



Regis Manor Primary School

Mental Health and Wellbeing Policy

Document Management

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Statement, Rationale and Aims

Vision Statement

At Regis Manor Primary School, we are dedicated to fostering a nurturing and inclusive environment that promotes the health, happiness, and well-being of our entire school community. We aspire to cultivate a vibrant and dynamic learning space where every child feels secure enough to take risks, learn from their mistakes, and grow into a responsible and compassionate global citizen. By upholding high standards of behaviour and providing emotional support, we aim to equip our students with resilience and a strong sense of self-worth.

Rationale

Mental health plays a vital role in a child's overall well-being, affecting their ability to achieve their potential, manage everyday stress, perform effectively, and contribute positively to their community (World Health Organization). At Regis Manor Primary School, we prioritise emotional health and well-being to build resilience and support academic success. Recognising that each child has unique needs influenced by various factors, we are committed to working closely with families to provide personalised support. Our mission is to create an environment where every member of our school community can thrive. We are devoted to delivering exceptional education while maintaining the highest standards of health, happiness, and well-being. We aim to ensure that all students and staff experience a supportive, inclusive, and dynamic atmosphere that fosters their emotional and mental health.

Aims

- Promote Positive Mental Health: Foster a supportive environment that upholds mental health for all students and staff.
- Support and Understanding: Enhance awareness of mental health issues and provide targeted assistance to those who need it.
- Early Intervention: Detect and address early signs of mental health concerns.
- Collaboration: Partner with families and the broader community to offer comprehensive support.
- Integrate therapeutic approaches and restorative practices into our Behaviour Policy.
- Increase understanding and awareness of common mental health issues.
- Provide support for staff working with students who face mental health issues.
- Offer assistance to students experiencing mental health difficulties, as well as their peers and families.

Lead Members of Staff

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

- Headteacher
- Mental Health Leads
- Family Liaison Officers
- Year Group Leads and Phase Leads
- Attendance Team
- Designated Safeguarding Leads (DSLs)

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the Year Group Lead/Assistant Headteacher in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the DSL. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by a Family Liaison Officer. Guidance about referring to CAMHS is provided in Appendix D.

Promotion of Wellbeing

- **Teaching about Mental Health:** Mental health education is woven into our PSHE curriculum through the Jigsaw scheme. We aim to equip students with the skills, knowledge, and confidence to manage their own mental health and seek support when necessary. Our lessons address emotional wellbeing, resilience, and the process of seeking help, all delivered in a safe and sensitive manner.

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

We will follow the [PSHE Association Guidance](#) to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

- **School Environment:** We will create a positive school environment that promotes inclusivity, respect, and a sense of belonging.
- **Staff Training:** All staff will receive regular training on mental health awareness, identifying signs of distress, and how to provide support.

Signposting for the Whole School Community

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

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

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

We ensure that support service information is easily accessible:

- In School: Displayed on assembly slides, in classrooms, and in newsletters.
- For Pupils: Emphasised regularly within the curriculum.
- For Parents: Shared through newsletters, the school website, and through regular communication

Warning Signs

School staff may become aware of warning signs which indicate a child/colleague 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 their Year Group Lead/Assistant Headteacher. These concerns should then be recorded using the safeguarding concern log. Regular CPD will be given to staff to ensure staff members are aware of the warning signs. Regular CPD and information will also be offered to support staff.

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
- Social withdrawal or noticeable mood swings.

Managing Disclosures

When a pupil shares concerns about their mental health:

- Respond calmly, supportively, and without judgment.
- Listen carefully without offering immediate advice.
- Report the disclosure on Bromcom as a safeguarding concern
- This information will then go to a DSL, who will store the record appropriately and offer support and advice about next steps. See appendix D for guidance about making a referral to CAMHS.

For more information about how to handle mental health disclosures sensitively see appendix C.

Confidentiality

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

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

The school will treat all information sensitively in relation to an individual's mental health and will be handled with confidentiality, respecting the privacy and dignity of all individuals involved.

Support for Children

In-Class Strategies:

Our in-class approaches include:

- Worry Boxes: For students to anonymously express their concerns.
- PSHE Lessons: Focused on wellbeing and mental health.

- Assemblies and Health Days: To raise awareness and celebrate achievements.
- Zones of Regulation: To assist students in managing their emotions.
- Wellbeing Ambassadors 1 per Class KS2

Strategies Outside the Classroom:

- School Health Referrals
- Regular Check-ins with the FLO Team
- Onsite Place2Be Services

It can be 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

Further information and sources of support about common mental health issues can be found in Appendix A.

Working with Parents/Carers

Where it is deemed appropriate to inform parents/carers, 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.
- When should the meeting happen? During the school day? After school?
- Who should be present? Consider parents, the student, other members of staff.
- What are the aims of the meeting?

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

We should always highlight further sources of information and give them leaflets or websites to take away where possible as they will often find it hard to take much in whilst coming to terms

with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums.

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

Support for Staff

- **Wellbeing Resources:** We will provide resources and support for staff mental health and wellbeing, including access to Supervision services.
- **Workload Management:** The school will strive to manage staff workload effectively to prevent burnout and ensure a healthy work-life balance.
- **Employee Assistance Helpline:** The Trust provides staff with access to an employee assistance helpline which is advertised in communal areas of the school.
- **Professional Development:** Regular professional development opportunities will be provided to staff to support their mental health and wellbeing.

Staff can also be provided with an Individual Risk Assessment if they have any mental health conditions and may need special requirements, care or understanding from members of the school team. The confidentiality of this is entirely up to the individual, although the Headteacher should be made aware of this in order to keep the staff member safe and well at work. The risk assessment can include:

- Details of the health 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

Involvement of Parents and Carers

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 contact them, 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 updates via our Parent Newsletter
- 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
- Provide access to drop-ins and informal opportunities to learn and discuss mental health wherever possible and suitable e.g. parent cafes, workshops from external agencies

Training

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

Each week during the Staff Meetings time is allocated to Mental Health CPD and/or activities. This alternates between Child Mental Health CPD and Staff Wellbeing CPD/activities each week, meaning all teaching staff, specialist teachers and Senior Leaders receive at least three sessions of Child Mental Health CPD each short term. This is led by the MHWB lead. The information given in this CPD session is then printed and displayed in the staff room on a specific Health and Wellbeing display board, available to all staff members to access.

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 students.

Monitoring and Evaluation

- **Regular Review:** This policy will be reviewed every two years and updated as necessary to ensure it remains effective and relevant.
- **Feedback:** We will seek feedback from students, staff, and parents/carers to continuously improve our approach to mental health and wellbeing through questionnaires.

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

Prevalence of Mental Health and Emotional Wellbeing Issues ([Source1](#), [Source2](#), [Source3](#))

- One in six children aged five to 16 were identified as having a probable mental health problem in July 2021, a huge increase from one in nine in 2017. That equates to an average of five children in every classroom.
- 83% of young people with mental health needs agreed that the coronavirus pandemic had made their mental health worse
- Suicide was the leading cause of death for males and females aged between five to 34 in 2019
- Just over one in three children and young people with a diagnosable mental health condition get access to NHS care and treatment
- In a YoungMinds survey, three-quarters (76%) of parents said that their child's mental health had deteriorated while waiting for support from Child and Adolescent Mental Health Services
- 50% of all Mental Health problems start by the age of 14.

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 (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

Self-harm

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

Online support

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

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

Books

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate 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 UK](#)

[Shout - Free 24/7 Mental Health text support](#)

Books

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

Anxiety, panic attacks and phobias

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

Online support

Anxiety UK: www.anxietyuk.org.uk

Books

Lucy Willetts and Polly Waite (2014) Can I Tell you about Anxiety?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) A Short Introduction to Helping Young People Manage Anxiety. London: Jessica Kingsley Publishers

Obsessions and compulsions

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

Online support

OCD UK: www.ocduk.org/ocd

[OCD for Parents - a guide](#)

Books

Amita Jassi and Sarah Hull (2013) Can I Tell you about OCD?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers
Susan Connors (2011) The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers. San Francisco: Jossey-Bass

Suicidal Feelings

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

Online support

Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

On the edge: ChildLine spotlight report on suicide:
<https://www.basw.co.uk/resources/edge-childline-spotlight-suicide>

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 - <https://www.beateatingdisorders.org.uk/>

NHS Advice for parents regarding eating disorders in young people - <https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/eating-disorders/advice-for-parents/>

Books

Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks

Other Useful Links:

- [Young Minds](#)
- [Anna Freud Centre](#)
- [Place2Be](#)
- [Mind](#)

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

School Based Support Support available to students

Below is a list of support available to students of Langney Primary Academy. Included is the name of the support and a few details. For further information, please feel free to contact the school.

If a pupil is going to be receiving any of this support, parents/carers will be informed and in some cases, permission will be sought.

- Place2Talk
- Place2Be
- Nurture groups – personalised support
- Drawing and Talking Therapy
- Mentoring – Positive male role model support
- Friendship Groups
- Bullying Intervention
- Mental Health Support Team
- LunchBunch – aimed at children that find unstructured times (e.g. playtimes) tricky
- Bereavement and loss counselling for children and families – Personalised and often one-to-one, can be small groups
- E-safety counselling – can be one-to-one, groups or whole class where necessary
- PSHE curriculum in line with Government standards
- Classroom based intervention appropriate to needs e.g. social skills, turn taking
- Social skills groups – assisting children in emotional literacy
- Parent Support – parent – child - school
- Individual teacher adaptations - classroom routines or support put in place as an agreement between class teacher and parents/carers
- Dog Therapy Sessions

Support available to staff

- Informal, confidential ‘drop-in’ sessions with Pastoral Lead
- Staff support activities /information including self help strategies and signposting
- Weekly staff free workout session
- Staff Wellbeing session for last hour of certain INSET days (usually 2 out of 5)
- Free access to EAP, including self-help resources, 24/7 phone support, free counselling and advice
- Free access to Employee Reward Platform ‘Kent Rewards’

Support available to parents

- SLT available and approachable on gate at the start and end of every day,
- Place2Be
- Signposting toward community support
- Online access to videos and information regarding mental health support for adults and children
- Parent newsletter with wellbeing tips, information and signposting
- Informal Parent Coffee mornings - opportunity to socialise and meet with other parents and talk to members of school staff too

Local Support

There are a range of charities and other local services that can be accessed freely or at very low cost. These can offer advice, support and services that may be of use to you, and can support you as a parent / carer as well as your child(ren), without judgement.

Foodbank vouchers - <https://swale.foodbank.org.uk/get-help/foodbank-vouchers/>

Health in Mind - <https://www.healthinmind.org.uk/>

Winston's wish - <https://www.winstonswish.org/>

You raise me up (families with child/ young adult bereavements) - <https://www.youraisemeup.co.uk/>

KCC – Kent County Council based website with information for families about a variety of issues / needs and information about community events.
<https://www.kent.gov.uk/social-care-and-health/health/mental-health>

Guidance for supporting your LGBTQ+ child - [LGBTQ+ Parent/carers guide](#)

Appendix C: Talking to students when they make mental health disclosures

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

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

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

Don’t talk too much

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

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

Don’t pretend to understand

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

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you’ve never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to

themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

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

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

Offer support

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

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

Acknowledge how hard it is to discuss these issues

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

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

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

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

Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence, it's the illness talking, not the student.

Never break your promises

"Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken."

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the student's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

Appendix D: What makes a good CAMHS referral?

If you believe a CAMHS referral needs to be made, you should liaise either with the SEND team, particularly the SENDCo or the Family Liaison Team. A referral can then be made via a Statement of Referral through [SPOA](#) (Single Point of Advice) on 0800 011 3474.

If the referral is urgent a phone call to SPOA can be made immediately.

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/carers' 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
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay
- Are there any symptoms of ADHD/ASD and if so have you talked to the Educational psychologist?