



Mental Health & Wellbeing Policy

*This policy is reviewed annually by the
Advisory Board and was last reviewed in:*

September 2020

Renewal Date:

**September 2021 – Unless deemed necessary
to review earlier.**

Print Name: Jill Craig
(Chair of Advisory Board)

Signature _____

Print Name: Mr Matthew Peet
(Head teacher)

Signature _____

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 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 pupils.

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 our medical policy in cases where a pupil's mental health overlaps with, or is linked to a medical issue and the SEND policy where a pupil has an identified special educational need.

The Policy Aims to:

- Promote positive mental health in all staff and pupils
- 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 pupil's suffering mental ill health and their peers and parents/carers

Lead Members of Staff

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

- Mr Matthew Peet - Designated child protection / safeguarding officer
- Mr Matthew Peet - Mental health lead
- Mrs Rebecca Palmer / Mrs Sue Edwards / Mrs Sam Asher – Deputy mental health leads
- Mrs Wendy Swindin - Lead first aider
- Mrs Rebecca Palmer - Pastoral lead
- Mr Tim Gilbert - CPD lead
- Miss Lucy Burbidge - Head of PSHE

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the mental health lead in the first instance. If there is a fear that the pupil 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 of staff or the head teacher. If the pupil 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 SENDCo. Guidance about referring to CAMHS is provided in Appendix F.

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 pupils 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 we're teaching but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the [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

¹[Teacher Guidance: Preparing to teach about mental health and emotional wellbeing](#)

We will ensure that staff, pupils 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 the library, dinner hall and toilets and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of a pupil help-seeking by ensuring pupils 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 pupil is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with Mr Matthew Peet, our mental health and emotional wellbeing lead.

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

Managing disclosures

A pupil 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 pupil 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 for the pupil'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 CPOM's and held in the pupil's confidential file. 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 mental health lead, Mr Matthew Peet and the School's SENDCOs (Deputy Mental health leads) – Mrs Rebecca Palmer and Mrs Pat Cowles 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 regards to the issue of confidentiality. If it is necessary for us to pass our concerns about a pupil on, then we should discuss with the pupil:

- 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 pupil without first telling them. Ideally, we should receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent. In such an instance, in which the school believes that a child (under the age of 16) is at risk of self-harm, then advice from various support networks will be sought as how to proceed – this could result in confidentiality being broken.

It is always advisable to share disclosures with a colleague, usually the mental health lead or deputies, this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil. It ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed if the schools believe that a child is demonstrating or showing signs of mental health concerns – through discussion with the child, he/she may choose to tell his/her parents themselves. If this is the case, the pupil should be given 24 hours to share this information before the school contacts parents. We should always give pupils 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 child protection/safeguarding officer must be informed immediately.

Child protection Officers – Designated Safeguarding lead.

- Mr Matthew Peet – Head teacher
- Mr Tim Gilbert – Deputy Head teacher
- Mrs Estelle Ewing – Assistant Head teacher
- Mrs Rebecca Palmer - SENDCo
- Miss Joedie Bradgate – Family Support Officer
- Mr Muhammed Patel – Attendance Officer
- Sue Edwards – SEMH Champion
- Sam Asher – Behaviour Mentor
- Julie Eyden – ELSA Lead

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 pupil, 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 step and always keep a brief record of the meeting on 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 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 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 pupil who is suffering and their parents with whom we will discuss:

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

Additionally, we will want to highlight with peers:

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

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 pupils safe.

We will host relevant information on our virtual learning environment for staff who wish to learn more about mental health. 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 developing situations with one or more pupils.

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

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

Policy Review

This policy will be reviewed every 3 years as a minimum. It is next due for review in September 2021

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to Mr Matthew Peet – mpeet@dsatmowmacrehill.org

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

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

Prevalence of Mental Health and Emotional Wellbeing Issues³

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

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

Support on all of these issues can be accessed via [Young Minds](http://www.youngminds.org.uk) (www.youngminds.org.uk), [Mind](http://www.mind.org.uk) (www.mind.org.uk) and (for e-learning opportunities) [Minded](http://www.minded.org.uk) (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](http://www.selfharm.co.uk): www.selfharm.co.uk

[National Self-Harm Network](http://www.nshn.co.uk): www.nshn.co.uk

³ Source: [Young Minds](http://www.youngminds.org.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](http://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](http://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](http://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 Conner's (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](http://www.papyrus-uk.org)

[On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/](http://www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/)

Books

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Terri A Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-Level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

Eating 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](http://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](http://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 Knight-smith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Appendix B: Guidance and advice documents

[Mental health and behaviour in schools](#)- departmental advice for school staff. Department for Education (March 2016)

[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 (2016)

[Supporting pupils at school with medical conditions](#)- statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2015)

[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

This will be unique to every school. Take time to collate a thorough list of support available at school and within the local community.

School Based Support

List the full range of support available to pupils.

ELSA mentors:

- ELSA (emotional literacy support)
- Pupils who are struggling with feelings, Anger, bereavement, Anxiety, etc.
- All staff can refer identified pupils who need additional support
- Pupils can self-refer

Behaviour Mentor:

- Personalised motivator or support systems
- Time with behaviour mentor
- Positive handling plans, pupil's individual needs focussed.
- Behaviour mentor has an office which all pupils can access
- Available to support pupils in crisis

Inclusion Champion:

- Identifies any pupils who need additional support
- Liaises with parents to ensure pupils are supported.
- Works with class teachers to ensure pupils needs are met
- Supports parents to access outside agencies
- Available to support pupils in crisis

Family Support Worker:

- Supports families
- Attends meeting to support school and parents
- Liaises with outside agencies
- Sign posts parents to ensure they access additional outside support

SENDCO:

- Refers and liaises with relevant outside agencies
- Supports parents
- Processes paperwork to evidence pupil's additional needs
- Works with class teachers
- Supports funding bids to provide additional support/ interventions
- Refers to Speech and Language Service

Mowmacre Hill Primary School

EARLY HELP OFFER

2018/2019

Introduction

Early Help is a strategic priority of Mowmacre Hill Primary School, Discovery Schools Academy Trust and the Leicester Education Strategic Partnership. This document has been created as part of the work of the Leicester Education Strategic Partnership Operation Group (LESPOG) to:

'...manage a planned range of improvement and development activities in conjunction with education partners to ensure that significant progress is being achieved to meet the LESP's strategic priorities and objectives.'

LESPOG established an Early Help Task and Finish Group comprising partners from Primary Schools, Secondary Schools and the Local Authority to identify how to support schools to understand and engage with the Early Help agenda. It was agreed that a set of 'Early Help commitments' be created to set out the activities required by schools to ensure they are up-to-date and engaged with the early help agenda.

This document, will ensure that:

- Pupils, parent/carers and staff are clear on the Early Help support available through the school
- Partners, working to support families alongside the school have clarity regarding the early help offer of the school; supporting effective multi-agency working
- The school is up-to-date with and part of local and national approaches to the delivery of early help support for more vulnerable families
- The school has evidence of our commitment to the personal development and wellbeing strand of the Ofsted Framework

The ultimate goal is to ensure that the children, young people and families of Mowmacre Hill Primary School receive the right support, at the right time, reducing the need for referral to statutory services.

What is Early Help?

Early Help' means providing help for children, young people and families as soon as concerns start to emerge or where it is likely that issues will impact negatively on children's outcomes.

Early Help...

- is for children of all ages and not just the very young,
- can be very effective in supporting a child, young person and/or their family to step down from statutory services as well as preventing the escalation of issues.
- is important because there is clear evidence that it results in better outcomes for children.

Leicester City Council recognise that Early Help is a term that describes much of the everyday work of schools.

Early Help in Leicester

The vision of all partner organisations working with children and families in Leicester is to improve children's lives by working in partnership to raise aspirations, build achievement and protect the most vulnerable.

This is based on the belief that:

- Children, young people and families develop resilience if there are protective factors in place such as: a positive relationship with an adult; good literacy and communication skills; good school attendance; and, parents in or actively seeking/ready for work
- Children's needs are best met when help is offered in a universal setting within a socially mixed group and early on when problems start to emerge
- Children and young people's needs are best met when addressed in the context of the whole family, meaning that parents/carers/siblings' needs are addressed with consent as part of a holistic and integrated Early Help response

Early Help services should support and strengthen families so that they can thrive.

The Role of Schools

Day to Day Support

Most families, most of the time, can get on with their lives quite happily with little or no outside help. If they need help it is usually provided by universal services, such as schools.

Focused Pastoral Support

All families can have times, however, when difficulties arise and they either may not recognise it or may not know how to start putting things right. Schools play a role in supporting families to address these difficulties through more focused pastoral support, which might include bringing in support via an external agency.

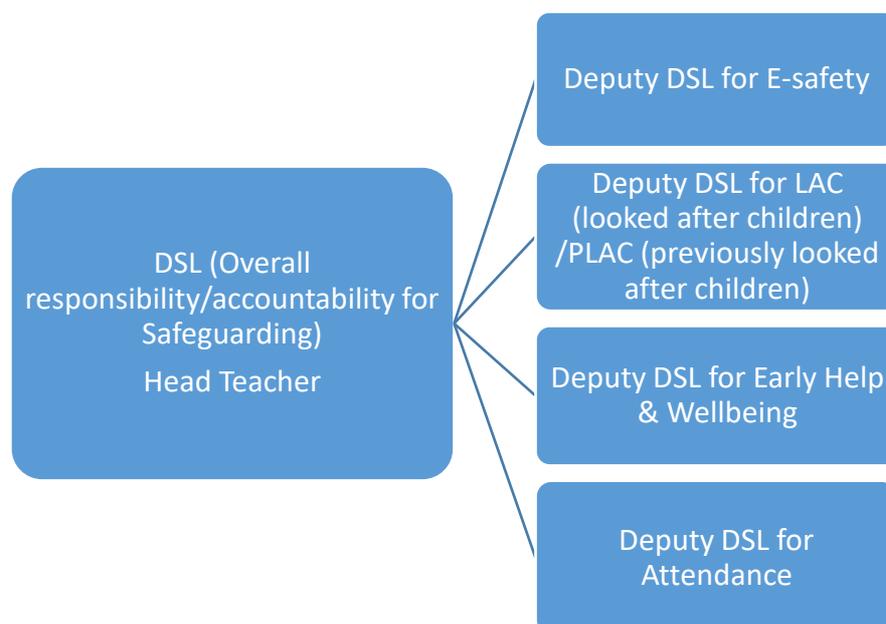
Early Help Assessment

For those children and families whose needs and circumstances make them more vulnerable, or where schools need the support of other agencies to meet the needs of the family, a co-ordinated multi-agency approach is usually best. In Leicester this is achieved through undertaking an Early Help Assessment and assigning a Lead Practitioner to work closely with the family to ensure they receive the support they require. Mowmacre Hill Primary School is a key partner in any multi-agency work to support families. The following four commitments are the core elements of Mowmacre Hill Primary School's Early Help Offer. By implementing these commitments Mowmacre Hill Primary School can ensure:

- Pupils, parent/carers and staff are clear on the Early Help support available through the school
- Clarity for partners, supporting improved multi-agency working
- Deliver approaches of Early Help support for more vulnerable families which is up to date with local offers
- Helps evidence commitment to the personal development and wellbeing strand of the Ofsted Framework

The School has a Deputy Designated Safeguarding Lead who is the point of contact for pupils, parents and staff for Early Help and Wellbeing. The Deputy Designated Safeguarding Lead is responsible for the delivery of Early Help as part of their safeguarding role. Overall accountability for safeguarding however still rests with the Designated Safeguarding Lead/Head teacher Matthew Peet.

Roles and Responsibilities



The Designated Safeguarding Lead (DSL) will have responsibility for the delivery of Early Help & Wellbeing as part of their understanding regarding the appropriate response to concerns about a child. At Mowmacre Hill this person is the Family Welfare Support Officer (FWSO)

They are:

- Familiar with Mowmacre Hill Primary School's Early Help offer
- Familiar with the Leicester, Leicestershire & Rutland Thresholds and Pathways Document.
- Familiar with the SC Referral Process/EHA Referral Process and Early Help Hub arrangements.
- Able to access bespoke support to improve their understanding of the EHA aims and principles.
- Part of the Team Around the Family.
- Lead practitioner in the school for Early Help and Wellbeing.
- Trained for using Liquid Logic (see below).
- Responsible for chairing fortnightly safeguarding meeting with the DSL team.

At Mowmacre Primary School the Family Welfare Support Officer (FWSO) is trained in the use of Liquid Logic. The Liquid Logic Early Help Module (LLEHM) is an electronic case recording system for Early Help Assessments, which will enable them to:

- See if pupils within the school have previously received or are currently receiving support via Leicester City Council's Children Centres and Family Support Service
- Track EHA requests and outcomes of cases that have been to the Partnership Hub

At Mowmacre Hill Primary School Pupils, Parents/Carers and Staff know how to access Early Help support within school through contacting the Family Welfare Support Officer (FWSO). Additional awareness raising routes, and key staff who are likely to be involved are include below:

Group	Awareness raising routes	Key staff that are aware in order to support this group
Children and Young People	<ul style="list-style-type: none"> Assemblies Theme weeks Display information on school notice boards Charity events 	Any trusted adult within the school environment e.g. <ul style="list-style-type: none"> Class teacher Behaviour Mentor Nurture Leader Lunchtime supervisor Teaching assistant Educational Psychologist Other agency support worker Office staff School nurse
Parents / Carers	<ul style="list-style-type: none"> Information included in newsletters Display information on school notice boards Copies of service leaflets available for parents LCC services leaflet - this leaflet 	Any trusted adult in school e.g. <ul style="list-style-type: none"> Class teacher Behaviour Mentor Nurture Leader Lunch supervisor Teaching assistant Educational Psychologist Other agency support worker Office staff School nurse
Staff	<ul style="list-style-type: none"> Staff meetings Staff briefings Information Leaflets shared with staff Safeguarding annual training Meetings with Family Welfare Support Officer (FWSO) 	<ul style="list-style-type: none"> Designated Safeguarding Lead Family support / link worker SENDCo Pastoral support worker

MOWMACRE HILL'S EARLY HELP OFFER 2018/2019

Attendance	
Main Offer	Additional Offer if applicable
<ul style="list-style-type: none"> 100% attendance rewards Attendance data monitored by Attendance Officer including weekly monitoring of groups in high mobility or absence requests. Lates and letters home treated as a measure of disadvantage Letter home at 96% attendance EWO (Educational Welfare Officers) who attend relevant meetings 1:1 support by Family Welfare Support Officer (FWSO) First day calling by 10am Unannounced home visits on same day as absence where parental contact cannot be sought. FWSO & Attendance Officer will bring the child to school if requested by parent (emergencies). Informal meet and greets with all staff. Organising transport for example walking bus to enable young people to attend. Reward charts for classes for good and improved attendance and on time pupils. School nurse (where there's a medical condition) 	<ul style="list-style-type: none"> Attendance data reviewed and actioned more frequently for vulnerable families. 1:1 support from Education Welfare Officer Priority places for clubs and letters home as interventions Wrap around care place given inclusive of breakfast and after school clubs, Holiday clubs. Opportunities for 1:1 meet and greets of key pastoral staff (ELSA). Personalised rewards linked to attendance. Personal attendance plans written with parents. 1:1 support from School nurse Working with Pastoral team

Measurable outcomes across all year groups

- Overall and individual pupil attendance improves to be either equal to or above national average (95.3% 2016/17)
- Reduction in number of PA (Persistent Absence)
- Reduction in number of leave of absence requests
- Reduction in number of penalty notices issues
- Lateness data shows reduction in number of interventions
- Whole school attendance data shows a positive trend

Transition	
Main Offer	Additional Offer if applicable
<ul style="list-style-type: none"> • Stories of moving from School to School • Extra visits/induction for vulnerable students • Meet and greet in school with EYFS teacher for new pupils. • Mid-year transitions to school include meet and greet with class teacher and Wellbeing team prior to starting. • Home visits for EYFS pupils by class teacher and FWSO • Professional handover by FWSO to feeder secondary schools • EYST (Early Years Support Team) • Induction Day to new class and/or new school • Focus of Open / Parents evening summer and autumn term. • Open mornings for prospective parents. • Pupil passports or Personalised Provision Plans • Admission packs with all relevant information given out and support with completing forms available. • Parents meeting held for new intake pupils which outlines changes ahead. • Support for online application for parents • Transition program with designated link teacher to feeder schools. • Text messages, letters and/or email reminders of key dates and actions needed to be taken by parents. 	<ul style="list-style-type: none"> • Deputy DSL for LAC /PLAC • SEMH team (Social Emotional and Mental Health) • Social stories in an engaging manner • Key worker link between educational phases • Supported visits to new school with a member of staff • 1:1 visits for prospective families • SALT (Speech and Language Therapists) • EPIC (Educational Psychology Wellbeing Service) • Work with key partners (Virtual School, Admissions, SENDCo) • Health visitors / school nurse support • Identifying specific needs and creating a personalised action plan for transition.
<h2>Measurable outcomes across all year groups</h2>	
<ul style="list-style-type: none"> • Parents successful in applying for school place • Support families with appeals • Family needs are met whilst awaiting placements • Positive transition feedback from parents via survey (verbal or written) • Improved number of positive attitudes towards transition from pupils via Wellbeing Survey 	

SEMH	
Main Offer	Additional Offer if applicable
<ul style="list-style-type: none"> Group or 1:1 work with ELSA and FWSO Charity links such as Barnardos, Charity Link Leicester Resilience curriculum in place Behaviour mentors Protective Behaviour Curriculum 2019 Bereavement counselling / groups Lunch clubs available Sports coach (inclusive sports leading to achievements for a wide range of students) <p>Interventions</p> <ul style="list-style-type: none"> Drawing and Talking Therapy Emotions in motions 'Talk' cards Lego therapy Nurture group Play Therapy <p>Staff trained in dyslexia, ADHD, Autism</p> <ul style="list-style-type: none"> Referral to Laura centre Virtual school team 	<ul style="list-style-type: none"> CAMHS (Children, Adolescent Mental Health Service) Priority place at a Lunch club. Class LC for children who need additional support with SEMH <p>Offer from DSAT (Discovery Schools Academy Trust) EPIC (Educational Psychology Wellbeing Service) aside of casework.</p> <ul style="list-style-type: none"> Social Processing Attachment Awareness Anxiety Awareness Solihull Approach Mental health Emotional Regulation Selective Mutism Consultation groups/problem solving Biofeedback <p>Training/Coaching</p> <ul style="list-style-type: none"> Sunshine Circles The use of sociograms Massage in Schools <p>Intervention</p> <ul style="list-style-type: none"> Targeted FRIENDS group work Creative Play Biofeedback 1:1 therapeutic work Social Processing group work intervention Therapeutic story writing <p>Staff support</p> <ul style="list-style-type: none"> Clinic/consultation drop ins Supporting TAs to work with highly complex children <p>Systemic</p> <ul style="list-style-type: none"> Emotional Wellbeing Survey package Signposting to additional agencies such as Beat - Eating disorder charity, Rainbows is the East Midland's only hospice for children, Cruse bereavement care charity,
Measurable outcomes across all year groups	
<ul style="list-style-type: none"> Pupil learning data shows improvement Reduction in number of safeguarding disclosures over time Reduction in number of high / low level behaviour incidents Increase in pupil's self-help skills Reduction in fixed term exclusions Assessments used to show that emotional needs of children e.g. Boxall Profile / EPIC wellbeing survey 	

Staying Safe	
Main Offer	Additional Offer if applicable
<ul style="list-style-type: none"> School newsletter with safety information Fire safety talks (yr 1 & 5) Relevant policies and procedures in place e.g. Data Protection Advice point and Early help response through FWSO Anti-bullying curriculum Assemblies Risk Assessments DAS (Duty and advice Service) TARGET – e-safety curriculum Home visits DSAT Literacy Lead Professional DSAT EYFS Lead Professional Parent workshops PEP/LAC meetings PHSE (Personal Health Social Education) 	<ul style="list-style-type: none"> Support from anti-bullying champion E-safety – support with setting privacy notices and/or concerns via social media. Information via Twitter Information via website Link Police Community Support Officer NHS healthy living Wellbeing team meetings and training Buddy/mentoring arrangements Nurture group for pupils with additional support needs. TARGET – work with an e-safety champion Lead Professional support

<ul style="list-style-type: none"> • School council • House captains • Prevent curriculum e.g. FGM (Female Genital Mutilation) / Forced marriages • School nurse Health Shop • Tracking of incidents with CPOMS • Annual whole school safeguarding training 	
Measurable outcomes across all year groups	
<ul style="list-style-type: none"> • Greater awareness of bullying within the community and a zero-tolerance approach to bullying incidents • Increase in turn-over of families accessing Social Services/FWSO • Welfare and neglect issues on Social Services caseload is reduced • All parents have signed and are adhering to the AUP (Acceptable User Policy) • Quality displays evidence pupils new learning • An increasing percentage of parental engagement • An up-to-date rolling program of CPD (Continued Professional Development) in relation to Safeguarding / Training for all staff (2 years – DSP and annual for all staff) 	

Supporting Families	
Main Offer	Additional Offer if applicable
<ul style="list-style-type: none"> • Noticeboards for awareness raising • Fun and Families • Coffee mornings • Curriculum days / evenings • Wellbeing team (available at parents' evenings or drop ins) • Support for form completion including financial support and housing • Home visits • Parents evenings • Signposting to external agencies and training • Parental Workshops (ELSA) • Wrap around care inclusive of breakfast, after school and holiday clubs • Assess children's requirements based upon Maslow's hierarchy of need and put together a support plan. • Food Bank • Clothes bank • Discounts • Walking bus • Parent Pay • Early Literacy Support Assistant (ELSA) 	<ul style="list-style-type: none"> • SENDCo • Bereavement counselling • Family link / support worker (available at parents' evenings or drop ins) • Support for form completion including financial support and housing • DSAT (discovery School Academy Trust) EPIC (Educational Psychology Wellbeing Service) - Parent Workshops by arrangement • SENDIASS (Special Educational Needs and Disabilities Information Advice Support Service) • DSAT Wellbeing team support • Local NHS text messaging service (9am – 5pm, Monday to Friday, response within 24 hours) providing confidential advice. • Signposting to charities such as Kooth - Online counselling, web chats, self-help resources available
Measurable outcomes across all year groups	
<ul style="list-style-type: none"> • Pupil learning data shows improvement • Uptake of support services increases • Reduction in number of DNAs (Did Not Attend) to parents evening • An increasing percentage of parental engagement 	

The Local Community	
Main Offer	Additional Offer if applicable
<ul style="list-style-type: none"> • DSAT Advisory Board • DSAT Cluster Board • DSAT Trust Board • Community links with Fire, PCSO and businesses • Supporting charities and initiatives such as Mental Health Awareness week 	<ul style="list-style-type: none"> • Youth group • Primary Stars (LCFC) • University links (square mile De Montfort University) • Leicester Tigers • Children's Centre
Measurable outcomes across all year groups	
<ul style="list-style-type: none"> • Families have a better understanding of the wider community • Reduction in the percentage of Anti-Social Behaviour incidents • Reduction in PCSO call outs / ASBO's 	

The Curriculum	
Main Offer	Additional Offer if applicable
<ul style="list-style-type: none"> • 1:1 / group work with ELSA or TA • Assemblies • Booster classes • Specialist Provision (nurture groups) • Resilience curriculum • PHSE (Personal Health Social Education) curriculum • Inter-school events • Subsidised school trips / visits • Theme weeks e.g. Anti-bullying week • Trips and visits e.g. warning zone, residential trips, Beaumanor Team building. • TARGET – e-safety curriculum • Parent curriculum workshops e.g. Mad hatter’s tea party (resilience) • School council / House captains • Prevent curriculum e.g. FGM (Female Genital Mutilation) / Forced marriages • Protective Behaviour Curriculum 2019 • Healthy Schools 	<ul style="list-style-type: none"> • Group or 1:1 interventions • Pupil premium funding to enable access to trips and visits. • Big yellow bus • Unicef • NSPCC • Police • Fire • NHS / School nurse ▪ (find out more info) ▪ R2R
Measurable outcomes across all year groups	
<ul style="list-style-type: none"> • Families have a better understanding of what their children are learning • % of children attending a school club • Pupil learning data shows improvement 	

Signed and agreed by	
Head Teacher (Designated Safeguarding Lead) <i>Date</i>	Chair of Advisory Board <i>Date</i>
<i>Date</i> SENDCo	Deputy Designated Safeguarding Lead for Early Help and Wellbeing <i>Date</i>
<i>May 2018</i> Date Completed	<i>September 2021</i> Review Date

Appendix E: Talking to pupils when they make mental health disclosures

The advice below is from pupils themselves, in their own words, together with some additional ideas to help you in initial conversations with pupils 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 pupil 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 pupil 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 pupil does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the pupil 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 pupil 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 pupil 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 pupil.

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 pupil 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 pupil 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 pupil.

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 pupil 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 pupil.

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 pupil 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 pupil'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?⁴

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 pupil 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)/carer(s) and the referred child/children?
- Has the referral to CAMHS been discussed with a parent / carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent / carer given consent for the referral?
- What are the parent/carer/pupil's attitudes to the referral?

Basic information

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

Reason for referral

- What are the specific difficulties that you want 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/issues involved.

Further helpful information

- Who else is living at home and details of separated parents if appropriate?
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?
- Has there been any previous contact with social services?
- Details of any known protective factors
- Any relevant history i.e. family, life events and/or developmental factors

⁴ Adapted from Surrey and Border NHS Trust

- Are there any recent changes in the pupil's or family's life?

The screening tool on the following page will help to guide whether or not a CAMHS referral is appropriate. For further support and advice, our primary contacts are:

Child and Adolescent Mental Health Service (CAMHS)

To access our service, you can:

- **Speak to your GP or Paediatrician**
- **Speak to your Public Health (school) Nurse**
- **Speak to a Social Worker - if you have one**

What Does Our Service Do?

The Child and Adolescent Mental Health Service (CAMHS) helps children and young people who have been referred by another healthcare professional. Referrals are made if it's thought the child or young person has emotional and/or behavioural difficulties at a level which requires specialist support. We provide a range of services including initial assessments, therapy, group work, emergency assessments and in-patient care.

How Does Our Service Work?

CAMHS sees young people from across Leicester, Leicestershire and Rutland. The service also links with other children's services to offer a multi-agency approach. The team is made up of doctors, nurses and therapists who specialise in child mental health. The support we provide varies according to need, from a one-off appointment to a programme of on-going care which lasts until the child or young person feels better and is felt to be safe.

About our services

- Most appointments are delivered in clinical bases.
- Our **CAMHS Crisis Resolution and Home Treatment team** provides rapid assessment and treatment at home for children and young people in mental health crisis and support for their families, providing no physical medical intervention is required. Once a referral is received, the team aims to make telephone contact with a family within two hours and to assess the child or young person within 24 hours. The service is operational from 8am until 10pm. Outside of these times, support is provided by the adult crisis team.
- Our **Primary Mental Health Team** works between primary care - for example GPs and public health (school) nurses - and specialist CAMHS outpatient teams. The team treats young people having difficulties with their mental health or emotional wellbeing, and who may be at risk of developing a mental health disorder.
- Our **Young Peoples Team** works particularly with vulnerable young people in care and those who are involved with the youth offending service.
- The **CAMHS Learning Disability Team** provide services for children with a moderate to profound learning disability as defined in ICD 10 presenting with mental health and or associated behavioural problems.
- The **CAMHS Eating Disorders Team**, based at Mawson House in Leicester, offers specialist outpatient assessment and treatment to young people and their parents affected by eating disorders, and manages around 100 new referrals each year. Treatment usually lasts between 12 and 18 months, though early intervention is crucial to recovery.
- The **Paediatric Psychology Team**, based at Artemis House, offers specialist psychological assessment and treatment to children, young people and their families who are psychologically affected by living with physical health conditions or disabilities. Referrals are from Consultant Paediatricians only

INVOLVEMENT WITH CAMHS	
<input type="checkbox"/>	Current CAMHS involvement – END OF SCREEN*
<input type="checkbox"/>	Previous history of CAMHS involvement
<input type="checkbox"/>	Previous history of medication for mental health issues
<input type="checkbox"/>	Any current medication for mental health issues
<input type="checkbox"/>	Developmental issues e.g. ADHD, ASD, LD

DURATION OF DIFFICULTIES	
<input type="checkbox"/>	1-2 weeks
<input type="checkbox"/>	Less than a month
<input type="checkbox"/>	1-3 months
<input type="checkbox"/>	More than 3 months
<input type="checkbox"/>	More than 6 months

* Ask for consent to telephone CAMHS clinic for discussion with clinician involved in young person's care

Tick the appropriate boxes to obtain a score for the young person's mental health needs.

MENTAL HEALTH SYMPTOMS	
<input type="checkbox"/>	1 Panic attacks (overwhelming fear, heart pounding, breathing fast etc.)
<input type="checkbox"/>	1 Mood disturbance (low mood – sad, apathetic; high mood – exaggerated / unrealistic elation)
<input type="checkbox"/>	2 Depressive symptoms (e.g. tearful, irritable, sad)
<input type="checkbox"/>	1 Sleep disturbance (difficulty getting to sleep or staying asleep)
<input type="checkbox"/>	1 Eating issues (change in weight / eating habits, negative body image, purging or binging)
<input type="checkbox"/>	1 Difficulties following traumatic experiences (e.g. flashbacks, powerful memories, avoidance)
<input type="checkbox"/>	2 Psychotic symptoms (hearing and / or appearing to respond to voices, overly suspicious)
<input type="checkbox"/>	2 Delusional thoughts (grandiose thoughts, thinking they are someone else)
<input type="checkbox"/>	1 Hyperactivity (levels of overactivity & impulsivity above what would be expected; in all settings)
<input type="checkbox"/>	2 Obsessive thoughts and/or compulsive behaviours (e.g. hand-washing, cleaning, checking)

Impact of above symptoms on functioning - circle the relevant score and add to the total

<input type="checkbox"/>	Little or none	Score = 0	<input type="checkbox"/>	Some	Score = 1	<input type="checkbox"/>	Moderate	Score = 2	<input type="checkbox"/>	Severe	Score = 3
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HARMING BEHAVIOURS	
<input type="checkbox"/>	1 History of self harm (cutting, burning etc)
<input type="checkbox"/>	1 History of thoughts about suicide
<input type="checkbox"/>	2 History of suicidal attempts (e.g. deep cuts to wrists, overdose, attempting to hang self)
<input type="checkbox"/>	2 Current self harm behaviours
<input type="checkbox"/>	2 Anger outbursts or aggressive behaviour towards children or adults
<input type="checkbox"/>	5 Verbalised suicidal thoughts* (e.g. talking about wanting to kill self / how they might do this)
<input type="checkbox"/>	5 Thoughts of harming others* or actual harming / violent behaviours towards others

* If yes – call CAMHS team to discuss an urgent referral and immediate risk management strategies

Social setting - for these situations you may also need to inform other agencies (e.g. Child Protection)			
<input type="checkbox"/>	Family mental health issues	<input type="checkbox"/>	Physical health issues
<input type="checkbox"/>	History of bereavement/loss/trauma	<input type="checkbox"/>	Identified drug / alcohol use
<input type="checkbox"/>	Problems in family relationships	<input type="checkbox"/>	Living in care
<input type="checkbox"/>	Problems with peer relationships	<input type="checkbox"/>	Involved in criminal activity
<input type="checkbox"/>	Not attending/functioning in school	<input type="checkbox"/>	History of social services involvement
<input type="checkbox"/>	Excluded from school (FTE, permanent)	<input type="checkbox"/>	Current Child Protection concerns

How many social setting boxes have you ticked? Circle the relevant score and add to the total

<input type="checkbox"/>	0 or 1	Score = 0	<input type="checkbox"/>	2 or 3	Score = 1	<input type="checkbox"/>	4 or 5	Score = 2	<input type="checkbox"/>	6 or more	Score = 3
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Add up all the scores for the young person and enter into Scoring table:

Score 0-4	Score 5-7	Score 8+
Give information/advice to the young person	Seek advice about the young person from CAMHS Primary Mental Health Team	Refer to CAMHS clinic

*** If the young person does not consent to you making a referral, you can speak to the appropriate CAMHS service anonymously for advice