



Kemball School

"We can because we try"



Mental Health and Wellbeing Policy 2024



KEMBALL SCHOOL

MENTAL HEALTH AND WELLBEING POLICY

Overview/Background/Rationale

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)

Introduction and background:

It is well known that 1 in 10 children and young people between the ages of 5 and 16 will experience a clinical diagnosable mental health issue, increasing in likelihood as young people enter older adolescence and early adulthood. In addition, many more children and young people across the 0-18 age range will also experience mild to moderate emotional and behavioural issues.

Children and adolescent emotional wellbeing and mental health is not the exclusive domain of specialist health services. We all have a role to play in supporting young people to reach their potential and to equip them with the skills needed to cope with the challenges that life will bring.

Our vision is to:

“Ensure that all children and young people are emotionally healthy and resilient”.

Children and young people with learning difficulties/disabilities and/or physical health issues are more at risk of developing an emotional wellbeing and mental health difficulty.

Definitions:

Emotional wellbeing: *“A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.” (No Health without Mental Health 2011)*

Mental health: *“A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community.” (World Health Organisation)*

Children who are mentally healthy will have the ability to:

- Develop psychologically, emotionally, creatively, intellectually and spiritually.
- Initiate, develop and sustain mutually satisfying personal relationships.
- Use and enjoy solitude.
- Become aware of others and empathise with them.
- Play and learn.
- Develop a sense of right and wrong.
- Resolve (face) problems and setbacks and learn from them.

Social and emotional wellbeing refers to a state of positive mental health. It involves a sense of optimism, confidence, happiness, clarity, self-worth, achievement, having a meaning and purpose, having supporting and satisfying relationships with others and responding effectively to one's own emotions (Weare, 2015).

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.

Our aims:

Kemball School promotes positive social and emotional well-being for all and this is fundamental to our philosophy and aims. We believe that emotional health is intricately linked to mental health and that as a school we can encourage positive development of mental health in childhood. We believe that children who are mentally healthy will be able to:

- * Develop spiritually, psychologically, intellectually, creatively and emotionally.
- * Initiate, develop and sustain mutually satisfying personal relationships.
- * Become aware of others and empathise with them.
- * Play and learn.
- * Develop a sense of right and wrong.
- * Be buoyant and resilient by facing challenges, resolve issues and setbacks and learn from them.
- * Thrive and reach their full potential.

At our school, 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. 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. We aim 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/carers.

Our Intent

At Kemball School, we aim to promote positive wellbeing throughout our school community. We strive to create an environment where all are healthy, happy and can achieve their potential through opportunities to promote their own positive wellbeing. By learning different techniques, pupils are given the opportunity to recognise their strengths, manage and recognise their emotions. By providing these wellbeing opportunities, we can enable our children to be positive about themselves, emotionally resilient and build skills and tools for life.

Our Implementation

In the same way that we look after our physical health, we need to equally look after our mental health. Self-care is about what you can do to help yourself to feel better or to keep yourself feeling good. It is a way that we can look after our own mental health and wellbeing. Research shows that there are 5 simple things that we can do as part of our everyday lives to build resilience and boost our wellbeing. The simple actions are known internationally as the 'Five Ways to Wellbeing'. The 5 ways to wellbeing are- Connect, Be Active, Keep Learning, Give and Take Notice. At Kemball School, we have specific wellbeing afternoons once per half term. Each half term links to one of the 5 ways to wellbeing and in the summer term, we have a full wellbeing day where we celebrate all of the 5 areas to wellbeing. In addition to this, we also promote wellbeing throughout the school by having themed assemblies, PSHE topics that link to wellbeing (see PSHE area of the school website), nurture interventions and wellbeing activities during good morning and goodbye sessions.

As a school, we are proud to have acquired the bronze award for the 'Mental Health and Wellbeing Charter Mark Award' which signifies the effective practice and provision that is in place that promotes positive wellbeing for our pupils and staff.

We also explore the 'Zones of Regulation Model' across the school. This model explores the four zones someone may be in depending on how they are feeling. The zones are outlined below

- Blue Zone (poorly, tired, bored, moving slowly, sad).
- Green Zone (Calm, proud, happy, focused, ready to learn).
- Yellow zone (frustrated, worried, silly/ hyper/ excited/ loss of some control).
- Red zone (Mad, angry, terrified, loud/yelling, complete loss of control).
- Every class has different tools and methods chosen by the class teacher and where appropriate the pupils, to support and implement good wellbeing with their group of pupils.

Impact

Pupils at Kemball feel safe and happy and they are resilient and ready to learn. Pupils are encouraged to be self-aware of their own thoughts and feelings and are able to develop strategies to look after their own wellbeing that they can take into adulthood

Lead Members of Staff

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

- Lisa Hughes – Head teacher/ designated safeguarding officer
- Lisa Hughes - Mental health lead
- Helen Smith - Deputy Head/ CPD lead
- Emily BATTERY- Assistant Headteacher
- Danica Womersley–Multi-sensory Pathway lead
- Cath Hulse- Engagement Pathway lead
- Hannah Phillips- Progression Pathway Lead
- Emily BATTERY- Functional Pathway Lead
- Danica Womersley– PSHE Co-ordinator
- Danica Womersley- MHWB Co-ordinator
- Rochelle Corbett– Home School Link and Safeguarding.
- School Nurse – HUB

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the mental health lead in the first instance (Lisa Hughes- Head teacher). 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 designated child protection officer. 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 and/ or making a referral through the HUB if necessary.

Individual Care Plans

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- Details of a pupil'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. *(see PSHE section of pathway policies for planning pro-formas and detailed information about how PSHE is taught in the different pathways).*

The specific content of lessons will be determined by the specific needs of the cohort but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Aside from standalone lessons, the school has developed a range of strategies and approaches to promote positive mental health for all pupils including;

- Mental Health and Well-being enrichment afternoons once a half term and a full day in the summer term. *(see MHWB section of pathway policies for planning pro-formas and detailed information about how MHWB is taught in the different pathways).*

- Support with transitions such as moving classrooms or leaving school.
- Circle time/ Learning for Peace sessions
- Positive behaviour management
- Weekly assemblies where pupils receive recognition for their achievements.

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.

APPENDIX A/B

We will display relevant sources of support in communal areas such as the parent support room, staff room and in the foyer where appropriate. Sources of support to students will also be highlighted within relevant parts of the curriculum such as PHSE and circle time. 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 any member of SLT, safeguarding lead, or our CAHMS therapist.

Possible warning signs 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

Staff at Kemball School know their students well and should trust their instincts. This list is not exhaustive, and staff should feel that any concern they have will be treated seriously when it is raised.

Managing disclosures

A student may choose to disclose concerns about themselves or a friend to any member of staff, so all staff need to know how to respond appropriately to a disclosure.

If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive, and non-judgemental.

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?' Staff should handle mental health disclosures in the same way they would any other kind of disclosure. All disclosures should be recorded using the Schools normal safeguarding reporting system. [See APPENDIX C/Safeguarding Policy.](#)

This information should be shared with the SLT/ mental health lead in order to support and advise about next steps.

Confidentiality

We should be honest with regards 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. Typically, this means that staff would not promise confidentiality in situations where a pupils' health and wellbeing are at risk.

It is always advisable to share disclosures with a the SLT/ mental health lead as 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.

As in any other instance of safeguarding, the decision of whether or not to share information with parents will be made on a case by case basis. SLT and safeguarding leads, along with any other staff who might be involved will consider the wishes of the pupil, the safety and welfare of the pupil and what they reasonably believe the consequences of sharing the information with parents might be. In the overwhelming majority of cases, the preferred position of the school would be to keep parents informed.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the child protection leads, Lisa Hughes- Head teacher, must be informed immediately and normal safeguarding procedures followed.

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 are 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 step and always keep a brief record of the meeting in the child's confidential record.

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
- Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular information evenings.
- 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 by the student who is suffering and their parents with whom we will discuss:

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

Additionally, we will want to highlight with peers:

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

Individual or Group Interventions

For children and young people who are recognised to need support with their emotional well-being there are a range of individual or group therapeutic interventions available in school. Interventions can be both reactive when needed as well as proactive based on professional judgement and key indicators.

These may include:

- * Play Therapy

- * Indoor/Outdoor (Lunchtime intervention for pupils who find play difficult – encourages sharing and co-operation)
- * Nurture Lunchtimes
- * Social Stories
- * Social Skills Groups
- * Mental health and wellbeing coverage as part of the PSHE rolling programme for functional and progression pathways.
- * Mental health and wellbeing enrichment sessions for the whole school every half term.

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 in order to enable them to keep students safe.

The [MindEd learning portal](#) provides free online training suitable for staff wishing to know more about a specific issue. See also [appendix A](#)

Training opportunities for staff who require more in depth knowledge will be supported 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 Helen Smith, our CPD Coordinator who can also highlight sources of relevant training and support for individuals as needed.

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

Support on all of the below issues can be accessed via;

- Young Minds www.youngminds.org.uk
- Mind www.mind.org.uk
- Minded www.minded.org.uk

Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support

SelfHarm.co.uk: www.selfharm.co.uk

National Self-Harm Network: www.nshn.co.uk

Books

- Pooky Knightsmith (2015) Self-Harm and Eating Disorders in Schools: A Guide to Whole
- School Support and Practical Strategies. London: Jessica Kingsley Publishers
- Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Self-harm
- and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2012) A Short Introduction to Understanding and Supporting Children and
- Young People Who Self-Harm. London: Jessica Kingsley Publishers

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support

Depression Alliance: www.depressionalliance.org/information/what-depression

Books

- Christopher Dowrick and Susan Martin (2015) Can I Tell you about Depression?: A guide for
- friends, family and professionals. London: Jessica Kingsley Publishers

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support

Anxiety UK: www.anxietyuk.org.uk

Books

- Lucy Willetts and Polly Waite (2014) Can I Tell you about Anxiety?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2015) A Short Introduction to Helping Young People Manage Anxiety. London: Jessica Kingsley Publishers

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support

OCD UK: www.ocduk.org/ocd

Books

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

- and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers
- Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention. New York: Routledge

Eating problems

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

Online support

Beat the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eatingdifficulties-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 (2014)
- *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* (2015).
- PSHE Association. Funded by the Department for Education (2015)
- *Keeping children safe in education* - statutory guidance for schools and colleges. Department for Education (2014)
- *Supporting pupils at school with medical conditions* - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)
- *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: Talking to students when they make mental health disclosures

This advice below comes from the PSHE Association. The advice 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 safeguarding and discussed with relevant colleagues as appropriate.

Focus on listening

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

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

Don’t talk too much

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

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

Don’t pretend to understand

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

The concept of a mental health difficulty such as an eating disorder or obsessive-compulsive disorder (OCD) can seem completely alien if you’ve never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don’t explore those feelings with the sufferer. Instead listen hard to what

they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

"She was so disgusted by what I told her that she couldn't bear to look at me."

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Trying to maintain natural eye contact will convey an incredibly positive message to the student.

Offer support

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

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

Acknowledge how hard it is to discuss these issues

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

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

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

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

Despite the fact that a student has confided in you and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Do not 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.

This policy should be read in conjunction with:

- Safeguarding Policy
- Behaviour Policy
- Anti-Bullying policy
- Attendance policy
- E-Safety policies
- PSHE Policy
- Functional pathway policy
- Progression pathway policy
- Multi-sensory pathway policy
- Engagement pathway policy
- EYFS policy
- Post-16 policy