Positive Mental Health Policy

Date Policy due to be reviewed: September 2025

Committee Responsible for Policy: Full Academy Trust

Policy Statement

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

At Hillcrest, our whole-school approach to mental health and wellbeing, aims to promote positive mental health for every member of our student body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue. By implementing practical and effective trauma informed and attachment aware procedures, we can promote a safe and stable environment for students affected both directly, and indirectly by mental ill health, as well an environment that promotes respect, inclusivity and values diversity.

We are aware that all children and young people, particularly those with existing mental health issues or special educational needs, may continue to experience long-term difficulties from the coronavirus pandemic. They may still feel some degree of anxiety about having been at home for long periods of time, limited social interaction, loss of structure and daily routine, illness and bereavement in the family or friendship groups.

Scope

This policy describes our approach to promoting positive mental health and wellbeing. As outlined in 'Keeping Children Safe in Education' (September 2024), safeguarding is now defined as promoting the welfare of children by 'preventing impairment of children's mental and physical health or development'. This policy is intended as guidance for all staff including non-teaching staff and governors. This policy should be read in conjunction with our medical policy in cases where a student's mental health overlaps with or is linked to a medical issue and the SEND and Behaviour policy where a student has an identified special educational need. As outlined in the SEND 0-25 years Code of Practice (2015), we recognise how mental health problems can underpin behaviour issues and that under the Equality Act (2010) some mental health issues will meet the definition of disability. In addition, this policy should also be read in conjunction with our safeguarding policy where there are concerns of a child protection nature.

The Policy Aims to:

- Promote awareness of positive mental health in all staff and students;
- Create a culture in which all stakeholders can talk openly about their mental health;
- Increase understanding and awareness of common mental health issues, particularly those linked to online behaviour;
- Alert students, staff and parents to early warning signs of mental ill health;
- Provide support to staff working with young people with mental health issues;
- Provide support to students suffering mental ill health and their peers and parents/carers;
- Embed a 'Trauma-led' approach to supporting students, particularly those affected by ACE's (Adverse Childhood Experiences).

This policy is in line with the guidance outlined in the DFE 'Mental health and behaviour in schools' (November 2018), the DFE 'Health Education' guidance (June 2019), DFE guidance to schools on how to respond to the coronavirus pandemic (April 2020), Ofsted's review on sexual abuse in schools and colleges (March 2021) and 'Keeping Children Safe in Education' (September 2024). The policy also reflects the provision outlined in the Birmingham Domestic Abuse Prevention Strategy 2018-2025 and 'Promoting children and young people's mental health and wellbeing' (Mental Health Coalition – October 2021)

Lead Members of Staff

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

- Steven Connor-Hemming – Deputy Headteacher / Designated Safeguarding Lead
- Mary Bunce – Deputy Designated Safeguarding Leader / Mental Health Co-ordinator
- Catherine Jacobs - Deputy Designated Safeguarding Leader / SENDCO
- Tracy Stansbie – Deputy Designated Safeguarding Leader / HLTA (SEMH)
- Kirsty Ankiah – Deputy Designated Safeguarding Leader / College Leader
- Jessica Smallwood - Deputy Designated Safeguarding Leader / College Leader
- Helen Winters - Deputy Designated Safeguarding Leader / College Leader
- Jessica McDonald – Deputy Designated Safeguarding Leader / College Leader
- Louise Macarthur-Clare – Safeguarding Governor (including PSHE)

The Designated Safeguarding Lead, Mental Health Co-ordinator and SENDCO have strategic leadership for implementing the whole-school approach and targeted interventions, particularly through the role of pastoral and mentoring services on site. This will ensure interventions are integrated, sustained and monitored for impact. In addition, this work also seeks to involve students, parents, staff and external agencies in developing whole-school policy and procedures to ensure they are responsive to the evolving needs of the school community.

Summary of Mental Health processes in school

As a 'mentally healthy' school, we recognise the role we must play in supporting the mental health and well-being of our students, by developing approaches tailored to their needs. Early intervention to identify issues and provide effective support is crucial.

We have a tiered mental health and early intervention system at Hillcrest School (see appendix F):

Tier 1 – Universal (curriculum coverage of mental health and wellbeing to all students through assembly, Life Skills programme, form tutor programme, whole school curriculum)
Tier 2 – Form Tutor intervention (specific and targeted interventions delivered by form tutor)
Tier 3 – College Leader intervention (specific and targeted interventions delivered by the College Leader)
Tier 4 – Mental Health Co-ordinator, Pastoral support worker and/or SEND intervention (students can be referred to tier 4 by college Leaders if initial support at tiers 2 and 3 does not lead to desired improvement in wellbeing)
Tier 5 – Referrals to external agencies for more specialist support

Our role in supporting and promoting mental health and well-being can be summarised as:

- **Tier 1 - Prevention:** creating a safe environment where mental health problems are less likely, improving the mental health and well-being of the whole school population, and equipping students to be resilient, including in their activities online. This will include teaching students about mental health through the curriculum and reinforcing this through the school ethos;
- **Tier 2-3 - Identification:** recognising emerging issues as early and accurately as possible;
- **Tier 2-5 - Early Help:** helping students to access evidence based early support and interventions; and
- **Tier 5 - Access to specialist support:** working effectively with external agencies to provide swift access and referrals to specialist support and treatments.

Stage 1 - Prevention
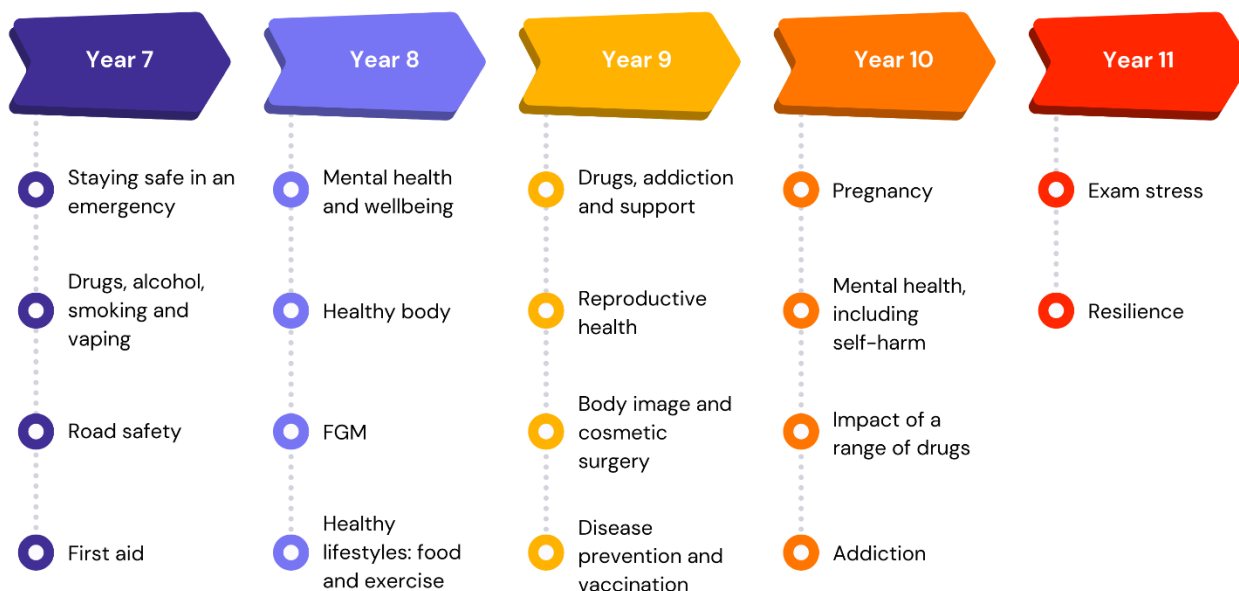
Teaching about Mental Health

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental Life Skills curriculum, Character Education programme and wider curriculum. We aim to promote and develop resilience through targeted social and emotional learning. In addition, our curriculum aims to develop emotional intelligence, flexible thinking, self-efficacy, assertive communications skills and problem-solving techniques to equip students to deal with real-life setbacks they may face.

The specific content of assemblies, form periods, Life Skills and curriculum lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others, including online. Students should understand how they are feeling and how to further develop language that they use to talk about their bodies, health and emotions, and to understand where normal variations in emotions end, and health and well-being issues begin. Student evaluations of Life Skills lessons allow the Life Skills Co-ordinator and Designated Safeguarding Lead to monitor understanding of key concepts and terms, particularly in relation to support open to students.
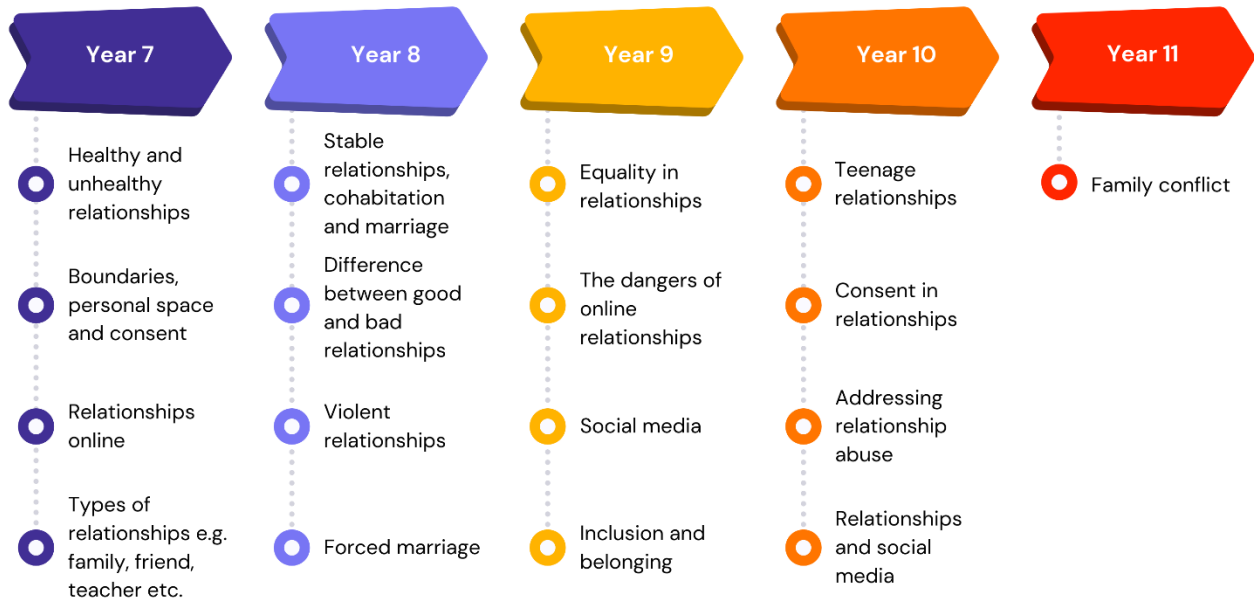
We will follow the PSHE Association Guidance and DFE 'Health Education' guidance (June 2019) to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

In addition, our Mental Health Co-ordinator, Pastoral Support Worker and Foundations for the Future mentor deliver well-being programmes to targeted students in all year groups to promote positive mental health and resilience. Resources provided by the Anna Freud Centre play an integral part in the work we undertake in weekly form periods to promote and support emotional resilience and well-being.

Health education

Year 7	Year 8	Year 9	Year 10	Year 11
Staying safe in an emergency	Mental health and wellbeing	Drugs, addiction and support	Pregnancy	Exam stress
Drugs, alcohol, smoking and vaping	Healthy body	Reproductive health	Mental health, including self–harm	Resilience
Road safety	FGM	Body image and cosmetic surgery	Impact of a range of drugs	
First aid	Healthy lifestyles: food and exercise	Disease prevention and vaccination	Addiction	

Relationships education

Year 7	Year 8	Year 9	Year 10	Year 11
Healthy and unhealthy relationships	Stable relationships, cohabitation and marriage	Equality in relationships	Teenage relationships	Family conflict
Boundaries, personal space and consent	Difference between good and bad relationships	The dangers of online relationships	Consent in relationships	
Relationships online	Violent relationships	Social media	Addressing relationship abuse	
Types of relationships e.g. family, friend, teacher etc.	Forced marriage	Inclusion and belonging	Relationships and social media	

Community education

Year 7	Year 8	Year 9	Year 10	Year 11
Online safety and the law	Societal roles and responsibilities	Radicalisation and extremism	Organised crime	
British Values	Human rights and the law	Extremist organisations	Youth violence and knife crime	
Rule of law and hate crime	Terrorism and extremism	County lines	Gang culture	
Protected characteristics	Resilience to radicalisation	Gangs	Child sexual exploitation	

The learning and pastoral curriculums have been adapted to ensure a holistic **'emotional recovery approach'** is embedded in pastoral care, form periods and lessons, and teaching has been adapted to increasingly meet the needs of individual students whose mental health has been affected by a range of adverse childhood experiences.

Students and their families will continue to receive targeted information and resources about protecting their mental health, as well as being signposted to relevant external support organisations, i.e. – NSPCC, PAUSE, KOOTH, Young Minds, CRUSE, Birmingham LGBTQ.

Student voice is key to developing the work we undertake in school and the decisions we make to respond to their needs. The role of peer mentors and Anti-Bullying Ambassadors is key to this work. Feedback on the content and impact of the Life Skills and Character Education curriculum ensures the curriculum is responsive to the needs of the student body.

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues, as well as developing understanding of the protective factors that can enable students to become more resilient, as part of their regular child protection training to enable them to keep students safe. As part of this training staff will develop a wider understanding of the impact of several issues on a young person's mental health including cyberbullying, child-on-child abuse, hate crime, sexual harassment and violence, online activity, criminal and sexual exploitation, gender questioning and reassignment and non-conformity, and extremist radicalisation. As part of this process, staff are supported to maintain and protect their own mental health.

All members of staff are familiar with students suffering from mental health issues and receive information that helps to manage expectations of affected students to ensure those students are not placed under undue stress which may exacerbate their mental health issues. Staff will play a key role in monitoring these identified students, taking a holistic approach which may include considering issues addressing:

- Academic achievement
- Absence and lateness
- Access to extra-curricular activities including sports
- Duration and pace of recovery
- Ability to interact and engage within lessons

In addition, staff will complete several online sessions throughout the year on issues including anxiety, stress, self-harming, eating disorders, personality disorders and attachments (see appendix A and B). Staff will continue to receive training on key aspects of Emotional Coaching, with specific emphasis on 'Adverse Childhood Experiences' (ACEs), as we aim to embed a '**Trauma Informed'** approach to pastoral care and learning. Training will ensure staff are aware of the impact of ACEs and associated 'toxic stress' on learning, behaviour and well-being, and mental and physical health. As a result, staff will endeavour to use '**social engagement'** rather than 'social defensive' behaviour intervention strategies to help students to articulate, understand, validate and regulate their emotions. This training supports staff to fulfil their respective roles at tiers 1-3 in our integrated support package. Staff can also access additional support through our Pastoral Support Worker. This is designed to support staff to meet the mental health needs of individual students in school, as well as protecting their own mental health.

We will host relevant information on our website and internal pastoral folder for staff who wish to learn more about mental health. In addition, we work collaboratively with other Oaks schools to share training and resources that are disseminated to all staff as part of the CPD programme.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more students. Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health. Suggestions for individual, group or whole school CPD will be co-ordinated by **Steven Connor-Hemming.**

All members of staff have undertaken training to use the **Check-In, Three Houses and Emotional Coaching** approaches in their day-to-day interactions to support students to talk about their feelings in an open, safe and structured environment. This consistent approach has helped the safeguarding team to explore a range of early help interventions, both in school and the community, based on concerns raised by staff after these conversations. This approach has also equipped staff to have more purposeful discussions with students to explore any anxieties and work together to resolve any issues they may have as part of our whole school early

intervention programme. This is particularly important as some students may continue to display high levels of anxiety in terms of managing their workload and the possible impact of this on the GCSE and A Level grades.

Working with All Parents, Carers and Guardians

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:

- Provide guidance to help parents identify if their child is experiencing any mental health concerns
- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- Offer signposting advice from our Pastoral Support Worker, including access to 'parenting smart' resources and the 'shout crisis text line' service.
- Keep parents informed about the mental health topics their children are learning about in Life Skills lessons and share ideas for extending and exploring this learning at home

Stage 2 – Identification

Warning Signs
School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously. As outlined in 'Keeping Children Safe in Education' (September 2024) mental health problems, in some cases, can be an indicator that a child has suffered or is at risk of suffering abuse, neglect, harassment, bullying, harmful sexual behaviour or criminal/sexual exploitation.

It can also indicate a child is experiencing gender questioning and severe gender dysphoria because of the mismatch between their sex and perceived sexual identity. Children experiencing gender identity issues may raise safeguarding concerns, including self-harm, self-medication, binding of breasts, emotional or sexual experiences in which they have been significantly harmed, or relationships that put them in danger.

There is a clear link between adverse childhood experiences and mental health and physical well-being, particularly those who has witnessed or experienced domestic violence. Research shows that ACE's have a significant negative impact on a person's 'toxic stress' levels, internal 'social engagement system' and their ability to communicate and self-regulate emotions. Children in Need Looked after and previously adopted children, and children with special educational needs, who may have experienced a range of ACEs, are particularly vulnerable.

There are several possible warning signs. Many are linked to the impact of adverse childhood experiences and indicate some form of developmental trauma. They include:
- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Limited eye contact and no smiling
- Difficulty with concentration and attention, i.e. – frequent daydreaming
- Overwhelmed by noisy and busy classrooms
- Poor cognition skills or difficulty in processing new information
- Difficulty in communicating their thoughts and feelings coherently

- Troubled relationships or immaturity in friendships
- Outbursts of anger or distress at some events such as a change in activity
- Anxiety, depression and changes in activity and mood
- Lowering of academic achievement and poor educational attainment
- Talking or joking about self-harm or suicide
- Abusing smoking, drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g., long sleeves in warm weather
- Secretive behaviour and stealing
- Skipping PE or getting changed secretively
- Addictive online behaviour
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism
- Violent behaviour and use of offensive language
- Risky sexual activity and teenage pregnancy
- Attempted suicide

Any member of staff who is concerned about the mental health or well-being of a student should speak to **Steven Connor-Hemming, Mary Bunce, Catherine Jacobs** in the first instance.

If there is a fear that the student is in danger of immediate harm, the normal child protection procedures should be followed with an immediate referral to the **DSL** as outlined in the Child Protection policy. Relevant information will be shared with relevant agencies in cases that are already open to social care or early help team intervention. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff at student reception, contacting the emergency services if necessary and referring to the School Nurse Service.

Where a referral to Forward Thinking is appropriate, this will be led and managed by **Mary Bunce and Catherine Jacobs.**

Stage 3 – Early Help

School Services
Our Mental Health Co-ordinator and Pastoral Support Worker offer a wide range of support in school for students including 1-2-1 well-being sessions, break and lunchtime self-referral drop-in sessions.

Managing disclosures
A student 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 student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental, as outlined in our Child Protection guidelines.

When face to face, staff should listen, rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see appendix A, B and D.

All disclosures should be reported verbally to either **Mary Bunce, Steven Connor-Hemming, Catherine Jacobs** and then recorded in writing on CPOMS. 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

We will follow a graduated response process to support any student identified with a mental health issue, as outlined in appendix F.

This information will be followed up by the mental health leads, who will store the record appropriately and offer support and advice about next steps after completing a Revised Children's Depression and Anxiety Scale (RCADS) assessment with the student and parents to identify the nature and complexity of the mental health needs (**Tier 4**) As part of the process, it may be decided that an intensive programme of weekly support from **Mary Bunce and/ or external services** is required or alternatively a referral to Forward Thinking for longer-term support may be considered.

We are aware that supporting a young person's mental health can have a significant impact on the emotional well-being of members of staff. Regular supervision will be offered to any member of staff in these circumstances.

Confidentiality

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

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

It is always advisable to share disclosures with a colleague, usually the Mental Health Lead or DSL. This helps to safeguarding our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence; and it provides an extra source of ideas and support. We will explain this to the student and discuss with them who this will be, as finding the most appropriate support and help is imperative.

Parents, carers and guardians will generally be informed regarding SEMH issues. This may not happen immediately and will not happen if we feel this puts the student at further risk. Students may choose to tell parents, carers and guardians themselves. If this is the case, the student will be given 24 hours to share this information before the school makes contact. We will always give the student the option of us informing parents, carers and guardians for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents will not be informed, and the **DSL (Steven Connor-Hemming)** will refer to Early Help and/or Children's Advice and Support Service (CASS) to discuss possible actions required.

Working with Parents, Carers and Guardians

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

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

Whilst it is good practice to involve families wherever possible, in some circumstances they student may not wish to have their families involved with any interventions or therapies they are

receiving. In these cases, we are aware students aged 16 or over are presumed to be capable of consenting to their own medical treatment. Children under the age of 16 may in certain circumstances consent to their own treatment if they are deemed 'Gillick competent', i.e. – a relevant medical professional judge that they have sufficient intelligence, competence and understanding to appreciate what is involved in their treatment. Otherwise, an adult with parental responsibility can consent for them.

Where parents are informed and involved, 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 will be accepting of this (within reason) and give the parent time to reflect.

We will 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 will 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. We will finish each meeting with agreed next step and always keep a brief record of the meeting on the child's confidential record on CPOMs. We will endeavour to signpost parents/carers/guardians to key elements of the most updated version of 'Guidance for parents and carers on supporting children and young people's mental health and well-being'. This support will be co-ordinated by Mary Bunce and Catherine Jacobs.

In addition, we recognise that some parents may not be able to support their child's own emotional well-being due to circumstances within the family home, including financial worries, domestic violence, alcohol and substance misuse, parental depression or bereavement. We will endeavour to work with families holistically and signpost to ensure all members of the family can access relevant support, including Early Help.

Individual Care Plans

We will prepare and review care plans for students displaying SEMH behavioural concerns and those with a formal diagnosis pertaining to their mental health. This documentation will outline the range of support in place to support the student. It will be completed and regularly reviewed by **Mary Bunce and Catherine Jacobs. The School Nurse Service will also be included, as required, in the support offered to students.** All plans will include the views of the student, parents/carers/guardians and relevant health professionals. This can include:

• Details of the specific 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

All Care Plans will be shared with staff and be displayed on the safeguarding noticeboard in the staffroom.

Suspensions

As outlined in the DFE 'Mental Health and behaviour in schools' (November 2018), when considering suspending a student, we will always consider any contributing factors that are identified, which could include where the student has mental health problems. We recognise that trauma and adverse childhood experiences can often control and manifest itself in a child's behaviour, as well as other factors such as bullying, harassment, child-on-child abuse, criminal/sexual exploitation and radicalisation. Where appropriate, we will consider if action can be taken to address underlying causes of disruptive behaviour before issuing a suspension.

However, in all cases, we will attempt to balance the interests of the student against the mental and physical health of the whole school community. This policy should be read in conjunction with our 'Attachment Aware Behaviour' policy.

Equal Opportunities

Members of the College Prefect Teams and Student Parliament will contribute to reviewing and developing our whole school approach to SEMH. Their work will have the following aims:

- To represent the students with regards to outlining SEMH issues within the student body
- To help in assemblies and with dissemination of signposting, including online support
- To help evaluate our current provision for students and propose solutions

Supporting Peers

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

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

Additionally, we will want to highlight with peers:
- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

Stage 4 – Access to specialist support (Tier 5)

Signposting

We will ensure that staff, students and parents are aware of sources of support within school, in the local community and online. For example, what support is available within our school, local community and nationally. We will display relevant sources of support in communal areas such as student noticeboards and television screens around school and will regularly highlight sources of support to students within relevant parts of the curriculum and assemblies. Guidance will also be accessible to students and their families on the school website. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students and parents/families understand:

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

The main external agency signposted to students and their families is PAUSE. This service is accessible to young people seven days each week and students can self-refer themselves to this

support agency with or without the support of the school. The school will also refer students and their families to specialist agencies such as Forward-Thinking Birmingham, STICK team, YoungMinds, Kooth, MindEd, Change4Life, BEAT, CRUSE, Birmingham LGBTQ, School Nurse Service.

Information on support locally and nationally is accessible through the 'Youth Well Being Directory' and 'Waiting Room'. Both provide information on the services best suited to work with students and their families.

If a student is formally diagnosed with a condition linked to their mental health, our Mental Health Co-ordinator will represent the school in any contact with Forward Thinking Birmingham or any other specialist mental health agencies involved.

Policy Review

This policy will be reviewed in September 2024. 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 Steven Connor-Hemming, our Designated Safeguarding Lead via phone 0121 4643172 or email safeguarding@hillcrest.bham.sch.uk

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

Policy Reviewed – September 2024

Appendix A:

Eating Disorders

We are committed to creating a caring, friendly environment where every member of the school can thrive. Students should feel able to talk to staff and receive the support they need according to their individual circumstances.

The central aims of this guidance are:
- to promote safety, welfare and good physical and mental health;
- to ensure, as far as is possible, that every student in this School is able to benefit from and make his/her full contribution to the life of the School, consistent always with the needs of the school community;
- to ensure that staff are fully informed about procedure involving a student with an eating disorder;
- to involve parents wherever appropriate.

We are aware that children and young people with eating disorders may find aspects of the Covid-19 period particularly challenging, for example, reduced availability of specific foods, exercise limits, social isolation and significant changes to routine. This is particularly a concern for those suffering from 'avoidant restrictive food intake disorders. (ARFID).

What are eating disorders?
There are three major types of eating disorders; anorexia; bulimia and binge eating disorder. What they all have in common is that the sufferer uses food and their weight as a way of coping with any problems or difficulties they might be having. Eating disorders are a serious mental health issue that may affect up to 5% of the population. Often eating disorders start in early adolescence.

What eating disorders are not?
They are not attention seeking. Like any behaviour, an eating disorder may be used to attract attention, but this is not usually the focus of problem. If an eating disorder is being used in order to gain attention, one must look to find the reasons as to why someone is in such dire need of attention.

Risk factors associated with eating disorders
Anorexia nervosa, bulimia nervosa and compulsive, or 'binge', eating disorder are three illnesses that have separate and distinct criteria for the purposes of diagnoses. Doctors are very precise about the factors that need to be present before one of these labels can be formally applied. It is impossible to completely separate signs and symptoms of the eating disorders. There is a lot of overlap and many experience all three illnesses to a greater or lesser degree at some point. However, there are major common threads running through each eating disorder which includes low self-esteem, self-hatred, disgust at weight and shape, obsession with food, mood swings and depression. The major problem with eating disorders is that chemical changes in the body, not least the brain, cause it to quickly become addictive. Something that began as an attempt to bring control into a life takes complete control over the thoughts and actions of the sufferer and becomes a force too strong and complex to be sorted out alone.

Recognising the Warning Signs
Realising that someone has an eating disorder can be difficult for a variety of reasons:
- The most usual age for people to show signs of an eating disorder is early teens. This is a time of physical and emotional upheaval for both boys and girls and it is not always easy to tell that development is not quite as it should be.

- Many people have some sort of hang up, problem or a peculiar relationship around food and drink. Some refuse to eat vegetables, some are vegetarian, some won't touch hot or spicy foods. Sorting out what is a fad and what is a problem can often be quite difficult.

Anorexia Nervosa

Below are some of the physical, psychological and behavioural signs of Anorexia Nervosa; this list is not exhaustive however:

- Rapid weight loss or, failure to develop and gain expected weight during a growth spurt.
- Hormone disturbance – shows as an absence of periods in females and affects sperm development in males but may only become evident as a lack of interest in sex in late teenage years.
- Loss of calcium from bones means that bones may break more easily than would be expected in someone young.
- Other physical effects of starvation and dehydration may include constipation, swollen stomach and ankles, dizziness, poor circulation shown in coldness, blue fingers and toes, and growth of fine downy hair on the face and body.
- Fears around being 'fat' and overweight and being weighed.
- Fears around shape - the mind of an anorexic shows them as 'fat' when they look in the mirror when others see them as a virtual skeleton.
- A belief that the more weight they lose the closer they come to being worthwhile.
- Feelings of paranoia that people are staring at them because they are fat and 'ugly'.
- If challenged, they deny that have a problem and refuse to believe they are dangerously thin.
- They are unable to accept rational argument around their eating habits and weight.
- Personality changes may include violence, mood swings and depression.
- Sufferers become secretive around food, their body and their eating habits. They may claim to have eaten when they have not.
- Rituals and superstition may build up around food and drink: specific times when 'meals' may be eaten, precise measurements of portions and the way food is prepared and presented. Being faced with the need to eat outside of these conditions may lead to panic.
- Excessive exercise is often linked to eating disorders as is inappropriate use of large numbers of laxatives or diuretics.
- Panic attacks.

Bulimia Below are some of the physical, psychological and behavioural signs of Bulimia; however, this list is not exhaustive:

- Weight may stay steady or fluctuate.
- Hormone disturbance may lead to absence of periods in girls.
- Physical effects of vomiting may include worn tooth enamel, sore throat, bloodshot eyes, puffy face through infected salivary glands, calluses on hands and fingers from inducing vomiting.
- Total preoccupation with thoughts of food.
- Feeling totally out of control during binges.
- Fear of weight gain.
- Self-evaluation is centred on weight and shape.
- Personality changes, violence, mood swings and depression.
- A need to succeed and a feeling that no achievement is enough.
- Self-hatred, feelings of shame, guilt, and low self-esteem.
- Large amounts of food may disappear during binges.
- Students may become secretive and avoid socialising especially where food is involved.
- Sufferers may disappear to the lavatory after meals.

- Evidence of purgative medicines may be found for example laxatives, diuretics etc.
- Other techniques to counter the effects of food, e.g., excessive exercise or fasting.
- Associated problems may include self-harm by other methods.

Binge Eating Disorder

Below are some of the physical, psychological and behavioural signs of Binge Eating Disorder; however, this list is not exhaustive:

- There may be steady or sudden weight gain or marked fluctuation in weight if yoyo dieting is involved.
- Feelings of disgust around weight and shape.

Advice for Staff and Teachers if a problem is suspected.

- DO make it known to the student that you are available to listen;
- DO remain calm and non-judgemental at all times;
- DO encourage the student to be open with you and reassure them that they can get the help they need if they are willing to talk;
- DO endeavour to enable the student to feel in control by asking what help they feel they need etc.;
- DO report the matter to the safeguarding team as soon as you become aware of the problem, and inform the student that you are doing this;
- DO NOT dismiss a student's reasons for distress as invalid or trivial;
- DO NOT promise confidentiality.

Procedure for Care of a Student with a suspected eating disorder:

A student who has a suspected eating disorder will be asked to see the School Nurse about receiving support. The nurse will ascertain the extent of the problem, discuss any underlying issues and explain their options (namely, to gain a referral through their GP or for the school nurse to make a referral through other external agencies e.g., Forward Thinking. The School is happy to allow a student with an eating disorder to continue with their studies and life in school as long as the student complies with the following expectations:

- That she is willing to address the underlying issues that are causing the problems and therefore will accept a referral for support;
- That she cooperates with treatment and care plans and maintains the agreed BMI
- That she talks to the appropriate staff member (rather than other students) if he/she is in emotional distress;
- Physical exercise restriction may be imposed until target weight is gained (in anorexia). This would always be decided in conjunction with the specialist health care agencies and the PE Department.

Strategy to prevent the spread of eating disorders within the school

- Close monitoring of students who have been in contact with another student with an eating disorder.
- Informal discussion groups with pupils in their form class/ close friends, led by a member of the Pastoral team and/or School Nurse.
- Information about Eating Disorders is delivered as part of Hillcrest's PSD programme, ensuring raised awareness and understanding within the student body.
- Encouraging an open attitude to eating disorders, where students and staff feel comfortable to discuss and raise concerns where necessary.

- Training opportunities are offered to relevant staff that have a particular interest in the subject. This will be refreshed at regular intervals to keep knowledge up to date.
- Eating disorders will periodically feature in INSET for staff.

Appendix B:

Self-Injury Guidance

We are committed to creating a caring, friendly environment where every member of the school can thrive.

The central aims of this guidance are:
- to promote safety, welfare and good physical and mental health;
- to ensure, as far as is possible, that every student in this School is able to benefit from and make her full contribution to the life of the School, consistent always with the needs of the school community;
- to ensure that all staff know how to manage a situation involving self-injury.
- To keep parents informed as appropriate

What is Self-Injury?

- Self-injury is a coping mechanism. An individual harms their physical self to deal with emotional pain, or to break feelings of numbness by arousing sensation.
- Self-injury is any deliberate, non-suicidal behaviour that inflicts physical harm on the body and is aimed at relieving emotional distress. It can become a natural response to the stresses of day-to-day life and can escalate in frequency and severity.
- Self-injury can include, but is not limited to, scratching, cutting, burning, banging and bruising, non-suicidal overdosing and even deliberate bone breaking.
- People who self-injure usually make a great effort to hide their injuries and scars and are often uncomfortable about discussing their emotional inner or physical outer pain. It can be difficult for young people to seek help perhaps due to the stigma associated with seeking help for mental health issues.

Self-harm is a wider definition, that includes eating disorders, self-injury and drug /alcohol misuse.

What self-injury is not

It is not attention seeking. Like any behaviour, self-injury may be used to attract attention, but this is not usually the focus of chronic, repetitive self-injury. If self-injury is being used in order to gain attention, one must look to find the reasons as to why someone is in such dire need of attention.

Risk factors associated with self-injury

Self-injury is a coping mechanism and it is important to recognise and respond to the underlying reasons. Risk factors include, but are not limited to:
- Low self-esteem;
- Perfectionism;
- Mental health issues such as depression and anxiety;
- The onset of a more complicated mental illness such as schizophrenia, bi-polar disorder or a personality disorder;
- Problems/pressures at home or school;
- Physical, emotional or sexual abuse.

It is important to recognise that none of these risk factors may appear to be present. Sometimes it is the outwardly happy, high-achieving person with a stable background who is suffering internally and hurting themselves in order to cope.

Warning signs that may be associated with self-injury

As noted above, there may be no warning signs, but some of the things below might indicate that a pupil is suffering internally which may lead to self-injury:
- Drug and/or alcohol misuse or risk-taking behaviour;
- Negativity and lack of self-esteem;
- Out of character behaviour;
- Bullying other pupils;
- A sudden change in friends or withdrawal from a group.

Suicide Self-injury is an attempt to cope and manage, it is not suicidal behaviour. However, it is recognised that the emotional distress that leads to self-injury can also lead to suicidal thoughts and actions. It must also be recognised that self-injury can also lead to unintentional consequences due to over injury or complications. It is therefore of the utmost importance that all incidents of self-injury are taken seriously and that the underlying issues and emotional distress are thoroughly investigated and necessary emotional support given in order to minimise any greater risk. Any mention of suicidal intent should always be taken seriously and acted upon as a matter of urgency.

Physical signs that self-injury may be occurring

- Obvious cuts, scratches or burns that do not appear of an accidental nature;
- Frequent 'accidents' that cause physical injury;
- Regularly bandaged arms and / or wrists;
- Reluctance to take part in physical exercise or other activities that require a change of clothes;
- Wearing long sleeves and trousers even during hot weather.

Advice for Staff and Teachers when self-injury is suspected.

- DO NOT ask a student to show you their scars or describe their self-injury;
- DO NOT ask a student to stop self-injuring - you may be removing the only coping mechanism they have;
- DO NOT promise confidentiality.

How to talk to parents about self-harm

Consider the best set up - It can be understandably difficult for a parent to hear about their child's self-harming so think about the best way to facilitate this conversation. Things you'll want to consider include:

- face to face or on the phone?
- should the student be present?
- how can the room set up be as comfortable as possible?

Plan the conversation - Have a simple plan of the points you want to make to ensure you cover them all during the conversation as things don't always go according to plan. A little preparation will ensure parents go away with the information they need from you. Take a practical rather than an emotional approach – Conversations of this type have the capacity to become very emotional and unproductive in terms of outcomes for the student. Try to talk about self-harm in the most

matter-of-fact way possible with no judgement or assumptions. Focus on practical steps forward rather than dwelling on why the student is turning to self-harming behaviours.

Explain self-harm in simple terms - Self-harm can feel like a very alien concept to people who've not experienced it, which can make it seem utterly terrifying. Explain to parents that it's a coping mechanism used by a lot of young people in order to manage difficult thoughts, feelings and emotions. Reassure parents about recovery - Parents need to understand that their child has a very good chance of overcoming their self-harm. The key lies in a combination of helping their son or daughter work through their underlying emotions and developing healthy coping mechanisms to replace their current self-harm responses.

Consider with parents what support the school can provide and where external help is needed and explore how this can be accessed. Remind parents that recovery is a journey and that their child needs time and support in order to stop. Give parents practical ideas for helping - Before talking to their parents, have a discussion with the student to explore practical ways in which their parents could support them. This will often include simple things like spending quality time together, decreasing the student's responsibilities within the home temporarily or regularly supporting them by listening non-judgementally.

Signpost further information help - Signpost websites like youngminds.org.uk and selfharm.co.uk where parents can find further information, support and ideas in their own time. Encourage them to seek support for themselves - Parents and siblings of young people who are self-harming can find the situation very difficult and are vulnerable to developing their own unhealthy coping responses. Highlight the need for parents and siblings to seek support if needed.

Keep an open door - Encourage parents to come back to you with questions – the initial conversation can be overwhelming and their questions are likely to arise afterwards.

Appendix C
Further information and sources of support about common mental health issues

1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class. Recent research suggests the mental health of a significant number of children and young people had deteriorated even further during and as a result of the coronavirus (Covid-19) pandemic.

- 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.
- 'Growing numbers of children have experienced mental distress linked to feeling of 'gender dysphoria', with increasing numbers identifying as transgender'. ('Boys and Girls and the Equality Act' report, May 2021)

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

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

Self-harm
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: 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
Depression Alliance: 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

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

Books

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

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

Suicidal feelings

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

On the edge: ChildLine spotlight report on suicide: 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 disorders

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

Online support

Beat – the eating disorders charity: 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

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 D: Mental health disclosures

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

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

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

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

The student should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now, your role is simply one of supportive listener. So, make sure you're listening!

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

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

Don't be afraid to make eye contact
"She was so disgusted by what I told her that she couldn't bear to look at me."

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about

what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

Offer support

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

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

Acknowledge how hard it is to discuss these issues

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

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

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

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

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

Never break your promises

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

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

Appendix E: What makes a good Forward Thinking referral?

If the referral is urgent it will be initiated by phone so that Forward Thinking can advise of best next steps. Before making the referral, we will have a clear outcome in mind about what we want Forward Thinking to do. For example, we might be looking for advice, strategies, support or a diagnosis for instance.

We will also provide evidence to Forward Thinking about what intervention and support has been offered to the student by the school and the impact of this. Forward Thinking will always ask 'What have you tried?' so we will be prepared to supply relevant evidence, reports and records.

General questions asked by Forward Thinking
• Have you met with the parent(s)/carer(s) and the referred child/children?
• Has the referral to Forward Thinking been discussed with a parent / carer and the referred pupil?
• Has the student given consent for the referral?
• Has a parent / carer given consent for the referral?
• What are the parent/carer pupil's attitudes to the referral?

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

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

Further helpful information
• Who else is living at home and details of separated parents if appropriate?
• Name of school
• Who else has been or is professionally involved and in what capacity?
• Has there been any previous contact with our department?

Has there been any previous contact with social services?
• Details of any known protective factors
• Any relevant history i.e., family, life events and/or developmental factors
• Are there any recent changes in the pupil's or family's life?
• Are there any known risks, to self, to others or to professionals?
• Is there a history of developmental delay e.g., speech and language delay

• Are there any symptoms of ADHD/ASD and if so have you talked to the Educational psychologist?

• Are there any symptoms of ADHD/ASD and if so have you talked to the Educational psychologist?

Appendix F – Hillcrest School tiered approach to provide emotional support for all students

Tier 1	**Universal emotional well-being support for all students**
	Weekly Tutor Check-in/out Weekly form period well-being tasks Life Skills Curriculum Assembly programme
	Induction programme Roel of pastoral/safeguarding team Website resources Signposting (i.e. – PAUSE/KOOTH)
	Character Education Curriculum Emotion Coaching provision & curriculum Pastoral Hub Girls On Board Programme
	Three Houses Programme Pastoral Support Worker Foundations for the Future School Nurse Service
	Extra-curricular / Enrichment Multi-Faith Room Transition programme Preparation for Adulthood
Tier 2	Support from **Form Tutor** as daily point of contact (8.45-9.10) – All students have access to speak to Form Tutor about any concerns
	Form Tutors expected to provide support with **low level well-being concerns**, i.e. – anxiety over uniform, extended learning, equipment, friendship issues with other students in form group, etc
	Form tutor expected to share issues and actions taken with CLL. Form tutors should make phone calls home about lower-level issues
	Form tutor to escalate to College Leader if actions do not resolve issue or if they feel it is a tier 3 concern.
	Three Houses assessments for all students and assessments for targeted students,
Tier 3	Support from **College Leader (CLL)** with **medium level well-being concerns**, i.e. – anxiety over possible bullying incidents, difficulties with learning in lessons or with a particular member of staff, referral from member of staff about student being visibly upset or stressed, student self-refers about feeling stressed/anxious, attendance concerns, poor behaviour linked to emotional well-being, etc
	CLL to complete initial **Three Houses** assessment – College Leader to assess level of need based on outcomes. CLL to consult with DSL/SENDCO/ Senior Learning Mentor (SLM) to agree actions required. Possible options include:
	1. CLL to refer to form tutor for intervention (low level risk/concern) and agreed monitoring actions/timescales
	2. CLL to implement appropriate interventions based on the level of need and agree targets, actions and timescales.
	3. CLL to refer to SENCO if issue is linked specific barriers to learning for SEND students
	4. CLL to refer to relevant Curriculum Manager for intervention and agreed monitoring actions/timescales
	5. CLL to refer to Senior Learning Mentor if significant concerns about well-being of student, i.e. – risk of self-harming, eating disorder, risk of harm at home, evidence of risky behaviours, etc
	College Leader to record all actions/interventions for options 1-4 on SEB Form (Social, Emotional & Behaviour). All actions to have specific timescales and success criteria. CLL to check-in with student regularly to assess progress/impact.
	Possible Outcomes:
	1. Students needs are met and support has successfully dealt with issues. Evidence recorded on SEB form.
	2. Some evidence that issue had been addressed but not fully resolved. CLL and/or form tutor to continue to monitor and record on-going actions on SEB form.
	3. CLL support and interventions have not successfully addressed the issue during the agreed timescale and student requires higher level intensive support = CLL to refer to tier 4 intervention

Tier 4	DSL / SENDCO / Senior Learning Mentor to discuss Tier 3 referrals (including referrals for one-off events/immediate risks or CLL difficulties in supporting student over period of time). It may be appropriate to refer student back to Tier 3 support with specific guidance for CLL to follow and monitor impact. Possible actions if a tier 4 response is required: 1. SLM to complete initial RCADS assessment 2. SLM to signpost students and parents to appropriate services 3. SLM to meet students each week (frequency to be decided by SLM) to begin formal support programme 4. SLM may request 1-2-1 or small group intervention from Pastoral Support Worker 5. Parental Engagement as appropriate/required, with targeted intervention from Pastoral Support Worker if concern is of a safeguarding nature 6. SLM have option to deliver individual and/or small group well-being programme 7. External support may be considered, i.e. – Early Help Assessment / CASS referral / School Nurse Service / STICK / Aquarius / Barnadoes 8. SENDCO intervention may be required based on needs of individual students, including possible F4TF intervention and One-Page Profile updates 9. Sharing information and strategies with targeted teaching staff to support student in lesson 10. Reduced and flexible timetable and curriculum provision to be considered 11. Referral to external counselling services as required and possible. 12. Access to Learning Base at key times of the school day. 13. Impact measures – RCADS assessment at end of intervention process/timescale Agreed actions to be agreed and recorded on SEB Action Plan and updated after each intervention within agreed timescale. SEB Action Plan to be shared with staff.
Tier 5	SLM to refer concerns to Forward Thinking Birmingham if immediate specialist intervention is required after initial assessment and/or limited impact of school-based interventions. Referral to and engagement with Forward Thinking Birmingham / STICK / CAMHS / other relevant mental health agencies Multi-Agency Support as required CASS Request for Support or Early Help referral as required SEB Action Plan shared with all staff