WINDLESHAM HOUSE SCHOOL

PUPIL MENTAL HEALTH AND WELLBEING POLICY

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1. Introduction

1.1 Windlesham House School ("the School") is committed to supporting and promoting the mental and physical health and emotional wellbeing of all its pupils.

1.2 Safeguarding and promoting the welfare of children and young people, including their mental health, is everyone's responsibility. The School is committed to safeguarding and promoting the welfare of children and young people and we expect all staff to share this commitment.

1.2 All parties within the school (Medical Centre, Personal Development and Pastoral teams) work together and with parents, to ensure a joined-up approach to any health related problems. The School seeks to create clear systems and processes to help staff identify and support pupils with possible mental health problems.

1.3 We aim to provide a school environment which promotes self-confidence, mental and physical well-being and self-worth.

2. Factors that put children at risk

2.1 One in ten young people between the ages of five and 16 years will have an identifiable mental health issue at any one time*. Certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family, or to their community or life events. The balance between risk and protective factors is most likely to be disrupted when difficult events happen in pupils' lives. *(*Mental Health Foundation, 2024)*

2.2 Risk factors are cumulative. Children exposed to multiple risks such as social disadvantage, family adversity and cognitive or attention problems are much more likely to develop mental health problems.

3. Factors that make children more resilient

3.1 Seemingly against all the odds, some children exposed to significant risk factors develop into competent, confident, and caring adults. An important key to promoting children's mental health is therefore an understanding of the protective factors that enable children to be resilient when they encounter problems and challenges.

3.2 Resilience is often defined using the following quote: *"Resilience seems to involve several related elements. Firstly, a sense of self-esteem and confidence; secondly a belief in one's own self-efficacy and ability to deal with change and adaptation and thirdly, a repertoire of social problem-solving approaches" (Rutter, 1985)*

3.3 The School has a central role to play in promoting the resilience of our pupils. School should be a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems.

4. Promoting pupils' mental health at School

4.1 The School works to mitigate the risk of mental health problems in our pupils by supporting them to become more resilient and addressing problems as they arise.

4.2 The School also has arrangements in place which reflect the importance of safeguarding and protecting the welfare of its pupils as set out in the Child Protection and Safeguarding Policy.

4.3 The School is committed to supporting the social, emotional, and mental health of all within its community as follows:

- A committed senior management team that sets a culture within the school that values all pupils, allows them to feel a sense of belonging and makes it possible to talk about problems in a non-stigmatising way.
- An ethos of setting high expectations of attainment for all pupils with consistently applied support. This includes clear policies on behaviour and bullying that set out the responsibilities of everyone in the school and the range of acceptable and unacceptable behaviour for the children.
- An effective strategic role for the special educational needs co-ordinator ensuring all adults working in the school understand their responsibilities to the children with special educational needs and disabilities (SEND), including pupils whose persistent mental health difficulties mean they need special educational provision.
- Working with parents and carers as well as with the pupils themselves ensuring their opinions and wishes are taken into account and that they are kept fully informed so they can participate in decisions taken about them.
- Continuous professional development for staff that makes it clear that promoting good mental health is the responsibility of all members of the school staff and community, informs them about the early signs of mental health problems, what is and is not a cause for concern, and what to do if they think they have spotted a developing problem.
- Clear systems and processes to help staff who identify children and young people with possible mental health problems, providing routes to escalate issues with clear referral and accountability systems. The School works closely with other professionals to have a range of support services that can be put in place depending on the identified need.
- Working with others to provide interventions and support for pupils with mental health problems
- A healthy whole school approach to promoting the health and wellbeing of all pupils in the school.

4.4 The framework of mental health and wellbeing support is shown in Figure 1.

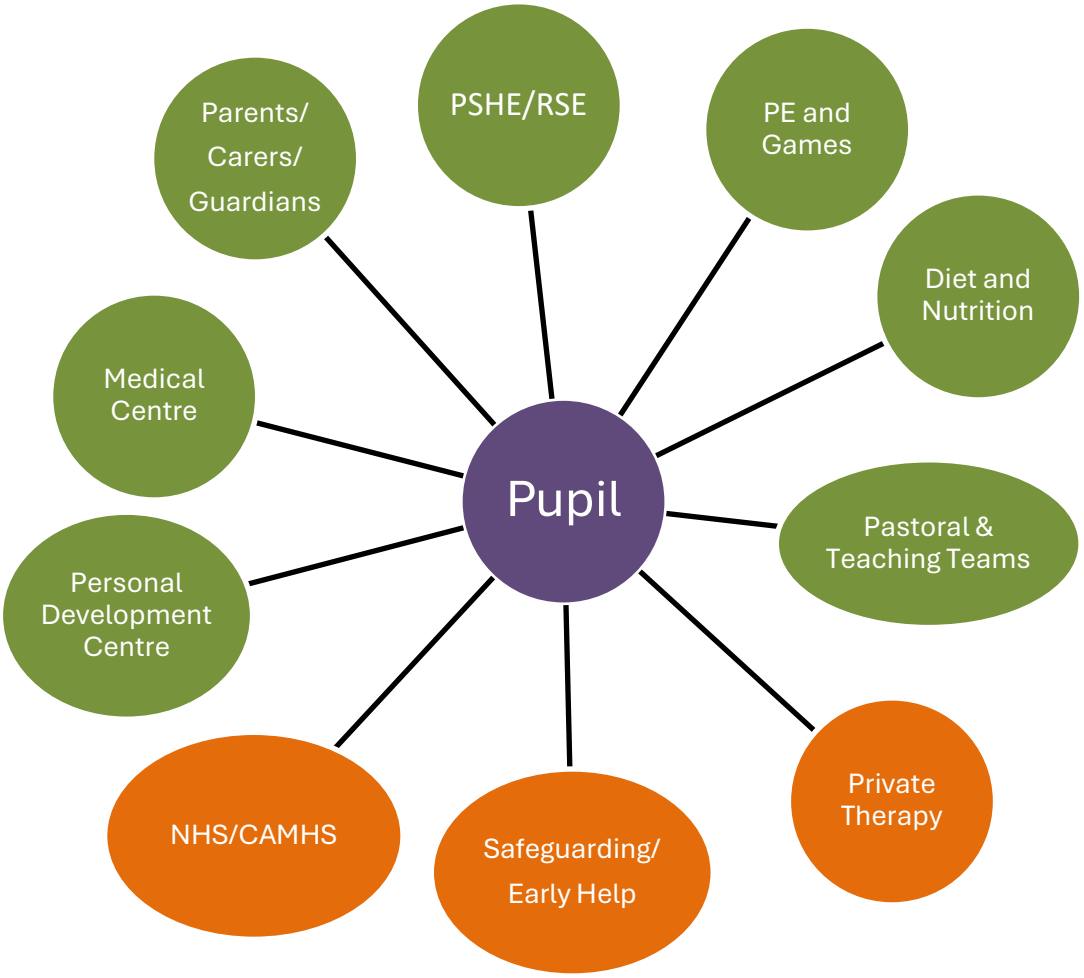


Figure 1 – The School Mental Health and Wellbeing Support Framework

5. Identification and Intervention

5.1 Only appropriately trained Healthcare professionals should make a formal diagnosis of a mental health condition. The School is however, well-placed to observe children day-to-day and identify those whose behaviour suggests that they may be suffering from a mental health problem or be at risk of developing one.

5.2 The most important role that school staff play is to familiarise themselves with the risk factors and warning signs of mental health problems. This document outlines the procedures that are followed if staff have a concern about a pupil, if another pupil raises concerns about one of their friends, or if an individual pupil speaks to a member of staff specifically about how they are feeling.

5.3 The key elements that enable the School to identify children at risk of mental health problems include:

- Effective use of data so that changes in pupils' patterns of attainment, attendance or behaviour are noticed and can be acted upon.

- An effective pastoral system where staff know each pupil well and can spot where bad or unusual behaviour may have a root cause that needs addressing.
- A pastoral support system which provides the structure through which staff can escalate the issue and take decisions about what to do next.

5.4 It is important that all those who work with children and young people are alert to emerging difficulties and respond early. In particular, parents know their children best, and it is important that all professionals listen and understand when parents express concerns about their child's development. They should also listen to and address any concerns raised by the pupils themselves.

5.5 The School is mindful that some groups of children are more vulnerable to mental health difficulties than others. These include, but are not limited to, looked-after children, children with learning difficulties, children who have experienced significant life events, and self-driven, high achieving and / or anxious individuals.

6. Special educational needs (SEN)

6.1 Persistent mental health difficulties may lead to pupils having significantly greater difficulty in learning than the majority of those of the same age. The School will consider whether the pupil will benefit from being identified as having an additional educational need. Any additional provision should ensure it takes into account the views and wishes of the pupils and parents.

6.2 A wide range of mental health problems might require additional educational provision to be made. These could be manifested as difficulties such as problems of mood (anxiety or depression), problems of conduct, self-harm, substance abuse, eating disorders or functional symptoms. Some pupils may have other recognised disorders such as attention deficit hyperactive disorder (ADHD), attachment disorder, autism or pervasive developmental disorder, an anxiety disorder, a disruptive disorder or, rarely, schizophrenia or bipolar disorder.

6.3 Where the School has identified that a pupil needs additional educational provision due to their mental health problems, this will comprise provision that is additional to, or different from, that made generally for others of the same age. This means provision that goes beyond the differentiated approaches and learning arrangements normally provided as part of high quality, personalised teaching. It may take the form of additional support from within the setting or require the involvement of specialist staff or support services. All of which will be detailed on a pupil care plan.

6.4 The School has a range of means to support such pupils through strong pastoral support, including:

- The personal development centre
- Medical centre
- Learning enrichment
- Form tutors and phase leaders
- Peer listeners
- Independent listeners

6.5 The School has a good understanding of the mental health support services that are available in its local area, both through the NHS, private and voluntary sector

organisations. The school works closely with local health partners to ensure that they are clear when referrals to Child and Adolescent Mental Health Services (CAMHS) are appropriate.

6.6 The majority of children with additional educational needs will have them met through the school and will not need Education, Health and Care plans (EHC plans) or Statements. These can however be applied for if appropriate.

7. Individual Care Plans

7.1 Following consultation between the relevant members of the pastoral term, a care plan would be agreed between the pastoral team, the pupil, and the pupil's parents. This would be available to the relevant teaching staff in order to provide the appropriate level of support for the pupil. The Head of Personal Development and Learning Enrichment (in liaison with the Head Nurse if required) will agree an enhanced care plan that may include confidential information.

8. Confidentiality and Information Sharing

8.1 Pupils may choose to confide in a member of the school staff if they are concerned about their own welfare or that of a friend. Pupils should be made aware that it may not be possible for staff to offer complete confidentiality. If a member of staff considers a pupil is at serious risk of causing themselves harm, then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on a member of staff to do so.

8.2 Young people with mental health problems typically visit the medical centre more than their peers, often presenting with a physical concern. This gives the medical team a key role in identifying mental health issues early. If a pupil confides in a member of the school medical team, then they should be encouraged to speak to their form tutor or phase leader.

8.3 After a nursing assessment, any immediate concern for a pupil's mental health would be reported to parents and where applicable the school doctor. The emphasis will always be on sharing information with parents unless there is a safeguarding reason not to.

8.4 Confidentiality will be maintained within the boundaries of safeguarding the student. The Deputy Head Pastoral will share relevant information with certain colleagues on a need-to-know basis.

8.5 Parents must disclose to the school any known mental health problem or any concerns they may have about a pupil's mental health or emotional wellbeing. This includes any changes in family circumstances that may impact the pupil's wellbeing. This will allow the school to put the necessary support mechanisms in place.

9. Support from External Organisations

9.1 There are a vast number of organisations and websites designed to support individuals with mental health difficulties. In many cases, self-help can make a difference. Any referral on behalf of a child or young person should be discussed with the school's DSL and/or Pastoral Team. Consent from parents should also be considered. 'Keeping Children Safe in Education' states the importance of working with external agencies.

10. Guidance on Mental Health Issues

10.1 The Annexes are intended to provide the school community with some guidance on particular mental health issues. Further advice and guidance can be sought from the Medical Centre and DSL.

11. Supporting staff when dealing with difficulties

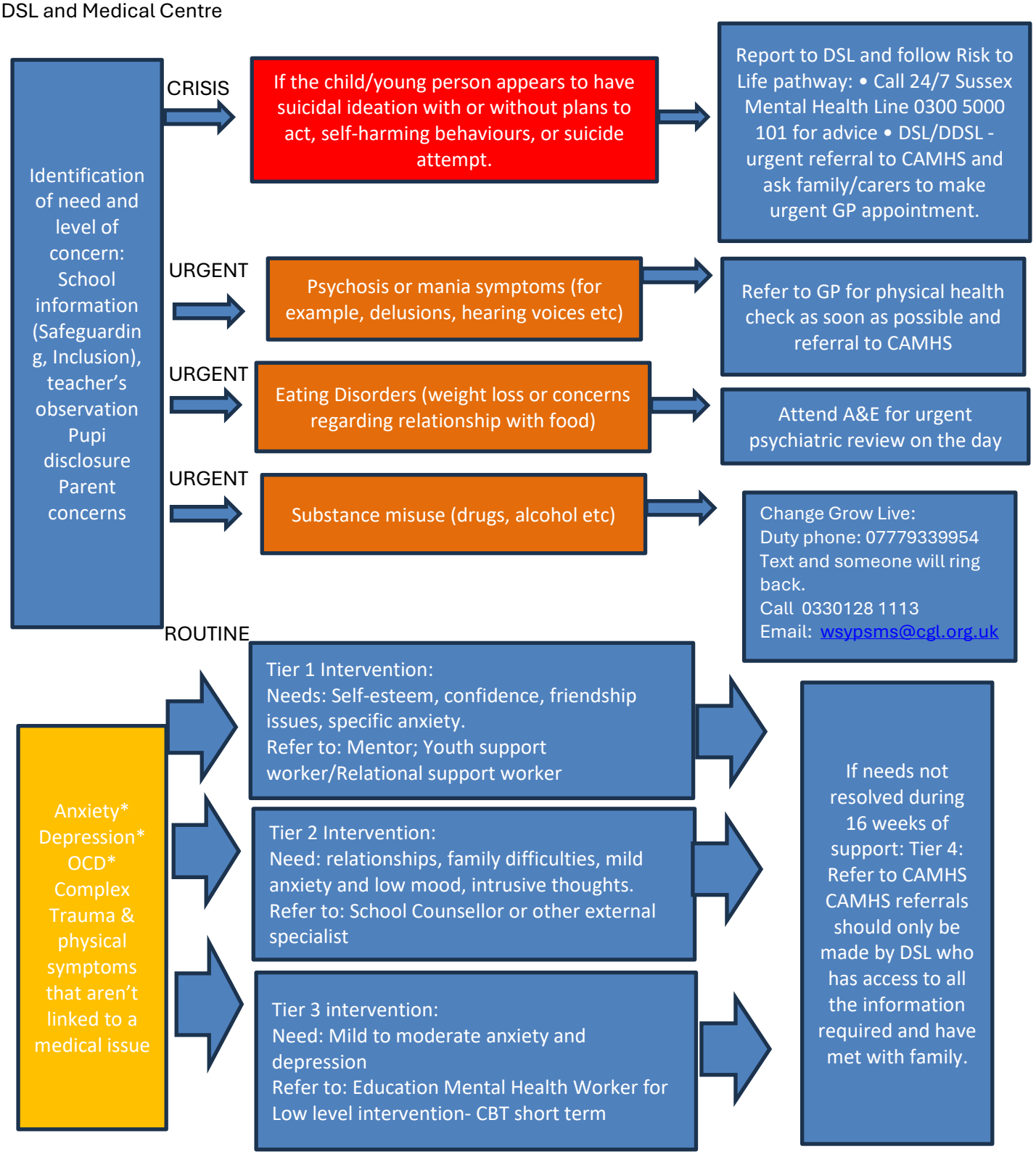
11.1 Staff may face personal difficulties associated with supporting the needs of children. Education Support Employee Assistance Programme Provider (EAP) is a 24-hour helpline to support staff. They will support family issues, medical information, lifestyle addictions, gambling, financial concerns, relationships, domestic abuse, insurance claims, consumer issues, debt, legal issues, stress, or childcare, work and housing problems. Access to telephone and face-to-face counselling, and online Cognitive Behavioural Therapy (CBT) is also available.

12. Policy Review

12.1 The implementation of this policy will be monitored by the SLT. The policy will be reviewed every two years as a minimum.

Annex 1 - Mental Health Flowchart

The mental health flowchart provides information regarding the steps that might be taken when triaging an identified need so that a staff member can consider the appropriate services to offer support. Information should be collated from multiple sources including the pupil, family, as well as information known by the DSL and Medical Centre



Annex 2 – Anger Issues

What is Anger
Anger is a normal and useful emotion. It can tell children when things are not fair or right.
But anger can become a problem if a child's angry behaviour becomes out of control or aggressive.

What can cause anger?
There are lots of reasons why a child may seem more angry than other children, including:

- seeing other family members arguing or being angry with each other
- friendship problems
- being bullied
- struggling with schoolwork or exams
- feeling very stressed, anxious or fearful about something
- coping with hormone changes during puberty

It may not be obvious to staff why a child if feeling angry. If that's the case, it's important to seek to establish what might be causing their anger.

Educating pupils of the signs of anger
Being able to spot the signs of anger early can help children make more positive decisions about how to handle it. Talk to children about what they feel when they start to get angry. For example, they may notice that:

- their heart beats faster
- their muscles tense
- they clench their teeth
- they make a fist
- their stomach churns

If you see the early signs of anger in a child, say so. This gives them the chance to try their strategies

Practical support to pupils
Helpful strategies for managing anger that can be provided to children can include:

- counting to 10
- walking away from the situation
- breathing slowly and deeply
- clenching and unclenching fists to ease tension
- talking to a trusted person
- removing themselves from a situation to calm down

Who to Inform about Anger Concerns
It is important that children get help as soon as possible to manage anger. If staff have any concerns that a child's anger is harmful to them or people around them, they should log the issue is a pastoral concern on Isams. This will then be considered by the key pastoral staff for that child and the pastoral committee will decide on the appropriate course of action. This may be:

- Implementing any or all of the above strategies to provide practical support to the child in managing their anger
- Contacting parents/carers to discuss the issue
- Child and Adolescent Mental Health Services (CAMHS) with parental consent
- Giving advice to parents, teachers and other pupils

Further sources of support

- https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/anger/
- https://www.youngminds.org.uk/young-person/my-feelings/anger
- https://mindedforfamilies.org.uk/Content/common_problems_anger_and_aggression/#/id/5e2f48ea12321b4bca723e9e

Annex 3 – Anxiety

What is anxiety?
Anxiety is a feeling of apprehension or worry about situations in our lives. It is the body's natural responses to stress, and affects our thoughts, feelings, body and behaviour.

For children and young people in particular, some level of anxiety is normal as they grow up and learn to navigate the world. It helps them to cope with potential threats and understand how they feel about different situations they encounter.

Difficulties can arise when normal levels of anxiety become more severe and start impacting a child's everyday life. Anxiety can become a problem when:

- it is constant, intense, and overwhelming
- it occurs in response to no real threat, or the threat is exaggerated
- it interferes with someone's daily life and stops them doing things they want to.

Anxiety at school
School can be an anxiety-provoking environment for some children and young people. They might be worried about friendships and fitting in, pressure to do well, or taking part in certain lessons or activities. Experiences outside school, such as caring responsibilities, health issues, bereavement or other life changes can also cause children and young people to feel anxious.

What signs and behaviours should staff be aware of?
Anxiety can present in different forms in children and young people. It generally manifests in the form of avoidant behaviours. They may seem distracted or absent-minded, agitated, hyperactive or withdrawn.

Pupils displaying challenging behaviour may also be doing so as a response to anxious feelings. Staff should look for some of the following signs and behaviours:

- avoidance of people and places in school/college
- difficulty concentrating
- withdrawal from social activities
- seeming tired, fidgety or absent-minded
- not completing tasks or homework
- constantly seeking reassurance
- worrying a lot about minor issues, such as having the correct equipment
- having frequent headaches, stomach aches, etc.
- avoiding difficult situations, such as tests or assessments
- frequent unexplained absences.

These behaviours aren't always indicative of anxiety or an anxiety disorder. It's important to raise any concerns that you might have with pupils and their parents or carers, and to work with the relevant pastoral staff to provide support.

Practical support to pupils
Most children and young people who experience anxiety do not require specialist intervention. The School can provide prevention and support and explain to pupils that it is a normal response to everyday difficulties.

Helpful strategies to manage anxiety can include:

- Enabling pupils to discuss anxious feelings
- Teaching pupils about anxiety including what anxiety is, healthy coping strategies for dealing

with it and when to seek help.
- Providing clear expectations and ensuring pupils have consistent daily routines in place.
- Using visual aids such as schedules or calendars to help pupils anticipate any changes.

Who to Inform about Anxiety Concerns

It is important that children get help as soon as possible to manage anxiety. If staff are concerned that a pupils anxiety levels are impacting on their day to day activities, they should log the issue is a pastoral concern on Isams. This will then be considered by the key pastoral staff for that child and the pastoral committee will decide on the appropriate course of action. This may be:

- Implementing any or all of the above strategies to provide practical support to the child in managing their anxiety
- Contacting parents/carers to discuss the issue
- Arranging a referral to Child and Adolescent Mental Health Services (CAMHS) with parental consent
- Giving advice to parents, teachers and other pupils

Further sources of support

https://www.anxietyuk.org.uk/get-help/
https://www.youngminds.org.uk/young-person/mental-health-conditions/anxiety/
https://www.childrenssociety.org.uk/information/young-people/well-being/resources/anxiety

Annex 4 – Bereavement

Pre-bereavement
In some situations, it is known in advance that a death is going to occur. This is usually because of a long illness.

In cases where this is an adult within the school community, individual conversations will be held with the head teacher, senior deputy head teacher or Bursar in terms of support, information exchange and practical considerations.

When the expected death is of a child or a member of a child's family we will:

- contact the family to confirm factual information and explore what support could be provided to them
- identify a key point of contact in school in terms of information exchange and to update when things change
- ensure that all relevant adults are clear about what information has and needs to be shared with the pupil
- keep lines of communication open to ensure that all information is received in a timely fashion
- explore the possibility of signposting to other organisations such as Winston's Wish or a local hospice
- look to involve faith or community leaders when appropriate and with the agreement of the family
- explore what support for the pupils affected might look like in practice
- arrange training for specific members of staff to ensure all involved are confident in their ability to support the pupil
- if appropriate, consider and reflect on how to communicate with the wider school community for example the pupil's class mates
- if appropriate, begin conversations around practical considerations in the events leading up to the death and following the death

Following a bereavement
We will consider each individual situation carefully to ensure that the response from the school is sensitive, accurately reflects the gravity of the situation, and involves those affected as appropriate.

As an immediate response we will:

- contact the deceased's family with the aim to establish the facts and avoid rumours (head teacher)
- consider any religious beliefs that may affect the timing of the funeral or impact on other aspects of the bereavement process
- find out, if possible, how the family would like the information to be managed by the school
- allocate member(s) of staff to be the key point(s) of support for the affected child / young person or children / young people and ensure there is support in place for the staff members if required
- send letters or cards of condolence to families or individuals directly affected
- will prepare a press statement, with support from the council's communications team if required and with due regard to the family affected (head teacher)
- inform staff of the death before pupils are informed, recognising that some pupils may have found out through other means. Where possible, staff will be prepared (through prior training) to share information in age-appropriate ways to make sure all staff have the same version of the event. Where this has not been possible, staff will be supported to share the information.

- inform pupils who are most directly affected (such as a friendship group), preferably in small groups, by someone known to them and in keeping with the wishes of the family and expertise of the school
- inform the wider school community in line with the wishes of the family. We would normally do this through assemblies and / or letters to parents.
- make small changes to the school timetable to accommodate the needs and wellbeing of the child or children affected by the situation. However, we will aim for minimal disruption to the timetable as this can offer a sense of security and familiarity.

For the funeral we will:

- find out the family's wishes and follow these in terms of the involvement of members of the school community (or not)
- identify which staff and pupils may want to attend if invited by the family and the practicalities of issues such as risk assessment, staff cover and transport. In some rare circumstances it may be appropriate to close the school
- organise tributes such as flowers or a collection in line with family wishes and the wishes of staff and pupils
- be sensitive to religious and cultural issues.

After the funeral we will:

- consider whether it is appropriate to visit the child and family affected at home and plan a return to school
- ensure friendships are secure – peer support can be particularly important for a bereaved child or young person
- continue regular contact with the family and show we still care about them and their child over time
- monitor the emotional needs of staff and pupils and provide listening time and ongoing appropriate support
- consider practical issues and make thoughtful and sensitive updates to parental and other contact details when needed
- continue to assess the needs of children most affected, and record and plan for support accordingly.

Longer term we will:

- be aware that the impact of bereavement follows a child throughout their school life. So, we will record information and share with relevant people, particularly at transition points. This could include ensuring significant dates and events for the child are recorded and shared with appropriate staff for future reference.
- signpost families to bereavement support including that provided by Winston's Wish https://www.winstonswish.org/about-us/
- ensure that learning about loss and bereavement is embedded into appropriate curriculum areas including PSHE education. When teaching about loss and bereavement we will give careful thought as to how to support those directly affected by loss and bereavement.

Equality and inclusion, values and beliefs

We recognise that there is a range of cultural and religious beliefs, customs and procedures concerning death. It follows that bereaved children and families may have differing expectations.

Some of these may affect matters of school organisation. We will source training and guidance to develop our understanding of the range of beliefs to best support pupils.

We will present a balance of different approaches to death and loss. We will make pupils aware of differing responses to bereavement, and that we need to value and respect each one of these.

Further sources of support
There are also bereavement charities that offer helplines, email support, and online communities and message boards for children.
These include:

- https://www.childbereavementuk.org/ – call 0800 028 8840 Monday to Friday, 9am to 5pm, or email helpline@childbereavementuk.org
- https://www.cruse.org.uk/ – call 0808 808 1677 Monday and Friday, 9.30am to 5pm; Tuesday, Wednesday and Thursday 9.30am to 8pm; Saturday and Sunday 10am to 2pm
- https://www.griefencounter.org.uk/ – call 0808 802 0111 Monday to Friday, 9am to 9pm, or email contact@griefencounter.org.uk
- https://www.hopeagain.org.uk/ – call 0808 808 1677 Monday to Friday, 9.30am to 5pm, or email hopeagain@cruse.org.uk
- https://www.winstonswish.org/ – call 0808 802 0021 Monday to Friday, 8am to 8pm, or email ask@winstonswish.org
- https://childhoodbereavementnetwork.org.uk/

Annex 5 – Depression

Definition of Depression
Depression is a mental health problem that involves having a low mood which can last a long time or keep returning, affecting the persons every day life.

What Causes Depression
There's no single cause of depression. It can occur for a variety of reasons and it has many different triggers.

What signs should staff be aware of
Symptoms of depression in children often include:

- sadness, or a low mood that does not go away
- being irritable or grumpy all the time
- not being interested in things they used to enjoy
- feeling tired and exhausted a lot of the time
- having trouble sleeping or sleeping more than usual
- not being able to concentrate
- interacting less with friends and family
- be indecisive
- not having much confidence
- eating less than usual or overeating
- having big changes in weight
- being unable to relax or being more lethargic than usual
- talking about feeling guilty or worthless
- feeling empty or unable to feel emotions (numb)
- having thoughts about suicide or self harming
- actually self-harm, for example, cutting their skin or taking an overdose

Some children have problems with anxiety as well as depression. Some also have physical symptoms, such as headaches and stomach aches.

Problems at school and problem behaviour can be a sign of depression in children and young people. Older children who are depressed may misuse drugs or alcohol.

Risk factors?
Things that increase the risk of depression in children include:

- family difficulties
- bullying
- physical, emotional or sexual abuse
- a family history of depression or other mental health problems

Sometimes depression is triggered by a difficult event, such as parents separating, a bereavement or problems with school or other children.

Often it's caused by a mixture of things. For example, a child may have a tendency to get depression and also have experienced some difficult life events.

Practical support to pupils
If you think a child may be depressed, it's important that an appropriate adult talks to them, tries to find out what's troubling them and how they're feeling. It may also be necessary for them to see a GP or be directly referred to children and young people's mental health services for specialist help.

Who to Inform about Low Mood or Depression Concerns

It is important that children get help as soon as possible to manage low mood or depression. If staff are concerned that a pupils mood is impacting on their day to day activities, they should log the issue as a pastoral concern on Isams. This will then be considered by the key pastoral staff for that child and the pastoral committee will decide on the appropriate course of action. This may be:

- Implementing strategies to provide practical support to the child in managing their mood
- Contacting parents/carers to discuss the issue
- Arranging a referral to Child and Adolescent Mental Health Services (CAMHS) with parental consent
- Giving advice to parents, teachers and other pupils

Further sources of support

https://www.nspcc.org.uk/keeping-children-safe/childrens-mental-health/depression-anxiety-mental-health/
https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/depression-and-low-mood/
https://www.youngminds.org.uk/young-person/mental-health-conditions/depression/

Annex 6 – Eating Disorders

Definition of Eating Disorders
Eating disorders are serious mental illnesses affecting people of all ages, genders, ethnicities and backgrounds. People with eating disorders use disordered eating behaviour as a way to cope with difficult situations or feelings. This behaviour can include limiting the amount of food eaten, eating very large quantities of food at once, getting rid of food eaten through unhealthy means (e.g. making themselves sick, misusing laxatives, fasting, or excessive exercise), or a combination of these behaviours. (BEAT, formerly Eating Disorders Association, 2022).

Types of Eating Disorders
The most common eating disorders are:

Anorexia nervosa – trying to control your weight by not eating enough food, exercising too much, or doing both

Bulimia – losing control over how much you eat and then taking drastic action to not put on weight

Binge eating disorder (BED) – eating large portions of food until you feel uncomfortably full

Other specified feeding or eating disorder (OSFED) - A person may have an OSFED if their symptoms do not exactly fit the expected symptoms for any specific eating disorders.

Avoidant/restrictive food intake disorder (ARFID) - ARFID is when someone avoids certain foods, limits how much they eat or does both. Beliefs about weight or body shape are not reasons why people develop ARFID. Possible reasons for ARFID include:

- negative feelings over the smell, taste or texture of certain foods
- a response to a past experience with food that was upsetting, for example, choking or being sick after eating something
- not feeling hungry or just a lack of interest in eating

What causes eating disorders?
It is not known exactly what causes eating disorders. A child may be more likely to get an eating disorder if:

- they or a member of their family has a history of eating disorders, depression, or alcohol or drug misuse
- they have been criticised for their eating habits, body shape or weight
- they are excessively really worried about being slim, particularly if they feel pressure from society or their job aspirations (e.g. ballet dancers, models or athletes)
- they have anxiety, low self-esteem, an obsessive personality or are a perfectionist
- they have been sexually abused

What signs should staff be aware of?
School staff may become aware of warning signs which indicate that a pupil is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the Designated Safeguarding Lead (DSL) or a Deputy DSL. Warning signs to look out for include:

- avoidance of meal times and/or eating with others
- not selecting sufficient food or giving food to other children
- selecting too much food and requesting additional food
- repetitive and limited diet

- dramatic weight loss or weight gain
- lying about how much they have eaten, when they have eaten, or their weight
- eating a lot of food very fast
- going to the bathroom a lot after eating
- exercising a lot
- cutting food into small pieces or eating very slowly
- wearing loose or baggy clothes to hide weight loss

Another sign is a marked change in mood. People often become withdrawn, depressed and anxious-looking while they are affected by an eating disorder.

The most important role staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the DSL (or Deputy) aware of any child causing concern.

Identification of poor eating habits
Staff may develop concerns that, although a child is not displaying warning signs of an eating disorder, they do have poor eating habits (e.g. not eating vegetables, leaving dinner and eating desert) and would benefit from nutritional advice and support. Where a member of staff has identified poor eating habits such as this, they should in the first instance, flag the issue up with the pupil's houseparent. The houseparent will then take a lead role to ensure the situation is monitored, suitable support and advice provided and if need be, liaise with parents/guardians and or/escalate the issue to the DSL.

Who to inform about disordered eating concerns
It is important to understand that Disordered Eating is a safeguarding issue and as such, any staff should follow section 4 of the Child Protection and Safeguarding Policy 'Procedures for dealing with concerns about a child' (including logging the issue on 'MyConcern'). This policy is on the school's website with a hard copy in the staff resources room.

Following the report, the DSL (or deputy) will decide on the appropriate course of action. This may include:

- Contacting parents / carers
- Arranging professional assistance e.g. doctor
- Arranging a referral to CAMHS (Child and Mental Health Services) – with parental consent
- Giving advice to parents, teachers and other pupils

Staff suspecting an eating disorder in a child should always raise concerns with the DSL rather than make any direct attempts to change eating habits. The DSL, in conjunction with house parents will provide advice and guidance to staff on supervision of the child at meal times, e.g. whether to encourage eating or to observe eating habits.

Educating pupils to disclose problems
We will encourage pupils to speak up if they suspect that they or a peer has an eating disorder.

Pupils may choose to confide in a member of School staff if they are concerned about their own welfare, or that of a peer. Staff should record what they say in detail and pass the information on to the DSL.

Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a pupil is at serious risk of causing themselves harm then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a pupil puts

pressure on you to do so.

Alerting parents and securing prompt treatment
If we detect signs of an eating disorder or of disordered eating, we will alert the parents. If we suspect that the pupil is at the more severe end of the disordered eating spectrum, or if we suspect an eating disorder, we will call the parents within 24 hours.

Depending on the pupil's age we may first talk with him or her to tell them we are planning to contact their parents.

We will strive to build a supportive relationship so that the pupil can get expert help fast.

Practical support to pupils in treatment for an eating disorder

- We will discuss with parents what support a pupil needs with lunch and snacks.
- We can provide supervision in the dining room and inform parents of any behaviours we spot that would indicate food is not getting eaten.
- School staff should not be expected to coax a pupil to eat.
- We can provide parents with menus ahead of time, if this helps them prepare their child.
- We will find out from parents and clinicians what else we can do to help the pupil in school.

Pupils who cannot attend school or need extra support with studies
We appreciate that pupils may need time in hospital, while for others there could be a phase of treatment at home, during which attending school would be counter-productive and studies need to be put on hold.

We will take advice from the parents and the clinical staff. We can provide learning materials on google classroom.

We will support the pupil with a phased return to school if that is useful.

Pupils Undergoing Treatment for / Recovering from Eating Disorders
The decision about how, or if, to proceed with a pupil's schooling while they are suffering from an eating disorder should be made on a case by case basis. Input for this decision should come from discussion with the pupil, their parents, School staff and members of the multi-disciplinary team treating the pupil.

The reintegration of a pupil into School following a period of absence should be handled sensitively and carefully and again, the pupil, their parents, School staff and members of the multi-disciplinary team treatingthe pupil should be consulted during both the planning and reintegration phase.

Further Sources of Support
https://www.youngminds.org.uk/young-person/mental-health-conditions/anorexia/
https://www.youngminds.org.uk/young-person/mental-health-conditions/bulimia/
https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/eating-disorders/
https://www.beateatingdisorders.org.uk/

Annex 7 – Post Traumatic Stress Disorder (PTSD)

What is PTSD?
Post-traumatic stress disorder (PTSD) is a mental health condition caused by very stressful, frightening or distressing events.

What Causes PTSD
Any situation that a person finds traumatic can cause PTSD.
These can include:

- serious road accidents
- violent personal assaults, such as sexual assault, mugging or robbery
- serious health problems
- childbirth experiences

PTSD can develop immediately after someone experiences a disturbing event, or it can occur weeks, months or even years later.

PTSD is estimated to affect about 1 in every 3 people who have a traumatic experience, but it's not clear exactly why some people develop the condition and others do not.

Complex PTSD (C-PTSD) is a more serious reaction to a long-lasting traumatic experience, for example abuse, neglect or frequent violence.

The symptoms of PTSD
Symptoms can appear straight after a traumatic experience, or later on. They're usually noticed within six months of the experience. The main symptoms of PTSD are:

- flashbacks or nightmares about what happened
- avoidance and numbing, where you try to keep busy and avoid thinking about or doing things that might trigger memories of the traumatic event
- being tense and on guard all the time in case it happens again

Other symptoms may include:

- difficulty focusing as hyper-vigilant to potential dangers
- anxiety
- anger or irritability
- problems sleeping or eating
- survivor's guilt, where you feel bad because others suffered more than you
- depression
  problems with alcohol or drug abuse
- diarrhoea
- muscle aches
- difficulty remembering all of the traumatic event

Practical Support to Pupils
It is normal for a child or young person to feel or behave differently after a traumatic experience. It's important to give children time to adjust to what's happened, and not to expect things to get better straightaway. To make children feel safe and supported

- Provide opportunities for them to talk
- Show them that their feelings are understandable
- Help them reestablish a sense of safety by providing structure, routine and reassurance

Who to Inform about Concerns
It is important that the School understands the cause of the trauma to enable staff to understand the support a child may need and how the school environment may need to be adapted.

If a member of staff receives information to suggest that a child is suffering from the emotional impact of a traumatic event, they should log the issue as a pastoral concern on Isams. This will then be considered by the key pastoral staff for that child and the pastoral committee will decide on the appropriate course of action. This may be:

- Implementing strategies to provide practical support to the child in managing their mood
- Contacting parents/carers to discuss the issue
- Arranging a referral to Child and Adolescent Mental Health Services (CAMHS) with parental consent
- Giving advice to parents, teachers and other pupils

Further sources of support
https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/trauma/
https://www.youngminds.org.uk/young-person/mental-health-conditions/ptsd/
https://www.ptsduk.org/treatment-help/ptsd-treatment-for-children-and-young-people/

Annex 8 – Self Harm

Definition of Self-Harm
Self-harm is when somebody intentionally damages or injures their body.

What Causes Self-Harm
Some of the reasons that people may self-harm include:

- expressing or coping with emotional distress
- trying to feel in control
- a way of punishing themselves
- relieving unbearable tension
- a cry for help
- a response to intrusive thoughts

Self-harm may be linked to bad experiences that are happening now, or in the past. But sometimes the reason is unknown. The reasons can also change over time and will not be the same for everybody.

Common causes of emotional distress
Self-harm is most often described as a way to express or cope with emotional distress. There are many possible causes of emotional distress. It is often a build-up of many smaller things that leads people to think about self-harm. Some examples include:

- being bullied
- pressure at school or work
- family arguments or relationship problems
- money worries
- low self-esteem
- struggling with stress, anxiety or depression
- confusion about sexuality
- grief after bereavement or loss
- physical or sexual abuse
- being in contact with the criminal justice system
- experiencing complex mental health difficulties that sometimes cause impulsive behaviour or difficulty controlling emotions, often due to past trauma

Self-harm and suicide
There is evidence of a clear link between suicide or suicidal thoughts and people who have previously self-harmed. However, not everyone who self-harms wants to end their life. Some people describe their self-harm as a way of staying alive by responding to or coping with severe emotional distress. It is important to find the right support or treatment to help deal with the underlying cause in a less harmful way.

What signs should staff be aware of?
It can be hard to recognise when someone has started to self-harm as they may not want anyone else to know. There are also many different ways that someone might self-harm.

Physical Signs
keeping themselves fully covered at all times, even in hot weather
unexplained cuts, bruises or cigarette burns, usually on the wrists, arms, thighs and chest
unexplained blood stains on clothing or tissues
signs that they have been pulling out their hair

Emotional Signs
becoming very withdrawn and not speaking to others
signs of depression, such as low mood, tearfulness or a lack of motivation or interest in anything
signs of low self-esteem, such as thinking they are not good enough
talking about ending things or not wanting to go on

Who to Inform about Self Harm Concerns
It is important to understand that Self Harm is a safeguarding issue and as such, any staff should follow the Child Protection and Safeguarding Policy 'Procedures for dealing with concerns about a child' (including logging the issue on 'MyConcern').

Following the report, the DSL (or deputy) will decide on the appropriate course of action. This may include:

- Contacting parents / carers (depending on the pupil's age we may first talk with him or her to tell them we are planning to contact their parents).
- Arranging professional assistance e.g. doctor
- Arranging a referral to CAMHS (Child and Mental Health Services) – with parental consent
- Giving advice to parents, teachers and other pupils

Educating pupils to disclose problems
We will encourage pupils to speak up if they suspect that they or a peer has been self-harming. Pupils may choose to confide in a member of School staff if they are concerned about their own welfare, or that of a peer. Staff should record what they say in detail and pass the information on to the DSL.

Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a pupil is at serious risk of causing themselves harm then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.

Support to Staff
Staff who have been disclosed to or have come into contact with people that self-harm, are encouraged to speak to the DSL or contact the free staff counselling service should they require support themselves. A link to the staff counselling service is available on the staff intranet home page.

Practical support to pupils in treatment
We will discuss with parents what support a pupil needs.
We can inform parents of any identified behaviours that raise concern
We will find out from parents and clinicians what else we can do to help the pupil in school.

Pupils who cannot attend school or need extra support with studies
We appreciate that pupils may need time in hospital, while for others there could be a phase of treatment at home, during which attending school would be counter-productive and studies need to be put on hold.

We will take advice from the parents and the clinical staff. We can provide learning materials on google classroom.

We will support the pupil with a phased return to school if that is useful.

Pupils Undergoing Treatment for / Recovering from Self Harm

The decision about how, or if, to proceed with a pupil's schooling while they are suffering from self-harm should be made on a case by case basis. Input for this decision should come from discussion with the pupil, their parents, School staff and members of the multi-disciplinary team treating the pupil.

The reintegration of a pupil into School following a period of absence should be handled sensitively and carefully and again, the pupil, their parents, School staff and members of the multi-disciplinary team treating the pupil should be consulted during both the planning and reintegration phase.

Annex 9 – Suicidal Feelings

What are suicidal feelings?
Suicidal feelings or thoughts are when someone thinks about ending their life or doesn't want to be alive anymore. You might also hear this be called suicidal ideation.

What causes suicidal feelings?
Anyone can feel suicidal for any reason. What causes one person to have suicidal feelings might not be the same for someone else. Suicidal thoughts can build up slowly, or they can come out of nowhere. There's not always a clear reason and it can happen even when life feels okay.

What signs should staff be aware of
Some early signs of suicidal feelings to watch out for:

- always talking or thinking about death
- deep depression and sadness
- losing interest in daily life
- struggling to sleep or eat
- feeling helpless or worthless
- self-harming
- feeling angry and that things can't change

Who to Inform about concerns that a child is suicidal
For urgent help call 999 and ask for an ambulance – please advise front office and the duty team at the earliest opportunity.

It is important to understand that Self Harm is a safeguarding issue and as such, any staff should follow the Child Protection and Safeguarding Policy 'Procedures for dealing with concerns about a child' (including logging the issue on 'MyConcern').

Following the report, the DSL (or deputy) will decide on the appropriate course of action. This may include:

- Contacting parents / carers (depending on the pupil's age we may first talk with him or her to tell them we are planning to contact their parents).
- Arranging professional assistance e.g. doctor
- Arranging a referral to CAMHS (Child and Mental Health Services) – with parental consent
- Giving advice to parents, teachers and other pupils

Educating pupils to disclose problems
We will encourage pupils to speak up if they suspect that they or a peer is suicidal. Pupils may choose to confide in a member of School staff if they are concerned about their own welfare, or that of a peer. Staff should record what they say in detail and pass the information on to the DSL.

Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a pupil is at serious risk of causing themselves harm then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.

Support to Staff
Staff who have been disclosed to or have come into contact with a child that is suicidal are encouraged to speak to the DSL or contact the free staff counselling service should they require support themselves. A link to the staff counselling service is available on the staff intranet home

page.

Practical support to pupils in treatment
We will discuss with parents what support a pupil needs.
We can inform parents of any identified behaviours that raise concern
We will find out from parents and clinicians what else we can do to help the pupil in school.

Pupils who cannot attend school or need extra support with studies
We appreciate that pupils may need time in hospital, while for others there could be a phase of treatment at home, during which attending school would be counter-productive and studies need to be put on hold.

We will take advice from the parents and the clinical staff. We can provide learning materials on google classroom.

We will support the pupil with a phased return to school if that is useful.

Pupils Undergoing Treatment for / Recovering from Severe Depression
The decision about how, or if, to proceed with a pupil's schooling while they are suffering from severe depression should be made on a case by case basis. Input for this decision should come from discussion with the pupil, their parents, School staff and members of the multi-disciplinary team treating the pupil.

The reintegration of a pupil into School following a period of absence should be handled sensitively and carefully and again, the pupil, their parents, School staff and members of the multi-disciplinary team treating the pupil should be consulted during both the planning and reintegration phase.

Further sources of support
For urgent help call 999 and ask for an ambulance – they can get to you quickly and keep you safe.

https://www.papyrus-uk.org/ **-**Offers confidential advice and support for young people struggling with suicidal thoughts, as well as family and friends; and information about how to make a safety plan.
Tel 0800 068 4141
Text 88247
Email pat@papyrus-uk.org

https://www.childline.org.uk/ **-** for children under 19 to confidentially call, chat online or email about any problem big or small.
Tel 0800 1111