Policy / Procedure Cover Sheet

Policy/Procedure	*POLICY*		
Type	Positive Mental Health & Wellbeing		
Applies to project(s)	Watermelon Independent School	Policy No	S/09
Created by(owner)	Z Jonah		
Status	Released		
Date	18/07/2024		
Next review date:	July 2025		

Change History

Version	Description	Date issued	Reason	Approved by
1.0	Policy	18/07/2024	New school	ZJ

Related Policies

Policy Ref No.	Policy Name	Policy Ref No.	Policy Name
OP/04	Anti-bullying / Harassment Policy	S/02	E-Safety
OP/41	PSHE	HS/04	Medical Needs
S/01	Child Protection and Safeguarding	OP/28	SEND
OP/05	Curriculum Policy	S/05	Children Looked After
OP/44	Educational Visits Policy	HS/05	Managing Drugs
OP/23	Pupil Premium	S/06	Children Missing From Education
OP/03	Behaviour for Learning		

Distribution:
Electronic copy - C:/Company Policies and Procedures/
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Contents

Appendices

This policy is a guide to all staff, including teachers, non-teaching staff and Leadership team. It outlines our approach to promoting student mental health and wellbeing. It should be read and understood alongside our other relevant school policies including, but not limited to:

i. Anti-Bullying Policy
ii. Curriculum Policy
iii. Children Looked After
iv. Children Missing from Education
v. Child Protection Policy
vi. Behaviour for Learning Policy
vii. E-Safety Policy
viii. Managing Drugs Policy
ix. Medical Needs Policy
x. PSHE Policy
xi. Pupil Premium Policy
xii. SEND Policy
xiii. Statement of purpose
xiv. Self-harm policy

The policy has been developed alongside the following guidance:

i. Department for Education (September 2022) Keeping children safe in education: Statutory guidance for schools and colleges
ii. Department of Health & Department for Education (July 2018) Transforming Children and Young People's Mental Health Provision: A Green Paper
iii. Department of Health/NHS England (2015) Future in mind Promoting, protecting and improving our children and young people's mental health and wellbeing
iv. Mind (October15) Supporting people living with autism spectrum disorder and mental health problems – A guide for practitioners and providers
v. PSHE Association Guidance (March 2019) Teacher guidance: teaching about mental health and emotional wellbeing.

1   Introduction

1.1   Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (World Health Organization, August 2014.)

1.2   In 2017, approximately 1 in 10 children aged 5 to 16 have a diagnosable mental health need and 75% of mental illnesses start before the age of 18, yet 70% of children who experience mental health problems have not had appropriate intervention at a sufficiently early age.[1]

1.4   Evidence from the mental health charity Mind's two-year project[2] highlighted that people with Autistic Spectrum Conditions (ASC) are particularly vulnerable to developing mental health problems and approximately 70% of people with ASC, are at risk of suffering from depression and severe anxiety.

1.5   Mental health conditions can have an enormous impact on quality of life, relationships and academic achievement. In many cases it is life-limiting.

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[1] NHS Digital
[2] Mind (October 2015) Supporting people living with autistic spectrum disorder and mental health problems – A guide for practitioners and providers

1.6   The DfE recognizes that "in order to help their children succeed; schools have a role to play in supporting them to be resilient and mentally healthy".

1.7   At Watermelon Independant School, we recognise that we are in a unique position to promote positive wellbeing and good mental health in children. We are committed to promoting positive mental health and emotional wellbeing to all students, their families and members of staff and Leadership team. Our open culture allows students' voices to be heard, and through the use of effective policies and procedures we ensure a safe and supportive environment for all affected - both directly and indirectly - by mental health issues.

1.7   Watermelon Independant School aims to provide a nurturing and supportive environment that has the potential to develop pupil's self-esteem give positive experiences for overcoming adversity and building resilience.

1.8   This policy is a guide to all staff – non-teaching and volunteers – outlining Watermelon Independant School's approach to promoting mental health and emotional wellbeing. It should be read in conjunction with other relevant school policies.

2   **Aims**

2.1   We aim to promote a safe and healthy environment for children and staff affected both directly and indirectly by mental ill health by developing and implementing practical, appropriate and effective mental health policies and procedures. Our approach has three core strands:

    i.   whole 'school' approach
    ii.   targeted approaches
    iii.   specialist approaches.

2.2   We aim to help develop the protective factors which build resilience to mental health problems and to be an educational provider where:

   i.   all children are valued
   ii.   children have a sense of belonging and feel safe
   iii.   children feel able to talk openly with trusted adults about their problems without feeling any stigma
   iv.   positive mental health is promoted and valued
   v.   bullying is not tolerated.

2.3   In addition to children's wellbeing, we recognise the importance of promoting staff mental health and wellbeing.

2.4   We will promote a healthy environment by:

   i.   creating an environment where children and young people feel safe and happy
   ii.   promoting positive mental health and well-being in all children and staff
   iii.   promoting a positive understanding and attitude towards mental health problems
   iv.   celebrating both academic and non-achievements
   v.   adopting a whole school approach to mental health
   vi.   increasing knowledge, understanding and awareness of positive mental health and mental health problems
   vii.   increasing knowledge, understanding and use of accurate mental health terminology
   viii. enabling staff to identify and responds to early warning signs of mental ill health in students
   ix.   providing support to staff working with children with mental health problems
   x.   providing support to children experiencing mental health problems
   xi.   providing support and advice to those who may be affected by children experiencing mental health problems e.g. parents, carers, peers and staff
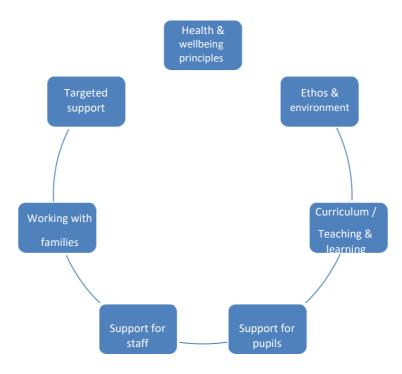
xii.   developing resilience amongst students and raising awareness of resilience building techniques

xiii.   instilling a culture of staff and student t welfare where everyone is alert to the signs and symptoms with effective signposting underpinned by behaviour and welfare around the school.

3   Roles and responsibilities

3.1   We believe that all staff have a responsibility to promote positive mental health, and to understand about protective and risk factors for mental health. Some children will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that children with mental health needs get early intervention and the support they need.

3.2   All staff understand about possible risk factors that might make some children more likely to experience problems, such as: physical long-term illness, having a parent who has a mental health problem, death and loss (including loss of friendships), family breakdown and bullying.

3.3   Staff should also understand the factors that protect children from adversity, such as self-esteem, communication and problem-solving skills, a sense of worth and belonging and emotional literacy.

3.4   Staff with a specific responsibility include:

i.   Headteacher – SENCO - Designated Safeguarding Lead (DSL)

ii.   External clinical professionals who may support students where/when appropriate including Educational Psychologist, Counsellors, Speech and Language Therapist, Occupational Therapist

iii.   Designated CLA Lead

iv.   Mental Health First-Aider(s)

3.5   Our SENCO will:

vi.   lead and work with other staff to coordinate whole 'school' activities to promote positive mental health and wellbeing

vii.   leads on PSHE teaching about mental health

viii. provides advice and support to staff and organises training and updates

ix.   is the first point of contact with mental health services and makes individual referrals to them.

4   Whole 'school' approach

4.1   We take a whole 'school' approach to promoting positive mental health that aims to help children become more resilient, happy and successful and to prevent problems before they arise. This encompasses seven aspects:

i.   creating an ethos, policies and behaviours that support mental health and resilience, and which everyone understands

ii.   helping children to develop social relationships, support each other and seek help when they need it

iii.   helping children to be resilient learners

iv.   teaching children social and emotional skills and an awareness of mental health

v.   early identification of children who have mental health needs and planning support to meet their needs, including working with specialist services

vi.   effectively working with parents and carers

vii.   supporting and training staff to develop their skills and their own resilience.

4.2   The seven identified emotional health and wellbeing principles underpin the approaches used to support the development and integration of wellbeing strategies within the school.

Health &
wellbeing
principles

Targeted
support

Ethos &
environment

Working with
families

Curriculum /
Teaching &
learning

Support for
staff

Support for
pupils

4.3   We recognise the role that stigma can play in preventing understanding and awareness of mental health issues. We therefore aim to create an open and positive culture that encourages discussion and understanding of these issues.

5   **Teaching about Positive Mental Health and Wellbeing**

5.1   Teaching about mental health and emotional wellbeing is a vital part of our PSHE and RSE curriculum. Our PSHE curriculum is developed to give students the skills, knowledge and understanding to help keep themselves mentally healthy.

5.2   Watermelon Independant School is guided by the PSHE Association Guidance to ensure that we teach mental health and emotional well-being issues in a safe and sensitive manner.

5.3   Following the PSHE Association Guidance (March 2019) Teacher guidance: teaching about mental health and emotional wellbeing, lessons are planned across all key stages. Children are given the opportunity to recognize, understand and explore feelings, develop strategies to promote emotional well-being and the knowledge to recognize healthy and unhealthy coping strategies.

5.4   Developing individual resilience, confidence and self-esteem; and supporting students to help manage anxiety and stress are important areas of our curriculum.

6   **Mental health risk assessment**

6.1   The Boxall Profile will be completed on entry to the school for each individual student. This provides an emotional literacy score and individualised achievable targets for social and emotional aptitudes which are reviewed and re-assessed twice yearly.

6.2   Pupils individual education plans will incorporate emotional well-being targets for children with significant mental health needs. This plan will be devised with the pupil, their parents, staff and where possible,

relevant health professionals. These plans can include:

    i.   details of a child's presenting difficulties
   ii.   diagnosis, medication and any side effects
  iii.   who to contact in an emergency
  iv.   potential triggers and presenting behaviours, signs, worries and concerns
   v.   effective strategies to reduce the risk
  vi.   effective strategies to use in response to high risk/emergency situations

6.2   Pupils' plans will be reviewed on a termly basis or earlier, dependent upon changes in circumstances.

7   **Signposting**

7.1   The school will ensure that all stakeholders are aware of support available.

7.2   Sources of support will be displayed in communal areas and regularly highlighted to children throughout the school's curriculum. Staff will ensure that pupils are aware of the nature of the support available, how support can be accessed, the benefits of the accessing the support and what is likely to happen next.

8   **Responding to Warning Signs**

8.1   Staff may become aware of warning signs that indicate a child is experiencing mental health problems. Warning signs must always be taken seriously. Staff should log their concern on a "Green Form" and complete a CPoms referral and pass this document to the DSL or DDSL. Staff should follow the same procedures outlined in our Child Protection and Safeguarding Policy.

8.2   Staff will be able to identify a range of behaviour and physical changes, including:

    i.   physical signs of harm that appear to be repeated or non-accidental
   ii.   persistent low-mood or lack of motivation
  iii.   talking or joking about self-harm or suicide
  iv.   misuse of medication, recreational drugs and/or alcohol
   v.   becoming withdrawn and spending less time with friends and family
  vi.   experiencing low self-esteem or feeling like they are 'worthless'
  vii.   feeling tearful or upset regularly
 viii.   changes in eating or sleeping habits
  ix.   becoming socially withdrawn and avoiding spending times with friends or family
   x.   feeling nervous or 'on edge' a lot of the time
  xi.   suffering panic attacks
  xii.   secretive behaviour e.g. getting changed secretively
 xiii.   covering up, for example by wearing long sleeves a lot of the time, especially in summer
 xiv.   feeling down, low self-esteem or blaming themselves for things
  xv.   outbursts of anger, or risky behaviour like drinking or taking drugs
 xvi.   appearing preoccupied or disassociating
 xvii.   lack of concentration or hyperactivity
xviii.   noticing weight loss
 xix.   an increase in lateness or absenteeism
  xx.   lowering of academic achievement/ deterioration of skills.

8.3   Staff will be able to identify any additional needs arising from difficulties that may impact a child's mental health and wellbeing, such as bereavement and health difficulties.

9   **Reporting concerns**

9.1   Concerns regarding the mental health or well-being of a child should be reported to the SENCo, the DSL or DDSL.

9.2   Should a child be considered in danger of immediate harm, then the school's child protection procedures must be followed with an immediate referral to the Designated Safeguarding Lead (DSL) or, in their absence, the Deputy Designated Safeguarding Lead (DDSL).

9.3   Should a child present a medical emergency, school procedures for medical emergencies must be followed, including alerting first aid staff and contacting the emergency services, if necessary.

10   Making a referral

10.1   Should a referral to the mental health service be deemed appropriate, the SENCO will lead and manage this referral.

11   Managing disclosures

11.1   Should a child disclose a concern about themselves or a peer to any member of staff, staff should observe the following protocols:

   i.   remain calm, supportive and non-judgmental
   ii.   listen and allow the child to speak freely
   iii.   assess the child's emotional and physical safety

11.2   All disclosures must be recorded confidentially on a "Green Form" as described in the Child Protection and Safeguarding Policy. This written record must include:
   i.   the date of the disclosure
   ii.   child's name
   iii.   the name of the member of staff to whom the disclosure was made
   iv.   a factual account of the conversation/ any concerns raised
   v.   agreed next steps.

11.3   Information will then be shared with the Designated Safeguarding Lead (DSL) and the Mental Health First-Aider who will offer additional support and advice about next steps.

12   Confidentiality

12.1   Should a member of staff deem it necessary to pass on concerns about a pupil, then this will first be discussed with the child or young person. They will be told:

   i.   who the staff member is going to tell
   ii.   what the staff member going to disclose
   iii.   why it is necessary for someone else to be told
   iv.   when the contact will be made.

12.2   Should an occasion arise where it is not possible to gain the pupil's consent first, such as in the case where a child or young person may be at immediate risk, then disclosures must be shared without the pupil's consent. For further information, please refer to our Child Protection and Safeguarding Policy.

12.3   It is important to also safeguard staff emotional wellbeing. By sharing disclosures with a colleague this ensures one single member of staff isn't solely responsible for the student. This also ensures continuity of

care should staff absence occur and provides opportunities for ideas and support.

13   Working with Parent/Carers

13.1   Where it is deemed appropriate to inform parents of our concern, we must be mindful of our approach. Before disclosing to parents, we should consider the following:

   i.   the best method of communication
   ii.   the best location
   iii. attendees
   iv.   the overall aims

13.2   During the initial meeting, parents should be provided with, or signposted to:

   i.   relevant literature
   ii.   access to helplines
   iii. agreed next step targets
   iv.   a follow-up date for a meeting or phone call (within 5 working days).

13.4   Records of conversations will be kept on the child's confidential record.

13.5   The social worker or person with parental responsibility, along with the relevant local authority must be notified for Looked After Children (LAC).

13.6   We aim to support parents as much as possible. This means keeping them informed and offering support at all times. To support parents, we will:

   i.   signpost sources of information and support about common mental health issues through displays, information leaflets and the school's website
   ii.   ensure that all parents are aware of who to talk to if they have concerns, and how to go about this, if they have concerns about their own child or a friend of their child
   iii. make our mental health policy easily accessible to parents
   iv.   provide guidance about how parents can support positive mental health in their children through information sessions
   v.   keep parents informed about the mental health topics their children are learning about in PSHE and are covered in the curriculum.

14   Working with Other Agencies and Partners

14.1   As part of our whole 'school' approach, we also work with other agencies to support our pupil's emotional health and wellbeing. This might include liaising with:
   i.   Social workers
   ii.   CAMHS
   iii. Counselling services
   iv.   Therapists
   v.   Pediatricians
   vi.   Family support workers
   vii. Behavioural support workers

15   Supporting Peers

15.1   We understand that when a student is suffering from mental health issues, it can be a difficult time for their peers. In response to this, we will consider, on a case-by-case basis, any peers that may need

additional support. We will provide support in a one-on-one or group setting. These sessions will be guided by the student, but they will discuss how peers can help, how peers can access support themselves, and healthy ways of coping with any emotions they might be feeling.

15.2   We will highlight with peers:

  i.   where and how to access support for themselves
  ii.   safe sources of further information about their friend's condition
  iii. healthy ways of coping with the difficult emotions they may be feeling.

16   Training

16.1   All staff will receive regular training in child mental health so that they can recognise and respond to mental health issues. This will form part of their regular safeguarding training and is a requirement to keep children safe. Training records will be held in staff files. Staff will also receive training on looking after their own mental health and well-being.

16.2   We will post all relevant information, and additional information, on our school's website so staff can learn more about child mental health. We will consider additional training opportunities for staff, and we will support additional CPD throughout the year where it becomes appropriate due to developing situations with pupils.

16.3   Watermelon Independant School will have at least one member of staff that will be trained as a mental health first aider.

17   Supporting Staff Well-being

17.1   We recognise the importance of promoting positive mental health in our staff. The school has a staff wellbeing champion who, through a culture of vigilance, monitors staff morale and wellbeing, organizes staff rewards, celebrations and team building events.

17.2   Should a member of staff feel that their mental health and well-being is poor, the following options are available:

  i.   discussion with the staff wellbeing champion
  ii.   discussion with a member of SLT. This meeting will allow staff to discuss issues affecting their mental health and may result in an emotional intervention program designed to support colleagues
  i.   access to independent occupational health services, through discussion with a line manager
  ii.   support following a disclosure or incident with a child
  iii. individual training and development agreed at performance management meetings
  iv.   general staff training and de-briefs for all.

Appendix 1: Guidance and advice documents

Department for Education (November 2018) Mental health and behaviour in school

Department for Education (September 2022) Keeping children safe in education: Statutory guidance for school and colleges

Department for Education (February 2016) Counselling in school: a blueprint for the future Departmental advice for school leaders and counsellors

Department for Education (December 2015) Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained school and proprietors of academies in England

Department of Health (2009) Healthy Child Programme From 5–19 years old

Department of Health & Department for Education (July 2018) Transforming Children and Young People's Mental Health Provision: A Green Paper

Department of Health/NHS England (2015) Future in mind Promoting, protecting and improving our children and young people's mental health and wellbeing

Mind (October 2015) Supporting people living with autism spectrum disorder and mental health problems – A guide for practitioners and providers

National Children's Bureau (2015) What works in promoting social and emotional well-being and responding to mental health problems in school Advice for School and Framework Document

National Institute for Health and Care Excellence (NICE) (March 2008) Social and emotional wellbeing in primary education

National Institute for Health and Care Excellence (NICE) (September 2009) Social and emotional wellbeing in secondary education

PSHE Association Guidance (March 2019) Teacher guidance: teaching about mental health and emotional wellbeing

Appendix 2: Sources of support about common mental health issues

Self-harm
Self-harm describes any behaviour where a 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
SelfharmUK www.selfharm.co.uk
National Self-Harm Network Forum www.nshn.co.uk

Books
Carol Fitzpatrick (2012) A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm. 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

Pooky Knightsmith (2015) Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies. 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 http://depressionuk.org/

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

Lucy Willetts and Polly Waite (2014) Can I Tell you about Anxiety? A guide for friends, family   and professionals. 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 person may be constantly worried that their house will burn down, if they do not 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

Books
Susan Conners (2011) The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers. San Francisco: Jossey-Bass

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

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 unexpectedly.

Online support
PAPYRUS – Prevention of young suicide www.papyrus-uk.org

Books
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

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

Eating problems
Food, weight and body 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 Eating disorders www.beateatingdisorders.org.uk

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

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

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

Appendix 3 - Local and National Support

Independent local support groups in individual local authorities
Local GP Surgery
Young Minds Child and Adolescent Mental Health (www.youngminds.org.uk)
Mind, the mental health charity (www.mind.org.uk)
NSPCC (www.nspcc.org.uk)
NHS UK – Children and Young People's Services
Rethink Mental Illness (www.rethink.org)
Together for Mental Wellbeing (www.together-uk.org)

If a child is presenting with acute suicidal thoughts, they are advised to visit A&E.
For children who are looked after, a referral should be made to the relevant EDT team.

Appendix 4: What makes a good mental health referral?

You will need to check any local guidance as local guidance is what you should refer to.
Any urgent suicidal risks should present at A&E where a mental health assessment will occur prior to discharge.

If the referral to the mental health service is urgent, it must be initiated by phone so that the service can advise of best next steps.

Before making the referral, have a clear outcome in mind, what do you want the service to do? You might be looking for advice, strategies, support or a diagnosis for instance.

You must also be able to provide evidence to the service about what intervention and support has been offered to the child by the school and the impact of this. The service will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.

General considerations:
- Are they already under a mental health service? Do they have a worker?
- Have you met with the parent(s)/carer(s) and the referred child/children?
- Has the referral to the mental health service been discussed with a parent / carer and the referred child?
- Has the child given consent for the referral?
- Has a parent / carer given consent for the referral?
- What are the parent/carer child's attitudes to the referral?

Basic information
- Is there a child protection plan in place?
- Is the child looked after?
- Name and date of birth of referred child/children
- Address and telephone number
- Diagnosis
- Who has parental responsibility?
- Surnames if different to child's
- GP details
- What is the ethnicity of the child/family?
- Will an interpreter be needed?
- Are there other agencies involved?

Reason for referral
- What are the specific difficulties that you want HYMs 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?
- What interventions is the child currently receiving e.g. school counselling?

- 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 child'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?

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