Pocklington School Foundation

Pupil Mental Health and Wellbeing Policy

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Contents

Introduction 3
Policy Statement 3
Mental Health Definition 3
Promoting Mental Health and Support 4
Key Staff 4
Mental Health Teaching in School 5
Identifying a Mental Health or Wellbeing Concern 6
Mental Health First Aid 7
Signposting 7
Information sharing 10
Confidentiality 10
Record Keeping 10
Boarding 11
Prep School (Including the EYFS) 11
Additional support 11
Prep School Pastoral Care 12
Appendix 1 Anxiety Disorders 13
Appendix 2 Eating Disorders 17
Appendix 3 Self-Harm 21
Appendix 4 Support Plan Template 24
Appendix 5 Staff who have completed Youth Mental Health First Aid Training (RQF) 25
Appendix 6 Assessment Review Meetings (ARMs) 26

Introduction

At Pocklington School, we recognise the significance of mental health concerns in young people and the important role schools have in providing support for effective learning to take place.

Since 2017, research has shown that there has been a significant rise in concerns related to children's mental health. Key findings from the NHS Mental Health of Children and Young People Survey are listed below:

- In 2022, 18.0% of children aged 7 to 16 years and 22.0% of young people aged 17 to 24 years had a probable mental disorder.
- In children aged 7 to 16 years, rates rose from 1 in 9 (12.1%) in 2017 to 1 in 6 (16.7%) in 2020. Rates of probable mental disorder then remained stable between 2020, 2021 and 2022.
- In young people aged 17 to 19 years, rates of a probable mental disorder rose from 1 in 10 (10.1%) in 2017 to 1 in 6 (17.7%) in 2020. Rates were stable between 2020 and 2021, but then increased from 1 in 6 (17.4%) in 2021 to 1 in 4 (25.7%) in 2022.
- 11 to 16 year olds with a probable mental disorder were less likely to feel safe at school (61.2%) than those unlikely to have a mental disorder (89.2%). They were also less likely to report enjoyment of learning or having a friend they could turn to for support.
- 1 in 8 (12.6%) 11 to 16 year old social media users reported that they had been bullied online. This was more than 1 in 4 (29.4%) among those with a probable mental disorder.
- 11 to 16 year old social media users with a probable mental disorder were less likely to report feeling safe online (48.4%) than those unlikely to have a disorder (66.5%).

Policy Statement

At Pocklington School we are committed to promoting the mental health and wellbeing of all students. Through effective policies and procedure, we aim to provide a safe and supportive environment for all students affected by mental health difficulties. For students to thrive and get the most from their education we acknowledge that any mental health concerns need to be identified and supported. This policy aims to outline the procedures in place to provide appropriate mental health support.

Mental Health Definition

The World Health Organisation defines mental health as:

'Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development.'

Promoting Mental Health and Support

At Pocklington School we aim to promote mental health and support through a variety of ways including:

- Sharing of pastoral information: Transition meetings between relevant staff, students, and parents when students move from Prep to Senior School and when moving Divisions.
- The PSHE curriculum includes in depth teaching with a view to helping to normalise discussion about mental health and provide the knowledge and strategies for identifying and responding to mental health issues. Lessons allow for honest and detailed discussions in a safe and open environment.
- Several extra-curricular activities designed to promote mental health and wellbeing are run on a weekly basis. These include mindfulness, yoga, and a wellbeing drop in session.
- Tutors and House Masters/Mistresses (HoMs) provide a daily opportunity for students to talk about any concerns.
- Assemblies and events run by Heads of Division and the school Chaplain are an opportunity to address mental health issues and offer support.
- Regular support from nursing staff in both day and boarding.

- Girls On Board is a programme that has been introduced in Prep School and Lower School to help encourage young female students to feel empowered to effectively navigate the complexities of friendships.

- Making reasonable adjustments to timetables where necessary.
- Making reasonable adjustments to expectations and behaviour management and communicating with staff as appropriate.

- Completing a 'Support Plan' for children where required and sharing this with relevant staff (Appendix 4).
- Providing a key member of staff as a 'go-to' and/or a safe space where appropriate.
- All meetings for Looked After Children/Previously Looked After Children are attended by the school's Designated Teacher.

Key Staff

Whilst all staff at Pocklington school are required to promote positive mental health, there are staff in school with specific responsibility for student mental health and wellbeing:

Head of Student Wellbeing & Designated Safeguarding Lead (DSL): Arriane Morgan

The Wellbeing Team: Karen Eccles (Senior Nurse); Claire Hallam (Nurse); Donna Dawson (Health Care Assistant); Reverend Dr Bill Merrington; (Counsellor and Chaplain); Nicola Bradshaw

(Counsellor); Dr Jo Jordan (Independent Clinical Psychologist); Dr Stephen Bainbridge (Independent Clinical Psychologist); Ruby Leung (Independent Listener for Boarders)

The Head of Student Wellbeing triages concerns and has oversight of the Wellbeing Team. Provision is as below:

School Counsellors: Provide one to one sessions (usually weekly and outside of lesson time). Support is reviewed by the Wellbeing Team through Action Review Meetings (ARMS).

Clinical Psychologists: Provide oversight of cases being supported by the Wellbeing team; clinical assessment; signpost appropriate support and, where appropriate, provide up to 6 sessions of therapy. They also lead Action and Review Meetings (ARMs) twice a term. ARMs meetings are used by the Wellbeing team to discuss pupil cases from both prep and senior schools. The meetings formulate, signpost and action appropriate support. The Clinical Psychologists also provide staff training and support for school staff involved in Pastoral Care.

School Medical Team: Refer concerns to Wellbeing team as appropriate, provide regular check-ins for pupils and offer medical insights to staff on a range of pupil concerns. The Senior Nurse attends ARMs.

The above team (including the Head of Student Wellbeing) makes up the Wellbeing service at Pocklington School.

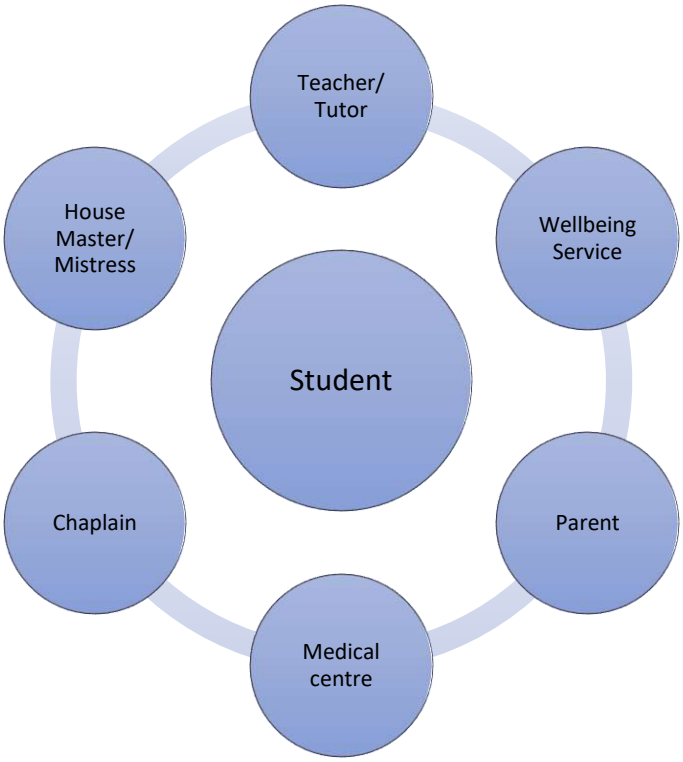
Mental Health Teaching in School

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

We follow the guidance issued by the PSHE Association to prepare us to teach about mental health and emotional health safely and sensitively.
https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and emotional wellbeing Incorporating this into our curriculum at all stages is a good opportunity to promote students' wellbeing through the development of healthy coping strategies and an understanding of students' own emotions as well as those of other people.

More information can be found in the PSHE policy or by contacting Adam Hall (Head of PSHE).

Figure 1 Support available to students



We recognise that specialist advice may be required at times and so the school Special Educational Needs Coordinator (SENCo), the Designated Safeguarding team, the Local Authority Children's Services, and for boarders, the school GP are all among the professionals available for further support. Where appropriate the Head of Student Wellbeing will liaise with any external support providers working with a student. This ensures that relevant information is shared so the student can receive the most appropriate support in school, and all agencies have up to date knowledge of the student.

Identifying a Mental Health or Wellbeing Concern

Appendices 1,2, and 3 detail specific mental health concerns. Staff are required to familiarise themselves with the information provided.

It is important that any concerns are identified and for support to be put in place as early as possible. For this to happen, it is important that all staff are aware of the signs that might mean a student is experiencing a mental health concern. These may include:

- non-verbal behaviour
- isolation from friends and family and becoming socially withdrawn
- changes in activity or mood or eating/sleeping habits
- lowering academic achievement
- talking or joking about self-harm or suicide
- expressing feelings of failure or hopelessness

- an increase in lateness or absenteeism
- not wanting to do PE or get changed for PE
- drug or alcohol misuse
- physical signs of harm that are repeated or appear non-accidental
- wearing long sleeves in hot weather
- complaints of repeated physical pain or nausea with no evident cause

Staff are aware that mental health needs might appear as noncompliant, disruptive, or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development. Any concerns will be reported the Head of Student Wellbeing, Deputy Head (Pastoral), or a member of the Wellbeing Team.

If a student is in distress or has disclosed a mental health concern, figure 2 below provides advice for staff on how to support the student and outlines the steps to take to alert appropriate members of staff.

If there is less urgency around a mental health concern, then signposting information and advice on self-care can be provided by a member of the wellbeing team or found on the Wellbeing notice board near the changing rooms.

Where there is a concern that a student is in danger of immediate harm, then the school's child protection procedures are followed.

Mental Health First Aid

There are key members of staff who have completed specialist training in Youth Mental Health First Aid. This ensures that there is an awareness of mental health concerns in young people amongst the wider staff body at Pocklington School, an understanding of how to deal with a difficult situation and knowledge of services to signpost to. A full list of trained staff can be found in Appendix 5

Signposting

Support in school

Key staff: Head of Student Wellbeing, The Wellbeing Team, Tutor, House Master/Mistress, Boarding Parent, Chaplain, The Medical Team.

Activities: Wellbeing Lunch Club Thursdays in Mrs Hughes' room. Yoga for Middle School students, 1pm on Thursday in the Studio with Dr MacNamee, Mindfulness in the chapel with Rev Bill, 1pm Wednesdays.

Support in local area

East Riding Council provide support for children, young people, and families. More information can be found at www.eastriding.gov.uk

Mind, for Hull and East Yorkshire provide advise and support for young people experiencing mental health difficulties. www.heymind.org.uk

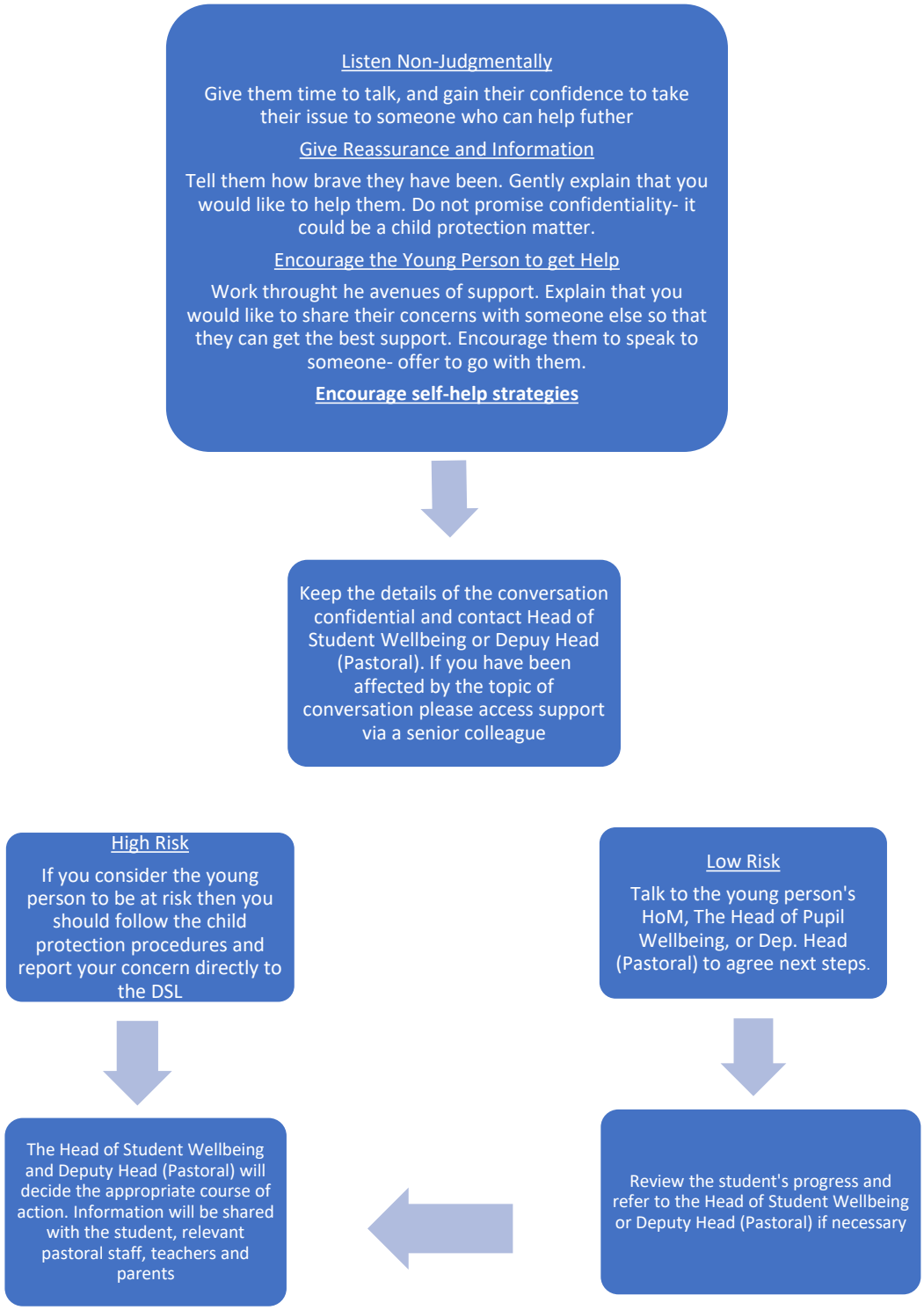
CAMHS (Child and Adolescent Mental Health Service) can also provide therapy. A referral can be made by calling 01482 303810

You may also wish to see your GP who can provide advice and guidance.

Should you wish to access a private therapist, information can be found at:

www.counselling-directory.org.uk

Figure 2 Procedure for supporting a student with a mental health or wellbeing concern



Information sharing

Young people with mental health problems may visit the medical centre more than their peers, often presenting with a physical concern. The medical team have a key role in the early identification of mental health concerns. After a medical assessment, if appropriate, concerns for a pupil's mental health will be reported to the Head of Student Wellbeing or one of the Designated Safeguarding Leads (DSL's).

The Head of Student Wellbeing ensures information is shared with key staff, as appropriate for the safeguarding and wellbeing needs of the child.

Parents are asked to share any mental health concerns with a relevant member of the school's pastoral team so that relevant support can be provided. This should include any changes in circumstance that may impact a student's wellbeing.

At Pocklington we aim to have open communication channels with parents. This is a protective factor for our students' wellbeing. When information regarding a student's mental health or wellbeing needs passing to parents, staff will discuss this with students and explain the rationale. Often students will be given the opportunity to talk to their parents first (i.e. before school contacts home), and whilst Gillick competence will be considered, there will be times when staff need to contact parents/carers despite a student's request to the contrary.

Confidentiality

When supporting students, trust is key. Whilst staff can never promise confidentiality on matters that need to be shared in the interests of keeping the child safe, the child should always be reassured that only those who need to know will be informed. Being transparent about the need to share (and with whom) is almost always preferable and better for the young person. Sharing information with parents should almost always be done with the knowledge and understanding of the student. There are times when this is non-negotiable, but there may also be occasions where the immediate sharing of information with parents is not required nor beneficial. Where concerns are reported by a third party and the third party requests to remain anonymous, wishes will be respected, if appropriate to do so.

Record Keeping

An effective pastoral system and the effective use of data are two important elements in enabling the school to identify and monitor mental health issues in pupils. Relevant data includes attendance, academic progress, and behavioural information (In Senior School, Class Charts is used for day-to-day rewards and lower level behavioural; MyConcern is used for logging and tracking wellbeing and safeguarding matters). This data informs the actions of a pastoral team who know pupils well and are well-placed to identify concerns.

Key staff will record any mental health and wellbeing concerns, and the Head of Student Wellbeing and DSL's will ensure records are accurate and up to date.

Boarding

It is essential that boarders, and those caring for them, receive a high level of support in terms of promoting mental health and wellbeing. However, where there is a mental health concern for a student who is boarding, consideration will be given as to whether it is in their best interest to spend some time at home to be cared for by parents/carers. Key pastoral staff and boarding parents will work closely with parents should a period of time at home be considered. Consideration must also be given to the other young people in the boarding house to ensure their wellbeing and safety. In extreme cases of mental illness, it may be in the best interest of a student (and in consideration of the needs of other children in the boarding house) to permanently move out of a boarding house. Such considerations will be made on a case by case basis to ensure we best meet and support individual needs.

Prep School (Including the EYFS)

Teaching about Mental Health

The skills, knowledge and understanding our pupils need to keep themselves - and others – physically and mentally healthy and safe are included as part of our PSHE curriculum. The school will adapt this based on the needs of cohorts but uses the PSHE Association Guidance, the Think Equal programme and Kapow to ensure that we teach mental health and emotional wellbeing in a safe, sensitive, and age-appropriate manner. Through the PSHE curriculum, and other school approaches, pupils learn to:

- Recognise and manage their own feelings
- Become empathetic and understand other people's feelings
- Develop strategies for managing feelings
- Understand the impact of change, such as transitions, loss, separation, and bereavement
- Understand different types of teasing and bullying behaviours, including online and prejudice-based, and how to respond
- Develop resilience
- Recognise when they need to talk to someone and how to get help

Children in the EYFS and Pre-Prep participate in weekly Think Equal lessons, which support their social and emotional learning.

Additional support

Alongside the PSHE curriculum, the school has a wider focus on wellbeing, with whole school campaigns/assemblies/days on a range of topics to raise awareness of mental health. Mental health

techniques and mindfulness are taught to pupils in activities such as yoga and mindfulness, and children have access to our 'Chill and Chat' facility.

The Prep School operates a 'Buddy' system in which pupils are encouraged to support each other, whilst our 'Playground Helpers' monitor the playground (for example, the Buddy Bench) and around the school to help support pupils, help the school promote good behaviour and an anti-bullying culture and develop ideas for games which encourage positive interactions between pupils.

Information is signposted to pupils in corridors, classrooms and on our Wellbeing Display.

In the summer term, there is a transition programme to support our pupils moving into their next class or into Senior School as this can be a challenging period for many children. This includes opportunities to meet staff and take part in lessons and activities. Specific meetings are held between the pastoral teams of the Prep and Senior School and pupils are shared, so that follow-up meetings with parents or pupils can be organised before the next academic year.

Prep School Pastoral Care

Form teachers are the first point of contact for children and their parents, and the wellbeing of the children in their care is their priority. Where wellbeing and mental health issues are identified, the form teacher will work closely with the Pastoral Lead and Deputy Head to put appropriate additional support in place. This support may take the form of one, or more, of the following:

- One-to-one support with the form teacher or another teacher of the child's choosing.
- Support from the Head of Pupil Wellbeing.
- Clinical Psychologist informed support, following discussion of the case at an Action and Review Meeting (ARMs)
- 'Draw for Talk' (An alternative pl-based therapy providing children with an alternative way to process emotions)
- Play therapy with the school's play therapist
- Signposting or referral to external services

Appendix 1 Anxiety Disorders

Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years.

All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with - some people are just naturally more anxious than others, and are quicker to get stressed or worried.

Concerns are raised when anxiety is getting in the way of a child's day to day life, slowing down their development, or having a significant effect on their schooling or relationships. It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives.

Anxiety disorders include:

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

Symptoms of an anxiety disorder

These can include:

Physical effects

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

Psychological effects

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

Behavioural effects

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

First Aid for anxiety disorders

Follow the prompts (see *Figure 2* in main policy)

How to help a pupil having a panic attack

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

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

Depression

A clinical depression is one that lasts for at least 2 weeks, affects behaviour, and has physical, emotional and cognitive effects. It interferes with the ability to study, work and have satisfying relationships. Depression is a common but serious illness and can be recurrent. In England if affects at least 5% of teenagers, although some estimates are higher. Rates of depression are higher in girls than in boys.

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

Risk Factors

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

Symptoms

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

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

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

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

First Aid for anxiety and depression

Follow the prompts shown in *Figure 2* of the main policy

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

Following the report, the senior pastoral lead (e.g. Head of Student Wellbeing) will decide on the appropriate course of action. This may include:

- Contacting parents/carers
- Giving advice to parents, teachers and other pupils
- Supporting and /or signposting professional assistance e.g. doctor, nurse
- Arranging an appointment with a school counsellor
- Supporting and/or signposting a referral to CAMHS

Students may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. If you consider a pupil is at serious risk of harm, then appropriate steps must be taken to ensure their safety. See note on confidentiality on P10 of this document.

If a student is a boarder, consideration will be given as to whether it is in their best interest (and taking into account the wellbeing of other boarders) to be cared for at home rather than in the boarding house. In serious cases that cannot be safely managed in a boarding context, Boarding Houseparents and pastoral staff will work closely with parents and specialist support (e.g, guidance from Clinical Psychologists or through CAMHS) to decide on what is the best course of action.

Appendix 2 Eating Disorders

Definition of Eating Disorders

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

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

Risk Factors

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

Individual Factors

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

Family Factors

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

Social Factors

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

Warning Signs

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

Physical Signs

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

Behavioural Signs

- Restricted eating
- Skipping meals
- Scheduling activities during lunch
- Strange behaviour around food
- Wearing baggy clothes
- Wearing several layers of clothing
- Excessive chewing of gum/drinking of water
- Increased conscientiousness
- Increasing isolation / loss of friends
- Believes she/he is fat when she/he is not
- Secretive behaviour
- Visits the toilet immediately after meals
- Excessive exercise

Psychological Signs

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

Staff Roles

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the Director of Pastoral Care or the Head of Student Wellbeing (DSL) aware of any child causing concern.

Following a reported concern, the Director of Pastoral Care / Head of Student Wellbeing / School nurse will decide on the appropriate course of action. Wherever possible and appropriate to do so, parents and pupils should be a part of deciding on an action plan from the outset.

This may include:

- Contacting parents/carers
- Giving advice to parents, teachers and other pupils
- Supporting and /or signposting professional assistance e.g. doctor, nurse
- Arranging an appointment with a school counsellor
- Supporting and/or signposting a referral to CAMHS

Pupils may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. If you consider a pupil is at serious risk of causing themselves harm, then steps must be taken to ensure their safety. See note on confidentiality on P10 of this document.

Management of eating disorders in school

Exercise and activity – PE and games

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

Pupils Undergoing Treatment for/Recovering from Eating Disorders

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

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

Further Considerations

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

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

If a student is a boarder, consideration will be given as to whether it is in their best interest to be cared for at home.

Boarding parents and pastoral staff will work closely with parents in these cases, supported by the advice of specialists.

Further Guidance is available by clicking on the link below;

Supporting pupils with an Eating disorder

Appendix 3 Self-Harm

Introduction

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

Definition of Self-Harm

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

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

Risk Factors

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

Individual Factors:

- Depression/anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse

Family Factors

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

Social Factors

- Difficulty in making relationships/loneliness

- Being bullied or rejected by peers

Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should **always** be taken seriously and staff observing any of these warning signs should seek further advice from the Head of Student Wellbeing or nursing Team.
Possible warning signs include:

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

Staff Roles in working with pupils who self- harm

Pupils may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. School staff may experience a range of feelings in response to self-harm in a pupil. However, in order to offer the best possible help to pupils it is important to try and maintain a supportive and open attitude – a pupil who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.

If you consider a pupil is at serious risk of causing themselves harm, then steps must be taken to ensure their safety. See note on confidentiality on P10 of this document.

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

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

- Contacting parents/carers
- Giving advice to parents, teachers and other pupils
- Supporting and /or signposting professional assistance e.g. doctor, nurse
- Arranging an appointment with a school counsellor
- Supporting and/or signposting a referral to CAMHS
- Immediately removing the pupil from lessons if their remaining in class is likely to cause further distress to themselves or their peers
- Considering whether it is in the boarding student's best interest to spend a period of time at home to be cared for by parents/carers

In the case of an acutely distressed pupil, the immediate safety of the pupil is paramount and an adult should remain with the pupil at all times

- If a pupil has self- harmed in school a school nurse should be called for immediate help

Further Considerations

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

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

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

The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. Any member of staff wishing for further advice on this should consult either the DSL or Deputy Head (Pastoral).

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

If a student is a boarder, consideration will be given as to whether it is in their best interest (and in the interests of other boarders) to be cared for at home. Boarding Houseparents and pastoral staff will work closely with parents if an incident of self-harm occurs in these circumstances.

Further guidance is available by clicking on the link below;

Supporting pupils who Self-Harm (Health and Wellbeing Centre Protocols)

Appendix 4 Support Plan Template

Support Plan (**please ensure this, and future SP updates are added to MyConcern)*

Student:	**Form:**	**HoM:**

Staff with pastoral involvement:

Summary:

Significant medical needs:

Are medical staff aware? YES NO

Student's preferred staff contact for support:

Is the student involved in SP process? **YES NO**

Are parents involved in SP process? **YES NO**

Agreed support measures including procedure for student / staff to follow in case of concern:

Date:	**SP review date:**

Name of case manager/
staff member completing SP:

Appendix 5 Staff who have completed the FAA Level 2 Award for Youth Mental Health First Aid (RQF)

Name	Location	Telephone ext
Adam Copley	Latin	269
Beth Rees	Chemistry	217
Gareth Shephard	Business Centre	271
Henry Perham	PE	269
Lucy Hornby	PE	225
Martin Davies	Deputy Head (Pastoral)	294
Patrick Dare	Languages	249
Inny Hashim	Head of Middle School	289
Arriane Morgan	Head of Student Wellbeing	221
Charles Lambert	Lower School HoM	200
Liz Walker	Lower School HoM	200
Manique Wilson	Middle School HoM	200
Donna Dawson	Healthcare Assistant	245
Diane Hails	Receptionist (Senior School)	200
Emma Sherbourne	Classroom Assistant (Prep)	228
Amy Pimm	Head of Learning Support (Prep)	228

Appendix 6 Assessment Review Meetings (ARMs)

The Definition and Purpose of ARMs Meetings

ARMs or 'Assessment Review Meeting' is a psychologically led and informed discussion of a child's current presentation 'in' and 'outside' of the school environment. The function of the meeting is to develop a trauma-informed psychological formulation of the child's current difficulties and risk. The formulation determines what intervention, if any, is required including whether onward referral for assessment or 6 session treatment with one of the Wellbeing Team's independent Clinical Psychologists.

The development of the formulation is led by Dr Stephen Bainbridge and Dr Joanne Jordan (Clinical Psychologists) in consultation with nursing colleagues; school counsellor, pastoral leads, DSLs and teaching/pastoral staff with relevant information to impart. The presence of attendees from different disciplines is designed to ensure that the formulation is biopsychologically informed and is as broad as it is deep in understanding.

If additional psychological formulation is required to inform the ARMs meeting, this will be carried out by Dr Bainbridge or Dr Jordan and collaboratively.

The Logistics of ARMs Meetings

Senior ARMs meetings are held twice every half term and run in accordance with the guidelines for Pocklington Prep School which are outlined below. The Head of Pupil Wellbeing (also DSL), Arriane Morgan, chairs these meetings attended by: Dr Bainbridge, Dr Jordan, nursing staff and counselling staff. Where appropriate other staff members may be invited to discuss a student in their care.

Prep School ARMs are chaired by Sarah Cobb, in her role as Deputy Head of the Prep School and Head of Pre-Prep.

The Chair will collate all referrals and invite relevant attendees. They will ensure the agenda is sent one day before the meeting, noting who should attend and sharing the link for the meeting (if on Teams). They will share relevant referral forms with Dr Bainbridge and Dr Jordan in good time ahead of each meeting.

Dr Jordan and Dr Bainbridge will read all relevant information shared with them prior to the meeting to enable them to support in a time efficient and meaningful way.

The agenda should be based on the referral forms received and the level of need.
The following people should be in attendance at each meeting: S Rogers (Pastoral Lead years 3 to 6 & DDSL), K Dewhirst (DSL), Arriane Morgan (DSL), B Steel (DDSL), Karen Spruyt (Prep Matron); Karen Eccles (School Nurse); Nicola Bradshaw (School Counsellor).

All other attendees will be by invitation only. Attendees will be invited to the relevant section of each meeting and cover would be provided accordingly.

Meetings should take place on Thursdays between 12.15 and 1.25 p.m..

Following the meeting, the Chair will update Safeguarding logs (e.g. MyConcern or CPOMS) using the information and wording agreed on the Referral Form. This ensures that appropriate information is shared with relevant parties. Dr Bainbridge and Dr Jordan will approve information shared on CPOMS that is a synopsis of any discussions, psychological formulations or advice given.