

St Thomas More Catholic Academy

Physical Health and Mental Wellbeing Policy

Role	Name	Contact Details
Designated Safeguarding Lead	Mrs. J. Stubbs	01782 882900
Deputy Designated Safeguarding Lead	Mrs. A. Staton Mrs K Williams	01782 882900
Early Help Champion	Mrs. A Staton	01782 882900
Nominated Academy Representative	Mrs. C Goodwin	office@stmca.org.uk
Headteacher	Mr. M. Rayner	01782 882900
E-Safety Co-ordinator	Mr. P Shufflebotham	01782 882900
Education Mental Health Practitioner	Isla Peasgood	01782 882900
Local Authority Designated Officer (LADO)	John Hanlon	01782 235100
Safeguarding Referral Team	Mon – Thurs: 8.30am - 5pm	01782 235100
Emergency Duty Team	Out of hours (above)	01782 234234
Stoke-on-Trent Safeguarding Children Board	www.safeguardingchildren.stoke.gov.uk	
Stoke-on-Trent Safeguarding Children Board Agency Representative	Sangita Mishra sangita.mishra@stoke.gov.uk	01782 235897
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Links to other policies:

- Child Protection and Safeguarding
- SEND
- Medical Needs

Mission Statement

All Saints Catholic Collegiate
United in Faith, Love and Learning

Christ is at the centre of our community, where everyone is known and loved.

In fulfilling our Mission we are a school of prayer. We live as community of love, peace and reconciliation, valuing everyone's dignity as a child of God to promote and celebrate the growth and achievement of the whole person.

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 St Thomas More Catholic Academy, we aim to promote positive mental health for every member of our staff and 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 developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly and indirectly by mental ill health.

Scope

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

This policy should be read in conjunction with other relevant policies (see front page) in cases where a student's mental health overlaps with, or is linked to, a medical issue and the SEND policy where a student has an identified special educational need.

The Policy Aims to:

- Promote positive mental health in all staff and students
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to students suffering mental ill health and their peers and parents or carers

Lead Members of Staff

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

- Mr Rayner - Headteacher
- Mrs Stubbs – Designated Safeguarding Lead / Pastoral Lead / PSHE Lead
- Mrs Staton – Deputy DSL / Looked After Children Lead
- Mrs Williams - Deputy DSL / Mental Health Support Team Coordinator / Mental Health Lead
- Mrs Smith – Staff Wellbeing Lead
- Mrs Holliday - Lead First Aider
- Mr Rankin - CPD lead

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the relevant Student Support Worker, Head of Year, or Assistant Headteacher in the first instance, who will then liaise with the Mental Health Lead and/or DSL.

If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the DSL, Assistant DSL, or relevant Pastoral staff. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by either the Mental Health Lead, DSL or Assistant DSL. Guidance about referring to CAMHS is provided in Appendix F.

Any member of staff who feels that they need to access mental health support can do so via CareFirst. (See details within appendix)

Individual Care Plans

St Thomas More Catholic Academy will complete either a risk assessment, Pastoral Support Plan, SEND Passport, or a Medical Care Plan, where appropriate, for students causing concern or who receive a diagnosis pertaining to their mental health. This will be completed jointly with the involvement of the student, the parents and/or relevant health professionals. This can include:

- Details of a student's condition
- Special requirements and precautions
- Medication and any side effects
- What to do and who to contact in an emergency
- The role the school can play

Teaching about Mental Health

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort being taught, however there will always be an emphasis on enabling students to maintain good mental health whilst developing the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

St Thomas More Catholic Academy will follow the government guidance, as prescribed within the government guidance [PSHE Association Guidance](#)¹ to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Signposting

We will ensure that staff, students and parents are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it is outlined in Appendix D.

We will display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

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

Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with Mrs Stubbs (DSL), Mrs Staton (Deputy DSL) and/or Mrs Williams (Deputy DSL/Mental Health Lead)

Possible warning signs include:

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

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. Further guidance is included within the Child Protection and Safeguarding Policy.

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.

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 E.

All disclosures should be recorded on CPOMS, but should also be reported in person asap in order to allow the time for staff to take appropriate action. All disclosures must certainly be reported before leaving the school site, to the relevant member of staff. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information should be shared with the relevant staff via CPOMS, but also reported in person directly to the DSL, Assistant DSL, Mental Health Lead, or relevant Pastoral staff who will store the record appropriately and offer support and advice about next steps. See appendix F for guidance about making a referral to CAMHS.

Confidentiality

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

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

We should never share information about a student without first telling them. Ideally we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent. It is important that students are informed of our duty of care prior to any conversations or disclosures taking place. Students should be informed that we cannot promise confidentiality and, in line with Child Protection and Safeguarding policy, will report any concerns to the relevant members of staff.

It is always advisable to share disclosures with a colleague, usually the DSL, Assistant DSL, or appropriate pastoral staff member. This helps to safeguard 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 should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed if there are concerns about the student's mental health which may pose a risk to themselves or others, including self harm, suicidal thoughts and/or suicide attempts, and students may choose to tell their parents themselves. If this is the case, we should always give students the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the DSL (Mrs Stubbs) and/or Assistant DSL (Mrs Staton) must be informed immediately.

Working with Parents

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

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

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too, e.g. parent helplines and forums.

We should always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record within CPOMS.

Working with All Parents

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents, we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy and/or supporting information easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular information evenings

- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

Supporting Peers

When a 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. Support will be provided either in one to one or group settings and will be guided by conversations with 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 or saying which may inadvertently cause upset
- Warning signs that their friend may need help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep students safe.

The [MindEd learning portal](#)² 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 to 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 should be discussed with Mrs Stubbs, DSL, who can also highlight sources of relevant training and support for individuals as needed.

Staff Physical Health and Mental Wellbeing

St Thomas More Catholic Academy is committed to supporting the physical health and mental wellbeing of its staff as well as students, and therefore have implemented an Employee Assistance Programme with Care First.

With ever increasing pressures at work and home, there are times when extra support to balance the demands of everyday life is needed. Care First are an independent, leading provider of professional employee support services, employing professionally qualified counsellors and information specialists who are experienced in helping people to deal with all kinds of practical and emotional issues such as wellbeing, family matters, relationships, debt management, workplace issues and much more.

The service is free of charge, via confidential 24/7 phone line allowing access to a professional counsellor or information specialist.

Furthermore, there is a Staff Wellbeing Group who meet regularly throughout the academic year to support with the development of staff wellbeing as a priority. (see appendix for Staff Wellbeing Charter)

Appendix

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

Prevalence of Mental Health and Emotional Wellbeing Issues

- 1 in 5 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately selfharm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

Support on all these issues can be accessed via Young Minds (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 Selfharm 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 Connors (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Online support

- Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org
- On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/

Books

- Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Selfharm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers
- Terri A. Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

Eating problems

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

Online support

- Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders
- Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children

Books

- Bryan Lask and Lucy Watson (2014) Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals. London: Jessica Kingsley Publishers
- Pooky Knightsmith (2015) Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies. London: Jessica Kingsley Publishers
- Pooky Knightsmith (2012) Eating Disorders Pocketbook. Teachers' Pocketbooks

Appendix B: Guidance and advice documents

- Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2018)
- Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2015)
- Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2019). PSHE Association. Funded by the Department for Education (2019)
- Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (2020)
- Supporting students at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2018)
- Healthy child programme from 5 to 19 years old is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)
- Future in mind – promoting, protecting and improving our children and young people’s mental health and wellbeing - a report produced by the Children and Young People’s Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)
- NICE guidance on social and emotional wellbeing in primary education
- NICE guidance on social and emotional wellbeing in secondary education
- What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework document written by Professor Katherine Weare. National Children’s Bureau (2015)

Appendix C: Data Sources

Children and young people's mental health and wellbeing profiling tool collates and analyses a wide range of publically available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It enables benchmarking of data between areas.

ChiMat school health hub provides access to resources relating to the commissioning and delivery of health services for school children and young people and its associated good practice, including the new service offer for school nursing.

Health behaviour of school age children is an international cross-sectional study that takes place in 43 countries and is concerned with the determinants of young people's health and wellbeing.

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

Within school there are a number of staff in place specifically trained to offer support around our students' mental health and wellbeing. Should there be an immediate safeguarding concern around a student and their mental health this should always be referred to the Designated Safeguarding Lead (Mrs Stubbs) or Assistant Designated Safeguarding Lead (Mrs Staton) as a matter of urgency as per the usual Safeguarding policy and procedures.

Alongside the Safeguarding Leads within the school staff can access advice and support for students from the Mental Health Lead (Mrs Williams). Heads of Year and Student Support Officers have also received bespoke training around mental health and wellbeing and can advise on appropriate support available for young people within their year group and can advise on next steps to take.

As a school we regularly access support for students via a number of agencies and charities. In order to view the most up to date services that school refer into please visit the school website:

- www.stmca.org.uk
- 'Key Information'
- 'Safeguarding'
- 'Mental Health Support Guide for Students'

Here you can find a thorough list of agencies, the support that they offer and contact details to access the support.

School Based Support

As a school we are fortunate to be a part of the South Stoke Mental Health Support Team which operates under the CAMHS service. As part of this service we have a dedicated Education Mental Health Practitioner (EMHP) based in our school. Our Lead EMHP is Isla Peasgood and she is based at STMCA on a Wednesday each week. Our EMHP can work on a number of mental health concerns such as:

- Worry Management
- Anxiety
- Panic Management
- Low Mood
- Sleep
- Problem Solving
- Exam Stress
- Difficulties with Emotions
- Challenging Behaviour

If a student or parent wishes to request some support from our EMHP staff should contact the Mental Health Lead or their relevant Student Support Officer to request a referral into this service. Support usually consists of an initial assessment and then a block of work with the student over a 6-8 week period. The EMHP can also escalate a student into higher tier services should they feel it appropriate.

There are a number of people and services within school that students can access varying support:

- Form Tutors – for support around peer issues, home issues or general concerns and wellbeing.
- Head of Year and Student Support Officer for support around behaviour, home issues, peer issues, mental health and wellbeing concerns and any other challenges a student may be facing.
- Lay Chaplain and the Savio Centre – The Savio Centre offers a space for calm and spiritual reflection. There are a number of activities and programmes for students to get involved in which can be found

advertised in the Savio Centre or you can speak directly to the Lay Chaplain or Mrs Rowley (Assistant Headteacher for Catholic Life)

- SENCO and the Reconciliation Centre – The Reconciliation Centre provides a space for students with additional needs to access support during social times. It is staffed by the SENCO (Mrs Lovatt), Assistant SENCOs (Mrs Templeton and Miss Mutton) and our Learning Support Practitioners. In order to access this support teachers can speak directly to the SENCO or Assistant SENCOs to identify needs and appropriate support for the student.
- Heads of Department – for support regarding learning or concerns within a lesson.

There are a number of programmes within the school for students to get involved in:

- Lunch time activity programme – A copy of the timetable of activities can be requested at Student Reception.
- Extra-Curricular Activities – A copy of the current timetable can be requested at Student Reception.
- Arts on Angels – An opportunity to perform on Angel's Walkway. Speak to the Music Department for more information.
- Student Leadership Team – An opportunity to develop leadership skills whilst being creative and innovative in supporting the school to improve school life for all. To find out more about the specific roles available please speak to Mrs Barker.
- There are also a number of year group specific initiatives and programmes run throughout the year. In order to find out all opportunities for a student please speak to the relevant Student Support Officer to find out what we can offer.

Remember you are not alone in supporting a student, there is a vast array of experience amongst the pastoral teams so please access them and they are ready and willing to advise and support.

Appendix E: Talking to students when they make 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 overanalyse 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 to themselves they have a problem, 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 F: What makes a good CAMHS referral?

If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps

Before making the referral, have a clear outcome in mind. What do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis, for instance.

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

General considerations

- Have you met with the parent(s) or carer(s) and the referred child or children?
- Has the referral to CAMHS been discussed with a parent or carer and the referred student?
- Has the student given consent for the referral?
- Has a parent or carer given consent for the referral?
- What are the parent or carer student's attitudes to the referral?

Basic information

- 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 student / family?
- Will an interpreter be needed?
- Are there other agencies involved?

Reason for referral

- What are the specific difficulties that you want CAMHS 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 or 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

Appendix G: Government Guidance regarding Physical health and mental wellbeing

Physical health and mental wellbeing: Secondary

It is important that the starting point for health and wellbeing education should be a focus on enabling pupils to make well-informed, positive choices for themselves. In secondary school, teaching should build on primary content and should introduce new content to older pupils at appropriate points. This should enable pupils to understand how their bodies are changing, how they are feeling and why, to further develop the language that they use to talk about their bodies, health and emotions and to understand why terms associated with mental and physical health difficulties should not be used pejoratively. This knowledge should enable pupils to understand where normal variations in emotions and physical complaints end and health and wellbeing issues begin.

Teaching about the impact of puberty, which will have started in primary school, should continue in secondary school, so that pupils are able to understand the physical and emotional changes, which take place at this time and their impact on their wider health and wellbeing.

Emphasis should continue to be given to steps pupils can take to protect and support their own health and wellbeing. They should know that there is a relationship between good physical health and good mental wellbeing and that this can also influence their ability to learn. Teachers should cover self-care, the benefits of physical activity and time spent outdoors. This should be linked to information on the benefits of sufficient sleep, good nutrition and strategies for building resilience.

Pupils should know the contribution that hobbies, interests and participation in their own communities can make to overall wellbeing. They should understand that humans are social beings and that outward-facing activity, especially that with a service focus (for example, work, volunteering and participation in organisations such as the scouts or the girl guiding movements, the National Citizen Service or the Duke of Edinburgh Award) are beneficial for wellbeing. This can also contribute to the development of the attributes for a happy and successful adult life. Pupils should be supported to recognise what makes them feel lonely. Self-focused or isolating lifestyle choices can lead to unhappiness and being disconnected from society for those who have greater need for companionship and relationships.

Pupils should also be taught about problems and challenges. This should include factual information about the prevalence and characteristics of more serious mental and physical health conditions, drugs, alcohol and information about effective interventions. Schools may also choose to teach about issues such as eating disorders ¹.

Teachers should be aware of common 'adverse childhood experiences' (such as family breakdown, bereavement and exposure to domestic violence) and when and how these may be affecting any of their pupils and so may be influencing how they experience these subjects. The impact of time spent online, the positive aspects of online support and negotiating social media, including online forums and gaming, should also be included. Teachers should understand that pupils who have experienced problems at home may depend more on schools for support.

Pupils should be taught how to judge when they, or someone they know, needs support and where they can seek help if they have concerns. This should include details on which adults in school (e.g. school nurses), and externally can help.

Schools should continue to develop knowledge on topics specified for primary as required and in addition cover the following content by the end of secondary:

Mental wellbeing

Pupils should know:

- how to talk about their emotions accurately and sensitively, using appropriate vocabulary
- that happiness is linked to being connected to others
- how to recognise the early signs of mental wellbeing concerns
- common types of mental ill health (e.g. anxiety and depression)
- how to critically evaluate when something they do or are involved in has a positive or negative effect on their own or others' mental health
- the benefits and importance of physical exercise, time outdoors, community participation and voluntary and service-based activities on mental wellbeing and happiness

Internet safety and harms

Pupils should know:

- the similarities and differences between the online world and the physical world, including: the impact of unhealthy or obsessive comparison with others online (including through setting unrealistic expectations for body image), how people may curate a specific image of their life online, over-reliance on online relationships including social media, the risks related to online gambling including the accumulation of debt, how advertising and information is targeted at them and how to be a discerning consumer of information online
- how to identify harmful behaviours online (including bullying, abuse or harassment) and how to report, or find support, if they have been affected by those behaviours

Physical health and fitness

Pupils should know:

- the positive associations between physical activity and promotion of mental wellbeing, including as an approach to combat stress
- the characteristics and evidence of what constitutes a healthy lifestyle, maintaining a healthy weight, including the links between an inactive lifestyle and ill health, including cancer and cardio-vascular ill-health
- about the science relating to blood, organ and stem cell donation

Healthy eating

Pupils should know:

- how to maintain healthy eating and the links between a poor diet and health risks, including tooth decay and cancer

Drugs, alcohol and tobacco

Pupils should know:

- the facts about legal and illegal drugs and their associated risks, including the link between drug use, and the associated risks, including the link to serious mental health conditions
- the law relating to the supply and possession of illegal substances
- the physical and psychological risks associated with alcohol consumption and what constitutes low risk alcohol consumption in adulthood
- the physical and psychological consequences of addiction, including alcohol dependency
- awareness of the dangers of drugs which are prescribed but still present serious health risks
- the facts about the harms from smoking tobacco (particularly the link to lung cancer), the benefits of quitting and how to access support to do so

Health and prevention

Pupils should know:

- about personal hygiene, germs including bacteria, viruses, how they are spread, treatment and prevention of infection, and about antibiotics
- about dental health and the benefits of good oral hygiene and dental flossing, including healthy eating and regular check-ups at the dentist
- (late secondary) the benefits of regular self-examination and screening
- the facts and science relating to immunisation and vaccination
- the importance of sufficient good quality sleep for good health and how a lack of sleep can affect weight, mood and ability to learn

Basic first aid

Pupils should know:

- basic treatment for common injuries
- life-saving skills, including how to administer CPR ²
- the purpose of defibrillators and when one might be needed

Changing adolescent body

Pupils should know:

- key facts about puberty, the changing adolescent body and menstrual wellbeing
- the main changes which take place in males and females, and the implications for emotional and physical health

1. Eating disorders and extreme weight loss are a specialised area and schools should use qualified support or advice as needed. Schools may consider accessing support from the NHS or local specialist services who may be able to provide advice and CPD for teachers.
2. Cardio Pulmonary Resuscitation is usually best taught after 12 years old.

Appendix H: Staff Wellbeing Charter



Staff well-being – the things we do

Teaching and learning, planning and curriculum

- ⇒ We trust teachers to decide the best approaches for their pupils.
- ⇒ Teaching and learning policy is co-designed with subject specialists because they know what works best for different subjects.
- ⇒ Teaching and Learning group highlight reflective teaching practices based on research.
- ⇒ No need to write lesson plans of any kind.
- ⇒ Although schemes of work and resources are provided, they are not prescriptive – teachers can adapt them however they like.
- ⇒ 44/50 periods of teaching per fortnight maximum.
- ⇒ Expert reprographics and IT support located centrally.
- ⇒ No pressure to ‘put on a show’ in lessons: a culture of typicality is reinforced by no lesson grading (outstanding, good, etc.).
- ⇒ Staff cover lessons under the ‘Rarely Cover’ agreement, in line with the local authority. The school has cover supervisors to support learning when staff are not available. School is committed to using staff on allocation to cover only rarely.
- ⇒ The school calendar is consulted by all staff before it is finalised each academic year.
- ⇒ “All staff” emails replaced with one daily briefing email to simplify communication between staff.
- ⇒ Student services easily accessible for all.
- ⇒ Internal exam week in June allows all end of year exams to be supervised with clear guidance and support.

Behaviour

- ⇒ Everyone has the highest expectations of behaviour, with all staff (not just teaching staff) reinforcing those expectations.
- ⇒ Rewards system simple to use via SIMs and easy to send reward message to parents/carers instantly.
- ⇒ Behaviour system simple to use via SIMs. Message sent to parents/carers at the end of the school day.
- ⇒ Centralised after school detentions supervised by HOY.
- ⇒ A clear system of sanctions which is applied consistently so that staff don’t have battles with students.
- ⇒ Senior Leadership are very visible and are always on “tablet duty”.
- ⇒ Senior Leadership run lunch duties so behaviour doesn’t bubble up.
- ⇒ Training/CPD for behaviour management is provided to support staff.
- ⇒ Non-negotiables are clearly visible.
- ⇒ Sanctions are clearly communicated with all staff to ensure that behaviour is dealt with effectively.
- ⇒ Classes with a high staff to student ratio support effective classroom management.
- ⇒ Alternative provision is put into place where required to ensure that provision meets each student’s needs.

Assessment and reporting to parents

- ⇒ Clear guidelines are in place for the expectations for marking and feedback on pupil’s work. This includes strategies to allow staff to work ‘smartly’ with time efficiency with effective marking and feedback.
- ⇒ Marking and Feedback policy written by departments for departments.
- ⇒ Marking is for one audience and one audience only: pupils.
- ⇒ Only 3 data entries per year.
- ⇒ We never ask for any data to be entered twice.

- ⇒ No subject written reports are completed for parents/carers. Reports are sent to parents/ carers 3 times per year, 1 of which includes a form teacher summary comment. Otherwise, no subject written reports are completed for parents/carers at KS3 and 4.
- ⇒ An effective pastoral team is in place to support the pupils and staff. This minimises the need for contact by phone with parents/ carers.
- ⇒ Homework set on Microsoft Teams to simplify setting and completion of homework.
- ⇒ Parent app allows direct booking of parents evening appointments.

Professional Development

- ⇒ CPD tailored specifically to staff needs, based on their feedback.
- ⇒ Time is given for staff to put new things into action.
- ⇒ Non-hierarchical approach to professional development – there are things a senior leader can learn from an NQT and vice versa.
- ⇒ Targeted support plans are put into place for teachers who are struggling.
- ⇒ Meetings take place during directed time on Monday evenings and do so when they are needed – not just because they are on the calendar. When meetings are not required directed time is given to staff CPD.
- ⇒ Subject briefings are kept succinct.
- ⇒ We develop leadership positions at all levels.
- ⇒ There is comprehensive support for NQTs, with dedicated mentors and regular, timetabled meetings.
- ⇒ There is a programme for all recently appointed teachers to support their induction to St Thomas More and provide opportunities to get to know colleagues.
- ⇒ Development package for second and third year teachers.
- ⇒ A teaching and learning celebration event takes place at the end of each academic year to celebrate and share good practice. The event is marked with a special thank you to staff such as a visiting ice cream van providing free ice cream.

Spirituality

- ⇒ School staff are well supported by the availability of the school Chaplain.
- ⇒ The school has a full time Lay Chaplain to support all staff.
- ⇒ Liturgical celebrations are available to staff throughout the year including on staff INSET day and end of year whole school Mass.
- ⇒ Staff spirituality weeks take place to provide opportunities for reflection and spiritual development in Advent and in Lent.
- ⇒ Opportunities are available for staff to continue their faith journey through nationally accredited programmes such as 'Alpha ' and ' the Gift'
- ⇒ A spirituality group meets half termly to provide a forum for staff to contribute to spiritual opportunities for all staff.
- ⇒ CPD Spiritual opportunities are available for staff including and diocesan opportunities with the Birmingham Archdiocese.
- ⇒ Strong links with CATSC and opportunities to attend voluntary Masses.
- ⇒ There is a recognition and respect for staff members of other faiths.

We work hard, play hard

- ⇒ A well-established staff well-being group meet with the Head teacher every half term.
- ⇒ There are no prizes for looking busy or staying later – staff should feel free to work in a way that suits you and make sure you make time for yourself and your family.
- ⇒ No expectation of answering parental emails outside school hours.
- ⇒ No expectation to respond to work emails during unsociable hours.
- ⇒ We are constantly streamlining all systems and processes so they take less time, e.g. the detention system.
- ⇒ Free tea and coffee is provided every break time in the staff room.

- ⇒ Prize draws every half term for 100% attendees
- ⇒ No tick box culture – never do anything if it's not going to make a difference.
- ⇒ A culture of peer-to-peer praise (Star of the week)
- ⇒ Open-door Senior Leadership – no concern is too small.
- ⇒ Regular staff social events out-of-school.
- ⇒ In-school health events (Insanity, fitness, free flu jabs).
- ⇒ Staff access to confidential Dove services.
- ⇒ Seasonal events for everyone to show their less serious sides, e.g. World Book Day, Christmas jumpers, etc.
- ⇒ Countless opportunities to get involved with the wider life of the school – Retreats, study visits abroad.
- ⇒ Part-time time budgets for parity with FTE staff.
- ⇒ Additional communication – Friday briefings.
- ⇒ Staff complete duties each week. Staff can rearrange duties in September allowing flexibility as to when and where it takes place.
- ⇒ 'Coffee and cake' and 'Staff breakfast' events take place during the year.
- ⇒ Refreshments are provided for staff on parents evening and food provided on Inset days.
- ⇒ "Keep, Tweak, Bin" – staff have the opportunity to feedback ideas to SLT through questionnaires.

Appendix I: Care First Staff Support System

Care first

Introducing a new support service

A new Employee Assistance Programme is available for all Employees

Who are Care first? With ever increasing pressures at work and home, there are times when we all need some extra support to balance the demands of everyday life. Care first are an independent, leading provider of professional employee support services. Care first employ professionally qualified Counsellors and Information Specialists, who are experienced in helping people to deal with all kinds of practical and emotional issues such as Wellbeing, family matters, relationships, debt management, workplace issues, and much more...

How do I use the service? The service is free of charge for you to use and you don't need to ask your manager to use Care first, just call **0800 174319** and you can speak to a professional counsellor or information specialist in confidence. Care first is available 24 hours a day, 7 days a week, 365 days a year and is accessible by phone or online. The EAP can provide information booklets, articles, resource information on support services in your local area and even short term face-to-face counselling to help get you back on track.

Online Services –

- The Care first *Lifestyle* website offers extensive resources including articles on health, issues at home, issues at work, management support tools, stress questionnaires and online counselling in real-time.

What do I use the service for? Care first is designed to help you with a wide range of work, family and personal issues. From work-life balance to childcare information, relationships to workplace issues, health and well-being, let your EAP support you on the issues that affect all of us at some point in our lives. Topics include, but are not limited to:

- | | |
|--------------------------|---------------------------|
| - Work-life balance | - Elder care information |
| - Relationships | - Life events |
| - Childcare information | - Immigration |
| - Health and well-being | - Anxiety and depression |
| - Debt | - Family issues |
| - Disability and illness | - Bullying and harassment |
| - Careers | - Education |
| - Bereavement and loss | - Consumer rights |
| - Stress | - Workplace pressure |

Is it confidential? Your organisation does not know who uses our service unless the individual personally chooses to tell someone about his or her contact with Care first. We do provide statistics to your organisation to show how many employees use the service and the broad types of issues that employees raise with us, for example; 'relationship breakdown at home' or 'bullying and harassment in the workplace', so no information is ever passed on which could potentially identify you.

information and support 24/7 www.carefirst-lifestyle.co.uk