



Barclay Wellbeing and Mental Health Policy

Title	Wellbeing and Mental Health Policy
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1. POLICY STATEMENT

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

At Barclay we aim to promote a whole school ethos whereby emotional wellbeing and mental health is a responsibility of everyone within our community. We aim to provide our students, staff and wider community with a continued and consistent approach to maintaining good emotional wellbeing and mental health through a variety of mediums, using our whole school approach, universal services or more targeted interventions utilising local support accordingly.

We aim to develop, implement and offer practical procedures and strategies so we can provide a safe and stable learning environment for our students whether effected directly or indirectly by mental ill health.

2. PRINCIPALS

This policy depicts the whole schools approach to promoting positive mental health and wellbeing. It is intended for guidance for all staff and governors and forms part of the Department for Educations overall expectations. It is intended to be used alongside supporting policies and publications.

National government recognises and promotes the importance of wellbeing in schools as a key factor in achieving this ambition ([Mental health and behaviour in schools](#) mental health and behaviour in schools, DfE 2014).

“Pupils with better health and wellbeing are likely to achieve better academically” - ([The Link between Pupil Health and Wellbeing and Attainment](#) Public Health England, 2014)

“Children with higher levels of emotional, behavioural, social, and school wellbeing, on average, have higher levels of academic achievement and are more engaged in school, both concurrently and in later years” ([The Impact of Pupil Behaviour and Wellbeing on Educational Outcomes](#) Dfe 2012)

3. OVERVIEW

1. Promote positive mental health and wellbeing in all staff, students and our wider school community.
2. Increase understanding and awareness of mental health.
3. Alert staff to early warning signs of mental health.
4. Provide support to staff working with young people with mental ill health.
5. Provide support to students suffering mental ill health and their peers and parents/carers.

6. Signpost to local support agencies and work alongside agencies where appropriate to support the needs of those effected by mental health.

4. LEAD STAFF

Whilst all staff have a responsibility to promote the mental health of students, staff with a specific role are as follows:

- Designated Senior Person – Magda Charlwood, Rachel Buttress and Natasha Badham.
- Mental Health Lead – Rachel Buttress
- Deputy Mental Health Lead – Magda Charlwood
- Mental Health Link Governor – Steve Akers
- Lead First Aider – Alison Walsh
- SLT – CPD
- Curriculum Lead, PHSEE Lead, HOK 3 & HOK 4
- Staff Wellbeing – Emma Forsdyke

If there are any causes for concern around the mental health or wellbeing of students then the pastoral protocol will be followed in the first instance and all details will be logged on CPOMs. Lead staff will action accordingly. If there are any serious concerns of immediate danger the safeguarding protocol will be followed and a DSP notified immediately. If the student 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.

You can also access toolkits and advice forums here;

<https://www.healthyyoungmindsinherts.org.uk/young-people>

Where a referral to CAMHS is appropriate, this will be led and managed by the mental health lead/ deputy or other relevant staff.

5. SCHOOL COUNSELLING

The school counsellor works within professional boundaries and is registered with The British Association for Counselling and Psychotherapy (BACP) and also the National Counselling Society (NCS). The capacity for counselling is limited to one day per week and extends to students and staff. The counselling service provided is detailed in Appendix C

Outcome measures are collected using the young person's Core Score process, see Appendix D.

6. STAFF WELLBEING

We recognise that our staff and their own wellbeing and mental health is important and that we are role models to our students, families and community. Teaching can be rewarding however it can also be physically and mentally draining. We have a named staff

wellbeing lead who is also a union representative. We also support wellbeing and mental health by offering the following:

- Perkbox membership- employee benefits package.
- Department meetings with a lead staff member to support.
- Tea and coffee provided free of charge
- Herts rewards scheme
- DSPL Drop in sessions offered supporting supervision
- Open door policy to SLT
- Staff can access the school counsellor
- CPD offered to all staff
- Social events

Staff can also access these websites for quick tips on looking after themselves.

<https://www.annafreud.org/what-we-do/schools-in-mind/resources-for-schools/supporting-staff-wellbeing-in-schools/>

<https://www.hpft.nhs.uk/services/community-services/wellbeing-service/>

<https://www.hertsmindnetwork.org/need-help-now>

7. TEACHING ABOUT MENTAL HEALTH

The skills, knowledge and understanding needed by our students to keep themselves and others physically, emotionally and mentally healthy are included within our ethos and embedded as part of our development PHSEE curriculum, creative arts, physical education and registration times. We endeavour to build the foundations of positive emotional and mental wellbeing and enable and encourage independence within our students, staff and communities to continue to develop this awareness and personal growth and to reach out for support when necessary. This is reflected in our pastoral overview document (Appendix E) Taught lessons are carried out in a safe and sensitive manner.

The skills required for positive emotional and mental health and wellbeing focus on; self-awareness, self-efficacy, self-belief, emotional literacy - recognising and managing emotions, planning, problem solving, resilience, optimism, persistence, focus and social skills; including the ability to make social relationships and feel empathy and compassion. These skills are extended across the taught curriculum and into activities cross curriculum. If more focused work is necessary with students then this will be supported within our pastoral team and be delivered through interventions such as mentoring.

8. SIGNPOSTING

We are committed to ensuring that staff, students and our wider community are aware of the sources of support available within school and in our local community, this is updated accordingly.

Every one of our form rooms has a dedicated Wellbeing Board which displays relevant sources of support for students and details of how to access them. We annually support the Just Talk campaign and acknowledge World Mental Health Day every October. We encourage self-care with an aim to raising awareness and ending the stigma around mental health. We also support our parents/carers and families with regular communication and share any information around local support, training and workshops. (Appendix F)

9. WARNING SIGNS AND MANAGING DISCLOSURES

Staff are supported in a number of ways through annual training and using the school CPOM system. Safeguarding training is an annual requirement along with the mental health awareness level 1 course. The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue and we stipulate that 2 modules each year are completed by all staff members. Staff are aware of logging all concerns of any nature on CPOMs capturing all relevant information and how to manage a crisis scenario which would always be to notify a DSP straight away. We have the pastoral overview and a student panel wave protocol system detailing how to respond (Appendix G)

‘Lite bite’ sessions are also offered to pastoral staff and other staff members who wish to attend and are led by the School Counsellor. (Appendix H)

Where the need to do so becomes evident, we will use staff meetings or inset 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 our CPD Coordinator who can also highlight sources of relevant training and support for individuals as needed.

10. CONFIDENTIALITY

We support our students and families in the most congruent way possible, we will be honest with regards to the issue of confidentiality explaining at all times there may be situations whereby information is shared, this will always be made clear outlining who we will be speaking to, what we are sharing and why we have to share the information. Ideally our students would be involved with the sharing of their information and their consent will be given. In the situation where consent cannot be obtained it would be deemed a complex situation which would sit within the safeguarding team and handled the DSP’s following usual safeguarding protocol.

Relevant members of staff will also be notified of information appropriately to ensure continuity of care of students and it provides an additional network around the student and extra sources of ideas and support. This also helps with the emotional wellbeing of staff as no one is left solely responsible for any students wellbeing, this will always be student led.

11. WORKING WITH PARENTS AND CARERS

Students will be supported in sharing their disclosure with their parents/carers or a family member. Time and space will be given if appropriate and depending on the severity of the disclosure. Meetings will be organised if appropriate with external agency support if required. However, if a student gives us reason to believe that by informing parents/carers

there may be underlying child protection issues which places them at significant risk, the parents should not be informed, but the Designated Safeguarding Lead must be informed immediately.

Meeting will be documented will follow ups and next steps as agreed. (Appendix I)

12. Policy Review

It is good practice for this policy to be reviewed every 3 years. It is next due for review in Feb 2024.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. This policy will always be immediately updated to reflect personnel changes.

Appendix A

Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing - Young Minds

- 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 signposted 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/carers 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 youngminds.org.uk Mind www.mind.org.uk Just Talk www.justtalkherts.org/just-talk-herts Healthy Young Minds in Herts www.healthyyoungmindsinherts.org.uk and (for e-learning opportunities) Minded www.minded.org.uk

Self-injury

Self-injury 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

www.selfharm.co.uk

National Self-Harm Network: 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

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

www.depressionalliance.org

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

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

www.ocduk.org

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 – www.papyrus-uk.org

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.beateatingdisorders.org.uk

Eating Difficulties in Younger Children and when to worry: 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 (2016) www.gov.uk/government/publications/mental-health-and-behaviour-in-schools

Counselling in Schools: a blueprint for the future- departmental advice for school staff and counsellors. Department for Education (2016)
www.gov.uk/government/publications/counselling-in-schools

Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2015).
www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-teaching-about-mental-health

Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (2015) www.gov.uk/government/publications/keeping-children-safe-in-education

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2015)
www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions

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) www.gov.uk/government/publications/improving-mental-health-services-for-young-people

Appendix C

School Counselling Process

Information about School Counselling

Introduction

At Barclay Academy we aspire to develop our students' potential to the full and to help them grow into successful, caring and respectful young people. In our ambition to support this we have created the opportunity for school based therapy. Parents/carers and staff are able to refer students for counselling with the aim of providing a safe place for young people to explore their thoughts and feelings. This enables young people to better understand the world around them resulting in feeling more empowered whatever their challenges may be. This lifts barriers and facilitates young people to make better life choices promoting future successes.

Our school based Counsellor is Mrs Rachel Buttress who has trained for 4 years to gain qualified counsellor status and worked in schools in Hertfordshire gaining experience in pastoral support. Mrs Buttress is also a registered member of the British Association for Counselling and Psychotherapy and an accredited member of The National Counselling Society of which she follows the ethical framework within.

How it works

Counselling is a way of working with anyone who displays emotional or psychological distress or is struggling to live their lives to their full potential, within the school environment this could impact on attendance, learning and progress, overall achievement as well as social factors and building positive relationships. If a young person is referred it could be for a diverse range of reasons which will be individual to their circumstances. Once identified a referral is made to Mrs Buttress who will then liaise with parents/carers accordingly. A full assessment will be carried out with the young person's permission, it may be necessary to liaise with any outside agencies that are involved. The idea is that we aim to support the young person in the best possible way, it may be more suitable to refer on to more specialised support, the young person's needs are kept at the core of this decision process. If counselling is suitable then this will commence with the young person at school and will be timetabled accordingly. There could be a waiting list for counselling.

Confidentiality

To ensure that trust is built between counsellor and client, confidentiality is a vital part of the process. Within sessions it is essential the client feels safe and that anything shared will remain confidential however there are some exceptions to this that will be fully explained at the start of therapy, forming a contract with the client within the first session is also vital. Where there are other agencies, GP, NHS or any other services involved permission may be sought to liaise with these, the young person's best interests will always be at the forefront of this process. In some complex or extreme circumstances permission will not be requested however the counsellor will deem it a necessity for the safety of the client.

Awareness

There are many positives that come with entering into counselling from a better understanding of oneself, improved relationships, lifted barriers to learning and achievement an overall sense of happiness and belonging, increased resilience and improved decision making however it can become overwhelming in many ways for clients and this can lead to unanticipated feelings and change which can impact on relationships. This is worth noting and acknowledging. Support for parents and carers is available upon request and any significant changes should be shared with the Counsellor.

School Counselling Consent Form

I hereby give consent for my child to participate in school counselling at Barclay Academy. I have read and acknowledge the counselling process.

I give consent to liaise with outside agencies accordingly.

For Parents/Carers of students under 16, please sign and return this form
Student Name
Parent Signature
Parent Name (in capitals) DATE
I am the client, I am over 16 and I understand the content of this letter
Student Name
Student Signature DATE

For School Office use: Please return this form to Mrs Buttress

Appendix D

Outcome measuring tools.

Outcome measures used for counselling YP Core 10 – [CORC Child Outcomes Research Consortium](#)

Strengths and Difficulty Questionnaires are used for student mentoring - <https://www.sdqinfo.org>

Appendix E

Pastoral Overview document.

Pastoral Summary

Pastoral care is the provision school makes to ensure the physical and emotional welfare of their students. A successful pastoral care programme means that students feel safe, happy, involved and able to perform to their potential. Students integrate well with other pupils and any problems are spotted and dealt with efficiently.

National government recognises and promotes the importance of wellbeing in schools as a key factor in achieving this ambition ([Mental health and behaviour in schools](#) mental health and behaviour in schools, DfE 2014).

“Pupils with better health and wellbeing are likely to achieve better academically” - ([The Link between Pupil Health and Wellbeing and Attainment](#) Public Health England, 2014)

“Children with higher levels of emotional, behavioural, social, and school wellbeing, on average, have higher levels of academic achievement and are more engaged in school, both concurrently and in later years” ([The Impact of Pupil Behaviour and Wellbeing on Educational Outcomes](#) Dfe 2012)

At Barclay Academy we have a diverse range of need within our community. Taking into account our socioeconomic factors (socioeconomic factors determine health include: employment, education, and income) together with our team observations and engagements we can explore best ways to support our students, identifying individual needs as early as possible is key in promoting overall positive outcomes for all.

Early indicators may include changes in the following areas:

- Attendance
- Behaviour
- Academic achievement
- Peer relationships

We heavily rely on each other and a team approach, as soon as we are aware of any changes that could lead to possible barriers to development and or learning it is vital we respond accordingly to minimise disruption to the student(s) in question. We would refer to our Student Panel Strategy document utilising our own internal strategies before looking at external support available. We are also supported by our behaviour policy.

Building good positive relationships with our students and families is essential in supporting positive change. This can be challenging and requires patience and boundaries. Parental/carer engagement is key in successful and sustained positive change.

Ultimately at all times we are looking to make a difference and support reasonable adjustments to aid future successes, there may be incidents which are deemed as serious and will take a different direction, supported by SLT. There may be incidents which are deemed of a safeguarding nature which will be supported by the safeguarding team. If interventions and support are unsuccessful the last step is a Pastoral Support Plan (The PSP procedure and process is designed to support any student for whom the normal school based strategies have not been effective. It is a structured,

coordinated, 16 week school intervention designed to support students at risk of permanent exclusion.)

It is vital we keep evidence of all interventions and support as this will help us to better identify need, respond to it and evaluate what we do to enhance successes. Evidence is also required for outside agency support and to access higher levels of support.

Below is a list of external support available:

[Hertfordshire County Council](#) - Hertfordshire County Council schools & education homepage

[Healthy Young Minds in Herts](#) - Health Young Minds in Herts

[Youth Connections Hertfordshire](#) - Youth Connections Hertfordshire

[Anna Freud - National Centre for Children & Families](#) – Anna Freud

[PHSE Association](#) - PHSE Association – Guidance on teaching about mental health & emotional well being.

[Child Mind Institute](#) – Child Mind Institute

Included in this folder is our Behaviour Policy, Student Panel guidance, the local SEMH quality offer, continuum of need and a Service Request Form. These are also available online and in our shared pastoral folder. These documents may be helpful to refer to within meetings with parents/carers.

Appendix F

Signposting letter for parents/caregivers.



Wellbeing support information:

https://www.kooth.com/	Student online support
https://www.childline.org.uk/	Telephone number: 0800 1111
https://www.samaritans.org/	Telephone number: 116 123
https://www.hpft.nhs.uk/get-help/	Mental Health helpline Telephone number: 01438 843322
Healthy Young Minds in Herts	Local mental health & wellbeing support.
Just Talk (justtalkherts.org)	Just Talk – Hertfordshire mental health support.
https://youngminds.org.uk/	Student & Parent support
Young Minds Parent helpline	0808 802 5544
https://www.mind.org.uk/	Student and Parent support
https://www.nhs.uk/conditions/stress-anxiety-depression/	NHS Support
https://www.healthforteens.co.uk/	Student support
https://www.ychertfordshire.org/	Youth Connexions – Student support/parent information

<https://www.healthforteens.co.uk/hertfordshire/chathealth-texting-service-for-age-11-18/>

Chathealth Number: 07480 635050 - Text your school nurse: Young people aged 11 to 19 in Hertfordshire can access ChatHealth - a dedicated text messaging service to contact a School Nurse for support and advice, this is a confidential service, where you can ask for help or advice on a range of issues such as: Weight and exercise, Healthy eating, Stress or anxiety, Relationships, Sexual health.

Barclay Academy, Walkern Rd,
Stevenage SG1 3RB
014 3823 2221
enquiries@barclay.futureacademies.org
www.barclay.futureacademies.org

Future Academies is a charity regulated by the Department for Education, and is sponsored by Future, charity number 1114396.
Registered office: Lupus Street, London SW1V 3AT

Student panel strategy/wave intervention document.

R Buttress – Emotional Wellbeing Lead Feb2021

	<p>conversation, setting targets</p> <ul style="list-style-type: none"> • Parent meeting. • Lexia Intervention • Anger Management Intervention • Time out card • 5 Point Scale • Behaviour Report 	SWA SWA HOY	<ul style="list-style-type: none"> • Phone SpLD help line • Parent to take to GP • Observation by SALT • Connexions meeting/ PFA (Preparing for Adulthood) meeting. • Referral School Nurse • Guidance from SEN officer 	<p>Davide Galante Emma Bumpus</p> <p>Online referral Christina Daniels David Baker</p>
<p>WAVE 3 (SENDCo/Director of Key Stage/Family Support Worker/Counsellor/DHT)</p>	<ul style="list-style-type: none"> • Part-time timetable (Medical evidence/ EHCP) • Early EHCP review • Home Visits • Refer to Family Support Worker • Refer to Counselling 	<p>CSM & DDE</p> <p>CSM DSP's/DDE CMA RBU</p>	<ul style="list-style-type: none"> • BAT programme (Back on Track) • ESC outreach • Referral to SASS; EP (Educational Psychologist) OT (Occupational Therapist) CAT (Communication & Autism Team) SALT (Speech & Language Therapist) • Referral to Hub • Referral to Safe Space • Referral to NESSIE (Drama & Art Therapy) • Referral to IFFA • Life Project • Support from PCSO • Referral to AIO • Referral to CAMHS/PALMS 	<p>Anne Marie O'Sullivan Tina Stanley Shelley Hughes & Leanne Murphy</p> <p>Rachel Mitchell</p> <p>Janice Gardner</p> <p>Hayley Douch</p> <p>Libby Childs Harri Nicholas</p> <p>Alison Lovitt Debbie Moore</p>

			<ul style="list-style-type: none"> • Herts Young Homeless • SASH Specialist Adolescent Services Hertfordshire (replaced Targeted Youth Services) • Integration Team • ESMA (ESTMA) 	Emily Sterling Mariano Paulo
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Barclay wave step process in responding to overall pastoral care.

Student Panel Guidance Document

Appendix H

Lite Bite workshop sessions – staff training.

Bereavement:

Support & Resources

Reflective listening using CLEAR

- Create the right environment
- Listen to what they are saying
- Empathise with the emotional component of what they have said
- Ask open ended and clarifying questions
- Respond always give enough time

Open questions that may be helpful

How are you feeling?

What do you think would help you?

Can you tell me about your loss?

How have your friends and family been with you?

Support available

www.cruse.org.uk

www.winstonswish.org

www.stand-by-me.org.uk – local support

www.youngminds.org.uk

<https://www.childbereavementuk.org/>

Book list

Continuing Bonds: New Understandings of Grief

Klass D, Silverman P, Mickman SL (eds) 1996

The Gift of Tears. A Practical Approach to Loss & Bereavement Counselling

Lendrum S, Syme G 2004

Grief Counselling & Grief Therapy

Worden JW, 2002

On Death & Dying

Kubler-Ross E, 1989

Mortally Wounded – Stories of Soul Pain, Death and Healing

Michael Kearney. 2007.

It's OK that you're not OK - Megan Devine

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Self-harm:

Self-Harm Support for Staff

Self-harm is behaviour that is done deliberately to harm oneself. It is a response to a specific need.

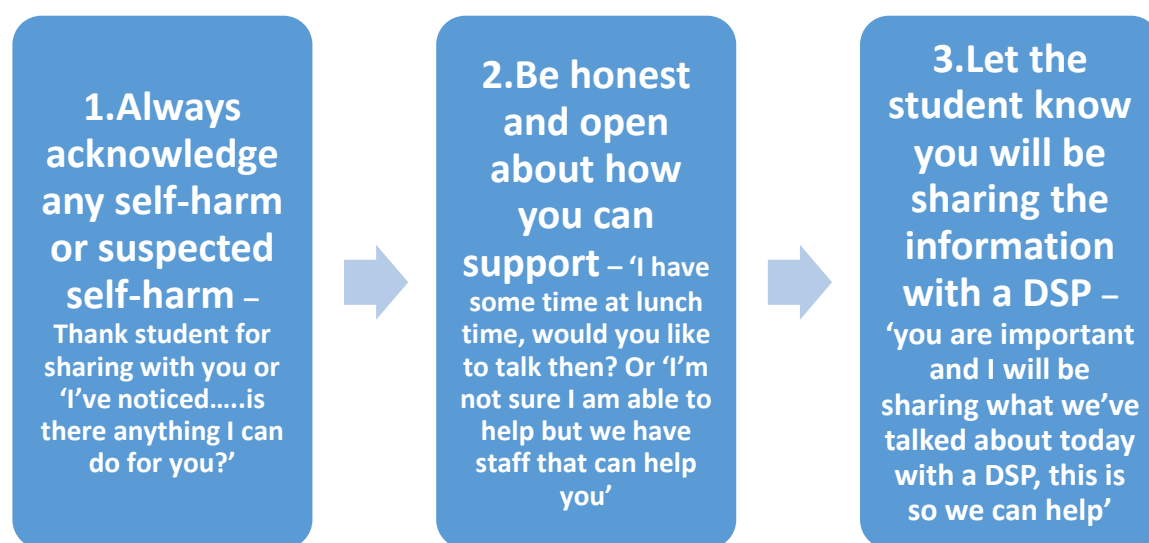
It can include:

- Cutting/scratching/hair pulling /pinching
- Hitting/bruising
- Taking an overdose
- Taking too much or too little medication
- Under or over eating
- Burning
- Risky Behaviours

What we might notice:

- Unexplained cuts/bruises/burns
- Change in behaviour – withdrawn, isolating themselves, low mood, lack of interest or focus.
- Wanting to keep covered up – withdrawing from PE etc.
- Blaming themselves, feelings of uselessness/failure/low self-esteem/low self-worth

How to respond - 3 steps:



How to support to our students:

- **Listen** – (being aware to only offer what we can commit too)
- **Give time** (as above)
- **Be reflective – promoting independence and personal growth.**
- Help to identify feelings and thought patterns – develop emotional literacy which aids understanding self.
- Help to develop emotional regulation – strategies



Examples of reflective practice:

- Tell me about.....
- How did you feel.....
- Did you notice.....
- Why do you think.....
- What would happen if.....
- I wonder.....
- What do you want to happen now.....

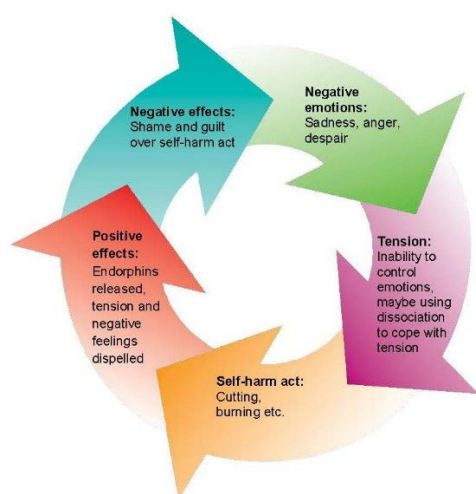
Please do not:

Assume anything or pass judgement.

Tell students they shouldn't be doing it or suggest they have no reason to be doing it.

Send them to speak to someone else.

The Cycle of self-harm:



NHS data released showed the number of admissions to hospital of girls aged 18 and under for self-harm had almost doubled in two decades, from 7,327 in 1997 to 13,463 in 2017.

When to report:

- **ALWAYS** – Self harm is a priority concern
- **Trust your instinct**
- **Never take a thought/feeling/worry home with you – leave it here - Pass it on.**

Any level of safeguarding concern – Log on CPOM's or go direct to a DSP.

Resources: TeachersShared (T:) – Pastoral – Self-Harm

Appendix I

Parent meeting document.



Name of Student:

Head of Year:

Date:

Reason for meeting:

Attendees:

Summary of the here and now:

Student view:

Parent/Carer view:

School view:

What has been working well:

Next steps/on-going goals:
Agreed actions & timescales: Student: Parent: School:

Student signature:

Parent signature:

Head of Year Signature:

School use only:

Internal intervention referral to:

Completed by:

Date:

External intervention referral to:

Completed by:

Date: