



# Mickle Trafford Village School

## Mental Health and Wellbeing Policy

Date of policy	February 2023
Date for Review	Spring 2024
Signed Headteacher	

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## **1. Policy Statement**

At Mickle Trafford Village School (MTVS), we are committed to promoting and supporting positive mental health and emotional wellbeing across our whole school community (pupils, their families, carers, staff, and governors).

We recognise how important mental health and wellbeing is to our lives, in just the same way as physical health and recognise their co-dependence.

We want the very best for our pupils and understand that their mental health and wellbeing is a crucial factor in their ability to reach their full potential and thrive.

The Department of Education states 'in order to help pupils succeed; schools have a role to play in supporting them to be resilient and mentally healthy'. We at Mickle Trafford Village School embrace the importance and necessity of our pastoral care being interwoven with our academic provision.

As embedded in our school motto 'We Care, We Learn, We Belong', we appreciate that a school ethos and environment which is nurturing, supportive, respectful, diverse, inclusive, and open to further learning and development, is highly beneficial for the mental health and wellbeing of our whole school community.

Schools are much more than an academic hub. They are a place for children and young people to experience a nurturing and supportive environment, where they can develop their self-esteem, hone their social, emotional, and relationship skills, understand how to safeguard their physical and mental health, and be provided with positive experiences and strategies for overcoming adversity and building resilience. Furthermore, for some, school will be a place of respite from difficult home lives and offer positive role models and relationships, which are critical in promoting pupils' well-being and can help engender a sense of belonging and community.

We understand that due to a wide range of factors and life experiences, everyone's mental health and wellbeing fluctuates during their life and everyone has times when they would benefit from additional support. Early identification of, and support for, mental health and wellbeing issues can make a very significant positive difference. On many occasions early

identification and support significantly reduces the likelihood of serious, long-term, and/or later life mental health issues.

We appreciate that the mental health and wellbeing of those around the pupils, their understanding of, and attitude towards, mental health and wellbeing, along with their ability and willingness to access support, are all influential factors on the pupils' mental health and wellbeing.

Our aim is to champion wellbeing and the protective factors which build resilience to mental health problems and be a school where:

- all pupils are valued;
- all pupils' needs are recognised and supported;
- pupils have a sense of belonging and feel safe;
- pupils feel able to talk openly with trusted adults about their problems without feeling any stigma;
- positive mental health is promoted and valued; and
- prejudice and bullying is not tolerated.

In addition to pupils' mental health and wellbeing, as detailed in our Staff Wellbeing Policy, we recognise the importance of promoting staff and governors' mental health and wellbeing.

Further, we recognise the importance of our parents' and carers' mental health and wellbeing. We have an open door policy and are always happy to signpost parents and carers to the support they would benefit from. Our school website also contains helpful links for all ages.

At Mickle Trafford Village School, We Care, We Learn, We Belong.

## **2. Definition of Mental Health and Wellbeing**

We use the World Health Organisation's definition of mental health and wellbeing "*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*".

Mental health and wellbeing is not just the absence of mental health problems. We want all children/young people to:

- have healthy self-esteem and feel confident in themselves;
- be able to identify, express, and regulate their emotions and feel comfortable asking for and/or accepting support with this when required;
- understand how to protect and nurture their own mental health and wellbeing (including understanding the benefits of a healthy and physically active lifestyle);
- be respectful, caring, and empathetic towards others;
- be able to make and maintain positive relationships with others;
- be able to cope with the stresses of everyday life;
- be resilient and able to manage times of stress, change and transition (using regulation strategies and being confident to reach out for support as appropriate);
- feel confident to try new things, ask questions, express their opinion, develop their ideas, interests, ambitions and goals;
- learn, develop, and achieve their ambitions and potential; and
- be confident to ask for, accept, and engage with further support when required.

### **3. Scope**

This policy should be read in conjunction with all other relevant school policies including, but not limited to, our policies on safeguarding, behaviour, medical needs, SEND, equality, anti-bullying, peer-to-peer, bereavement, e-safety, PSHE and SMSC, mental health and wellbeing provision map, staff wellbeing and support pathway. It should also sit alongside child protection procedures.

Our policies can be found at <http://www.mickletraffordvillageschool.co.uk> or requested from [admin@mickletrafford.cheshire.sch.uk](mailto:admin@mickletrafford.cheshire.sch.uk).

### **4. Policy Aims**

- Further promote positive mental health and wellbeing across our whole school community.
- Increase awareness of early warning signs of mental ill health and wellbeing issues;
- Increase awareness of how and when to access support for pupils with suspected mental health and wellbeing issues.
- Further promote emotional literacy, regulation, and resilience amongst pupils.
- Raise awareness amongst the whole school community that anyone can experience wellbeing and mental health issues, that the majority of us will require some support

with our mental health and wellbeing from time-to-time, and engender an understanding, supportive, and stigma-free environment where all feel confident to seek support as and when they need it.

## **5. Lead Members of Staff**

Whilst all staff and governors have a responsibility to promote the mental health and wellbeing of our whole school community, members of the MTVS team with specific lead roles to play include:

- Headteacher and Designated Safeguarding Lead
- Deputy Headteacher and Designated Safeguarding Lead
- SENDCO and Deputy Designated Safeguarding Lead
- PSHE/SMSC Coordinator
- Pastoral Lead and Deputy Designated Safeguarding Lead
- Wellbeing & Safeguarding Governor

If a member of the school community is concerned about the mental health or wellbeing of a pupil they should speak to the Pastoral Lead (Liz Weston). Staff can also refer to the Mental Health and Wellbeing Provision Map (Appendix 5).

If there is a concern that the pupil is at high risk or in danger of immediate harm, support must be immediately sought and the school's safeguarding and child protection procedures must be followed (Designated Safeguarding Leads and Deputy Safeguarding Leads are listed at the end of the policy and on posters displayed around school).

If the pupil presents as a high risk medical emergency, relevant procedures should be followed, including involving the emergency services if necessary.

The Support Pathway for members of staff experiencing mental health or wellbeing issues is detailed in the Staff Wellbeing Policy.

## **6. Individual Care Plans**

When a pupil has been identified as having a significant cause for concern, has received a diagnosis of a mental health issue, or is receiving support either through CAMHS or another organisation, it is recommended that an Individual Care Plan/SEND Profile/Reasonable Adjustment Plan/Reduce Demanding Script should be drawn up. The development of the plans should involve the pupil, parents, and relevant professionals.

Suggested elements of the plan include:

- Details of the pupil's situation/condition/diagnosis
- Special requirements or strategies, and necessary precautions
- Medication and any side effects
- Who to contact in an emergency
- The role the school and specific staff
- The creation of a one page profile to be shared with those working directly with the pupil, including supply staff.

## 7. Supporting pupils' positive mental health and wellbeing

We recognise that school has a key role in promoting pupils' mental health and wellbeing and in helping to prevent mental health problems. Accordingly, we have developed, and continue to tailor and grow, a range of strategies and approaches including:

### Pupil-led activities

- ★ Wellbeing Ambassadors are elected each term to support, initiate, and advocate wellbeing initiatives across the school.
- ★ School Councillors are pupils elected each academic year, by the pupils in their class, to represent the views of all pupils and play an integral role in improving their school.
- ★ Sports Councillors are elected each academic year to champion participation and enjoyment in physical activities.
- ★ Eco Committee pupil members play a vital role in directing, monitoring, and encouraging the protection of our environment.
- ★ Play Leaders are pupils who dedicate a lunch break per week to support play amongst the younger children.
- ★ Safety Officers are pupils who alongside school staff and PCSOs help raise awareness of E Safety and Road Safety matters.
- ★ Lunch Hall Monitors (a.k.a "*Tray Scrapers*") are pupils who support other pupils clear away their lunch trays.
- ★ Year 6 Buddy system with Reception children.
- ★ Many of the clubs offered during lunch break are initiated and run by pupils.
- ★ Pupil initiated and run charity events.
- ★ Pupil voice (listening to the views, wishes and experiences of our pupils) is regularly gathered to help inform and direct our mental health and wellbeing offering.

### Transition programmes

- ★ Prior to starting in Reception Class, children are invited to 'stay and play' sessions to help boost their confidence in their transition to school and a home visit is also offered.
- ★ Towards the end of every academic year, prior to moving up an academic year, pupils spend several 'getting to know you' sessions with their new class teacher in their new classroom.
- ★ Strong links with local secondary schools boost the success of our Year 6 pupils' transition to secondary school. Heads of Year and Pastoral Leads come into school to meet our pupils, answer any questions they have, and invite them to attend transition days at their chosen secondary school. Additional transition visits are arranged for some of our pupils, as appropriate, and many secondary schools offer a transition holiday club during the summer prior to commencing secondary school.

## **Class activities**

- ★ Circle Time
- ★ Worry Boxes
- ★ Suggestion Boxes
- ★ Regulation Station
- ★ Jigsaw sessions
- ★ Zones of Regulation
- ★ My Happy Mind
- ★ Stories/literature projects
- ★ Pebble Pots
- ★ Dojos
- ★ Show and Tell Boxes
- ★ Treat Days/Class Party
- ★ Swimming lessons
- ★ School trips (including residential trips)
- ★ Visitors from the wider community

## **Whole school**

- ★ Celebration Assembly every Monday afternoon to recognise and celebrate the children's achievements.
- ★ Star of the Week
- ★ Hot Chocolate Award
- ★ Golden Table
- ★ Pupil voice
- ★ Regular assemblies from external speakers to further support and inspire our pupils' learning and development.
- ★ Extracurricular activities (offered both during, before, and after the school day)
- ★ Buddy Reading
- ★ Friendship benches
- ★ Breakout/chillout areas
- ★ Children's Mental Health Week
- ★ World Mental Health Day
- ★ Children in Need Day
- ★ Comic Relief
- ★ Sport Relief
- ★ Sports Day
- ★ School plays and carol concert
- ★ Lantern Parade
- ★ Colour Run, Summer Fair, Christmas Fair and other PTA events.
- ★ Safety and Mental Health and Wellbeing areas on school website
- ★ We are working towards a Trauma and Attachment Award, Gold Pupil Wellbeing Award, and Young Carers' Award.

## **Small group activities**

- ★ Friendship and social skills interventions
- ★ Subject intervention groups
- ★ Busy Bees
- ★ Chill-Out Club (run final 15 minutes of lunch break to support a calm transition back to class)
- ★ Inter-school sports tournaments (small group of children invited to attend)
- ★ Subject challenge days (small group of children invited to attend inter school events)
- ★ Wake-Up, Shake Up (physically active club prior to start of school day)

## **Jigsaw PSHE**

Our Personal Social Health and Economic curriculum is delivered using the award winning Jigsaw whole-school approach programme. The Jigsaw programme is tailored to be delivered at an age-appropriate level in class and then further reinforced during dedicated whole school Jigsaw assemblies. Themes covered across Jigsaw include: Being in My World; Celebrating Difference; Dreams and Goals; Healthy Me; Relationships; and Changing Me.

## **Zones of Regulation**

Zones of Regulation is first introduced to our pupils during the summer term of their Reception year and runs across the whole school all the way up to and including Year 6. (Appendix 4)

## **My Happy Mind**

My Happy Mind is an NHS backed mental and emotional wellbeing package for schools. Every class will have a My Happy Mind lesson once per week. This will complement our Zones of Regulation programme and sit in addition to our Jigsaw PSHE sessions. My Happy Mind supports a whole school, collaborative, approach and provides parents and carers with access to the My Happy Mind app.

## **ELSA**

Whilst all pupils at Mickle Trafford Village School benefit from our whole school nurturing approach to mental health and wellbeing, we recognise that there are times when a child may require a period of additional targeted support in the form of ELSA sessions.

ELSA is an in-school initiative, developed and supported by educational psychologists, to support the intrinsic relationship between a child's mental health and wellbeing and their ability to reach their full potential and thrive.

ELSA sessions take the form of activities, games and story-telling, covering areas such as recognising and expressing emotions, regulation skills, self-esteem, empathy, social and friendship skills, loss and bereavement, and transition.

Our designated ELSA room is a welcoming, relaxed, and comfortable space where children who require a period of additional nurture and support can benefit from a

weekly or fortnightly 30-40 minute session tailored to their individual needs and interests.

Depending on each child's needs, they will receive 1:1 sessions or a mix of 1:1 and small group sessions.

Our ELSA's motto is Listen, Support, Empower and whilst there is no magic wand ELSA sessions are enjoyed and have a positive impact.

## **8. Identifying, Referring and Supporting Pupils with Mental Health and Wellbeing Needs**

We provide a safe, supportive, inclusive, environment to encourage and enable children to express themselves and be listened to.

We nurture and listen to our pupils to ensure that their needs are being identified and supported. We recognise that disclosures and requests for support may be non-verbal in nature and that behaviour itself is communication. We seek to understand and support the thoughts, feelings, and needs behind our pupils' behaviour and recognise and promote the importance of a relational and restorative approach towards behaviour.

We recognise the vital role parents and carers play in supporting the mental health and wellbeing needs of their children and have an open door policy to encourage and facilitate a positive and productive home/school relationship.

We recognise that to adequately support our pupils we must ensure that their parents and carers feel comfortable to speak to us, are respectfully listened to, appropriately corresponded with, kept informed, and appropriately supported.

We will inform parent(s)/carer(s) if we have any concerns about their child's mental health and wellbeing.

Whenever a mental health and wellbeing concern is raised about our pupils, we will arrange to meet with their parent(s)/carer(s) to listen to their experience and views, agree a plan of action with them, and ensure they too feel supported (subject to the appropriate safeguarding and child protection measures). As deemed appropriate in the circumstances, pupils will be invited to attend the meetings.

We recognise that every child and their experiences and needs are unique to them; accordingly, every case will be dealt with on an individual basis and support appropriately tailored to the pupils' individual needs. Our Mental Health and Wellbeing Provision Map sets out our standard pathway for support and referrals and will be tailored and/or supplemented as appropriate.

Pupils, parents and carers can also access information and support from The Mental Health and Wellbeing and Safety sections of our website, which are regularly updated.

## 9. Warning Signs

Staff may become aware of warning signs which indicate that a pupil is experiencing mental health or wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should alert one of the Lead Members of Staff.

Should it be appropriate, safeguarding and child protection measures must always be followed without delay.

Possible warning signs, which all staff should be aware of include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Isolation from friends or family/becoming socially withdrawn
- Changes in activity/mood/behaviour
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to, or absence from school
- Repeated physical pain or nausea with no evident cause
- Health/medical complaints (including disclosed or apparent discomfort)
- An increase in lateness or absenteeism

## 10. Managing Disclosures

When a pupil, parent or carer, chooses to disclose concerns about their own mental health and wellbeing or that of another to a member of staff, the member of staff's response should always be calm, supportive and non-judgmental.

Staff should listen, rather than advise and our first thoughts should be of the pupil's emotional and physical safety, rather than exploring 'why?'. See Appendix 2 for more information about how to handle mental health and wellbeing disclosures sensitively.

All disclosures should be actioned pursuant to our safeguarding and child protection policy, and recorded on EdAware. Our Pastoral and Safeguarding Leads are alerted to, review, and monitor all EdAware entries. In the event of a serious safeguarding matter, a Safeguarding Lead should also be immediately informed verbally.

For low level concerns about themselves or other members of staff, staff should complete a Low Level Concern Form and return it to the Head Teacher or Deputy Head Teacher.

## **11. Confidentiality**

All sensitive information pertaining to the mental health and wellbeing of our pupils, staff, governors, parents and carers will be treated confidentially and pursuant to General Data Protection Regulation. Any necessary sharing of sensitive information will be on a 'need to know' basis and pursuant to our safeguarding and child protection policy.

We will maintain a respectful, non-judgmental, supportive, open and honest approach with those who disclose/share sensitive information with us.

Save for when safeguarding and child protection policy dictates otherwise, when it is necessary for us to share our concerns about a pupil, parent, carer, member of staff, or governor we will first discuss it with them and inform them who we are going to talk to, what we are going to tell them, and why we need to tell them. Ideally we will obtain their consent to share the information; however, the safety of our pupils, parents, carers, staff and governors is paramount and there may be times when information has to be shared without consent. In any event, save for when safeguarding and child protection policy dictates otherwise, the individual who has disclosed/shared the information will be kept informed about who the information has been shared with and why, informed about next steps and who they can speak to should they have any questions or concerns.

## **12. Support for Peers**

We recognise that when a pupil is experiencing mental health and wellbeing problems it can be challenging for their peers.

We will keep the impact upon peers under review and consider on a case-by-case basis the best mechanism of support - whether it be sensitively incorporated in a whole class PSHE lesson or in a more targeted small group or 1:1 intervention.

At all times the confidentiality and wishes of the pupil who is experiencing mental health and wellbeing problems will be respected. We will involve the pupil and, as appropriate, their parent(s)/carer(s) and consider with them what is helpful for peers to know, what they should not be told, and how they can best support.

We will also remind all pupils about where and how they can access information and support for themselves and healthy ways of coping with the difficult emotions they may be feeling.

To aid the support our pupils receive at home, should it be deemed appropriate, we will also inform the parent(s)/carer(s) of peers and signpost them to relevant information and support.

### 13. Training

As a minimum, all staff will receive regular training on recognising and responding to mental health and wellbeing issues as part of their regular safeguarding and child protection training.

Mental health and wellbeing updates, including best practice, will also be regularly delivered during staff meetings, INSET days, staff noticeboards, emails, and online training.

Individual training opportunities and needs will also be reviewed as part of our staff appraisal process and as required additional CPD will be supported throughout the year to ensure staff are able to best meet the needs of our whole school community.

### 14. Monitoring and review

This policy will be reviewed annually by the governing board and the headteacher.

Any changes made to this policy will be communicated to all members of staff.

All members of staff are required to familiarise themselves with all processes and procedures outlined in this policy as part of their induction programme.

The next scheduled review date for this policy is **Spring 2024**.

<b>Headteacher and Designated Safeguarding Lead</b>	<b>Wendy Lyon</b>
<b>Deputy Headteacher and Designated Safeguarding Lead</b>	<b>Julie Cox</b>
<b>SENDCO and Deputy Designated Safeguarding Lead</b>	<b>Mat Hutchinson</b>
<b>PSHE/SMSC Coordinator</b>	<b>Di Kennedy</b>
<b>ELSA, Pastoral Lead and Deputy Designated Safeguarding Lead</b>	<b>Liz Weston</b>
<b>Wellbeing &amp; Safeguarding Governor</b>	<b>Clare Arnold</b>

#### Appendices:

#### Appendix 1. Protective and Risk Factors

**Appendix 2. Talking to Pupils When They Make a Mental Health and Wellbeing Disclosure**

**Appendix 3. UK Chief Medical Officers’ Physical Activity Guidelines, 2019**

**Appendix 4. Zones of Regulation**

**Appendix 5. Mental Health and Wellbeing Provision Map (including where to get information and support)**

**Appendix 1. Protective and Risk Factors (Mental Health and Behaviour in Schools, Department for Education, 2018)**

	<b>Risk Factors</b>	<b>Protective Factors</b>
In the Child	<ul style="list-style-type: none"> <li>• Genetic influences</li> <li>• Low IQ and learning disabilities</li> <li>• Specific development delay or neuro-diversity</li> <li>• Communication difficulties</li> <li>• Difficult temperament</li> <li>• Physical illness</li> <li>• Academic failure</li> <li>• Low self-esteem</li> </ul>	<ul style="list-style-type: none"> <li>• Secure attachment experience</li> <li>• Outgoing temperament as an infant               <ul style="list-style-type: none"> <li>• Good communication skills, sociability</li> </ul> </li> <li>• Being a planner and having a belief in control</li> <li>• Humour</li> <li>• A positive attitude</li> <li>• Experiences of success and achievement</li> <li>• Faith or spirituality</li> <li>• Capacity to reflect</li> </ul>
In the family	<ul style="list-style-type: none"> <li>• Overt parental conflict including domestic violence</li> <li>• Family breakdown (including where children are taken into care or adopted)</li> <li>• Inconsistent or unclear discipline</li> <li>• Hostile and rejecting relationships</li> <li>• Failure to adapt to a child’s changing needs</li> <li>• Physical, sexual, emotional abuse, or neglect</li> <li>• Parental psychiatric illness</li> </ul>	<ul style="list-style-type: none"> <li>• At least one good parent-child relationship (or one supportive adult)</li> <li>• Affection</li> <li>• Clear, consistent discipline</li> <li>• Support for education</li> <li>• Supportive long term relationship or the absence of severe discord</li> </ul>

	<ul style="list-style-type: none"> <li>• Parental criminality, alcoholism or personality disorder</li> <li>• Death and loss – including loss of friendship</li> </ul>	
	<b>Risk Factors</b>	<b>Protective Factors</b>
In the school	<p>Bullying including online (cyber)</p> <ul style="list-style-type: none"> <li>• Discrimination</li> <li>• Breakdown in or lack of positive friendships</li> <li>• Deviant peer influences</li> <li>• Peer pressure</li> <li>• Peer on peer abuse</li> <li>• Poor pupil to teacher/school staff relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Clear policies on behaviour and bullying</li> <li>• Staff behaviour policy (also known as code of conduct)</li> <li>• ‘Open door’ policy for children to raise problems</li> <li>• A whole-school approach to promoting good mental health</li> <li>• Good pupil to teacher/school staff relationships</li> <li>• Positive classroom management</li> <li>• A sense of belonging</li> <li>• Positive peer influences</li> <li>• Positive friendships</li> <li>• Effective safeguarding and Child Protection policies.</li> <li>• An effective early help process</li> <li>• Understand their role in and be part of effective multi-agency working <ul style="list-style-type: none"> <li>• Appropriate procedures to ensure staff are confident to can raise concerns about policies and processes, and know they will be dealt with fairly and effectively</li> </ul> </li> </ul>
In the community	<ul style="list-style-type: none"> <li>• Socio-economic disadvantage</li> </ul>	<ul style="list-style-type: none"> <li>• Wider supportive network</li> <li>• Good housing</li> </ul>

	<ul style="list-style-type: none"> <li>• Homelessness</li> <li>• Disaster, accidents, war or other overwhelming events</li> <li>• Discrimination</li> <li>• Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation</li> <li>• Other significant life events</li> </ul>	<ul style="list-style-type: none"> <li>• High standard of living</li> <li>• High morale school with positive policies for behaviour, attitudes and anti-bullying</li> <li>• Opportunities for valued social roles</li> <li>• Range of sport/leisure activities</li> </ul>
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**Appendix 2. Talking to Pupils When They Make a Mental Health and Wellbeing Disclosure (Charlie Waller Memorial Trust, [www.cwmt.org.uk](http://www.cwmt.org.uk))**

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

**Focus on listening**

*“She listened, and I mean REALLY listened. She didn’t interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I’d chosen the right person to talk to and that it would be a turning point.”*

If a student has come to you, it’s because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they’re thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

**Don’t talk too much**

*“Sometimes it’s hard to explain what’s going on in my head – it doesn’t make a lot of sense and I’ve kind of gotten used to keeping myself to myself. But just ‘cos I’m struggling to find the right words doesn’t mean you should help me. Just keep quiet, I’ll get there in the end.”*

The student should be talking at least three quarters of the time. If that’s not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they’ve touched on more deeply, or to show that you

understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening!

### **Don't pretend to understand**

*"I think that all teachers got taught on some course somewhere to say 'I understand how that must feel' the moment you open up. YOU DON'T – don't even pretend to, it's not helpful, it's insulting."*

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

### **Don't be afraid to make eye contact**

*"She was so disgusted by what I told her that she couldn't bear to look at me."*

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

### **Offer support**

*"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."*

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you're working with them to move things forward.

### **Acknowledge how hard it is to discuss these issues**

*"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."*

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a student chooses to confide in

you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

### **Don't assume that an apparently negative response is actually a negative response**

*"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."*

Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence, it's the illness talking, not the student.

### **Never break your promises**

*"Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken."*

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the student's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

**Appendix 3. UK Chief Medical Officers' Physical Activity Guidelines, 2019 (Please note that these are guidelines only and it may be necessary to consult your doctor/medical professional for advice on what works and is safe for you/your child).**

# Physical activity for early years (birth – 5 years)

Active children are healthy, happy,  
school ready and sleep better



BUILDS  
RELATIONSHIPS  
& SOCIAL SKILLS



MAINTAINS  
HEALTH &  
WEIGHT



CONTRIBUTES TO  
BRAIN DEVELOPMENT  
& LEARNING



IMPROVES  
SLEEP



DEVELOPS  
MUSCLES  
& BONES



ENCOURAGES  
MOVEMENT  
& CO-ORDINATION

## Every movement counts

Aim for at least  
**180**  
Minutes  
per day  
for children 1-5 years



PLAYGROUND



JUMP



CLIMB



MESSY PLAY



THROW/CATCH



SKIP

**Under-1s**  
at least  
30 minutes  
across the day



OBJECT PLAY



DANCE



GAMES



PLAY



TUMMY TIME



SWIM



WALK



SCOOT



BIKE

**Get Strong. Move More. Break up inactivity**

UK Chief Medical Officers' Physical Activity Guidelines, 2019

# Physical activity for children and young people (5 – 18 Years)

 BUILDS CONFIDENCE & SOCIAL SKILLS	 STRENGTHENS MUSCLES & BONES	 MAINTAINS HEALTHY WEIGHT
 DEVELOPS CO-ORDINATION	 IMPROVES HEALTH & FITNESS	 IMPROVES SLEEP
 IMPROVES CONCENTRATION & LEARNING	 MAKES YOU FEEL GOOD	

## Be physically active

Spread activity throughout the day



**Aim for an average of at least 60 minutes per day across week**

All activities should make you breathe faster & feel warmer

 PLAY	 RUN/WALK	 BIKE	 ACTIVE TRAVEL
 SWIM	 SKATE	Activities to develop movement skills, and muscle and bone strength <b>ACROSS WEEK</b>	
 SPORT	 PE		
 SKIP	 CLIMB	 WORKOUT	 DANCE

### Get strong



INACTIVITY

### Move more

**Find ways to help all children and young people accumulate an average of at least 60 minutes physical activity per day across the week**

UK Chief Medical Officers' Physical Activity Guidelines, 2019

# Physical Activity for Disabled Children and Disabled Young People

Getting and staying active **is about**



Equality



Inclusivity

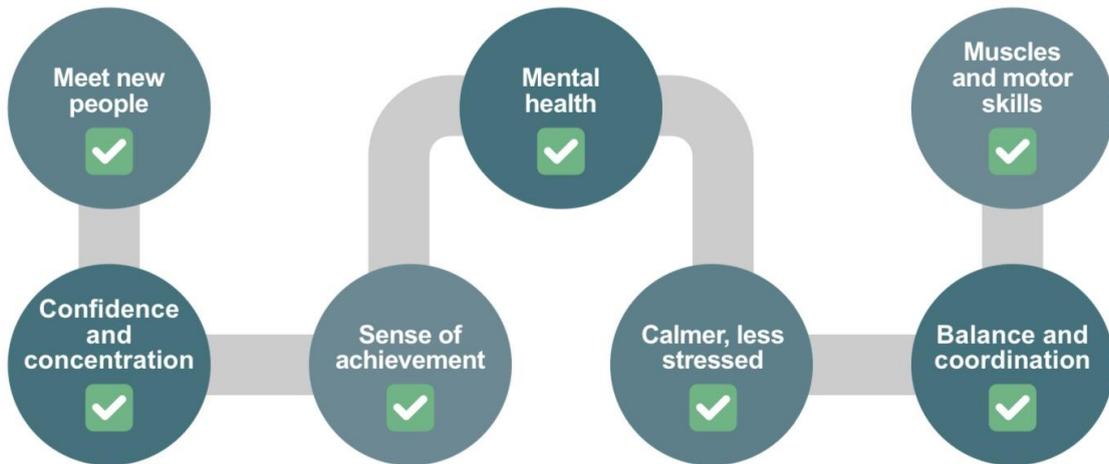


Finding what's  
fun



Exploring what activities  
**make you  
feel good**

## Benefits of physical activity



## How much physical activity should I do?



# Physical Activity for Disabled Adults

Make it a daily habit

**Disabled adults**

Physical activity makes you feel good  
Give things a go and enjoy what you do

Being inactive is harmful to health

Don't be still for too long  
Even a little movement is better than nothing

- Improves mental health and quality of life
- Makes maintaining a healthy weight easier
- Creates opportunities to meet new people and feel part of the community
- Makes daily tasks easier and increases independence
- Helps to prevent chronic disease
- Strengthens muscles and bones
- Improves mobility and balance
- Improves fitness

Do strength and balance activities on at least two days per week

For substantial health gains aim for at least 150 minutes each week of moderate intensity activity

Remember the talk test:

- Can talk, but not sing = moderate intensity activity
- Difficulty talking without pausing = vigorous intensity activity

UK Chief Medical Officers' Physical Activity Guidelines, 2019

# Physical activity for adults and older adults

Benefits health	Reduces your chance of	Type II Diabetes -40%
Improves sleep		Cardiovascular disease -35%
Maintains healthy weight		Falls, depression etc. -30%
Manages stress		Joint and back pain -25%
Improves quality of life		Cancers (colon and breast) -20%
Some is good, more is better		Make a start today: it's never too late

## Be active

at least

# 150

minutes  
moderate intensity  
per week

increased breathing  
able to talk

OR

or a combination of both

at least

# 75

minutes  
vigorous intensity  
per week

breathing fast  
difficulty talking

to keep muscles, bones and joints strong

## Build strength

on at least

2

days a week

### Minimise sedentary time

Break up periods of inactivity

For older adults, to reduce the chance of frailty and falls

### Improve balance

2 days a week

# Physical activity for pregnant women

**Helps to control weight gain** **Helps reduce high blood pressure problems** **Helps to prevent diabetes of pregnancy**

**Improves fitness** **ZZ Improves sleep** **Improves mood**

**Not active?** Start gradually **Already active?** Keep going

**Home**

**Out and about**

**Leisure**

**Throughout pregnancy aim for at least 150 minutes of moderate intensity activity every week**

**Do muscle strengthening activities twice a week**

**Every activity counts, every minute counts, more is better**

**No evidence of harm** **Listen to your body and adapt** **Don't bump the bump**

UK Chief Medical Officers' Physical Activity Guidelines, 2019

# Physical activity for women after childbirth (birth to 12 months)

- Time for yourself - reduces worries and depression
- Helps to control weight and return to pre-pregnancy weight
- Improves tummy muscle tone and strength
- Improves fitness
- Improves mood
- Improves sleep



- It's safe to be active. No evidence of harm for post partum women
- Depending on your delivery listen to your body and start gently
- You can be active while breastfeeding

## Appendix 4

### ZONES OF REGULATION

Zones of Regulation is first introduced to our pupils during the summer term of their Reception year and runs across the whole school all the way up to and including Year 6.

Complementing our PSHE curriculum, the Zones approach supports the development of our pupils' emotional literacy and regulation skills by helping pupils to identify and express their emotions, and to each identify ways that help them to regulate their emotions across the zones using self-care strategies. The approach also promotes a positive growth mindset and social thinking.

The Zones of Regulation categorises emotions and states of alertness into four zones.

The **Blue Zone** is used to describe low states of alertness and down feelings, such as when one feels sad, ill, tired, or bored.

The **Green Zone** describes a calm state of alertness. A person may be described as happy, focused, ok/content, or ready to learn when in the Green Zone. This is the zone where optimal learning occurs.

The **Yellow Zone** is used to describe a heightened state of alertness and elevated emotions. A person may be experiencing worry, frustration, anxiety, excitement, silliness, the wiggles, or nervousness when in the Yellow Zone.

The **Red Zone** is used to describe extremely heightened states of alertness and intense emotions. A person may be elated or experiencing anger, rage, devastation, or fear when in the Red Zone.

Pupils spend time exploring the emotions they experience, how emotions manifest in themselves and others, the impact of emotions on their behaviour, and how they can best regulate themselves depending on the emotions they are experiencing. Further, pupils will be aware that they can find themselves between or across zones.

Whatever emotions an individual is feeling at any one time is valid - it is personal to them based on their unique experiences and perceptions. There are no 'bad' zones and no rush to get back to the Green Zone. Rather, pupils are equipped with and encouraged to use self-care strategies to help them to look after themselves (to regulate) whichever zone they are in. Healthy regulation skills help us to keep ourselves and those around us as safe and comfortable as possible, despite the presence of sometimes tricky emotions such as anger.

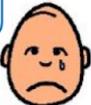
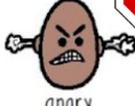
To support pupils' regulation strategies, each classroom contains a Regulation Station with some resources and prompts for occasions when a pupil needs to take a moment to reset before returning to their learning.

For more information or support please speak to Liz Weston ([lweston@mickletrafford.cheshire.sch.uk](mailto:lweston@mickletrafford.cheshire.sch.uk)).



Edit

# How Are You Feeling?

	<p><b>Blue Zone</b> Moving Slowly</p>  sad  bored  sick  tired	<p><b>Green Zone</b> Ready to Learn</p>   OK  happy  calm  ready to work
	<p><b>Yellow Zone</b> Loss of Some Control</p>   silly  frustrated  worried  excited	<p><b>Red Zone</b> Out of Control</p>   terrified  angry  yelling  mean

# What Do You Need?

PIC•COLLAGE

**Appendix 5. Mental Health and Wellbeing Provision Map (including where to get information and support)**