

# Emotional Resilience, Wellbeing and Mental Health Policy for Schools & Colleges

## Cheshire East Model Policy & Guidance 2018

Insert name SCHOOL

**\*Insert school logo here\***

Last Updated: insert date



*Raising awareness*



*fighting depression*





## Emotional Resilience, Wellbeing and Mental Health Policy

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### Introduction – Emotionally Healthy Schools

In Cheshire East, nearly 12,500 children and young people (which is 13 per cent of the population aged 0-24) are estimated to have a mental health disorder. It is also estimated that 20 young people injure themselves every day and that five have suicidal thoughts.

Our vision is for all Cheshire East’s young people to thrive in our increasingly complex society. By 2020, the overall aim of the Emotionally Healthy Schools programme is that educational settings from 0-25 are equipped to build character and support the emotional health of their populations, thereby reducing the number of young people who need help from other services. This work is already receiving national interest and the model is being viewed by other local authorities to replicate its vision.

One young person, who preferred to remain anonymous, said: “More than anything else in the world, every teenager just wants to feel ‘normal’ so that they can fit in. The Emotionally Healthy Schools project has taught us that there is no such thing as ‘normal’ as everyone is different and we all think and feel in different ways.”

National statistics highlight that in an average classroom, three children will be suffering from a diagnosable mental health condition. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for the many pupils affected both directly and indirectly by mental ill health.

The school has an important role to play in developing emotional resilience and positive mental health as well as acting as a source of support and information for both pupils and parents. This policy is designed to help school staff to spot and support pupils and their families who are in need of help and to follow appropriate referral pathways and procedures.

## Definition of Mental Health

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

At *Insert school's name*, we aim to promote positive mental health for every member of our school community including, staff, pupils and families. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils.

In addition to promoting emotional resilience and positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils affected both directly and indirectly by mental ill health.

## Scope

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

This policy should be read in conjunction with our Safeguarding and Child Protection policy, Medical policy in cases where a pupil's mental health overlaps with or is linked to a medical issue and the SEND policy where a pupil has an identified special educational need.

## The Policy Aims to:

- Support and develop emotional resilience and wellbeing in staff and pupils
- Promote positive mental health in all staff and pupils
- 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 pupils suffering mental ill health and their peers and parents or carers

## Lead Members of Staff

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

- *Insert name* - Designated child protection / safeguarding officer

- *Insert name* - Mental health and wellbeing lead (or insert relevant job title)
- *Insert name* - Lead first aider
- *Insert name* - Head of Pupil Services
- *Insert name* - CPD lead
- *Insert name* - Head/Lead of PSHE

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the mental health lead (or insert relevant job title for your school/ college) in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal safeguarding and child protection procedures should be followed with an immediate referral to the designated safeguarding lead or the head teacher. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by *Insert name*, the Designated Safeguarding Lead or Mental Health and Wellbeing lead (or insert relevant job title for your school/ college).

### Individual Care Plans

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. (See the CE/ CWP Self-Harm Pathway in Appendix E) This should be drawn up involving 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

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our PHSE Curriculum.

*Identify specific parts of the curriculum that support children and young people as appropriate to your school/ college*

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 pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the [PSHE Association Guidance](#)<sup>1</sup> to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

### Signposting

We will ensure that staff, pupils 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 Appendix A and B.

Named support services will be provided to children, young people, parents and carers via a leaflet (collated resources from Appendix A and B).

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<sup>1</sup> [Teacher Guidance: Preparing to teach about mental health and emotional wellbeing](#)

We will display relevant sources of support in communal areas such as, corridors, class and form rooms insert **areas as appropriate** and toilets. The posters will highlight sources of support to pupils within relevant parts of the curriculum.

Whenever we highlight sources of support, we will increase the chances of pupils seeking help by ensuring pupils 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 pupil 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 *Insert name*, our mental health and emotional wellbeing lead, or *Insert name* or *Insert name*) our pastoral/learning mentor/wellbeing Leads.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or 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 secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

It is important to note that any change in the usual behaviour or presentation of a pupil may indicate poor mental health and this should be considered as a possible explanation.

## Managing disclosures

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

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

Staff should listen rather than advise and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?'

For more information about how to handle mental health disclosures sensitively see Appendix C.

All disclosures should be recorded using the 'Record of Concern form' or **insert schools electronic system** in writing and held on the pupil's confidential file. An example of a Record of Concern form can be found in Appendix D. 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 Designated Safeguarding Lead and mental health lead, **insert names**, who will store the record appropriately and offer support and advice about next steps.

## Confidentiality

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

- 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 pupil without first telling them. 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; in line with our safeguarding and child protection policy and where there is a risk of harm to the pupil themselves or others.

It is always advisable to share disclosures with a colleague, usually Designated Safeguarding Lead and mental health lead, **insert names**.

This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence; and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed if there is considered to be a risk to the young person or others, in line with usual safeguarding procedures. Pupils may choose to tell their parents themselves. We should always give pupils the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying safeguarding or child protection issues, the Designated Safeguarding Lead **insert name**, must be informed immediately.

## Working with Parents

When working with parents, we need to be sensitive in our approach. Before talking 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 pupil, and 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 steps 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 go 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

### Supporting Peers

When a pupil 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 with the pupil 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 or saying which may inadvertently cause upset
- Warning signs that their friend may need 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

### Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues in addition to their regular safeguarding child protection training to enable them to keep pupils safe and well.

The [MindEd learning portal](#)<sup>2</sup> provides free online training suitable for staff wishing to know more about a specific issue. (please add/ delete modules as appropriate)

As part of our ongoing training programme, staff are expected to complete the following modules:

The worried child	module code 410-025
Sad, bored or isolated	module code 410-021
Self-harm and risky behaviour	module code 410-029

Training opportunities for staff who require more in depth knowledge will have access to relevant training. Additional training for staff will be also be supported throughout the year, where it becomes appropriate due developing situations with one or more pupils.

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

Suggestions for individual, group or whole school CPD should be discussed with **insert name of CPD Co-ordinator**, who can also highlight sources of relevant training and support for individuals as needed.

The Emotionally Healthy Schools Programme offers free support and training to all schools and colleges in Cheshire East. Details can be found at [www.middlewichhigh.cheshire.sch.uk](http://www.middlewichhigh.cheshire.sch.uk).

The [Charlie Waller Memorial Trust](#) provide funded training to schools on a variety of topics related to mental health including twilight, half day and full day INSET sessions. For further information email [training@cwmt.org](mailto:training@cwmt.org) or call 01635 869754.

## Policy Review

This policy will be reviewed every 3 years as a minimum. It is next due for review in **insert date**.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to **insert name of DSL/ EHS Lead**, our mental health lead via phone **insert telephone number** and or **email**

This policy will always be immediately updated to reflect personnel changes.

## Appendix A: Sources or support at school and in the local community

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<sup>2</sup> [www.minded.org.uk](http://www.minded.org.uk)



This will be unique to every school. Take time to collate a thorough list of support available at school and within the local community.

### School Based Support

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

- What it is
- Who it is suitable for
- How it is accessed
- How this information is communicated to pupils

This is likely to include information about pastoral staff including behaviour and learning support and school counsellors.

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 pupils who most need support are able to access it.

### Local Support

*Live Well:* a directory of support and advice where you'll find useful information and advice on a range of subjects, and an easy to use directory of services & activities in Cheshire East. <http://www.cheshireeast.gov.uk/livewell/livewell.aspx>

*My Mind:* is an NHS website, run by CWP CAMHS. This site has been developed for everyone interested in the mental health and well-being of young people. [www.mymind.org.uk](http://www.mymind.org.uk)

*Visyon:* a charity supporting the emotional health of children, young people and their families. [www.visyon.org.uk](http://www.visyon.org.uk)

*You in Mind:* a directory of support for mental health issues, in the local area. [www.youinmind.org](http://www.youinmind.org)

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

Often there is 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 B:

### Further information and sources of support about common mental health issues

#### Prevalence of Mental Health and Emotional Wellbeing Issues<sup>3</sup>

- 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.

Below, 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 these issues can be accessed via [Young Minds](http://www.youngminds.org.uk) (www.youngminds.org.uk), [Mind](http://www.mind.org.uk) (www.mind.org.uk) and (for e-learning opportunities) [Minded](http://www.minded.org.uk) (www.minded.org.uk).

#### 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.

#### Online support

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

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

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<sup>3</sup> Source: [Young Minds](http://www.youngminds.org.uk)

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

### 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 invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

#### Online support

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

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.

#### 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

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.

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

### 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.

### **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-resources/on-the-edge-childline-spotlight/](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**

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.

### **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-younger-children](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

### **National Support**

*Young Minds*: a charity committed to improving the wellbeing and mental health of children and young people. [www.youngminds.org.uk](http://www.youngminds.org.uk)

*Kooth*: an online counselling and emotional well-being platform for young people. [www.Kooth.com](http://www.Kooth.com)

NSPCC: is the UK's leading children's charity, preventing abuse and helping those affected to recover. [www.nspcc.org.uk](http://www.nspcc.org.uk)

*Childline*: get help and advice about a wide range of issues, call us on 0800 1111, talk to a counsellor online, send an email or post on the message boards. [www.childline.org.uk](http://www.childline.org.uk)

*Samaritans*: a safe place for you to talk any time you like, in your own way – about whatever’s getting to you. You don’t have to be suicidal. Whatever you’re going through, call us free any time, from any phone on 116 123. [www.samaritans.org](http://www.samaritans.org)

*Proud Trust*: is a life-saving and life enhancing organisation that helps young LGBT+ people empower themselves. [www.theproudtrust.org](http://www.theproudtrust.org)

*Charlie Waller Memorial Trust*: a good source of information about anxiety and depression. [www.cwmt.org.uk](http://www.cwmt.org.uk)

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## **Appendix C:** **Talking to pupils when they make mental health disclosures**

The advice below is from children themselves, in their own words, together with some additional ideas to help you in initial conversations with pupils 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 pupil 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 pupil 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 pupil does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the pupil 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 pupil 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 pupil 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 pupil.

## **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 pupil 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 to themselves they have a problem, themselves, let alone share that with anyone else. If a pupil 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 pupil.

## **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 pupil 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 pupil.

## **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 pupil 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 pupil’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 D: Example Record of Concerns Form



**\*Insert school name\***  
**Record of Concern**



Name of Child:		Class /Form Tutor:	
Name of person completing this form:	Role:	Date of Concern:	Time of concern:
Nature of concern:	Emotional <input type="checkbox"/> Physical <input type="checkbox"/> Neglect <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Emotional Wellbeing <input type="checkbox"/> Self-harm		
Detail of concerns: <i>What you saw, what you heard, in the child's words. Include brief, accurate details and who else was present. Was it 1<sup>st</sup> or 2<sup>nd</sup> hand information? Distinguish between fact and opinion.</i>			
			Continued Over Leaf:
Concern shared with:	Signature of referrer:		Date of record: Time of record:

**For Completion by Designated Lead:**

Date record received:	Time record received:	
Agreed actions with basis for decision	By whom	By when



Signature of Designated Lead:	Date of when actions are to be reviewed:	

## Sites of Injury

Parent/Carer Informed and if not the reason for not doing so:  Date:

Entry on Chronology  By:

## Appendix E: The Self-Harm Pathway



Self Harm Pathway  
CWP EHS 2017.pdf

## Acknowledgements

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