staff them to identify children who require intervention and to take positive action to provide 'early help' and effective support
- supporting anyone who is mentally unwell, their peers and families, and signposting appropriate help
- supporting staff who are working with anyone facing mental health issues
- promoting positive mental health for everyone in the school community

3. Lead Members of Staff

All staff have a responsibility to promote children's mental health and support each other, but members of our 'Wellbeing Team' (**'Wellbeing Champions'**) have a clear role to play:

- Miss Katie Hammond Headteacher, DSL
- Mrs Natalie McManus Deputy Headteacher, ADSL
- Ms Cathy Elsdon HLTA, ELSA trained
- Mrs Rachel Maclaren Wellbeing Governor

4. Supporting Children

4.1 Identifying risk factors affecting mental health 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, but staff should be aware of them and mindful of the affect that these may have on a child's mental health. Risk factors 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

(NB: This list is not exhaustive.)

If staff members are aware that one or more of these risk factors are affecting a child and may have an impact on their 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.

4.2 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:

- 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)
- reluctance to communicate with adults, especially in relation to their feelings or a problem
- the child is very self-critical and makes comments that indicate a lack of self-worth or value, blaming themselves when things go wrong
- multiple minor anxieties or worries
- the child apologises often, including when it is not necessary
- indecisiveness
- the child may exaggerate the truth or tells lies, deliberately misleading others, or 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

NB: This list is not exhaustive and these signs are not necessarily indicators of a mental health condition.

4.3 Understanding the causes of mental health conditions

The causes of poor mental health conditions can be very wide and complex and may be a combination of many factors, but two common issues of which staff should be aware are the impact of **trauma** or problems with **attachment**.

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. At any time, things such as sounds, smells or any other factors associated with the trauma can trigger stress and fear and other emotions and behaviours linked to the 'fight or flight' reaction.

More information on trauma or problems with attachment can be found in **Appendix 2**.

4.4 Our offer of support at All Saints': Prevent-Target-Access

We follow the 3-stage **Prevent-Target-Access ('P-T-A')** approach to mental health:

1. **Prevent** whole-class/whole-school 'right time' approaches (**Universal Support**)
2. **Target** support & early Intervention (**Additional Support**)
3. **Access** individual support (**Specialist Support**)

Stage 1: Prevent

This stage is about supporting the needs of all children and creating opportunities to build and develop resilience for all.

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:

Strategies for regulation:

- children are taught explicitly about emotional wellbeing and given basic information about how their emotions can affect their behaviour as part of the PSHE curriculum. They may learn:
 - 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 (e.g. keeping a diary; using a feelings chart; taking time for personal reflection to think about why they are upset; breathing exercises to calm down; being given thinking time).
- adults will be aware of a range of resources and learning activities to support children's emotional wellbeing, so that they can be responsive when classroom life seems to have become particularly stressful or unhappy (**Appendix 1**).
- children have 'right-time' **Thrive (Appendix 3)** whole-class sessions linked to social and emotional development; supporting them to become more resilient and resourceful; form trusting, rewarding relationships; be compassionate and empathetic; overcome difficulties and setbacks.
- children are encouraged to use the **Zones of Regulation (Appendix 5)** to check in with themselves and use tools and strategies to self-regulate when needed.
- children are encouraged to be reflective, e.g. through their responses to Collective Worship, and a range of quiet, calm activities, including visualisation and mindfulness.
- staff regularly 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.

Routines: 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 will 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.

Pre-empting difficult situations: adults are mindful of times when children can be overwhelmed or that may be triggers for emotional responses and misbehaviour, e.g. transitions (when children need to queue; get changed; wash hands for lunch; move around the building). Adults plan for and manage these times carefully to minimise problems, e.g. separating particular children.

Classroom management: this ensures that children are challenged but do not feel threatened, e.g. questions are differentiated and targeted carefully. Children are rewarded for success but not humiliated by failure; they are supported with steps to help them achieve in the future. Marking and feedback dialogue in books is supportive, noting what children

have achieved and moving 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.

Supportive relationships: 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 (**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 also foster a classroom culture in which children are encouraged to share their worries, e.g. by using a 'worry box' for children to seek help. It is absolutely essential for adults to be honest with children, for example, by making it clear that they cannot keep secrets and may need to pass a child's worry onto someone else if it is a safeguarding concern, or by explaining that they may not be able to 'solve' all a child's worries, but that just talking about it may help the child 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.

Christian Values these are an essential part of daily school life: through Collective Worship we study a different value each half term, every classroom has a Christian Values display and the values are reinforced through PSHE lessons. Children who demonstrate these values in everyday behaviour and relationships are rewarded. 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'.

Fearfully and Wonderfully Made Days: these are days when we celebrate wellbeing; these may include 'Mental Health awareness days/ weeks etc, all of which help show that we are all 'fearfully and wonderfully made'.

Wellbeing Warriors: As part of our commitment to supporting children through Stage 1, some of our Year 6 children apply to become 'Wellbeing Warriors' undergoing an interview process and then a specific training programme, learning how to use key aspects of THRIVE to help them with their role. Miss Hammond and Ms Elsdon meet with them regularly to arrange events, assemblies and support them in their role.

The Wellbeing Warriors provide a listening ear for children around the school and can talk to an adult if any child needs 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 needed. The Wellbeing Warriors also take it in turns to lead a wellbeing-themed assembly once a month, covering 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, e.g. we talk about changes in the summer as many children find transitioning to another class or school a real challenge.

Stage 2: Target

This stage 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, but 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, linked to an individual's 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/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, e.g. 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 managing their wellbeing, using Zones of Regulation tools to help.
- regular 'Pastoral check-ins' with a staff member to allow the child to talk, share and 'off-load'
- therapeutic approaches, e.g. 'drawing and talking therapy' or 'lego therapy'.
- considering 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
- using risk assessments and behaviour plans to plan for changes in routine, managing transitions or supporting children to cope with other known triggers. Completed risk assessments are 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 small group support; this could be with our Thrive Practitioners or a Teaching Assistant in school.

Staff 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 stage is about meeting the needs of children who need differentiated support and resources (e.g. intervention for learning and pastoral and emotional well-being) and of those children with overlapping difficulties e.g. SEND/Medical. This will usually be achieved by accessing external support.

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

1. 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

2. 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 each other and agree the best approach. They may agree to make 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

5. Supporting Staff

5.1 Staff wellbeing

‘Well teachers teach well’ – so it is vitally important to recognise that in order to monitor and support children’s mental health and emotional wellbeing, the whole school community must have due regard for the health and wellbeing of the adults in school. If staff 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, valuing the strategic importance and benefits of a healthy workplace and encouraging a consistent, positive approach to all staff health and wellbeing
- make communication clear to ensure that staff have realistic expectations of what is possible, practical and affordable
- routinely discuss wellbeing matters in LGB meetings and WLT meetings
- hold Wellbeing Team meetings half-termly, making Wellbeing & Mental Health a priority
- support 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 & Safety and its role in improving the health and wellbeing of staff, viewing Health & 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.

5.2 Staff training

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.

5.3 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 find further support. External support can be accessed for children or adults through paediatricians, social workers or counsellors/ therapists. The following 10 organisations may also be helpful:

1. NHS

The NHS has put together guidance for **5 ways to wellbeing**:

<https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/five-steps-to-mental-wellbeing/>

2. Samaritans

The Samaritans offer a safe place for anyone to talk about whatever is getting to them - you don't have to be suicidal to contact them. They offer 24/7 support.

<https://www.samaritans.org/how-we-can-help/contact-samaritan/>

Phone: 116 123 (free to call and won't appear on a phone bill)

Email: jo@samaritans.org (NB: A response by email may take several days)

3. School Nursing - ChatHealth Text Service

For confidential health advice from the School Nurse, text 07507 333356 (M-F, 9am-5pm).

4. Shout

Young people experiencing a mental health crisis can contact the Shout Textline for free, 24/7 text messaging support, wherever they are in the UK. Text SHOUT to 85258 to start chatting to a trained volunteer. <https://giveusashout.org/>

5. Suffolk Community Libraries

A health and wellbeing programme run by Suffolk Community Libraries, aiming to improve health and wellbeing through information, drop-ins and reading recommendations.

<https://suffolkcommunitylibraries.co.uk/wellbeing/mental-wellbeing/>

6. Suffolk Mind

A registered charity committed to improving the mental health and wellbeing of people across the region, offering a range of easy-to-access services for adults, including Counselling, GreenCare, Waves, Suffolk Work Well and Suffolk Night Owls. Through their

Workplace Wellbeing service, they also work with organisations to help them to create and sustain a positive work environment. They also provide supported housing accommodation. <https://www.suffolkmind.org.uk/>; 0300 111 6000.

7. The Emotional Wellbeing Hub

This provides information, advice, and guidance to families in East and West Suffolk who are worried about the mental health of a child or young person aged 0-25 years, or to young person who are experiencing emotional wellbeing difficulties. To make a referral to access CAMHS (Children and Adolescence Mental Health Services), go to 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/

8. The Source

This provides information, advice and sources of support for young people in Suffolk. <https://thesource.me.uk/your-mind-mental-health-support/>

9. Wellbeing Suffolk

Wellbeing Suffolk provides a range of free support for people with common mental health and emotional issues (e.g. low mood, depression or stress), working with them to help them make the necessary changes to improve wellbeing and quality of life. Their range of free services is available to anyone aged 16 and over living in Suffolk, including 1:1 talking therapy, online workshops, guided self-help programmes and community events. Individuals can refer themselves for individual support by phoning 0300 123 1503 (8am-6pm) or completing the online self-referral form: www.wellbeingnands.co.uk/suffolk/. Alternatively, they can refer through their GP or any other health or social care professional.

10. YoungMinds

Parents needing help can contact the Parent Helpline on 0808 802 5544 (Mon, Thur & Fri 9:30am-4pm; Tue & Wed 9.30am-6pm). <https://www.youngminds.org.uk/>

For further sources of help see Appendix 1.

6. Linked Policies

This policy should be used in conjunction with the following policies:

- **Child Protection and Safeguarding Policy**
- **Behaviour**
- **PSHE Policy**
- **SEND Policy**
- **Staff Code of Conduct**

Appendix 1: Useful Resources

A1.1: Websites (please see also 5.3 above)

Anxiety UK: <https://www.anxietyuk.org.uk/>; self-care infoline: 03444775774

Beat Eating disorders: www.b-eat.co.uk

Boing Boing: a range of supportive materials for resilience; www.boingboing.org.uk

CALM : suicide prevention; helpline: 0800 585858 (7/7, 5pm-midnight); <https://www.thecalmzone.net/>

Childline: children's helpline: 08001111; www.childline.org.uk

NSPCC: for adults worried about a child: 0808 800 5000; <https://www.nspcc.org.uk/keeping-children-safe/support-for-parents/>

Men's Health Forum: www.menshealthforum.org.uk/beat-stress-feel-better

Mental Health Foundation: research on preventing mental health problems; www.mentalhealth.org.uk

Mentally Healthy Schools: mostly useful for teachers www.mentallyhealthyschools.org.uk/

MIND: advice and support on mental health problems; www.mind.org.uk

Minded: e-learning; www.minded.org.uk

National Self-Harm Network: <https://www.nshn.co.uk/>

OCD UK: www.ocduk.org

Papyrus: prevention of young suicide; www.papyrus-uk.org; 0800 068 4141 (24/7) or email pat@papyrus-org.uk

Rethink: support for serious conditions like schizophrenia & bipolar disorder; <https://www.rethink.org/>

Selfharm: free online self-harm support for 10-17 year olds; www.selfharm.co.uk

Survivors of Bereavement by Suicide (SoBS): 0300 111 5065 (9am-9pm) or sobs.support@hotmail.com; <https://uksobs.com/>

Time to Change: campaign to change how we view mental health problems; www.time-to-change.org.uk

Whole: campaigns about the stigma related to mental health; www.whole.org.uk

YANA (You are not alone): mental health support for those in agriculture and rural businesses; 0300 323 0400 (M-F, 10am-1pm); <https://www.yanahelp.org/>

A1.2: 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 Shapiro

Relax 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

Appendix 2: More Information on Trauma & Attachment

A2.1: Trauma

Trauma can be an isolated event, such as bereavement, or an ongoing, repeated issue, such as abusive behaviour. It can be reflected in a range of symptoms (e.g. poor sleeping patterns, lack of self-care, loss of appetite, crying and 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 'fight or flight' response in an individual. Trauma can also 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. This does not necessarily last, but 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 may be 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 agreed methods for children to let the Family Support Worker know that they want time to talk
- Making internal referrals to the Family Support Worker

Communication with parents is also important in order to become fully aware of a trauma affecting a child and to share the best, 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, e.g. the Common Assessment Framework
- Providing opportunities to come into school for positive experiences and to share children's work, e.g. 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

Effective communication between staff in school is vital, through:

- successful transitions between year groups, with full sharing of relevant information
- use and sharing of written risk assessments re. behaviour and known triggers
- briefings to update staff on family circumstances/events we become aware of

A2.2: Attachment

This is a specialist area and not for school staff, but, it is useful to have a basic understanding of attachment because this will influence how we address different behaviours in class. If an approach is not working with a child, then staff should consider what they know about attachment and employ a different strategy. Everyone has an attachment 'style'. Mary Ainsworth theorised that there are four styles of attachment:

a. 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'.

b. Insecure Ambivalent Attachment

This child may be fearful or anxious and may display separation anxiety. They 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 them 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.

c. Insecure Avoidant Attachment

This child may be withdrawn and struggle to communicate. They may show little emotion and may not react as adults expect in social situations. In order to avoid the risk of being hurt, they may avoid relationships and suppress 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 their interests.

d. Insecure Disorganised Attachment

This child will seek attention but this may be in inappropriate ways. They may be chaotic and easily distracted. Their 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. They 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; they are 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

Over the last 25 years, Thrive has an approach to support the development of confident, curious, creative and capable children, open to learning and better equipped to deal with life. Benefits for schools include calmer children, improved attendance, reduced exclusions and higher achievement. Positive relationships between children and the adults around them are key, with research-based strategies that allow adults to support children's brain development at each stage from birth to adulthood. Thrive activities help children 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

At All Saints we use a screening and monitoring tool called which identifies the developmental needs of individuals or groups and suggests action plans to meet these needs so that children can fulfil their potential. The Thrive Practitioners can:

- profile whole groups or individual pupils identified as having additional needs
- create an action-plan at a group or individual level, with strategies and age-appropriate activities to build into teaching
- measure and report on the progress of whole groups or individuals over time

(See <https://www.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 & that we all have a role to play.	
Promote a mentally healthy school environment through a positive & caring ethos & promoting our values & encouraging a sense of belonging.	
Make sure all teachers are able to recognise the signs & triggers to look out for regarding emotional difficulties or mental health problems.	
Identify difficulties & track pupil's wellbeing needs & progress e.g. by using wellbeing trackers.	
Have a key person co-ordinating work & providing guidance on emotional wellbeing & ensure that all are able to support the needs of children who may be experiencing emotional difficulties.	
Make staff, pupils & parents aware of places they can go to for support e.g. <i>Young Minds</i> , <i>MindEd</i> , <i>Mental Health First Aid England</i> etc.	
Have 'Mental Health Champions' on the staff who can support individuals & groups of children with a range of difficulties.	
Include emotional wellbeing & mental health in the school PSHE curriculum & 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 & supported environment.	
Teach skills including social skills, resilience, recognising emotions & developing growth mindsets throughout the curriculum & have daily opportunities to reflect on this.	
Ensure consistency of approaches in the schools behaviour & rewards system & celebrate non-academic successes.	
Provide mentoring opportunities for individuals, groups or key cohorts of children to build positive relationships & give pupils someone to go to in need or someone to 'champion' their cause.	
Recognise that forms of art, play & music therapy or mindfulness & 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 & communication difficulties or learning difficulties like dyslexia may have. For instance additional stress, anxiety & feelings of isolation or low self-esteem.	
Be aware of the vulnerabilities that pupils from disadvantaged groups may have in terms of emotional wellbeing & the additional pressures they face.	
Support families of pupils with emotional/mental health difficulties by ensuring that they can access relevant support, offering/signposting to parenting classes/training where appropriate.	
Provide targeted support for those in greatest need including mental health group work, circle of friends groups, nurture activities, meet & greet & 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 & Adolescent Mental Health Service) through GPs, paediatricians & educational psychologists, & use the CAMHS helplines.	
Access support from a range of services including the school nurse, educational psychologists, pupil referral units & family support workers. Use counsellors & 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

A6.1: 'PACE'

PACE is a way of describing a positive school Culture. It stands for Playfulness – Acceptance – Curiosity – Empathy.



A6.2: 'WIN'

The following phrases can be very helpful to start a sentence or question when talking about mental health. They make the other person feel seen and allow them to have some say or 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.

This approach is based on the work of experts in psychology and child development, including Margot Sunderland. Such strategies allow the growth of a significant relationship which will support emotional, social and neurological development and lead to a healthy sense of self.

A6.3: Vital Relational Functions (VRFs): Attune, Validate, Contain, Regulate

These are essential tools to use as part of your general way of being with others.

Attune: Be alert to how others are feeling. Demonstrate that you are attuned to their emotional state showing you are noticing how they feel, through facial expression, body language, gesture, noises. 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 they feel heard.)

Contain: Demonstrate containment by offering 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 cannot. 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 the strongest emotional state bearable. This shared experience builds trust.

Regulation: Be alert to how others 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.