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Buttercup Primary

School

Mental Health Policy including EYFS

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Reviewed on: 01st March 2021 Next review date: 01st March 2022

**Policy Statement**

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

At Buttercup we use the DfE’s guidance, Mental Health and behaviour in schools, as a guide and work to the their ideals:

1. **Prevention**: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos.
2. **Identification**: recognising emerging issues as early and accurately as possible.
3. **Early support:** helping pupils to access evidence based early support and interventions.
4. **Access to specialist support**: working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

We aim to promote positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students in the 4 areas mentioned above.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly, and indirectly by mental ill health.

**Scope**

This document describes the school’s approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and Proprietors.

**Linked Policies**

* SEND Policy
* Medical Policy
* CP policy
* PSHE Policy
* Tarbiyah Document
* Safeguarding Policy

This policy should be read in conjunction with our medical policy in cases where a student’s mental health overlaps with or is linked to a medical issue and the SEND policy where a student has an identified special educational need.

**The Policy Aims to:**

* Promote positive mental health in 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

**Lead Members of Staff**

Whilst all staff have a responsibility to promote the mental health of students. Staff with a specific, relevant remit include

* Sulthana Begum - Educational welfare officer /Pastoral Support
* Zara Rahman Mental health First aider
* Zahina Faruque- lead first aider
* Zahina Faruque- CPD lead
* Shaheda Khanom - Head of PSHE/DSL/pastoral Lead

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the mental health lead in the first instance. If there is a fear that the student is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to the designated child protection office of staff

or the head teacher. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the where a referral to CAMHS is appropriate, this will be led and managed the schools’s mental health lead. Guidance about referring to CAMHS is provided in Appendix E and F.

**Whole school provision**

The foundation for our mental health offer is ourWhole School Provision. Learning about mental health is part of our Personal, Social and Health Education (PSHE) curriculum for all children. units he the Beyond lesson time, our school culture embeds good mental health. For example, mindfulness areas during daily prayer times offer pupils and adults a quiet place to reflect. mindfulness areas are used frequently by staff, teaching pupils how to meditate and attend to their own mental health. Pupils also have access to these areas at playtimes as well as our Calm Club. This is a quiet space open at lunchtimes in our classrooms where children can enjoy quieter and calmer activities such as colouring, lego and reading. There is always a staff member on duty for children to talk to.

We also have dedicated Mental Health Days as part of the schools themed events when we promote and celebrate good mental health for all. Across the school, you will see staff leading pupils through meditation and mindfulness activities, perhaps after an energetic playtime before starting some work. When pupils' emotions are causing them distress, we use the [Take Five](https://childhood101.com/take-5-breathing-exercise/)breathing strategy, so that our children can learn to regulate their emotions whenever they need to. Appendix I.

**Low Level Needs**

* This is the **Identification** **phase,** from the the DfE model. We have a variety of ways that our children can let us know how they are feeling. Each class has an *emotional register* that children fill in on entry to school each morning. By simply drawing a smiley, neutral or sad face next to their name as they get ready for the day. Staff can then pick on pupils' state of mind and chat to them about it. We also have worry boxes in each class for children to write a note, if they prefer to. Our staff have been trained by Open university and have completed an extensive training course. Families and communities to help them identify when a child may need some additional support. We may use the Tarbiyah Document to help us identify what types of support we could offer. If we think your child may benefit from some bespoke support, we will always talk to you about it first.

**Medium Level Need**

* **Individualised Support**for our pupils who may be experiencing mental health and wellbeing difficulties. After identifying and talking to parents, providing some support for the pupil is the next step. This is the **Early Help** phase. Getting support in a timely fashion can stop a mental health issue from developing further. There are lots of ways we can support children in school, which can range from being very light touch ( e.g. a simple chat, organising a playtime buddy or a daily check-in to see how they are feeling) to a series of individual or group sessions with a trained staff member using recognised support programmes and interventions such as [Drawing and Talking](https://drawingandtalking.com/) Appendix I. Ms Zara is the schools Mental Health first-aider – who can develop individualised support programmes to meet the emotional needs of children. Ms Sulthana is the education welfare officer who will be able to deliver the program .

**High Level Need**

* **Signposting to External Support**- occasionally, some children may benefit from expert mental health professionals. We can help families to access this support. We will work with these agencies to provide support in school as best we can.

Individual Care Plans will be drawn up for pupils causing concern or who receive a diagnosis pertaining to their mental health. This will involve the pupil, the parents and relevant health professionals. This can include:

* Details of a pupil’s condition
* Special requirements and precautions
* Medication and any side effects
* What to do, and who to contact in an emergency
* The role the school can play

**Teaching about Mental Health**

This teaching and learning for all is part of the Prevention phase of mental health, mentioned above. Children receive 1 hour of dedicated PSHE teaching each week. The school has developed a personalised PSHE program using the Tarbiyah document. It has been planned and written carefully by senior leaders and follows the PSHE Association Guidanceto ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort we’re teaching but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

**Capturing Children voice**

It is important to us that our children get a say in our mental health and wellbeing offer. We have Pupil Well Being Ambassadors who meet with Miss Sulthana regularly to express the views of their classes. In addition, our termly Pupil Voice Conference gives all children an opportunity to tell staff what they think about our school, including mental health and wellbeing.

**General Signposting**

We will ensure that staff, students and parents are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it is outlined in the appendices below.

We will display relevant sources of support in communal areas such as corridors, classrooms and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

* What help is available
* Who it is aimed at
* How to access it
* Why to access it
* What is likely to happen next

**Warning Signs**

School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with Ms Zara Rahman our mental health and emotional wellbeing lead.

Staff will be signposted top **Appendix D** that guides ways of dealing with children.

Possible warning signs include:

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

**Managing disclosures**

A student may choose to disclose concerns about themselves or a friend to any member of staff, so all staff needs to know how to respond appropriately to a disclosure.

If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff’s response should always be calm, supportive and non-judgmental.

Staff should listen, rather than advise and our first thoughts should be of the student’s emotional and physical safety rather than of exploring ‘Why?’ For more information about how to handle mental health disclosures sensitively see appendix E.

All disclosures should be recorded in writing and held on the student’s confidential file. This written record should include:

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

This information should be shared with the mental health lead, Ms Zara Rahman who will provide store the record appropriately and offer support and advice about next steps. See appendix F for guidance about making a referral to CAMHS.

**Confidentiality**

We should be honest with regards to the issue of confidentiality. If we it is necessary for us to pass our concerns about a student on then we should discuss with the student:

* Who we are going to talk to
* What we are going to tell them
* Why we need to tell them

We should never share information about a student without first telling them and adhere to GDPR and Child protection rules. Ideally we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent.

It is always advisable to share disclosures with a colleague, usually the mental health lead this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed if no child protection issues by the school and students may choose to tell their parents themselves. If this is the case, the student should be given 24 hours to share this information before the school contacts parents. We should always give students the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the child protection officer Ms Shaheda Khanom must be informed immediately.

**Working with Parents**

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis):

* Can the meeting happen face to face? This is preferable.
* Where should the meeting happen? At school, at their home or somewhere neutral?
* Who should be present? Consider parents, the student, other members of staff.
* What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child’s issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you’re sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums.

We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next step and always keep a brief record of the meeting on the child’s confidential record.

**Working with All Parents**

Parents are often very welcoming of support and information from the school about supporting their children’s emotional and mental health. In order to support parents we will:

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

**Supporting Peers**

When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations by the student who is suffering and their parents with whom we will discuss:

* What it is helpful for friends to know and what they should not be told
* How friends can best support
* Things friends should avoid doing / saying which may inadvertently cause upset
* Warning signs that their friend help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

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

**Common Mental Health Issues**

**Prevalence of Mental Health and Emotional Wellbeing Issues**

* 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
* Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
* There has been a big increase in the number of young people being admitted to hospital because of self harm. Over the last ten years this figure has increased by 68%.
* More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
* Nearly 80,000 children and young people suffer from severe depression.
* The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
* Over 8,000 children aged under 10 years old suffer from severe depression.
* 3.3% or about 290,000 children and young people have an anxiety disorder.
* 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

**Self Harm**

* Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

**Eating Disorders**

* Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

**Suicidal feelings**

* Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

**Obsessions and compulsions**

* Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don’t turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms

– it is not just about cleaning and checking.

**Anxiety, panic attacks and** **phobias**

* Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person’s ability to access or enjoy day-to-day life, intervention is needed.

**Depression**

* Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may

**Training**

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep students safe. All staff complete and take part in annual Inset on mental health wellbeing and the open university training.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more students.

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

Suggestions for individual, group or whole school CPD should be discussed with Zahina Faruque CPD Coordinator who can also highlight sources of relevant training and support for individuals as needed.

**Appendix A: Further information and sources of support about common mental health issues**

We have sign-posted information and guidance about the issues most commonly seen in school- aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

Support on all of these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

**Self-harm Online support**

SelfHarm.co.uk: [www.selfharm.co.uk](http://www.selfharm.co.uk/)

National Self-Harm Network: [www.nshn.co.uk](http://www.nshn.co.uk/)

**Books**

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

**Depression**

Depression Alliance: [www.depressionalliance.org/information/what-depression](http://www.depressionalliance.org/information/what-depression)

**Books**

Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

**Anxiety, panic attacks and phobias Online support**

Anxiety UK: [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk/)

**Books**

Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

**Obsessions and compulsions Online support**

OCD UK: [www.ocduk.org/ocd](http://www.ocduk.org/ocd)

**Books**

Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Susan Conners (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

**Suicidal feelings Online support**

Prevention of young suicide UK – PAPYRUS: [www.papyrus-uk.org](http://www.papyrus-uk.org/)

On the edge: ChildLine spotlight report on suicide: [www.nspcc.org.uk/preventing-abuse/research-and-](http://www.nspcc.org.uk/preventing-abuse/research-and-) resources/on-the-edge-childline-spotlight/

**Books**

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner’s Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

**Eating problems Online support**

Beat – the eating disorders charity: [www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders)

Eating Difficulties in Younger Children and when to worry: [www.inourhands.com/eating-difficulties-in-](http://www.inourhands.com/eating-difficulties-in-) younger-children

**Books**

Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers’ Pocketbooks

**Appendix B: Guidance and advice documents**

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2014)

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2015)

Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2015). PSHE Association. Funded by the Department for Education (2015)

Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (September 2020)

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

Healthy child programme from 5 to 19 years old is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)

Future in mind – promoting, protecting and improving our children and young people’s mental health and wellbeing - a report produced by the Children and Young People’s Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)

NICE guidance on social and emotional wellbeing in primary education NICE guidance on social and emotional wellbeing in secondary education

What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework

document written by Professor Katherine Wearer. National Children’s Bureau (2015)

**Appendix c: Sources or support at school and in the local community**

**School Based Support**

List the full range of support available to students. For each include:

* Counselling sessions, small minds this will be suitable for children and families who are vulnerable and can be accessed
* Who it is suitable for
* How it is accessed via school
* How this information is communicated to students

This is likely to include information about pastoral staff including behaviour and learning support and mental health Ambassadors.

You should also include details of any specific groups or interventions run at the school. This information is often not widely shared. Putting it in an appendix in your policy will help to ensure that those students who most need support are able to access it.

**Local Support**

List any local support services or charities that might be accessed by students or their families.

Often there are a range of charities and other local services that can be accessed freely or at very low cost. There may be pockets of knowledge on such topics amongst staff and parents. It is well worth going to the effort of trying to gather this information in your policy so that it is easy to access centrally when most needed.

**Appendix D: Talking to students when they make mental health disclosures**

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 week 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 E: What makes a good CAMHS referral?3**

**If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps**

**Before making the referral, have a clear outcome in mind, what do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis for instance.**

**You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the pupil by the school and the impact of this. CAMHS will always ask ‘What have you tried?’ so be prepared to supply relevant evidence, reports and records.**

**General considerations**

* Have you met with the parent(s)/carer(s) and the referred child/children?
* Has the referral to CMHS been discussed with a parent / carer and the referred pupil?
* Has the pupil given consent for the referral?
* Has a parent / carer given consent for the referral?
* What are the parent/carer pupil’s attitudes to the referral?

**Basic information**

* Is there a child protection plan in place?
* Is the child looked after?
* name and date of birth of referred child/children
* address and telephone number
* who has parental responsibility?
* surnames if different to child’s
* GP details
* What is the ethnicity of the pupil / family.
* Will an interpreter be needed?
* Are there other agencies involved?

**Reason for referral**

* What are the specific difficulties that you want CAMHS to address?
* How long has this been a problem and why is the family seeking help now?
* Is the problem situation-specific or more generalised?
* Your understanding of the problem/issues involved.

**Further helpful information**

* Who else is living at home and details of separated parents if appropriate?
* Name of school
* Who else has been or is professionally involved and in what capacity?
* Has there been any previous contact with our department?
* Has there been any previous contact with social services?
* Details of any known protective factors
* Any relevant history i.e. family, life events and/or developmental factors
* Are there any recent changes in the pupil’s or family’s life?
* Are there any known risks, to self, to others or to professionals?
* Is there a history of developmental delay e.g. speech and language delay
* Are there any symptoms of ADHD/ASD and if so have you talked to the Educational psychologist?

The screening tool on the following page will help to guide whether or not a CAMHS referral is appropriate. For further support and advice, contact Ms Shaheda Khanom, Ms Zara Rahman

**Appendix F Template for Referral:**

|  |  |
| --- | --- |
| **INVOLVEMENT WITH CAMHS** | |
|  | Current CAMHS involvement – **END OF SCREEN\*** |
|  | Previous history of CAMHS involvement |
|  | Previous history of medication for mental health issues |
|  | Any current medication for mental health issues |
|  | Developmental issues e.g. ADHD, ASD, LD |

|  |  |
| --- | --- |
| **DURATION OF DIFFICULTIES** | |
|  | 1-2 weeks |
|  | Less than a month |
|  | 1-3 months |
|  | More than 3 months |
|  | More than 6 months |

**\* Ask for consent to telephone CAMHS clinic for discussion with clinician involved in young person’s care**

***Tick the appropriate boxes to obtain a score for the young person’s mental health needs.***

|  |  |  |
| --- | --- | --- |
| **MENTAL HEALTH SYMPTOMS** | | |
|  | 1 | Panic attacks (overwhelming fear, heart pounding, breathing fast etc.) |
|  | 1 | Mood disturbance (low mood – sad, apathetic; high mood – exaggerated / unrealistic elation) |
|  | 2 | Depressive symptoms (e.g. tearful, irritable, sad) |
|  | 1 | Sleep disturbance (difficulty getting to sleep or staying asleep) |
|  | 1 | Eating issues (change in weight / eating habits, negative body image, purging or binging) |
|  | 1 | Difficulties following traumatic experiences (e.g. flashbacks, powerful memories, avoidance) |
|  | 2 | Psychotic symptoms (hearing and / or appearing to respond to voices, overly suspicious) |
|  | 2 | Delusional thoughts (grandiose thoughts, thinking they are someone else) |
|  | 1 | Hyperactivity (levels of overactivity & impulsivity above what would be expected; in all settings) |
|  | 2 | Obsessive thoughts and/or compulsive behaviours (e.g. hand-washing, cleaning, checking) |

**Impact of above symptoms on functioning - circle the relevant score and add to the total**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Little or none | Score = 0 | Some | Score = 1 | Moderate | Score = 2 | Severe | Score = 3 |

|  |  |  |
| --- | --- | --- |
| **HARMING BEHAVIOURS** | | |
|  | 1 | History of self harm (cutting, burning etc) |
|  | 1 | History of thoughts about suicide |
|  | 2 | History of suicidal attempts (e.g. deep cuts to wrists, overdose, attempting to hang self) |
|  | 2 | Current self harm behaviours |
|  | 2 | Anger outbursts or aggressive behaviour towards children or adults |
|  | 5 | Verbalised suicidal thoughts\* (e.g. talking about wanting to kill self / how they might do this) |
|  | 5 | Thoughts of harming others\* or actual harming / violent behaviours towards others |

**\* If yes – call CAMHS team to discuss an urgent referral and immediate risk management strategies**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Social setting - for these situations you may also need to inform other agencies (e.g. Child Protection)** | | | | |
|  | Family mental health issues |  |  | Physical health issues |
|  | History of bereavement/loss/trauma |  | Identified drug / alcohol use |
|  | Problems in family relationships |  | Living in care |
|  | Problems with peer relationships |  | Involved in criminal activity |
|  | Not attending/functioning in school |  | History of social services involvement |
|  | Excluded from school (FTE, permanent) |  | Current Child Protection concerns |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 or 1 | Score = 0 | 2 or 3 | Score = 1 | 4 or 5 | Score = 2 | 6 or more | Score = 3 |

**Add up all the scores for the young person and enter into Scoring table:**

|  |  |  |
| --- | --- | --- |
| Score 0-4 | Score 5-7 | Score 8+ |
| Give information/advice to  the young person | Seek advice about the young person from  CAMHS Primary Mental Health Team | Refer to CAMHS clinic |

**\*\*\* If the young person does not consent to you making a referral**

**you can speak to the appropriate CAMHS service anonymously for advice \*\*\***

**7Appendix G Letter and Application form**

**Mental health Wellbeing Ambassadors Wanted!**  
Do you really care that the children in our school are happy?  
Do you like to lend a helping hand to others in their time of need?  
  
The Mental health & Wellbeing staff team at Buttercup primary  would like to appoint Mental health well-being Ambassadors.  
Overall, the Ambassador will need to spread joy, lift people’s spirits and be there for anyone in their time of need.  
If you are interested in becoming an Ambassador please write a short letter or draw pictures of how you could help spread happiness in Buttercup to Ms Sulthana by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Buttercup Primary School**

**Mental health ambassador application form**

A school mental health ambassador is someone who…

* Is passionate about mental health and wellbeing
* Raises awareness about mental health
* Is open to different ideas and opinions
* Cares about others in their school
* Is willing to learn new things
* Wants to improve their wellbeing

If you would like to train as a mental health ambassador please fill out this form.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **What does mental health mean to you?** *(Why is it important?)*

**2.Why would you like to be a mental health ambassador for your school?**

*(Include any interests, skills and experience you can bring to the role)*

1. **What is one way you would promote mental health in your school?**

*(For example, lead an assembly)*

1. **What is one thing you do to improve your wellbeing?**

*(For example, eat healthy food)*

Thank you for completing this form. Please ensure you return it to your teacher who will explain the next steps.

**Appendix H :**   **Emotion class Register**

Tick in the box next to the emoji which best represents how you are feeling today

|  |  |  |  |
| --- | --- | --- | --- |
| Week | All This Is That: The origin and back story of the smiley face  Happy /Excited | File:Gnome-face-worried.svg - Wikipedia  Worried | Sad Cry Tear · Free image on Pixabay  Sad |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |

**Appendix I :**

**Take 5 breathing exercise (PDF POSTER)**

[**https://childhood101.com/take-5-breathing-exercise/**](https://childhood101.com/take-5-breathing-exercise/)

**Drawing and talking therapy**

[**https://drawingandtalking.com/**](https://drawingandtalking.com/)

**Activities: Calm club Monday- Friday 12:15-12:50pm**

* Drawing
* Colouring
* lego
* jigsaw/puzzles

**BUTTERCUP PRIMARY SCHOOL COVID–19: April 2020**

**ADDENDUM to Mental Health & Wellbeing Policy**

**Context**

Buttercup Primary School has an effective Mental Health & Wellbeing Policy in place. However, this policy may or may not accurately reflect new arrangements in response to COVID-19, which can constantly change over time.

From 20th March 2020, parents were asked to keep their children at home, wherever possible, and schools were asked to remain open only for those children of workers critical to the COVID-19 response who could not be safely cared for at home.

Schools and all childcare providers were also asked to provide care for children who are considered to be vulnerable.

Buttercup Primary School recognises that taking care of your physical and mental health is crucial currently: this goes for children, parents and all staff. Keeping minds active and happy, ready to return to school when the time comes is the most important factor.

This COVID-19 addendum summaries any key COVID-19 related changes to the regular Buttercup Primary School Mental Health & Wellbeing Policy for Pupils, Parents and Staff.

**Pupils: Expectations**

The current situation may affect both pupils' and parents' mental health. Staff will need to bear this in mind when setting expectations for the work pupils do at home. Buttercup Primary School will have support in place for children on site too, which will draw on your existing provision, and specialist support.

Buttercup Primary School has created an addendum to its Home Learning Policy to address potential concerns regarding home learning expectations in this unprecedented time. Buttercup Primary School suggests a maximum of two to three hours of home learning per day is plenty and will keep minds active but enthusiastic. Getting children to help with household activities such as washing, cooking and gardening are educational, as is watching some “good” TV or online streams, such as documentaries and drama. For more information, please see the COVID-19 addendum to the Home Learning policy.

The children still attending school will not be accessing the curriculum as normal. A schedule of fun, educational experiences will be organised for those children to take part in, which will also include some time to complete the home learning tasks that most of the children are completing at home.

Addressing pupil anxiety

Younger and older children need to be supported to help keep on top of coronavirus-related worries. Anxiety is rooted in the unknown. Buttercup Primary School will urge pupils to talk about their worries, whether at home or at school, by encouraging open conversations and giving families facts and practical steps about what they can do to alleviate concerns or worries.

When talking to children, staff and/or parents should:

* + 1. Deal with the news head-on and talk about it openly and calmly, giving them the facts:
       - Give them age-appropriate information – take a look at:
         * [BBC News round hub](https://www.bbc.co.uk/newsround/51204456) – regularly updated with information and advice
         * [#covibook](https://www.mindheart.co/descargables) – for under 7s
       - Educate them about reliable sources of information and how some stories on social media may be based on rumours or inaccurate information
       - Encourage them to take breaks from listening to or reading the news – overexposure isn't helpful
    2. Encourage questions:
       - This will give them the confidence to reach out and ask, if they have anything to ask
       - Use comforting tones and be honest when answering questions – it's ok if you don't have all the answers
       - Allow for repetition – children tend to repeat themselves when they're feeling uncertain or worried, so you might have to answer the same questions more than once as they seek extra reassurance
    3. Be a role model:
       - Recognise and manage your own worries first
       - Be open about sharing this with pupils – e.g. I'm also finding the news a bit worrying, so I'm doing X which makes me feel calm
    4. Let them know it's normal to be concerned:
       - If needed, reassure them that the effects of this virus on healthy young people are very mild
    5. Promote awareness of our body's immune system:
       - It's constantly working against germs without us knowing. We can't and don't need to control this process
       - Explain that we're taking precautions against this particular germ because it's a new one which our bodies haven't come across before
       - Remind them of the benefits of healthy eating, sleep and exercise – which help to fight germs
    6. Be aware of children with higher levels of anxiety (e.g. those with existing phobias or obsessive-compulsive disorders):
       - Get them to do activities such as counting, ordering and sorting tasks which can help with heightened levels of anxiety
       - Encourage them to use relaxation techniques such as controlled breathing
       - Detect any obsessive or compulsive behaviours early and intervene before they become entrenched patterns of thinking. Do this by challenging unhelpful thoughts and assumptions. Frame worries as situation-specific by relating them to the current situation, which is temporary and unusual
    7. Keep doing your bit to help children reduce the spread of germs:
       - Use posters to remind pupils/children how and when to wash their hands
       - Encourage them to sing 'happy birthday' twice when they're washing their hands

As well as the concerns we're all feeling right now, older pupils are likely to also be worried about their SATs and life after primary school.

Parents and staff need to reassure them that more guidance will come and that we will share any news with them as soon as we have it.

In the meantime, adults can equip the older children with the resources below:

* Young Minds: [practical steps to take if you're anxious](https://youngminds.org.uk/blog/what-to-do-if-you-re-anxious-about-coronavirus/) about coronavirus
* Mind: [how to take care of your wellbeing](https://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing) if you need to self-isolate

These resources can help to dispel myths:

* [MythBusters](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters) from the World Health Organization
* [Data visualisation pack](https://informationisbeautiful.net/visualizations/covid-19-coronavirus-infographic-datapack/) from Information is Beautiful (regularly updated)

Sources for these top tips:

The Key

Catrin Harley from the local authority Psychology Services

[Talking about coronavirus](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/talking-with-children.html) - Centers for Disease Control and Prevention [How to talk about scary world news](https://www.mentalhealth.org.uk/publications/talking-to-your-children-scary-world-news) - Mental Health Foundation

* 1. Free resources for talking to pupils/children

Buttercup Primary School encourages all parents, carers and staff to be honest and transparent with pupils/children when talking to them about coronavirus. The following resources can be used:

* BBC Newsround's regular updates on coronavirus (suitable for younger children). [This overview piece](https://www.bbc.co.uk/newsround/51204456) includes:
  + What governments are doing about COVID-19
  + What the common symptoms are
  + A video of answers to childrens’/pupils' questions
  + [See here](https://www.bbc.co.uk/newsround#more-stories-2) for all coronavirus updates from BBC Newsround
* [Mythbusters](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters) from the World Health Organization (suitable for older children)
* [5 facts](https://www.cdc.gov/coronavirus/2019-ncov/about/share-facts.html) about COVID-19 from the Centers for Disease Control and Prevention(suitable for older children)
* [Data visualisation pack](https://informationisbeautiful.net/visualizations/covid-19-coronavirus-infographic-datapack/) from Information is Beautiful (suitable for older children)
* [NHS common questions](https://www.nhs.uk/conditions/coronavirus-covid-19/common-questions/) on COVID-19 (suitable for older children)

In addition, parents will find a great deal of ELSA (Emotional Literacy Support Assistance) resources available on our website www.buttercupprimary.co.uk in the Home Learning Resources section.

**School closure**

Pupils/children will find the school closure unsettling. Buttercup Primary School have done and will continue to do the following:

* Be honest with pupils and give them the same up to date information tailored in a way the pupils and children will understand
* Acknowledge to them that these are uncertain times for everybody
* Take any questions they have and answer honestly – it is ok if the school does not have all the answers
* Let them know what's going to be expected of them if the school closes, such as:
  + How they will complete work/home learning
  + Explain how they can use a remote learning platform
* Encourage parents to speak about the situation with their children.

**Parents Expectations**

Buttercup Primary School recognise that many parents are also trying to work from home and parents might struggle to assist with schoolwork for a number of reasons. Parents will not be expected to become teachers.

In addition, Buttercup Primary School recognises that single parent families will struggle more to balance competing demands with schoolwork, while families with pre-school children will spend more time interacting with and supervising children.

The mental health of parents and carers is at the forefront of the staff’s minds during this unprecedented time and the school will ensure that ways of communication between the school and parents and carers are always open to enable the important partnership of the school and its parents and carers to continue.

How to support home learning

Please read our detailed COVID-19 addendum to our Home Learning Policy for in-depth advice on your child’s home learning; however, the following tips act as guide to ensure your health and wellbeing as parents is not compromised during this time with regard your child’s home learning:

* + - Be realistic about what you can do:
      * **You're not expected to become teachers** and your children aren't expected to learn as they do in school. Simply **providing your children with some structure** at home will help them to adapt
      * **Experiment** in the first week, then **take stock.** What's working and what isn't? Ask your children, involve them too
      * **Share the load if there are 2 parents at home.** Split the day into 2-3 hour slots and take turns so you can do your own work
      * **Take care of your own health and wellbeing.** This will be new for your entire household, so give it time to settle. Take a look at the links at the end of this factsheet for some advice on your own mental health and wellbeing
    - Keep to a timetable wherever possible:
      * **Create and stick to a routine** if you can. This is what children are used to. For example, eat breakfast at the same time and make sure they're dressed before starting their day – avoid staying in pyjamas!
      * **Involve your children in setting the timetable** where possible. It’s a great opportunity for them to manage their own time better and it’ll give them ownership
      * **Check in with your children and try to keep to the timetable, but be flexible.** If a task/activity is going well or they want more time, let it extend where possible. If you have more than 1 child at home, **consider combining their timetables**. For example, they might exercise and do maths together – see what works for your household
      * **Designate a working space if possible**, and at the end of the day have a clear cut-off to signal home learning time is over
      * **Stick the timetable up on the wall** so everyone knows what they should be doing when, and tick activities off throughout the day
      * **Distinguish between weekdays and weekends**, to separate home learning days and the weekend.
    - Make time for exercise and breaks throughout the day:
      * **Start each morning with a** [PE lesson](https://www.youtube.com/playlist?list=PLyCLoPd4VxBvQafyve889qVcPxYEjdSTl) at 9am with Joe Wicks
      * If you have a **garden, use it regularly**. If you don’t, try to get out **once a day** as permitted by the government (households can be together outdoors but 2 metres apart from others)
      * Get your children to **write in a diary what they did each day** – this can be a clear sign that home learning time has ended
    - Other activities to keep children engaged throughout the day:
      * Where you have more freedom in the timetable, **make time for other activities**. Add some creative time or watch a dance video
      * Get your children to **write postcards** to their grandparents or to pen pals
      * Ask **grandparents to listen to your children read** on FaceTime (or ask grandparents to read to younger children)
      * **Give them chores** to do so they feel more responsible about the daily routine at home
      * Ask them to **help you cook** and bake
      * Accept that **they'll probably watch more TV/spend time on their phone** – that's ok but you might want to set/agree some screen time limits

Remember, Buttercup Primary School suggests a maximum of two to three hours of home learning per day for primary-age children is plenty and will keep minds active but enthusiastic.

**Contacting the school**

If you need to contact the school for any reason, please use the following methods of communication and we will do our best to support and help you:

* + - **Email**: Please email [info@buttercupprimary.co.uk](mailto:info@buttercupprimary.co.uk) with any general queries and questions or if you require any help and support
    - Visit our **website** www.buttercupprimary.co.uk and look at the parents section for helpful advice and support. In addition, the children section is where you will find the Home Learning Resources for your child to complete
    - Use your **2simple to** log in to communicate with your child’s class teacher
    - Keep an eye on ourschoolapp notifications for all communications sent to parents and carers. All communications are also displayed on the Latest News section of our website.
    - **Telephone** the school office on 0207 759 7408 The office is currently manned with only one member of staff so you call may not be answered if the member of staff is already on another call, but please keep trying.

**Mental Health links for Parents**

Please visit the following links for guidance on supporting your mental health and that of your children:

[Coronavirus and your wellbeing](https://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing) – Mind.org

[Supporting young people’s mental health during this period](https://www.annafreud.org/what-we-do/anna-freud-learning-network/coronavirus/) – Anna Freud Centre

**Staff Expectations**

In this unprecedented time, parents cannot expect that their children will be accessing a normal curriculum timetable or individual support on a regular basis.

Buttercup Primary School recognises that its school leaders and staff are working extremely hard under difficult circumstances to keep the school open for vulnerable pupils and those pupils who have parents and carers that are critical workers and to keep learning happening for all pupils.

Buttercup Primary School expects teachers’ workload not to be increased during this period and for all communication and workload to be negotiated and agreed with the Senior Leaders. It is not necessary for teachers to have daily interaction with pupils and parents. Teachers who are working will be focusing on the children in their care and/or working from home on resources.

Parents should not expect that teachers and staff will respond to or contact their pupils daily. Exceptions to this will be where the Headteacher has agreed with particular staff members to regularly contacting vulnerable children and families, but this will not be limited to one person.

**School staff resilience and mental health & wellbeing**

In this unprecedented time, it is vital to ensure that every staff member looks after themselves and their families first and foremost to enable our critical work to continue.

The proprietors recognise that staff and pupil wellbeing is central to the day to day working of the school. The commitment and dedication of all staff and the inventive ways the senior leadership team has found to ensure that learning continues within and outside school, safeguarding is paramount for all staff and pupils, supporting our most vulnerable families continues, supporting staff wellbeing continues; provides normality for all and is nothing short of extraordinary.

Staff should be encouraged to visit the free mental health and resilience tools via the Tower hamlets Council portal or by accessing the following link <https://www.towerhamlets.gov.uk/educationandlearning/schools-resilience/resilience-staff-tools>

In particular there is the free 24/7 [confidential counselling and support](https://extra.hants.gov.uk/employee/policy-guidance/occupational-health/employee-support) service phone line to employees and their families (you will need your personnel number to access this).

This resource can be reached by telephoning 0800 030 5182.

Buttercup Primary School has a comprehensive (SIAMS report 2019) staff health and wellbeing package. During the COVID-19 period it is important for as many of these components to continue to ensure the health and wellbeing of all staff is at its highest level. For example, staff are encouraged to keep the Secret Samaritan scheme going whilst school is not open as usual.

The senior leaders and line managers are responsible to ensure weekly check-ins with their teams take place. Regular contact with Head Teacher is also encouraged by each member of staff.

**Staff illness**

It is crucial that any member of staff that either has symptoms of COVID-19 or is in the same

household of anyone that is displaying symptoms of COVID-19, informs the Headteacher immediately and self-isolates, along with all members of their household for 14 days. This is to safeguard others at school and the general public.

If a member of staff has an underlying health condition, they will need to social distance themselves from the school building and remain at home for a period of 12 weeks and heed to government advice.

Staff that are either social distancing or are self-isolating and who are not displaying symptoms can continue to work from home and send their work log of hours to their line manager at the end of each week.

Staff who are unwell and/or who are displaying symptoms of COVID-19 should not work at home and ensure all their efforts are used to rest, recuperate, recover and get well.

If there are any changes to your health, please inform the Headteacher in the first instance, so that your absence can be recorded correctly.

Buttercup Primary School is operating a skeleton-staff rota system to ensure the school building and critical worker care is staffed accordingly. The mental health and wellbeing of staff is paramount to the Senior Leaders, especially during this unprecedented time, and therefore the school will be as flexible as possible to ensure a minimum number of staff are asked to leave home and come into work to become Critical Workers.

**Summary**

Buttercup Primary School recognises that taking care of your physical and mental health is crucial at this time: this goes for children, parents and all staff. Keeping minds active and happy, ready to return to school when the time comes is the most important factor.

For general information regarding the COVID-19 situation please refer to:

* + - [COVID-19: guidance for educational settings](https://www.gov.uk/government/publications/guidance-to-educational-settings-about-covid-19), GOV.UK – Public Health England and Department for Education
    - [COVID-19: stay at home guidance,](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance) GOV.UK – Public Health England