



Positive Mental Health & Emotional Wellbeing Policy

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1.0 Policy statement

Eastlands Primary School promotes the mental and physical health and emotional wellbeing of all its pupils, families, staff and governors. Wellbeing is at the forefront of the School's PSHE programme and promoting good mental health is a priority. The physical, mental and emotional health benefits of exercise are well documented and the school actively encourages sport for all. 10 key qualities have been identified that are fundamental to good mental health and wellbeing:

1. Proper sleep patterns
2. Time for exercise
3. Eating healthily at regular times
4. Time to relax
5. Emotional resilience – accepting being 'good enough'
6. Sense of humour
7. Clear boundaries
8. Random acts of kindness
9. Fresh air
10. A sense of perspective



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2.0 Scope

Mental health issues can be de-stigmatised by educating pupils, staff and parents. This is done through PSHE with the pupils, through staff INSET and through parent discussions that take place. Positive mental health is also promoted through strong pastoral care. This policy is a guide to all staff – including non-teaching and governors – outlining Eastlands approach to promoting mental health and emotional wellbeing. It should be read in conjunction with other relevant school policies

One in ten young people between the ages of 5 and 16 will have an identifiable mental health issue at any one time. By the time they reach university this figure is as high as 1 in 6. Around 75% of mental health disorders are diagnosed in adolescence (source: www.youngminds.org.uk).

3.0 Policy Aims

- describe the EPS' approach to mental health issues
- increase understanding and awareness of mental health issues so as to facilitate early intervention of mental health problems
- alert staff to warning signs and risk factors
- provide support and guidance to all staff, including non-teaching staff and governors,
- dealing with pupils who suffer from mental health issues
- provide support to pupils who suffer from mental health issues, their peers and parents/carers.

4.0 Key staff members

This policy aims to ensure all staff take responsibility to promote the mental health of pupils, however key members of staff have specific roles to play:

- Pastoral Staff
 - Mental Health First Aid Champion
- Designated Safeguarding Lead
 - PSHE Coordinator
- SENCO
 - SENCO is SLT lead

If a member of staff is concerned about the mental health or wellbeing of pupils, in the first instance they should speak to the SENCO. If there is a concern that the pupils is high risk or in danger of immediate harm, the school's child protection procedures should be followed. If the child presents a high risk medical emergency, relevant procedures should be followed, including involving the emergency services if necessary.

5.0 Individual Care Plans

When a pupil has been identified as having cause for concern, has received a diagnosis of a mental health issue, or is receiving support either through RISE (formerly known as CAMHS) or another organisation, it is recommended that an Individual Care Plan should be drawn up. The development of the plan should involve the pupil, parents, and relevant professionals.

Suggested elements of this plan include:

- Details of the pupil's situation/condition/diagnosis
- Special requirements or strategies, and necessary precautions
- Medication and any side effects
- Who to contact in an emergency
- The role the school and specific staff



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6.0 Teaching about mental health

The skills, knowledge and understanding our pupils need to keep themselves - and others - physically and mentally healthy and safe are included as part of our PSHE curriculum.

Eastlands already have an established PSHE programme. We plan to develop this further by have mental health assemblies and lessons to raise awareness. Alongside this we will explore curriculum enrichment to help e.g. yoga to aid relaxation, forest school activities to boost being outside and enjoying nature programmes such as Boomerang to build resilience.

We are exploring the guidance issued by the PSHE Association and other training to prepare us to teach about mental health and emotional health safely and sensitively.

<https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and-emotional-wellbeing>

Incorporating this into our curriculum at all stages is a good opportunity to promote pupils' wellbeing through the development of healthy coping strategies and an understanding of pupils' own emotions as well as those of other people.

Additionally, we will use such lessons as a vehicle for providing pupils who do develop difficulties with strategies to keep themselves healthy and safe, as well as supporting pupils to support any of their friends who are facing challenges. **See Section 14 for Supporting Peers**

7.0 Signposting

We will ensure that staff, pupils and parents/carers are aware of the support and services available to them, and how they can access these services.

Within the school (noticeboards, common rooms, toilets etc.) and through our communication channels (newsletters, websites, tweets), we will share and display relevant information about local and national support services and events.

The aim of this is to ensure pupils understand:

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

8.0 Sources or support at school and in the local community

School Based Support – Examples of channels of support available in school

1. Learning mentor/metal wellbeing lead
 - Supporting the 10 key qualities
 - Supporting pupils and parents
 - Accessed at parental /staff/ pupil request
 - Communicated through school system and pupil wellbeing tracking procedures
2. Safeguarding procedures -
 - Use of Informal meeting with parents, use of green forms, Early Help meetings and referrals to MASH
 - Supporting pupils and parents
 - Accessed when identified by staff



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- Information communicated with parents following our safeguarding procedures (Warwickshire model safeguarding procedures).
3. Nurture Provision
- For pupils
 - Learning Mentor and SEN TA to identified pupils
 - Needs clarified using Boxall Profile
 - Nurture programme provided

Local Support

In Warwickshire, there are a range of organisations and groups offering support, including the **CAMHS partnership**, a group of providers specialising in children and young people's mental health wellbeing. These partners deliver accessible support to children, young people and their families, whilst working with professionals to reduce the range of mental health issues through prevention, intervention, training and participation.

9.0 Warning Signs

Staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should alert (insert name of mental health first aider).

Possible warning signs, which all staff should be aware of include:

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

10.0 Targeted support

We recognise some children and young people are at greater risk of experiencing poorer mental health. For example, those who are in care, young carers, those who have had previous access to CAMHS, those living with parents/carers with a mental illness and those living in households experiencing domestic violence.

We work closely with school nurses and their teams in supporting the emotional and mental health needs of school-aged children and are equipped to work at community, family and individual levels. Their skills cover identifying issues early, determining potential risks and providing early intervention to prevent issues escalating.

We ensure timely and effective identification of pupils who would benefit from targeted support and ensure appropriate referral to support services by:

- Providing specific help for those children most at risk (or already showing signs) of



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social, emotional, and behavioural problems;

- Working closely with WES Children's Services, CAMHS and other agencies services to follow various protocols including assessment and referral;
- Identifying and assessing children who are showing early signs of anxiety, emotional distress, or behavioural problems;
- Discussing options for tackling these problems with the child and their parents/carers. Agree an Individual Care Plan as the first stage of a 'stepped care' approach;
- Providing a range of interventions that have been proven to be effective,

According to the child's needs;

- Ensure young people have access to pastoral care and support, as well as specialist services, including RISE (CAMHS), so that emotional, social and behavioural problems can be dealt with as soon as they occur;
- Provide young people with clear and consistent information about the opportunities available for them to discuss personal issues and emotional concerns. Any support offered should take account of local community and education policies and protocols regarding confidentiality;
- Provide young people with opportunities to build relationships, particularly those who may find it difficult to seek support when they need it; and
- The identification, assessment, and support of young carers under the statutory duties outlined in the Children & Families Act 2014.

11.0 Managing disclosures

If a pupil chooses to disclose concerns about themselves, or a friend, to any member of staff, the response will be calm, supportive and non-judgemental.

All disclosures should be recorded confidentially on the pupil's personal file, including:

- Date
- Name of member of staff to whom the disclosure was made
- Nature of the disclosure & main points from the conversation
- Agreed next steps

This information will be shared with safeguarding lead in line with school safeguarding procedures, and other staff on a need to know basis. If a Peer Mentoring Programme is in place, any disclosures made will also map with this process.

12.0 Confidentiality

If a member of staff feels it is necessary to pass on concerns about a pupil to either someone within or outside of the school, then this will be first discussed/shared with the pupil.

We will tell them:

- Who we are going to tell
- What we are going to tell them
- Why we need to tell them
- When we're going to tell them

Ideally, consent should be gained from the pupil first, however, there may be instances when information must be shared, such as pupil up to the age of 16 who are in danger of harm.

It is important to also safeguard staff emotional wellbeing. By sharing disclosures with a colleague this ensures one single member of staff isn't solely responsible for the pupils. This also ensures continuity of care should staff absence occur and provides opportunities for ideas and support.



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Parents must always be informed, but pupils may choose to tell their parents themselves. If this is the case, a timescale of 24 hours is recommended to share this information before the school makes contact with the parents/carers.

If a pupil gives us reason to believe that they are at risk, or there are child protection issues, parents should not be informed, but the child protection procedures should be followed.

13.0 Whole school approach

13.1 Working with parents/carers

If it is deemed appropriate to inform parents there are questions to consider first:

- Can we meet with the parents/carers face-to-face?
- Where should the meeting take place – some parents are uncomfortable in school premises so consider a neutral venue if appropriate.
- Who should be present – pupils, staff, parents etc.?
- What are the aims of the meeting and expected outcomes?

We are mindful that for a parent, hearing about their child's issues can be upsetting and distressing. They may therefore respond in various ways which we should be prepared for and allow time for the parent to reflect and come to terms with the situation.

Signposting parents to other sources of information and support can be helpful in these instances. At the end of the meeting, lines of communication should be kept open should the parents have further questions or concerns. Booking a follow-up meeting or phone call might be beneficial at this stage.

Ensure a record of the meeting and points discussed/agree are added to the pupil's record and an Individual Care Plan created if appropriate.

13.2 Supporting parents

We recognise the family plays a key role in influencing children and young people's emotional health and wellbeing; we will work in partnership with parents and carers to promote emotional health and wellbeing by:

- Ensuring all parents are aware of and have access to promoting social and emotional wellbeing and preventing mental health problems;
- Highlighting sources of information and support about common mental health issues through our communication channels (website, newsletters etc.);
- Offering support to help parents or carers develop their parenting skills. This may involve providing information or offering small, group-based programmes run by community nurses (such as school nurses and health visitors) or other appropriately trained health or education practitioners; and
- Ensuring parents, carers and other family members living in disadvantaged circumstances are given the support they need to participate fully in activities to promote social and emotional wellbeing. This will include support to participate in any parenting sessions, by offering a range of times for the sessions or providing help with transport and childcare. We recognise this might involve liaison with family support agencies.



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14.0 Supporting Peers

When a pupil is suffering from mental health issues, it can be a difficult time for their friends who may want to support but do not know how. To keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided in one to one or group settings and will be guided by conversations by the pupils 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 needs 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

15.0 Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep pupils safe. A nominated member of staff will receive professional Mental Health First Aid training or equivalent.

We will host relevant information on our website for staff who wish to learn more about mental health. The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue.

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 pupils.

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

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



Appendices

<p><i>Pre-school:</i></p> <ul style="list-style-type: none"> • Behaviour problems • Hyperactivity beyond the norm • Trouble sleeping • Persistent nightmares • Excessive fear, worrying, or crying • Extreme disobedience or aggression • Lots of temper tantrums • Persistent difficulty separating from a parent. 	<p><i>Primary school:</i></p> <ul style="list-style-type: none"> • Difficulties in relationships • Excessive fears and worries • Extreme hyperactivity • Sudden decrease in school performance • Loss of interest in friends or favourite activities • Loss of appetite • Loss of motivation • Sudden changes in weight • Excessive worry about weight gain • Sudden changes in sleep habits • Visible prolonged sadness • Substance use or abuse • Self-harm • Contemplating death or suicide • Seeing or hearing things that are not there • Complaining of physical illness
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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools_.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213762/dh_125123.pdf

Anxiety and Depression

Anxiety disorders

Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years. All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with - some people are just naturally more anxious than others, and are quicker to get stressed or worried. Concerns are raised when anxiety is getting in the way of a child's day to day life, slowing down their development, or having a significant effect on their schooling or relationships. It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives.

Anxiety disorders include:

- ☐ Generalised anxiety disorder (GAD)
- ☐ Panic disorder and agoraphobia
- ☐ Acute stress disorder (ASD)
- ☐ Separation anxiety
- ☐ Post-traumatic stress disorder
- ☐ Obsessive-compulsive disorder (OCD)
- ☐ Phobic disorders (including social phobia)

Symptoms of an anxiety disorder

These can include:

Physical effects



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- ☑ Cardiovascular – palpitations, chest pain, rapid, heartbeat, flushing
- ☑ Respiratory – hyperventilation, shortness of breath
- ☑ Neurological – dizziness, headache, sweating, tingling and numbness
- ☑ Gastrointestinal – choking, dry mouth, nausea, vomiting, diarrhoea
- ☑ Musculoskeletal – muscle aches and pains, restlessness, tremor and shaking

Psychological effects

- ☑ Unrealistic and/or excessive fear and worry (about past or future events)
- ☑ Mind racing or going blank
- ☑ Decreased concentration and memory
- ☑ Difficulty making decisions
- ☑ Irritability, impatience, anger
- ☑ Confusion
- ☑ Restlessness or feeling on edge, nervousness
- ☑ Tiredness, sleep disturbances, vivid dreams
- ☑ Unwanted unpleasant repetitive thoughts

Behavioural effects

- ☑ Avoidance of situations
- ☑ Repetitive compulsive behaviour e.g. excessive checking
- ☑ Distress in social situations
- ☑ Urges to escape situations that cause discomfort (phobic behaviour)

First Aid for anxiety disorders

Follow the ALGEE principles

How to help a pupil having a panic attack

- ☑ If you are at all unsure whether the pupil is having a panic attack, a heart attack or an asthma attack, and/or the person is in distress, call an ambulance straight away.
- ☑ If you are sure that the pupil is having a panic attack, move them to a quiet safe place if possible.
- ☑ Help to calm the pupil by encouraging slow, relaxed breathing in unison with your own. Encourage them to breathe in and hold for 3 seconds and then breathe out for 3 seconds.
- ☑ Be a good listener, without judging.
- ☑ Explain to the pupil that they are experiencing a panic attack and not something life threatening such as a heart attack.
- ☑ Explain that the attack will soon stop and that they will recover fully.
- ☑ Assure the pupil that someone will stay with them and keep them safe until the attack stops.

Many young people with anxiety problems do not fit neatly into a particular type of anxiety disorder. It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period will often lead to depression and long periods of depression can provide symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

Depression

A clinical depression is one that lasts for at least 2 weeks, affects behaviour and has physical, emotional and cognitive effects. It interferes with the ability to study, work and have satisfying relationships. Depression is a common but serious illness and can be recurrent. In England it affects at least 5% of



- A**pproach, assess and assist with any crisis
- L**isten non-judgmentally
- G**ive support and information
- E**ncourage appropriate professional help
- E**ncourage other supports



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teenagers, although some estimates are higher. Rates of depression are higher in girls than in boys. Depression in young people often occurs with other mental disorders, and recognition and diagnosis of the disorder may be more difficult in children because the way symptoms are expressed varies with the developmental age of the individual. In addition to this, stigma associated with mental illness may obscure diagnosis.

Risk Factors

- ☐ Experiencing other mental or emotional problems
- ☐ Divorce of parents
- ☐ Perceived poor achievement at school
- ☐ Bullying
- ☐ Developing a long-term physical illness
- ☐ Death of someone close
- ☐ Break up of a relationship

Some people will develop depression in a distressing situation, whereas others in the same situation will not.

Symptoms

Effects on emotion: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness

Effects on thinking: frequent self-criticism, self-blame, worry, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see you in a negative light, thoughts of death or suicide

Effects on behaviour: crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation. Engaging in risk taking behaviours such as self-harm, misuse of alcohol and other substances, risk-taking sexual behaviour.

Physical effects: chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches and pains.

First Aid for anxiety and depression

Follow the ALGEE principles

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the director of pastoral care (designated teacher for safeguarding children) aware of any child causing concern.

Following the report, the director of pastoral care will decide on the appropriate course of action. This may include:

- ☐ Contacting parents/carers
- ☐ Arranging professional assistance e.g. doctor, nurse
- ☐ Arranging an appointment with a counsellor
- ☐ Arranging a referral to CAMHS or private referral – with parental consent
- ☐ Giving advice to parents, teachers and other pupils

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

Appendix II

Eating Disorders

Definition of Eating Disorders



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Anyone can get an eating disorder regardless of their age, gender or cultural background. People with eating disorders are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial.

Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretly overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

Risk Factors

The following risk factors, particularly in combination, may make a young person more vulnerable to developing an eating disorder:

Individual Factors

- ☐ Difficulty expressing feelings and emotions
- ☐ A tendency to comply with other's demands
- ☐ Very high expectations of achievement

Family Factors

- ☐ A home environment where food, eating, weight or appearance have a disproportionate significance
- ☐ An over-protective or over-controlling home environment
- ☐ Poor parental relationships and arguments
- ☐ Neglect or physical, sexual or emotional abuse
- ☐ Overly high family expectations of achievement

Social Factors

- ☐ Being bullied, teased or ridiculed due to weight or appearance
- ☐ Pressure to maintain a high level of fitness/low body weight for e.g. sport or dancing

Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from one of the designated teachers for safeguarding children or from the medical centre.

Physical Signs

- ☐ Weight loss
- ☐ Dizziness, tiredness, fainting
- ☐ Feeling Cold
- ☐ Hair becomes dull or lifeless
- ☐ Swollen cheeks
- ☐ Callused knuckles
- ☐ Tension headaches
- ☐ Sore throats/ mouth ulcers
- ☐ Tooth decay

Behavioural Signs

- ☐ Restricted eating
- ☐ Skipping meals
- ☐ Scheduling activities during lunch
- ☐ Strange behaviour around food
- ☐ Wearing baggy clothes



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- ☐ Wearing several layers of clothing
- ☐ Excessive chewing of gum/drinking of water
- ☐ Increased conscientiousness
- ☐ Increasing isolation / loss of friends
- ☐ Believes she is fat when she is not
- ☐ Secretive behaviour
- ☐ Visits the toilet immediately after meals
- ☐ Excessive exercise

Psychological Signs

- ☐ Preoccupation with food
- ☐ Sensitivity about eating
- ☐ Denial of hunger despite lack of food
- ☐ Feeling distressed or guilty after eating
- ☐ Self dislike
- ☐ Fear of gaining weight
- ☐ Moodiness
- ☐ Excessive perfectionism

Staff Roles

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the Director of Pastoral Care (designated teacher for safeguarding children) aware of any child causing concern.

Following the report, the director of pastoral care will decide on the appropriate course of action. This may include:

- ☐ Contacting parents/carers
- ☐ Arranging professional assistance e.g. doctor, nurse
- ☐ Arranging an appointment with a counsellor
- ☐ Arranging a referral to CAMHS or private referral – with parental consent
- ☐ Giving advice to parents, teachers and other pupils

The Director of Pastoral Care will ask the medical centre to weigh the pupil and to monitor their weight on a regular basis. Parents will be consulted once the girl has been weighed regardless of whether the weight gives cause for concern. Pupils may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a pupil is at serious risk of causing themselves harm then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.

Management of eating disorders in school

Exercise and activity – PE and games

Taking part in sports, games and activities is an essential part of school life for all pupils. Excessive exercise, however, can be a behavioural sign of an eating disorder. If the Director of Pastoral Care and medical team deem it appropriate they may liaise with PE staff to monitor the amount of exercise a girl is doing in school. They may also request that the PE staff advise parents of a sensible exercise programme for out of school hours. All PE teachers at the School will be made aware of which pupils have a known eating disorder. The School will not discriminate against pupils with an eating disorder and will enable them whenever appropriate, to be involved in sports. Advice will be taken from medical professionals, however, and the amount and type of exercise will be closely monitored.

When a pupil is falling behind in lessons



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If a pupil is missing a lot of time at school or is always tired because their eating disorder is disturbing their sleep at night, the form tutor and school nurse will initially talk to the parents/carers to work out how to prevent their child from falling behind. If applicable, the school nurse will consult with the professional treating the girl. This information will be shared with the relevant pastoral/teaching staff on a need to know basis and to inform the ICP.

Pupils Undergoing Treatment for/Recovering from Eating Disorders

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

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

Further Considerations

Any meetings with a pupil, their parents or their peers regarding eating disorders should be recorded in writing including:

- ☐ Dates and times
- ☐ An action plan
- ☐ Concerns raised
- ☐ Details of anyone else who has been informed

This information should be stored in the pupil's safeguarding file held by the Designated Person.

Appendix III

Self-Harm

Introduction

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours. Girls are thought to be more likely to self-harm than boys. School staff can play an important role in preventing self-harm and also in supporting pupils, peers and parents of pupils currently engaging in self-harm.

Definition of Self-Harm

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- ☐ Cutting, scratching, scraping or picking skin
- ☐ Swallowing inedible objects
- ☐ Taking an overdose of prescription or non-prescription drugs
- ☐ Swallowing hazardous materials or substances
- ☐ Burning or scalding
- ☐ Hair-pulling
- ☐ Banging or hitting the head or other parts of the body
- ☐ Scouring or scrubbing the body excessively

Risk Factors

The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

Individual Factors:

- ☐ Depression/anxiety
- ☐ Poor communication skills
- ☐ Low self-esteem



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- ☒ Poor problem-solving skills
- ☒ Hopelessness
- ☒ Impulsivity
- ☒ Drug or alcohol abuse

Family Factors

- ☒ Unreasonable expectations
- ☒ Neglect or physical, sexual or emotional abuse
- ☒ Poor parental relationships and arguments
- ☒ Depression, self-harm or suicide in the family

Social Factors

- ☒ Difficulty in making relationships/loneliness
- ☒ Being bullied or rejected by peers

Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the Director of Pastoral Care.

Possible warning signs include:

- ☒ Changes in eating/sleeping habits (e.g. pupil may appear overly tired if not sleeping well)
- ☒ Increased isolation from friends or family, becoming socially withdrawn
- ☒ Changes in activity and mood e.g. more aggressive or introverted than usual
- ☒ Lowering of academic achievement
- ☒ Talking or joking about self-harm or suicide
- ☒ Abusing drugs or alcohol
- ☒ Expressing feelings of failure, uselessness or loss of hope
- ☒ Changes in clothing e.g. always wearing long sleeves, even in very warm weather
- ☒ Unwillingness to participate in certain sports activities e.g. swimming

Staff Roles in working with pupils who self-harm

Pupils may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. School staff may experience a range of feelings in response to self-harm in a pupil such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to pupils it is important to try and maintain a supportive and open attitude – a pupil who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust. Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a pupil is at serious risk of harming themselves then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.

Any member of staff who is aware of a pupil engaging in or suspected to be at risk of engaging in self-harm should consult the director of pastoral care.

Following the report, the director of pastoral care will decide on the appropriate course of action. This may include:

- ☒ Contacting parents / carers
- ☒ Arranging professional assistance e.g. doctor, nurse, social services
- ☒ Arranging an appointment with a counsellor
- ☒ Arranging a referral to CAMHS or private referral – with parental consent
- ☒ Immediately removing the pupil from lessons if their remaining in class is likely to cause further distress to themselves or their peers



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- ☑ In the case of an acutely distressed pupil, the immediate safety of the pupil is paramount and an adult should remain with the pupil at all times
- ☑ If a pupil has self-harmed in school a first aider should be called for immediate help

Further Considerations

Any meetings with a pupil, their parents or their peers regarding self-harm should be recorded in writing including:

- ☑ Dates and times
- ☑ An action plan
- ☑ Concerns raised
- ☑ Details of anyone else who has been informed

This information should be stored in the pupil's safeguarding file held by the Designated Person.

It is important to encourage pupils to let staff know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be very dangerous and that by seeking help and advice for a friend they are taking responsible action and being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner.

The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. Any member of staff wishing for further advice on this should consult either the Director of Pastoral Care or the Director of Senior School.

When a young person is self-harming it is important to be vigilant in case close contacts with the individual are also self-harming. Occasionally schools discover that a number of pupils in the same peer group are harming themselves.