

Egerton Rothesay School

Mental Health and Wellbeing Policy

Introduction

At Egerton Rothesay School we recognise that positive mental health and wellbeing are essential to the development of thriving and successful pupils. It is therefore vital to our aims as a school that we support the mental health and wellbeing of our pupils and staff. Our school culture is supportive, caring and respectful and we have adopted a listening approach which encourages our pupils to talk about any concerns and enables them to be heard. At ERS we know that everyone experiences different life challenges and that each of us may need help with them sometimes. We understand that anyone and everyone may need additional emotional support at some point. At ERS positive mental health is the responsibility of everyone.

This policy sets out our commitment to monitoring and improving the wellbeing of our pupils and staff and is designed to show how ERS promotes positive mental health in pupils and staff and in recognising and responding to mental ill health.

This policy should be read in conjunction with the following policies:

- Safeguarding Policy
- Supporting Pupils with a Medical Need Policy, in cases where a pupil's mental health overlaps or is linked to a medical issue.
- SEN policy, where a pupil has an identified special educational need.

At ERS we recognise that identifying and tackling mental health issues is the responsibility of all staff, regardless of position.

Aims

The aims of this policy are:

- To promote positive mental health in all staff and pupils and to reduce the stigma surrounding mental health issues.
- To provide a secure environment that encourages openness and trust
- To increase understanding and awareness of common mental health issues.
- To alert staff to early warning signs of mental ill health and respond effectively
- To provide support to staff working with pupils with mental health issues.
- To provide pupils and their families with information and support and to enable them to participate as fully as possible in decisions regarding the pupil's mental health.
- When necessary to offer pastoral and medical support that is accessible to all pupils, and support for pupils suffering a diagnosed mental illness.
- To identify when a pupil needs specific support and how to gain additional support from outside the school when appropriate, including from medical professionals working in specialist Child and Adolescent Mental Health Services (CAMHS) and pupil's GP's.
- To actively encourage pupils to make good decisions about their own mental health and wellbeing.
- To support staff who are struggling with their mental health

Within school we aim always to:

- Help pupils to understand their emotions and experiences better
- Ensure our pupils feel comfortable sharing any concerns and worries

- Help our pupils to form and maintain relationships
- Encourage pupils to be confident and help to promote their self esteem
- Help pupils develop resilience and ways of coping with setbacks

We aim to promote a healthy environment by:

- Promoting positive mental health and emotional wellbeing in all pupils and staff.
- Celebrating both academic and non-academic achievements
- Promoting our school values and encouraging a sense of belonging and community.
- Providing opportunities to reflect and to develop a sense of worth.
- Promoting our pupils' voices and giving them the opportunity to participate in decision making.
- Celebrating each pupil for who they are and making every pupil feel valued and respected.
- Adopting a whole school approach to mental health and providing support to any pupil that needs it.

Roles & Responsibilities

Whilst all staff have a responsibility to promote the mental health and wellbeing of pupils, ERS will manage mental health under the existing safeguarding processes. Staff with a specific, relevant remit therefore include:

- Head Teacher – Colin Parker (Overall Responsibility)
- Designated Safeguarding Lead – Sarah Vest (MHFA adult & youth, Assist Suicide prevention trained, Safe Talk & Skilful Responses to complex mental health situations)
- Deputy Designated Safeguarding Lead – Ingrid Holt
- Head of PHSE – Angela Davies
- Designated Safeguarding Director – Jon Reynolds

The Headteacher is responsible for:

- Reviewing this policy on a regular basis, ensuring that it is developed in consultation with pupils and members of staff.
- Ensuring staff are equipped with the appropriate training to support pupils in mental health and wellbeing.
- Ensuring the schools shares information on mental health and wellbeing with all the pupils.

The head teacher implements these responsibilities with the support of the senior leadership team and all staff.

The Designated Safeguarding Leads are responsible for:

- Keeping detailed records of any significant mental health concerns
- Liaising with external services where there are any significant mental health concerns
- Acting as source of support and expertise to the school community
- Coordinating tailored support for pupils with diagnosed mental health conditions where the mental health condition may impact on the child's learning.
- Liaising with the Head of SEN for pupils who have special education needs which may have an impact on their mental health
- Referring to Child and Adolescent Mental Health Services (CAMHS) if appropriate, leading and coordinating the support in school.
- Building strong working relationships with CAMHs and other external partners.
- Reporting to the Head and Designated Safeguarding Director on the school's mental health policy and the strategies implemented to manage and support mental health conditions at school.

- Providing staff with the knowledge and skills they need to identify signs of mental health in pupils and how to respond

This team works with all school staff, parents and pupils to create an environment where everyone feels safe and supported and motivated.

All members of school staff are responsible for:

- Treating all pupils with empathy, respect and kindness
- Encouraging pupils to disclose concerns or seek help when necessary
- Reporting any wellbeing or mental health concerns to the school's DSL.

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to a member of the safeguarding team in the first instance, who can then log the concern and inform the Base Leader and/or parents if necessary, so that pastoral support can be accessed if needed. If there is a fear that the pupil is in danger of immediate harm to themselves or others, the normal child protection procedures should be followed with an immediate referral to the Designated Safeguarding Lead, the Head Teacher or the Designated Safeguarding Director. If the pupil presents as a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the medical staff and contacting the emergency services if necessary.

When a referral to CAMHs is appropriate, this will be led and managed by the Designated Safeguarding Lead

Mental Health and Wellbeing in the curriculum

The school is committed to promoting physical health and mental wellbeing through classroom teaching. In addition to the basic steps pupils can take to care for themselves, teachers will put emphasis on the skills young people need to overcome setbacks and succeed in the face of adversity.

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 Dove Self-Esteem Workshop Resources are available to use across all KS3-KS4 year groups.

The specific content of lessons will be determined by the specific needs of the cohort being taught 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 follow the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner.

Supporting Individual Pupils

All members of staff are expected to work together to identify and monitor mental health concerns. Open communication between members of staff will help create a 'first line' in supporting individuals and responding to disclosures. Staff will record information accurately and regularly in order to track concerns. This will compliment the school's pastoral tracking processes. In addition, support meetings will be arranged to discuss and monitor the support in place for pupils with a mental health support plan.

Mental Health Support Plans (MHSP)

A mental health support plan will be drawn up and implemented for pupils who:

- need additional support to manage their mental health and access lessons
- have a referral to mental health professionals (such as CAMHS)
- have a mental health diagnosis that may require additional support at school.

This support plan can be used to incorporate recommendations of support from CAMHS or other professional agencies where applicable. The MHSP will be drawn up by the safeguarding team, involving the pupil, the parents, and relevant health professionals. A MHSP may include a risk assessment if needed. Information that may be contained in a MHSP:

- Details of pupil's condition
- CAMHS or mental health professional contact details
- Medication and any side effects, if applicable
- Special requirements and precautions and actions to reduce risks where necessary.
- What to do and who to contact in an emergency
- Details of the support in place, who is responsible and when this is reviewed.
- Links to EHCP outcomes and/or provision
- Details of information sharing – what information and who has access

In addition, senior and pastoral staff will meet regularly to discuss any ongoing concerns which will be communicated to the relevant support staff and Safeguarding team if relevant.

Providing a Network of support

In addition to supporting pupils with mental health and wellbeing concerns, the school is committed to ensuring that all pupils can access a cohesive network of pastoral and medical support. This includes:

- Base Leader
- Form Tutor/class teacher
- Medical staff
- DSL
- Chaplaincy

The school also works closely with social workers, family support workers, therapists, medical and mental health professionals to ensure the right support is in place.

Working with families and the community

We believe that effective mental health and wellbeing support depends on the input of parents, carers and the broader community. We are pleased to offer parent information on topics such as exam stress, transitions and drug and alcohol abuse. Base Leaders and senior staff are always available to meet parents to discuss any concerns.

Sign Posting

The school ensures that staff, pupils and parents are made aware of sources of support within school when needed and also endeavours to support parents to find support in their local community when required. The school's DSLs can help signpost for specific support.

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 very seriously and staff observing any of these warning signs should communicate their concerns to the pupil's Base Leader and/or Safeguarding team, who will establish a suitable route to support and develop an appropriate level of support within school and outside of school.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn

- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to or absence from school/ increase in lateness or absenteeism
- Repeated physical pain or nausea with no evident cause

Managing disclosures

A pupil may 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 staff's response should always be calm, supportive and non-judgemental.

Staff should listen rather than advise and should think first of the pupil's emotional and physical safety rather than exploring 'Why?' For more information about how to handle mental health disclosures sensitively see Mental Health Guide for staff or speak to a DSL.

All disclosures should be recorded in writing as a Record of Concern (RoC) and held on a pupil's confidential file – see safeguarding policy. The record should include:

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

This information should be given to the DSL, who will store the record appropriately and offer support and advice about the next steps, which may include a referral to a single or multi agency in line with procedures.

On being informed of a mental health concern, the DSL will monitor the situation, discuss concerns with parents and involve the Base Leader to ensure appropriate support is available.

Support will be provided for staff who have to deal with a disclosure. All members of staff are advised to seek emotional support and reassurance from the safeguarding team or senior management, who can also suggest appropriate ongoing help and support if needed.

Confidentiality

Staff should be honest with regard to the issue of confidentiality. If it necessary for us to pass on our concerns about a pupil, 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

Ideally, we should never share information about a pupil without first telling them. However there are situations that would warrant the concern being referred directly to the safeguarding team, who will respond accordingly. The decision to inform parents should be made at the discretion of the DSL in conjunction with the Base Leader where appropriate. Pupils should be given the option of parents being informed for them or with them. If the child gives us reason to believe there may be an underlying child protection issue, appropriate action will be taken by the DSL.

Working with Parents

Where it is deemed appropriate to inform parents, we must be sensitive in our approach. Informing parents will be undertaken by the Safeguarding team and/or the Base Leader and not by an individual member of staff.

Disclosures to parents should, if possible, take place face to face and for each case we should consider the following:

- Where should the meeting happen
- Who should be present at the meeting
- 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 conversation. Parents should be treated with sensitivity and given time to absorb and reflect on what they have heard.

Parents should be directed to further sources of information where possible as they may find it hard to take in the news that is being shared with them. Sharing sources of further support aimed specifically at parents can also be helpful.

Parents may have many unanswered questions as they process the information. They will be given clear means of contacting us with further questions and follow up meetings or phone calls will be arranged as and when necessary. A record of the meeting, including agreed next steps, will be kept on the child's confidential file.

In order to support parents we will:

- Ensure that all parents are aware of who to talk to and how to go about this, when they have concerns about their own child or a peer of their child.
- Make our mental health policy accessible to parents
- Keep parents informed about the mental health topics their children are learning about in PHSE and share ideas for extending and exploring this learning at home.

What can parents do at home to help?

- Find time to talk, just the two of you – check in with your child while you are doing things together, so they get used to talking about their feelings
- Play together – learn new things, solve problems, express feelings without words, do an activity together such as swimming or sport or go for a walk
- Be a role model – show how you cope with difficult feelings and look after yourself
- It can often be the little things that help to make a big difference.

*See links below for resources to support children and young peoples' mental health

Supporting Peers

When a pupil 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 disorder, 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 the need and situation. We aim to highlight:

- Where and how to access support for themselves
- Safe sources of further information
- Healthy ways of coping with difficult emotions.

Training

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

The Head teacher, along with the Safeguarding and Medical teams, will work closely together to identify opportunities for staff training, so that all members of staff feel confident in supporting pupils. Senior members of staff have undertaken Mental Health First Aid training. Other training undertaken by staff includes Safe Talk Workshop, Understanding Mental Health (Level 2) and Assist Suicide Prevention training (DSL only).

Training opportunities for staff who require more in-depth knowledge will be considered as part of the school's performance management process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more pupils.

As part of our ongoing commitment to support and understand mental health and promote positive wellbeing, 23 staff have completed the Level 2 certificate in Understanding Children and Young People's Mental Health.

*Useful Links

youngminds.org.uk/ - Leading UK charity promoting good mental health to children and young people

place2be.org.uk/ - Children's mental health charity providing mental health support and adult training. Also responsible for Children's Mental Health Week, aimed at raising awareness of the importance of supporting children and young people's mental health <https://www.childrensmentalhealthweek.org.uk/>

<https://www.mind.org.uk/> - UK leading charity offering support and useful information on mental health

<https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/child-and-adolescent-mental-health-services-camhs/> - CAMHs includes services that work with children and young people who have difficulties with emotional or behavioural wellbeing

NSPCC:

<https://www.nspcc.org.uk/keeping-children-safe/support-for-parents/mental-health-parenting/>

Appendix 1: Risk and Protective Factors for Child and Adolescent Mental Health

Appendix 2: Mental Health – Guide for Staff (worry Vs Anxiety and Depression)

Policy approved by: Alison Walker
(on behalf of Governing Body)
Date: September 2022

Next Review (latest): September 2024

Appendix 1: Risk Factors and Protective Factors

Certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family, to their community or to life events. The risk factors are listed in Appendix 1. Risk factors are cumulative, for example, children exposed to multiple risks such as social disadvantage, family adversity and cognitive or attention problems are much more likely to develop behavioural and/or mental health problems.

Many children exposed to significant risk factors develop into competent, confident and caring adults. An important key to promoting children's mental health is therefore an understanding of the protective factors that enable children to be resilient when they encounter problems and challenges.

Research suggests that there is a complex interplay between risk factors in children's lives and promoting their resilience. As social disadvantage and the number of stressful life events accumulate for children or young people, more factors that are protective are needed to act as a counterbalance. The key protective factors, which build resilience to mental health problems, are shown alongside the risk factors in Appendix 1.

The role that schools play in promoting the resilience of their pupils is important, particularly so for some children where their home life is less supportive. School should be a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems.

Events that may have an effect on pupils

Form tutors, class teachers and teaching assistants see their pupils day in, day out. They know them well and are well placed to spot changes in behaviour that might indicate a problem. The balance between the risk and protective factors set out above is most likely to be disrupted when difficult events happen in pupils' lives. These include, but are not limited to:

- **loss or separation** – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted
- **life changes** – such as the birth of a sibling, moving house or changing schools or during transition from primary to secondary school, or secondary school to sixth form
- **traumatic events** such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.

Schools will often be able to support children at such times, intervening well before mental health problems develop.

Risk and Protective Factors for Child and Adolescent Mental Health

	Risk factors	Protective factors
In the child	<ul style="list-style-type: none"> • Low cognitive ability and learning difficulties • Neuro-diversity • Communication difficulties • Poor social skills • Difficult temperament: inflexibility, low mood, withdrawn • Physical illness • Academic stress/failure • Low self-esteem 	<ul style="list-style-type: none"> • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Emotional self-regulation • Humour • Good coping and problem solving skills • Experiences of success and achievement • Faith or spirituality • Engagement and connections in two or more of the following contexts: school, with peers, in sport, religion, culture/leisure
In the family	<ul style="list-style-type: none"> • Parental conflict including domestic violence • Changes in family circumstances or structure, including family breakdown • Inconsistent or unclear boundaries • Failure to adapt to a child's changing needs • Physical, sexual or emotional abuse • Parental physical or mental illness • Death and loss – including loss of friendship 	<ul style="list-style-type: none"> • At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent boundaries • Support for education
In the school	<ul style="list-style-type: none"> • Bullying • Discrimination • Breakdown in or lack of positive friendships • Poor peer influences • Peer pressure • Poor pupil to teacher relationships 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • 'Open-door' policy for children to raise problems • A whole-school approach to promoting good mental health • Positive school relationships built on trust and security • Positive peer influences
In the community	<ul style="list-style-type: none"> • Poverty and unemployment • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events 	<ul style="list-style-type: none"> • Wider supportive network • High morale in school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

Mental Health – Guide for Staff (Worry Vs Anxiety and Depression)



Our mental health affects our daily life, school and relationships and even our physical health. Mental health includes the ability to enjoy life – to attain a balance between life activities and efforts to achieve psychological resilience.

There is a difference between mental health and mental illness. We all have mental health and some days are easier or tougher than others. Mental illness is a diagnosable condition (like a physical illness) and can also vary in manageability.

People with neurodevelopmental conditions, such as Autism and ADHD, are generally recognised to be more vulnerable to mental health difficulties. Biological differences in brain structure and function leading to symptoms that affect their behaviour and thinking are all likely to contribute to the vulnerability of pupils with these conditions.

Remember anxiety is a normal reaction to stress, which means we all have occasional anxiety and this is part of dealing with everyday life. Some pupils will be able to manage their anxiety, but others may need support to help them recognise and manage their anxiety.

Being Anxious or Worried

We often use the word *anxious* when we are talking about a person being worried, but this worry or anxiety is usually temporary and should not be confused with anxiety disorders, which seriously affect a person's ability to function over a longer time period.

See differences between worry (being anxious) and anxiety disorders below:

- We tend to experience worry in our heads and anxiety in our bodies worry is more focused on our thoughts, but anxiety often has physical symptoms
- Worry tends to be more specific while anxiety tends to be more general
- Worry tends to focus on one thing that can be resolved, Anxiety can jump from one focus to another
- Worry tends to be a temporary state, anxiety can linger.

Examples of how to help a worry

- Distraction is a positive influence over a worry – try to distract the child with a positive interaction
- Focus on a positive – and not the negative worry
- Encourage exercise
- Encourage laughter – tell the child a joke or something that might make them smile
- Encourage a pupil to write (or say) what they are worried about and write (or say) the possible solutions
- If they have a pet – talk to them about the pet – encourage them to spend time with their pet
- Remind a child that this feeling will pass but its okay to feel worried, everybody does every now and then.

The difference between normal anxiety that everyone will experience at one time or another and an anxiety disorder is:

- It is more severe
- It is long lasting
- It interferes with school, relationships, life
- Worrying about homework or what others think of them is a normal adolescent anxiety, but when these worries become anxiety that affect many aspects of a child's life then they may need some support.

Common mental health problems – Anxiety Disorders

Anxiety Disorders include:

- Panic Disorder
- Phobias
- Separation Anxiety
- OCD
- PTSD

Symptoms of Anxiety can manifest in a variety of ways, physical, psychological and behavioural.

Common Physical effects of anxiety:

- Chest pain, palpitations and flushing
- Hyperventilation, shortness of breath
- Dizziness, headaches, sweating, tingling and numbness
- Choking, dry mouth, nausea, vomiting and diarrhoea
- Muscles aches and pains, especially neck, shoulder and lower back
- Restlessness and shaking

Common Psychological effects of anxiety

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

Common Behavioural effects:

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

Possible causes for anxiety, which can lead to more serious difficulties including an anxiety disorder:

- Seeing parents argue or fight, moving house or school, suffering abuse from parents/relatives/strangers
- Bereavement/physical illness or someone in the family being poorly or terminally ill.
- Changes to family structure, (divorce, death, separation, remarriage, new step siblings)
- Exams, schoolwork, bullying, friendship issues, worries about money, appearance or relationships and family problems

Being anxious or a worrier can run in families. How children react can vary.

At school a pupil may:

- Be extremely well behaved, quiet and fearful of asking questions
- Demanding extra time from teachers, asking questions constantly and requiring a lot of attention and reassurance
- Regularly fail to hand work in on time due to procrastination and perfectionism
- Complain of sudden physical illness, especially around exams.

- Spend lunch time and breaks alone, visibly appear to be anxious (sweating, agitated and rapid breathing)

Depression:

Depression negatively affects how a person feels, the way they think and how they act. Symptoms are ongoing and can be diagnosed as depression if experienced for at least two weeks.

- Feeling sad or having a depressed mood
- Loss of interest or pleasure in activities once enjoyed
- Changes in appetite – weight loss or gain (unrelated to dieting)
- Trouble sleeping / sleeping too much
- Loss of energy / increased fatigue
- Slowed movements or speech / hand wringing or pacing
- Feeling worthless/ feeling guilty
- Difficulty concentrating / thinking
- Thoughts of death or suicide

Being sad is not the same as depression. Grief is not depression, although you can have grief and depression.

Depression can run in families. People with low self esteem, are easily overwhelmed by stress, or are generally pessimistic are more likely to experience depression.

Some pupils at school have a Mental Health Support Plan and this is managed by Safeguarding/Base Leader/Medical. These plans are only distributed on a strict need to know basis.

When a pupil may need some additional support:

When you are aware of a continuing physical reaction such as the pupil complaining regularly of fast or pounding heart, headaches, stomach pains and appearing to have an inability to relax, they may also exhibit dizziness, sweating and a dry mouth.

- Excessively worrying, difficulty concentrating, complaining of being or looking tired, looking or acting restless and being irritable.
- Continually seeking reassurance around everyday matters that they didn't before.
- Inability to make decisions that they could do before.
- If a child has a panic attack. Hyperventilates or expresses fear that something awful will happen to them, if they complain of chest pain, feeling detached from their surroundings or fear losing control or going crazy, express a fear of dying, have numbness or tingling and have flushes or chills – take to medical but also inform Base Leader
- Noticing a child has repetitive behaviours such as the need to count, check and wash repeatedly. This may develop into a ritualist pattern.
- Obsessive thoughts, recurrent thoughts that a pupil can't dispel and cause a marked anxiety in the child. Obsessive thoughts can be fear of contamination, or something that can harm them.
- If a child expresses suicidal ideation – inform Safeguarding immediately.

If a child exhibits physical symptoms take to medical. If a child exhibits any of the above and you are concerned this should be reported to the Base Leader or Safeguarding as outlined below.

What MUST staff do

- ***If you see or feel a child is becoming overwhelmed or anxious, talk to the child's form tutor or class teacher. If you continue to be concerned for the welfare or emotional state of the child speak to the Base Leader.***
- ***If you think a child is at risk of harming themselves or others, this must be reported to Safeguarding.***
- ***If you feel your concerns needs escalating report to Safeguarding***
- ***Never do nothing, but remember the Base Leader will have a pastoral overview of that child.***
- ***Remember staff are not qualified to diagnose a mental health condition, but we can support and inform the Base Leader of our concerns, so the concerns can be managed in a professional manner, appropriate support implemented and communicated home.***
- ***If you want advice or guidance please speak to the Safeguarding Team, they are happy to listen and advise.***