Supporting children and young people in their mental health

A guide for East Sussex schools

A RESILIENCE-BASED, WHOLE SCHOOL APPROACH TO PROMOTING POSITIVE MENTAL HEALTH AND ADDRESSING INDIVIDUAL NEEDS.

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Anyone working with children and young people or listening to the news is aware that mental health problems seem to be increasing amongst children and young people. Teenage years are known to be challenging, particularly for girls, but our youngest pupils can also be affected. Schools are at the forefront of dealing with this increase in need and all schools identify children and young people who they are concerned about. While some children and young people have more serious problems requiring specialist mental health services, many children and young people have emerging or lower level needs which require less intense support to help them thrive and achieve their potential.

The purpose of this guide is to encourage and build on what good schools already do in terms of differentiation and adapting approaches to include all children and help to maximise their academic and emotional development. Good schools address barriers to academic outcomes, and this guide is designed to support schools in addressing emotional behavioural and emerging mental health problems which can be barriers to attainment. Taking a whole school approach to emotional and mental wellbeing and using some of the simple low cost suggestions for classroom teachers in this guide can support children and young people's sense of belonging to a school and encourage attendance, good development and improve learning outcomes

Stuart Gallimore

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Introduction

This guidance is for any member of school staff who is concerned about a child or young person's mental health and wellbeing. It has been co-produced for East Sussex Schools by:

- East Sussex County Council
- Teachers from East Sussex Schools
- Young people from East Sussex CAMHS Download group and the Youth Cabinet
- Members of Boingboing (www.boingboing.org.uk) and their close colleagues in the Centre of Resilience for Social Justice at the University of Brighton.

With funding from the East Sussex Children and Young People's Mental Health and Emotional Wellbeing Transformation Board.

The guide is presented as a whole document and is available on C-Zone for schools to download further copies. Section 3 is also available on C-Zone as a set of individual files that can be downloaded or printed out for staffroom display.

The work of Boingboing has a strong focus on thinking about and addressing inequalities when taking a resilience-building approach. It suggests ways in which practitioners might join with students facing particularly difficult challenges to try to 'disrupt' or 'nudge' some of the larger social systems, so that they better support the needs of children, young people and families (Hart & Aumann 2017). Boingboing also support practitioners and parents with their own resilience. Staff, volunteers and associates cover a wide range of identities including academics, mental health practitioners and teaching practitioners, parents supporting children with complex needs (or with their own complex needs). Young people with direct lived experience and adults who've experienced major challenges in life are also members of Boingboing.

Download and the East Sussex Youth Cabinet have also done a lot of work on how they would like to see schools address mental health issues, both pro-actively across the whole school, and in response to individuals in need. Their **Top Ten Tips guide** and a **summary poster** are available to download from C-Zone:

https://czone-backoffice.azurewebsites.net/media/2769/mental-health-and-emotional-wellbeing-a5-oct2-v6.pdf

https://czone-backoffice.azurewebsites.net/media/2770/mental-health-wellbeing-a3.pdf

In this guide, we have included the thoughts and ideas from the Top Ten Tips guide in sunflowers to illustrate the points made, from children and young people's perspectives.

eastsussex.gov.uk
Top Ten Tips for young people's mental health and wellbeing

Tips for teachers and staff in schools as recommended by young people from the mental health participation group, Download, the Youth Cabinet, and with help from Lisa Buttery at boingboing www.boingboing.org.uk

The East Sussex 2017 Health Related Behaviour Survey of year 6 and year 10 pupils found that older children have lower wellbeing than younger children, and girls have poorer wellbeing than boys. Using self-report of being "quite / very happy with life" as a measure of good wellbeing, 77% of year 6 pupils had good wellbeing (77% girls, 78% boys) compared to 63% of year 10 pupils (56% girls, 71% boys). The change between year 6 and year 10 is far greater for girls than boys. The year 10 pupils who responded in 2017 also reported lower levels of wellbeing than year 10 pupils in 2012: again the fall was greater for girls than boys; boys' wellbeing fell from 76% to 71%; girls from 63% to 56%.

However, a resilience-promoting school can have life changing impact on every staff member, child and young person who belongs to it. This guide is specifically about using resilience approaches to support children and young people's mental health, but we know that the mental health of school staff, parents and volunteers is also very important. In relation to individual mental health need, schools are in a unique position to support children and young people directly, and also to facilitate the most appropriate specialist support. A referral letter from a child or young person's school is likely to provide a rich insight into their situation and context that a GP might not fully know, or be able to ascertain.

In offering a balance of education policy context, resilience evidence and practical tips, we hope this guide will support the promotion of resilience and positive mental health for all children and young people, and help school staff to respond to specific concerns.

An important note about the use of this guide: This guide has been co-developed and some of its authors are qualified mental health practitioners. Young people and school staff have also been involved. Remember that producing definitions and diagnoses of mental health difficulties is a very complex and controversial arena. Some people, including members of the service user movement, find all 'labels' inappropriate and deeply stigmatising (Walker, Hart & Hanna 2017). On the other hand many children and parents value having a mental health diagnosis or a label to describe their difficulties and feel that it helps them get the support they need. Nevertheless, terms such as 'ADHD' and mental health 'disorders' can feel frightening and stigmatising to some children and their parents. We understand that school staff really need support in understanding these kinds of labels and knowing how best to support children and young people who have mental health difficulties, or indeed diagnoses. However, we have tried to be careful about how we refer to mental health difficulties and 'disorders' in this guide. And finally, it is very important to stress that only qualified mental health practitioners can officially diagnose children's mental health conditions. This guide is not suitable for use in diagnosing children's mental health conditions. If you have serious concerns about a child please follow ESCC risk/safeguarding policy and your school procedures for referring children for additional support e.g. CAMHS.

The structure of the guide

Section 1 outlines the role of the school in supporting children and young people, what national guidance and Ofsted expect from schools in this area, and has been produced in line with local ESCC guidance for schools.

Section 2 introduces the concept of resilience as a way of approaching positive mental health and the evidence based Resilience Framework (Boingboing, 2010). It also focuses in on what schools can do to promote resilience using a whole school approach, what 'good' looks like, and how this can be achieved.

Section 3 provides practical information on how teachers and school staff can support individual children and young people experiencing the most common mental health issues.

• Anxiety difficulties
• Depression
• Eating Difficulties
• Self-Harm
• Attention Difficulties
• Conduct Disorder
• Post-Traumatic Stress Disorder
• Attachment Difficulties

For each mental health issue there are some tips for simple and effective interactions with children and young people as well as some ideas for including parents. These tips are designed to be easy to use and can be printed out from C-Zone and pinned to classroom and staffroom walls

Section 3 also includes recommended further reading at the end of each part. The further reading has been chosen from websites and books that Boingboing have used to support their work and that have been highly recommended by parents and professionals.

Section 4 focuses on the value of including children and young people in helping to create positive prevention activities, identifying gaps and creating solutions, and some suggests practical ways in which this can be achieved.

Section 5 contains appendices that provide more detailed reading as well as a sample lesson plan.

I. The schools' role in supporting positive mental health

Schools' statutory responsibilities relating to social emotional mental health and wellbeing (wb)

Provision and processes relating to children and young people with Social Emotional and Mental health difficulties (SEMH) are defined in the SEND Code of Practice Jan 2015 (the Code)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

The definition of SEMH in the Code is:

(6.32) *Children and young people may experience a wide range of social and emotional difficulties, which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder. (p98)*

The requirement specific to this defined condition is:

(6.33) *Schools and colleges should have clear processes to support children and young people, including how they will manage the effect of any disruptive behaviour so it does not adversely affect other pupils. (p98)*

However, the Code also includes comprehensive requirements for all children and young people with SEND including those with SEMH difficulties.

Some of the key points to note in the Code are as follows (the Code paragraph numbers are in brackets for reference):

(6.1) *All children and young people are entitled to an appropriate education, one that is appropriate to their needs, promotes high standards and the fulfillment of potential. This should enable them to:*

- Achieve their best

- Become confident individuals living fulfilling lives, and

- Make a successful transition into adulthood,whether into employment, further or higher education or training

(6.2) *Every school is required to identify and address the SEN of the pupils that they support. Mainstream schools, which in this chapter includes maintained schools and academies that are not special schools, maintained nursery schools, 16 to19 academies, alternative provision academies and Pupil Referral Units (PRUs), must:*

- Use their best endeavours to make sure that a child with SEN gets the support they need – this means doing everything they can to meet children and young people's SEN

- Ensure that children and young people with SEN engage in the activities of the school alongside pupils who do not have SEN

- Designate a teacher to be responsible for coordinating SEN provision – the SEN coordinator, or SENCO (this does not apply to 16 to 19 academies)

- Inform parents when they are making special educational provision for a child

- Prepare an SEN information report

The importance of early identification and the skills of the classroom teacher are emphasised:

(6.14) *All schools should have a clear approach to identifying and responding to SEN. The benefits of early identification are widely recognised – identifying need at the earliest point and then making effective provision improves long-term outcomes for the child or young person.*

(6.15) *A pupil has SEN where their learning difficulty or disability calls for special educational provision, namely provision different from or additional to that normally available to pupils of the same age. Making higher quality teaching normally available to the whole class is likely to mean that fewer pupils will require such support. Such improvements in whole-class provision tend to be more cost effective and sustainable.*

(6.20) *For some children, SEN can be identified at an early age. However, for other children and young people difficulties become evident only as they develop. All those who work with children and young people should be alert to emerging difficulties and respond early. In particular, parents know their children best and it is important that all professionals listen and understand when parents express concerns about their child's development. They should also listen to and address any concerns raised by children and young people themselves.*

(6.21) *Persistent disruptive or withdrawn behaviours do not necessarily mean that a child or young person has SEN. Where there are concerns, there should be an assessment to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with communication or mental health issues. If it is thought housing, family or other domestic circumstances may be contributing to the presenting behaviour a multi-agency approach, supported by the use of approaches such as the Early Help Assessment, may be appropriate. In all cases, early identification and intervention can significantly reduce the use of more costly intervention at a later stage.*

(6.22) *Professionals should also be alert to other events that can lead to learning difficulties or wider mental health difficulties, such as bullying or bereavement. Such events will not always lead to children having SEN but it can have an impact on wellbeing and sometimes this can be severe. Schools should ensure they make appropriate provision for a child's short-term needs in order to prevent problems escalating. Where there are long-lasting difficulties schools should consider whether the child might have SEN.*

(6.37) *High quality teaching, differentiated for individual pupils, is the first step in responding to pupils who have or may have SEN. Additional intervention and support cannot compensate for a lack of good quality teaching. Schools should regularly and carefully review the quality of teaching for all pupils, including those at risk of underachievement. This includes reviewing and, where necessary, improving, teachers' understanding of strategies to identify and support vulnerable pupils and their knowledge of the SEN most frequently encountered.*
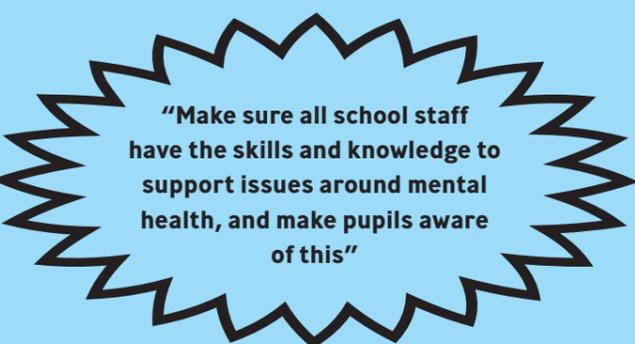
"Make sure all school staff have the skills and knowledge to support issues around mental health, and make pupils aware of this"

Involving the child and the family at all stages is also emphasised:

(6.48) *Where it is decided to provide a pupil with SEN support, the parents must be formally notified, although parents should have already been involved in forming the assessment of needs as outlined above. The teacher and the SENCO should agree in consultation with the parent and the pupil the adjustments, interventions and support to be put in place, as well as the expected impact on progress, development or behaviour, along with a clear date for review.*

(6.65) *Where a pupil is receiving SEN support, schools should talk to parents regularly to set clear outcomes and review progress towards them, discuss the activities and support that will help achieve them, and identify the responsibilities of the parent, the pupil and the school. Schools should meet parents at least three times each year.*

(6.66) *These discussions can build confidence in the actions being taken by the school, but they can also strengthen the impact of SEN support by increasing parental engagement in the approaches and teaching strategies that are being used. Finally, they can provide essential information on the impact of SEN support outside school and any changes in the pupil's needs.*

(6.67) *These discussions should be led by a teacher with good knowledge and understanding of the pupil who is aware of their needs and attainment. This will usually be the class teacher or form tutor, supported by the SENCO. It should provide an opportunity for the parent to share their concerns and, together with the teacher, agree their aspirations for the pupil.*

(6.68) *Conducting these discussions effectively involves a considerable amount of skill. As with other aspects of good teaching for pupils with SEN, schools should ensure that teaching staff are supported to manage these conversations as part of professional development.*

(6.69) *These discussions will need to allow sufficient time to explore the parents' views and to plan effectively. Meetings should, wherever possible, be aligned with the normal cycle of discussions with parents of all pupils. They will, however, be longer than most parent-teacher meetings.*

(6.70) *The views of the pupil should be included in these discussions. This could be through involving the pupil in all or part of the discussion itself, or gathering their views as part of the preparation.*

East Sussex guidance for schools on using the code of practice can be found on c-zone

Links to ESCC guidance

https://czone.eastsussex.gov.uk/media/1388/escc-sen-matrix-guidance-final.pdf
https://czone.eastsussex.gov.uk/media/1379/semh-sept-vl.pdf

In addition to the Code of Practice the Department for Education have also produced departmental advice relating to Mental Health and Behaviour in Schools (March 2016)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf

This provides examples of specific strategies used by schools to promote positive mental health but does not include any whole school approaches apart from an example of using the PSHE Curriculum.

Guidance about whole school approaches from Public Health England can be found in Promoting Children and Young People's Emotional Health and Wellbeing: A whole school and college approach
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWB_draft_20_03_15.pdf

This is the whole school approach that is promoted through the East Sussex School Health Improvement Grants Programme (led by ESCC Public Health and delivered by the School Health Service) and through workshops for schools. https://czone.eastsussex.gov.uk/health-safety-wellbeing/health-improvement-grants/grants/

What will Ofsted look for?

The Ofsted Inspection Handbook (August 2016) gives the grade descriptor for Personal Development, Behaviour and Welfare in an outstanding school as:

- Pupils are confident, self-assured learners. Their excellent attitudes to learning have a strong, positive impact on their progress. They are proud of their achievements and of their school.

- Pupils discuss and debate issues in a considered way, showing respect for others' ideas and points of view.

- In secondary schools, high quality, impartial careers guidance helps pupils to make informed choices about which courses suit their academic needs and aspirations. They are prepared for the next stage of their education, employment, self-employment or training.

- Pupils understand how their education equips them with the behaviours and attitudes necessary for successin their next stage of education, training or employment and for their adult life.

- Pupils value their education and rarely miss a day at school. No groups of pupils are disadvantaged by low attendance. The attendance of pupils who have previously had exceptionally high rates of absence is rising quickly towards the national average.

- Pupils' impeccable conduct reflects the school's effective strategies to promote high standards of behaviour. Pupils are self-disciplined. Incidences of low-level disruption are extremely rare.

- For individuals or groups with particular needs, there is sustained improvement in pupils' behaviour. Where standards of behaviour were already excellent, they have been maintained.

- Pupils work hard with the school to prevent all forms of bullying, including online bullying and prejudice-based bullying.

- Staff and pupils deal effectively with the very rare instances of bullying behaviour and/or use of derogatory or aggressive language.

- The school's open culture actively promotes all aspects of pupils' welfare Pupils are safe and feel safe at all times They understand how to keep themselves and others safe in different situations and settings. They trust leaders to take rapid and appropriate action to resolve any concerns they have.

- Pupils can explain accurately and confidently how to keep themselves healthy. They make informed choices about healthy eating, fitness and their emotional and mental well-being. They have an age-appropriate understanding of healthy relationships and are confident in staying safe from abuse and exploitation.

- Pupils have an excellent understanding of how to stay safe online and of the dangers of inappropriate use of mobile technology and social networking sites.

- Pupils' spiritual, moral, social and cultural development equips them to be thoughtful, caring and active citizens in school and in wider society. (p51)

"Don't just focus on the loudest pupils: be conscious of the quiet people in the room too. Remember – academic achievers can have mental health issues as well."

The next section:
1. Introduces the concept of a resilience-based approach to support children and young people's development
2. Shows how a resilience-based approach will help meet Ofsted requirements described above
3. Demonstrates the importance of a whole school approach to resilience and mental health.

2.Understanding resilience and the whole school approach

Resilience is most frequently described as 'positive development despite adversity' (Luthar, 2003) or 'the ability to withstand and rebound from disruptive life challenges, strengthened and more resourceful' (Walsh, 2008). Resilience researchers across the world seek to understand what proc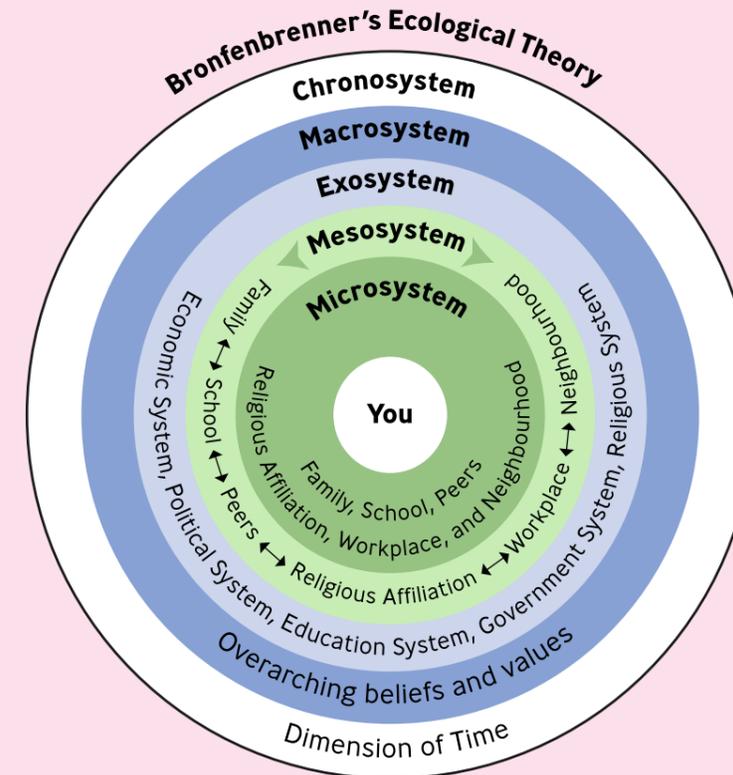esses take place for those young people and families who positively adapt to hardship, so that this learning can be applied to supporting others to do the same.

A short background of the development of the concept of resilience can be found in *Appendix I*, but suffice to say here that it is now seen as much more than personal qualities or "character", and much more about the dynamic interaction between the individual and support available in their environment. This led to the development of socio-ecological approaches and models to understand resilience in context.

> Resilience is not a personality trait. Innate characteristics play a part, but resilience is something that can be promoted and developed, through the provision of support and opportunities for growth.

Socio-ecological models

Socio-ecological models were developed to further the understanding of the dynamic interrelations among various personal and environmental factors. The best-known socio-ecological theory is that of Urie Bronfenbrenner (1979; see *Appendix 2*) and his description of the environment (or social ecology) at five different levels:

1. **Microsystem** (Child's immediate environment)

2. **Mesosystem** (How the different parts of the child's environment work together to support the child; the interaction between two microsystems)

3. **Exosystem** (People and places that have an impact on the child's life, such as parent's workplace)

4. **Macrosystem** (Government policies and cultural values)

5. **Chronosystem** (The influence of change and constancy in a child's environment)

Figure I: Bronfenbrenner's Ecological Theory (1979; 2005)

These can be a useful tool for analysing a child's or young person's environment and context and helping us decide where to concentrate our effort. Working with a social ecological approach to resilience means paying attention to the way a child's environment (family, school, community and wider environment) can provide the support and resources needed for their healthy development, and targeting all of these dimensions when intervening.

Practitioners working directly with children, young people and families may think that their work relates largely to the microsystem. However, practitioners have an important role in relation to recognising and addressing inequalities and barriers at many different levels of the ecological system.

More detail of Bronfenbrenner's approach and a case example can be found in *Appendix 2*.

Ecological approaches are now widely recognised as fundamental to an understanding of a child or young person's need and ways in which to support them effectively, for example in the following illustration:
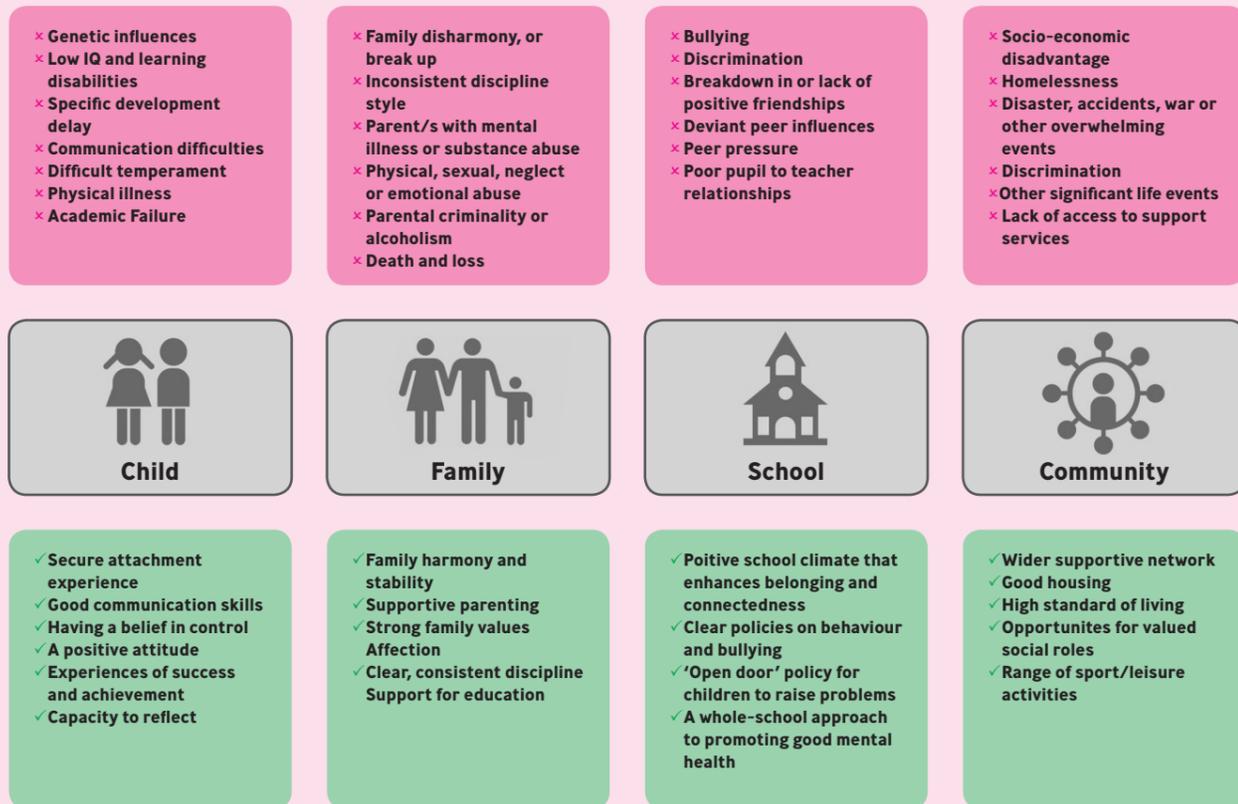
Child	Family	School	Community
× Genetic influences × Low IQ and learning disabilities × Specific development delay × Communication difficulties × Difficult temperament × Physical illness × Academic Failure	× Family disharmony, or break up × Inconsistent discipline style × Parent/s with mental illness or substance abuse × Physical, sexual, neglect or emotional abuse × Parental criminality or alcoholism × Death and loss	× Bullying × Discrimination × Breakdown in or lack of positive friendships × Deviant peer influences × Peer pressure × Poor pupil to teacher relationships	× Socio-economic disadvantage × Homelessness × Disaster, accidents, war or other overwhelming events × Discrimination × Other significant life events × Lack of access to support services
✓ Secure attachment experience ✓ Good communication skills ✓ Having a belief in control ✓ A positive attitude ✓ Experiences of success and achievement ✓ Capacity to reflect	✓ Family harmony and stability ✓ Supportive parenting ✓ Strong family values Affection ✓ Clear, consistent discipline Support for education	✓ Poitive school climate that enhances belonging and connectedness ✓ Clear policies on behaviour and bullying ✓ 'Open door' policy for children to raise problems ✓ A whole-school approach to promoting good mental health	✓ Wider supportive network ✓ Good housing ✓ High standard of living ✓ Opportunites for valued social roles ✓ Range of sport/leisure activities

Figure 2: Risk and Protective Factors for poor/good mental health (Source: Public Health England, 2016).

Why whole school approaches to resilience are important

Mental health is a continuum and we are all on it somewhere. Our position on the continuum can move depending on what we are like, where we are and what happens to us. A clear focus on resilience is important because resilience can help us to move more quickly and effectively towards positive mental health, when things are difficult.

For these reasons whole school resilience-based approaches are more likely to have long-term positive benefits, than time limited individualised interventions (although there is a place for these within a school system for some people). Examples of both approaches are given in Section 3.

Even when a child has such complex or challenging needs that specialist support is needed, it is likely that there will be a long wait for that support and that the child will remain in school for the majority of their time, apart from a few hours a month when they are receiving this support. It is therefore important that the whole school system is equipped and organised to offer a resilience-building environment for the child, their family and the staff who come into contact with them on a daily basis.

"A whole school approach means that ALL staff have a responsibility to promote resilience and mental health."

Our current statutory service system is funded and organised in such a way that there is a strong emphasis on the individual. Yet systems thinking tells us that 'societies' or groups of people or organisations actually think and behave differently from the individuals within them, and that communication, relationships and values are at the heart of effective flexible and responsive systems.

When you translate this into a school environment, it means making resilience and mental health 'everyone's business' (not just the pastoral team, or even just teachers, but all school staff) and providing additionality. This additionality is achieved by everyone being able to make a positive difference 'whilst they are there' as they go about their daily work. An example of this would be the special school where every child has an agreed key person who will check in with them on a daily basis – that could be anyone from the Head Teacher to the Site Manager – whoever is the best fit for that particular child. In order to achieve this, the school has a set of child-centred values and has invested in training for all staff, as well as including this in job descriptions, recruitment and induction processes and information for parents.

Figure 3: Boing Boing academic resilience audit toolkit categories combined with Public Health England eight principles to promoting a whole school and college approach to emotional health and wellbeing

"Foster an environment where all health issues, both physical and mental, are regarded and treated equally."

Key ideas to build in to a whole school approach

There are some key ideas that underpin effective whole school approaches in line with the evidence of what builds resilience. These are outlined in Table I below:

Key idea	'Good' looks like...	Can be achieved by...
Leadership and Management	Leaders and managers know that teachers pro-actively build rapport with more vulnerable children, young people and their families. Staff treat each other with respect and care, and model this for children and young people.	...asking the children, young people and their families and building this into performance review processes. ...being led (modelled) from the top and achievements recognised and celebrated at all levels.
Curriculum planning, teaching and learning to promote resilience	All staff who are involved in teaching and learning know which children and young people are more vulnerable at any given time and adjust their interaction with them appropriately. Curriculum plans promote problem solving and imagining a positive future at every possible opportunity.	...good identification of need systems, excellent communication systems and a cultural expectation that this will happen. ...curriculum leaders being required and supported to make this happen.
Pupil voice / co-production with students	All students have an equal voice in the school and steps are taken to ensure that disadvantaged and vulnerable students are appropriately represented. Students feel that they have a genuine voice in the school and there is evidence of this in policies, processes and the school environment.	.....identify the more vulnerable students and ask them how they wish to be represented - change processes to make them accessible to all. ....provide structured and resourced opportunities for students across the school demographic to be proactively involved in school development and design of the school environment.

Key idea	'Good' looks like...	Can be achieved by...
Staff Development to support their own wellbeing and that of students	Structures and processes are in place to enable all staff time to reflect on and improve their own resilience and wellbeing. All staff are empowered to suggest and develop ways of improving the wellbeing and resilience of each other and students.	....whole school training. ...an annual cycle of reflection, review and refine in line with Professional Development cycle. ....mechanisms for all staff to be able to suggest and contribute to resilience-building activities for each other and the students. ....formal and informal processes for staff to support and help each other.
Structures and Processes	There is a systematic way of identifying those children and young people who face greater adversity before things start to go wrong (proactive not reactive). Staff structures give people permission to become a trusted adult over time for more vulnerable children and young people as this is known to be the strongest protective factor against the onset of mental health difficulties. Plans for the more vulnerable children and young people in the school are made with them, are asset based and closely monitored so that every achievement, academic or otherwise, is recognised and celebrated.	...a risk informed data collection process. (Vulnerable Pupil Register - VPR) ...embedding of this principle across the organisation of the school from recruitment through performance management to reward systems. ...structured systems and monitoring processes. e.g. V.P.R
Provision of targeted pupil support and appropriate referral.	Children and young people in particular adversity have an appropriately trained and skilled adult who will check in with them over time - beyond the period of crisis. The school is aware of and uses all local resources available, including voluntary and community sector services, to support vulnerable children, young people and their families.	...the allocation of funds to training and the structuring of staff to enable this to happen. ...the school having good local knowledge and positive relationships with the wider community.

Key idea	'Good' looks like...	Can be achieved by...
Policy Development	Policies are in place that practically support social inclusion such as the provision of uniform, PE kit, bus passes, food bank boxes etc.	...a social inclusion perspective on budget planning.
School culture, ethos and environment	Policies are in place that practically support social inclusion such as the provision of uniform, PE kit, bus passes, food bank boxes etc. Everyone on the staff has a shared definition and understanding of mental health, wellbeing and resilience. Children and young people believe that staff care about them and about what happens to them as individuals There are safe, quiet accessible places for children and young people to go when they need to. Children and young people have strategies and places to go to calm down when things get stressful for them. Children, young people, parents and staff experience the school without discrimination or prejudice. Vulnerable children and young people are empowered and encouraged to take on responsibilities and obligations appropriate to their skills and aptitudes.	...a social inclusion perspective on budget planning. ...whole school training. ...whole school training and focus group activities with more vulnerable children and young people to get their perspective on what school is actually like for them and acting on what they say. ...assessment of the use of the school estate and prioritising the provision of safe spaces. ...teaching coping strategies and creating a culture where this is possible without stigma. ...the values of the school being lived by everyone and anything other than this being challenged. ...systems such as peer mentoring, class jobs, inclusion of this in individual plans, links with local community groups etc.

Table I: Key ideas underpinning effective whole school approaches to resilience adapted from the Academic Resilience Audit Tool for Senior Leaders (Boingboing, 2013).

"Work using a whole school approach to address and challenge bullying."

Introducing the resilience framework

The Resilience Framework is freely accessible for anyone to use at http://www.boingboing.org.uk/ and brings together knowledge from resilience research, with the experience of practitioners and those living with adversity, into five key sections, each containing a number of interventions.

The ideas in the framework are not hierarchical. Starting anywhere will be good enough and, in fact, wherever you start is likely to have a knock on effect and build other areas of resilience.

The five sections of the resilience framework

Basics – ensuring the necessities needed for life are in place: like food, sleep, exercise, money, housing, a safe space and the right to be free from prejudice and discrimination.

Belonging – encouraging good relationships: concentrating on positive times and places, remaining hopeful about new connections and having people in your life you can count on.

Learning – having opportunities inside and outside school to develop interests, talents and life skills, including mapping out or having a view to the future.

Coping – embedding the skills needed to manage the knocks of everyday living, like problem-solving, staying calm and leaning on others if needed.

Core self – developing those things that help children and young people to develop a strong sense of themselves, including ways to build and nurture their confidence, self-esteem and character.

The different sections within the Resilience Framework are underpinned by a strong research evidence base and the corresponding interventions have been developed through a weave of the research and engagement with parents and carers, to translate the research into resilient "moves" (interventions) for professionals, parents and carers.

For more background on the theory and development of the framework see *Appendix I*.

The Resilience Framework is shown in Table 2 overleaf. You can also check out www.boingboing. org.uk for versions of the framework in many other languages, representations co-produced by young people, as well as an interactive version..

The Resilience Framework is underpinned by a set of key principles called 'The Noble Truths'. They describe underlying values for resilience-building work and can be helpful when the complexity of practicing in multiple disadvantage threatens to overwhelm us.

The noble truths (key principles for resilience-building work) framework

- **Accepting** – starting with exactly where a child, young person or family are at, even if it means being at a very sore point. Returning to 'unconditional positive regard', which means trying not to judge people and appreciating them or their basic humanity come what may.

- **Commitment** – staying in there and being explicit about what your commitment can be. Being realistic about what's doable and not giving up or expecting things to change overnight.

- **Conserving** – holding on to anything good that has happened up until now and building on it. When there is so much difficulty around, 'preserving' the little positive that there is becomes even more precious.

- **Enlisting** – seeking others to help, and moving on from those who might have let us down in the past, noticing that we may not be enough or we may be too much.
There is more about the Noble Truths in Section 3.

There is more about the Noble Truths in Section 3.

Resilience Framework (Children & Young People) Oct 2012 - adapted from Hart & Blincow 2007 www.boingboing.org.uk

SPECIAL APPROACHES	BASICS	BELONGING	LEARNING	COPING	CORE SELF
	Good enough housing	Find somewhere for the child/YP to belong	Make school / college life work as well as possible	Understanding boundaries and keeping within them	Instil a sense of hope
		Help child/YP understand their place in the world			
	Enogh money to live	Tap into good influences	Engage mentors for children / YP	Being brave	Support the child/YP to understand other people's feelings
				Solving problems	
	Being safe	Keep relationships going			
		The more healthy relationships the better	Map out career of life plan	Putting on rose-tinted glasses	Help the child/ YP to know her/ himself
	Access & transport	Take what you can from relationships where there is some hope			
				Fostering their interests	Help the child/YP take responsibility for her/himself
	Healthy diet	Get together people the child/YP can count on	Help the child / YP to organise her/himself	Calming down & self-soothing	
		Responsibilities & obligations			
	Exercise and fresh air	Focus on good times and places	Highlight achievements	Remember tomorrow is another day	Foster their talents
		Make sense of where child / YP has come from			
	Enough sleep			Lean on others when necessary	
	Play & leisure	Predict a good experience of someone or something new	Develop life skills	Have a laugh	There are tried and tested treatments for specific problems, use them
	Being free from prejudice & discrimination	Make friends and mix with other children / YPs			

NOBLE TRUTHS			
ACCEPTING	CONSERVING	COMMITMENT	ENLISTING

Table 2: The Resilience Framework, adapted from Hart, Blincow and Thomas, 2007

3. Supporting children and young people through common mental health issues

This section includes a description of common mental health issues, how to help children and young people experiencing some challenges associated with them and an indication of signs or symptoms that might help you identify children and young people who may be experiencing them. The symptoms are offered as a guide, not with the intention of diagnosing children and young people, or placing them into categories, but to aid school staff in understanding how to identify and support children and young people who may be struggling with their mental health, and when and who with, to share concerns.

When supporting children and young people with mental health difficulties, this guidance promotes an "embedded therapy" approach. This means that the child or young person's experience at school is of paramount importance, but also that schools can play a significant role in encouraging parents and families, and other professionals working with the child, to support similar approaches. Despite the value of lower threshold everyday approaches to building resilience, in some instances children and young people may still require traditional counselling or psychotherapy. Support and care should be taken when referring children and young people into external services, ensuring they can access the service and feel comfortable attending.

It is important to remember that many children and young people may not show any of these symptoms but they may still have support needs, particularly during times of stress such as exams and/or times of transition. Everyone is different and copes with their needs in different ways. Often, the only way you can really be sure that a child or young person has mental health support needs is if they tell you. Because of this, it is vital that a culture of acceptance and trust is developed and maintained within the school, so that every child or young person knows that there is someone they can trust and feels that what they say will be taken seriously, and support given.

The guidance will focus on the following psychological challenges and related diagnoses which are covered in Mental Health and Behaviour in Schools (DfE, March 2016):

- Anxiety and Depression
- Eating Difficulties
- Self-Harm
- Attention Deficit Hyperactivity Disorder
- Conduct Disorder
- Post-Traumatic Stress Disorder
- Attachment Difficulties

"Include mental health as part of the PSHE curriculum, not just a one off assembly."

Anxiety difficulties

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. Naturally, anxiety will be more prevalent for children and young people during periods in their lives that are associated with stress, such as exams, leaving school, and starting new academic years, and during these times additional support may be needed.

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 or young person'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 Generalised Anxiety Disorder at some point in their lives.

"Try to reduce negative connotations/stigma and normalize mental health throughout your school with a range of promotion materials, outside facilitators and speakers, with staff around afterwards to notice and pick up on anyone who might want to talk."

Many children and 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 will often lead to depression and in turn, long periods of depression can provide symptoms of anxiety. Many children and young people have a mixture of symptoms of anxiety and depression as a result.

How to help a child or young person having a panic attack

- **If you are at all unsure whether the child or young person 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 child or young person is having a panic attack, move them to a quiet safe place if possible.**

- **Help to calm the child or young person 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 child or young person 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 child or young person that someone will stay with them and keep them safe until the attack stops.**

Table 3 overleaf gives some examples, based on the Resilience Framework, of how to support children and young people with anxiety.

Challenge	Ways to support children and young people
A child or young person becomes anxious about situations at school before leaving home and refuses to attend	• Have a meeting where everyone is involved: parents, the young person, and school support lead (this could be the SENCO, year head, tutor, TA or other trusted adult in the school) to identify the difficulties in school and what support the young person needs to access school when they are feeling this way. (**Enlisting**) • Work with everyone involved to develop awareness about the vicious cycle of anxiety and how avoiding situations can only serve to increase the anxiety long term. (**Core Self**) • Support the child or young person to develop self-soothing activities when they feel anxious. (**Coping**)
A child or young person worries excessively about getting into trouble	• If possible have a meeting with the family and try and understand how making mistakes or doing something wrong is approached at home, and the consequences. How do adults and older siblings in the family take responsibility for their errors, positive role modelling? (**Core Self**) • A child or young person with excessive worry will seek reassurance, and reassurance exacerbates the anxiety (because reassurance supports the person to believe that what the anxiety is telling them is real, rather than a perceived anxious prediction of what might happen. It will temporarily ease the distress, yet the person will then seek reassurance again in the future. The problem is the anxiety, not the issue the person is anxious about). Create a mentor within the school, who the child or young person can go to when they feel this way, who will provide the information they need to support them. This could be anyone on the staff who has had some training in resilience. (**Learning**) • Provide information to the child or young person about thought patterns when they worry and how they can challenge these. (**Core Self**) • Support the child or young person and others to develop a campaign on anxiety and worry within the school so the young people learn about it, and can act as champions and support other children and young people. (**Core Self**) • Run workshops for parents on anxiety and worry. See Get Self Help for useful resources to support these. www.getselfhelp.co.uk (**Coping**)

Challenge	Ways to support children and young people
A child or young person is isolating themselves	• Gently talk to them about why they have become isolated, without pressurising. Approach them, letting them know you are there to talk if they feel able. (**Belonging**) • Create an anonymous feedback mechanism within the school for YP to share how they are feeling, and address any issues in a whole form group setting without singling out any one child or young person. (**Coping**) • Ensure everyone in the staff team is aware and can check-in with this child or young person, through greeting them in the corridor or in class and asking how they are. (**Belonging**) • Think about whether there is another child or young person in the year group who you could enlist to support this child or young person. (**Belonging**) • Run an assembly on isolation and loneliness and what support is available in the school, taking ideas from YP about how to tackle the issue by promoting belonging within the school.
The child or young person struggles to make friends and is socially anxious	• Talk to the child or young person about the barriers they feel to making friends. What gets in the way? When has it gone well? What support do they feel they need? (**Core Self**) • Identify what support they have available, or is potentially available. Are there any clubs at school that they could get involved with? (**Belonging**) • Explore outside groups and clubs. Could they access these? What support might they need to physically get there, and can you provide this? (**Belonging**) • Teach skills that encourage their sense of bravery. (**Coping**) (See "The Resilient Classroom" academic resilience resource, see http://www.boingboing.org.uk/academic-resilience-resources-directory/) • Run a tutor group session on this issue and generate ideas from other children and young people about how they would approach this. (**Coping**)

Table 3: Ways to support children and young people experiencing anxiety, using the Resilience Framework.

Recommended further reading about anxiety

Lucy Willetts and Polly Waite (2014) *Can I tell you about Anxiety? A guide for friends, family and professionals*. London: Jessica Kingsley Publishers.
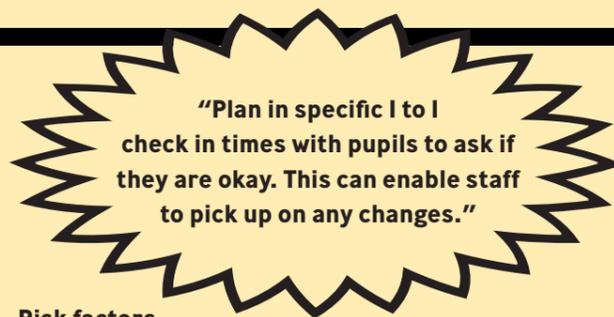
Carol Fitzpatrick (2015) *A short introduction to helping young people manage anxiety*. London: Jessica Kingsley Publishers.

Anxiety UK: www.anxietyuk.org.uk

Jo Derisley and Isobel Heyman (2008) *Breaking free from OCD: A CBT guide for young people and their families*. London: Jessica Kingsley Publishers.

Depression

Depression is common yet serious, and can be recurrent. In England it affects at least 5% of teenagers, although some estimates are higher, and are higher in girls than in boys. A clinical depression is defined as one that lasts for at least 2 weeks, affects behaviour, and has physical, emotional and cognitive effects (American Psychiatric Association, 2000). It interferes with the ability to study, work and have satisfying relationships. Depression in children and young people often occurs alongside other mental health difficulties, and recognition and diagnosis of the difficulty may be more complicated in children and young people, because the way symptoms are expressed varies with the developmental age of the individual. In addition to this, stigma associated with mental health may obscure diagnosis.

> "Plan in specific 1 to 1 check in times with pupils to ask if they are okay. This can enable staff to pick up on any changes."

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
- Some people will develop depression in a distressing situation, whereas others in the same situation will not

Symptoms of depression

Effects on emotion:	Effects on thinking:	Effects on behaviour:	Physical effects:
• sadness • anxiety • guilt • anger • mood swings • lack of emotional responsiveness • helplessness • hopelessness	• 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	• crying spells • withdrawal from others • neglect of responsibilities • loss of interest in personal appearance • loss of motivation • Engaging in risk taking behaviour such as self-harm • misuse of alcohol and other substances	• 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

Table 4 below gives some examples, based on the Resilience Framework, of how to support children and young people with depression.

How to support children and young people with depression

Challenge	How to help them work through it
A child or young person confides in you that they feel they are depressed	• Listen and let them have the space they need to talk, it takes a lot to discuss issues such as these, so they trust in you enough to confide. Make eye contact, validate their experiences and acknowledge how brave they have been by taking the first steps to talk to you. (**Belonging**) • Gently try to identify what they hope to get from talking to you? Is there anything they would like you to do next? (**Core Self**) • Explore with the children and young people and relevant others (SENCO, Year Head, tutor, pastoral staff) whether there is anyone else who can be enlisted to support? Are there any risk issues that need considering? (**Enlisting**) • Think through with them their capacity to function at school. If capacity is limited then it may be necessary to make an onward referral. (**Core Self**) (See your school procedures or Designated Safeguarding Lead (DSL))
A child or young person is isolating themselves	• Gently talk to them about why they have become isolated, without pressurizing them. Approach them, letting them know you are there to talk if they feel able. (**Belonging**) • Create an anonymous feedback mechanism within the school for YP to share how they are feeling. (**Coping**) • Enlist staff members to check-in with this child or young person, through acknowledging them in the corridor or in class in a coordinated way. (**Belonging**) • Is there another child or young person in the year group who you could enlist to support this them? (**Belonging**) • Run an assembly on isolation and loneliness and what support is available in the school, taking ideas from YP about how to tackle the issue within the school. (See *Appendix 4* for workshop ideas, and One Step Forward resource for additional activities at www.boingboing.org.uk)
A child or young person is neglecting their self-care and personal hygiene	• This could be an indication that there is a difficulty for the young person or at home, school or both. Bear in mind this could be a symptom of a safeguarding concern • Deliver classroom sessions on supporting children and young people to take responsibility for themselves, including changes in their bodies during puberty and the importance of personal hygiene. (**Core Self**) (See The Resilient Classroom on supporting the young person to take responsibility for themselves http://www.boingboing.org.uk/academic-resilience-resources-directory/) • Raise awareness in the school of the underlying reasons why individuals can neglect themselves and the importance of acceptance and care towards others within the school environment. (**Belonging**) • Prioritise building a relationship with the child or young person to establish trust and safety, or identify someone who they have an established relationship with, who can explore on an ongoing basis if there are causes for concern. This does not need to be a teacher, just someone who has had some training and can get professional advice if needed. (**Belonging**) • Provide access to the basics within school, such as personal hygiene products. (**Basics**)

Challenge	How to help them work through it
A child or young person is very angry and defensive	• When a child or young person is depressed they can feel very isolated, scared and on edge. It is important that the young person understands the boundaries in relation to their attitude and behaviour. It can also be useful to explore what is behind the behaviour. (**Core Self**) • Create a space for the child or young person to be heard, acknowledged and validated. (**Belonging**) • Depending on the child or young person's experience, do they have access to a hobby or outlet to facilitate emotional expression, or just have a laugh? (**Coping**) • Teach assertiveness skills so they can express themselves and be heard. (**Core Self**) • Provide opportunities for exercise or sport which can provide emotional release. (**Basics**) • Generate solutions that are created by the child or young person themselves, or with support from you or others, to encourage responsibility and autonomy. (**Core Self**) • Arrange parent workshops (perhaps delivered by parents for parents, or co-produced between parents and school staff) on how to support young people with their anger. (**Coping**) • Lead assemblies or tutor group sessions focusing on anger as a healthy emotion and exploring strategies for responding to it. (**Coping**) (See The Resilient Classroom section on calming down and self-soothing at http://www.boingboing.org.uk/academic-resilience-resources-directory/)

Table 4: Ways to support children and young people with depression, using the Resilience Framework.

Recommended further reading about depression

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

Depression Alliance (now part of Mind):
https://www.mind.org.uk/about-us/what-we-do/depression-alliance

Mind guide to depression
https://www.mind.org.uk/information-support/types-of-mental-health-problems/depression

Eating difficulties

Anyone can develop an eating difficulty or be diagnosed with an eating disorder regardless of their age, gender or cultural background. In addition, children and young people of any weight or size can also develop or present with disordered eating. It is very common historically in young women. However, it's important to be aware that the number of young men struggling with their body image is also increasing.

Someone with eating difficulties may be 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.

Body image and eating difficulties:
• Poor body image is a key feature of a disordered eating condition.
• How the child or young person sees themselves may not necessarily fit with how others see them or conventional ideas about what is slim or overweight.
• Their perception of themselves has been distorted by the way they feel about who they are emotionally.
• Poor body image can consume the person in feelings of self-loathing, desolation and despair, making them feel that there is no hope, that they are a worthless, disgusting waste of space; that they do not deserve to be happy, to live, to eat.

While food and eating are obviously significant factors when someone struggles with how they look, in the experience of many people the focus on and obsession with food is a reflection of far deeper emotional difficulties, and an overall attack on their sense of themselves, directed at their bodies. Underlying such feelings is usually a deep sense of not feeling good enough. Poor body image struggles may or may not develop into eating difficulties, but they can be consuming and unbearable for a child or young person experiencing them, and therefore require as much care and support.

Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and 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 child or young person more vulnerable to developing eating difficulties:

Individual factors:	Family Factors:	Social Factors:
• Difficulty expressing feelings and emotions • A tendency to comply with others' demands • Very high expectations of achievement	• 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	• 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 • Social media and cultural pressures

Warning signs

School staff may become aware of warning signs which indicate a child or young person is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously and staff observing any of these signs should seek further advice from the designated person within the school – this may vary from school and could be the designated safeguarding lead, the SENCO or the pastoral care lead. Young people tell us that It is important to recognise the value of trying to identify and acknowledge any underlying mental health or situational needs, to be aware of the risks of labelling a child or young person as eating disordered when things maybe still at a very early stage.

Physical Signs:	Behavioural Signs:	Psychological Signs:
• weight loss • dizziness, tiredness, fainting • feeling cold • hair becomes significantly dull or lifeless (a noticable change from previous state) • swollen cheeks • callused knuckles • tension headaches • sore throats/mouth ulcers • tooth decay	• 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 water • increased conscientiousness • increasing isolation / loss of friends • over-estimation of weight and shape • secretive behaviour • visits the toilet immediately after meals • excessive exercise	• 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

How to support children and young people with eating difficulties

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 person within the school responsible for children causing concern (often the designated safeguarding lead or the SENCO) aware of any child or young person causing concern. Following the report, the designated safeguarding lead or the SENCO, will decide on the appropriate course of action. This may include:

- Contacting parents/carers
- Arranging professional assistance e.g. school nursing service, doctor
- Arranging an appointment with a counsellor
- Arranging a referral to the Community Eating Disorder Service – with parental consent
- Giving advice to parents, teachers and other children and young people

Children and young people 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 child or young person is at serious risk of causing themselves harm, then confidentiality cannot be kept. Limits around confidentiality need to be made clear (see Section 3).

If the child or young person is at low risk in terms of the eating difficulty, yet still struggling with some of the psychological challenges associated, there are some ways to support children and young people using the Resilience Framework outlined in Table 5 below.

"Make sure private sessions can be private. Be mindful of practical barriers that may prevent students from accessing services (e.g. times available or the location being somewhere not private enough). We recommend having an open-door policy during specific times helps."

"Don't betray young people's trust!"

"Make young people aware of the school confidentiality policy and what will be shared and what won't. Try to get the young person's consent to share information."

Challenge	How to help them through challenges with eating difficulties
Children and young people struggling with negative body image	Raising awareness within the school and delivering sessions within the curriculum on the following will be beneficial: • Some of the reasons why people develop unhealthy coping mechanisms • Common misconceptions about mental health and emotional wellbeing difficulties • Warning signs to look out for in a friend • How to be a supportive friend, including the importance of disclosure of concerns • Where and how to seek help if needed • What happens next following a child or young person's disclosure at school • Using anonymous helplines to 'practice' preceding a face-to-face disclosure • How to safely seek support online and avoid potential pitfalls • What to do in an emergency (**Core Self**)
A child or young person is skipping meals	• Consider opening up the issue sensitively with their friends, have they noticed? Do they feel able to speak to them about what is happening? (**Belonging**) • Consider that difficulties with eating are very rarely just about food, so there could be other things that are happening at home or for the child or young person. (**Core Self**) • Deliver assemblies focusing on this issue, using resources from the Centre for Clinical Interventions at www.cci.health.wa.gov.au, or BEAT https://www.beateatingdisorders.org.uk, and advise that children and young people can access a designated person in the school for support. With approximately 725,000 young people in the UK struggling with eating difficulties, the chances are another young person will benefit from this assembly. (**Core Self**) • Create opportunities for the child or young person to talk to you. Be curious about how they are and try not to be confrontational. Create a safe place between you. (**Belonging**) • Run parent sessions on this issue, using resources from the Centre for Clinical Interventions. This will equip parents with the skills to support their child or young person. (**Coping**) • Focus on their sense of belonging, internally and externally. When food becomes the focus, there is often a struggle internally, which may be compounded externally too. Use resources from The Resilient Classroom and One Step Forward to support this work (www.boingboing.org.uk). (**Belonging**) • Deliver informative tutor group sessions on the importance of food as fuel, how to create a balanced diet and what happens when we skip meals. (**Core Self**) • Promote a youth support line e.g. BEATing Eating disorders: 0808 801 0711 open 365 days a year, 3pm-10pm. (**Coping**) • Consider creating anonymous mechanisms where children and young people can share difficulties and access support. (**Coping**)

Table 5: Ways to support children and young people with eating disorder issues, using the Resilience Framework.

Supporting children and young people undergoing treatment for/recovering from eating disorders

The decision about how, or if, to proceed with a child or young person's schooling while they are experiencing difficulties with eating should be made on a case by case basis. Input for this decision should come from discussion with the children or young people, their parents, school staff and members of the multi-disciplinary team supporting the child or young person. If the child or young person is able to access school but needs a set of reasonable adjustments to facilitate this, then the school should design with the above group an Individual Health Care Plan that is regularly reviewed. If the child is not able to attend school for more than 15 days within a school year the school can refer for an interim package of support from ISEND Teaching and Learning Provision through the ISEND Front Door system. The designated Primary Mental Health Worker for the school could also support this process.

The reintegration of a child or young person into school following a period of absence should be handled sensitively and carefully and again, the child or young person, their parents, school staff and members of the multi-disciplinary team supporting the children or young people, should be consulted during both the planning and reintegration phase.

Recommended reading about eating difficulties

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*. Hampshire: Teachers' Pocketbooks.
Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

Self-harm

Self-harm, sometimes referred to as self-injury, is the act of somebody deliberately harming themselves. There are many different ways in which someone can self-harm, including cutting, burning and hitting themselves. People may use more than one way to harm themselves, and self-harm can occur at all ages.

One in ten children and young people self-harm. Often they do this in secret and feel very ashamed. It is important to try and talk about self-injury openly and honestly, and without judgment, if they feel able to.

There is a lot of stigma around self-harm, with the most common stereotype being that the person is attention-seeking or is trying to be manipulative. This is not the case and every incident should be treated seriously. Self-harm can often be a very personal and private act. Making negative judgments about the behaviour is unhelpful, as it can stop a child or young person seeking the help and support they need in order to improve their resilience and address their underlying mental health or situation needs.

Although many people are quick to associate self-harm with suicide attempts or suicidal thoughts, this is rarely the case. Self-harm, for the majority of children and young people, is a coping mechanism - a way of regaining control or relieving tension and staying alive.

Children and young people who are self-harming are likely to be feeling desperately unhappy, trapped and alone. This can lead to a child or young person using self-harm as a way of coping with these overwhelming negative feelings. Self-harm may act as self-punishment in response to feelings of 'being a bad person', or feelings of guilt and shame. Children and young people can also feel detached from their lives or reality and feel like they have no control over things. They may find that self-harm can help them to reconnect or make them feel 'real' or 'alive'.

The Pan Sussex Child Protection and Safeguarding Procedures Guidance makes the following recommendations for children and young people presenting as self-harming:

- **In most cases of deliberate self-harm the child or young person should be seen as a Child in Need and offered help via the school counselling service, the GP, Child and Adolescent Mental Health Service (CAMHS) or other therapeutic services e.g. paediatric or psychiatric services.**

- **The possibility that self-harm, including a serious eating disorder, has been caused or triggered by any form of abuse or chronic neglect should not be overlooked.**

- **The above possibility may justify a referral to Children's Social Care using the Making a Referral Procedure for consideration and assessment of whether the child is in need of services and/or protection.**

- **Consideration must also be given to protect children who engage in high risk behaviour which may cause serious self-injury, such as drug or substance misuse, running away, partaking in daring behaviour i.e. running in front of cars etc. All of which may indicate underlying behavioural or emotional difficulties or abuse.**

- **It is good practice, whenever a child or young person is known to have either made a suicide attempt or been involved in self-harming behaviour, to undertake a multi-disciplinary risk assessment, along with an assessment of need.**

Child or young person presenting at school

- All school personnel who come into contact with a child or young person who is self-harming should inform the school's designated member of staff.
- Information should also be passed to the school nurse who can liaise with the child's GP where necessary.
- The school should make arrangements to interview the child/young person and ascertain whether the difficulties presented can be resolved with the individual and their parents within the school environment, or whether outside help from other professionals is required.

"Don't keep information from the young person: make sure you let the young person know what you will be exactly doing on their behalf (e.g. speaking to other professionals). Be open and honest about who will be informed."
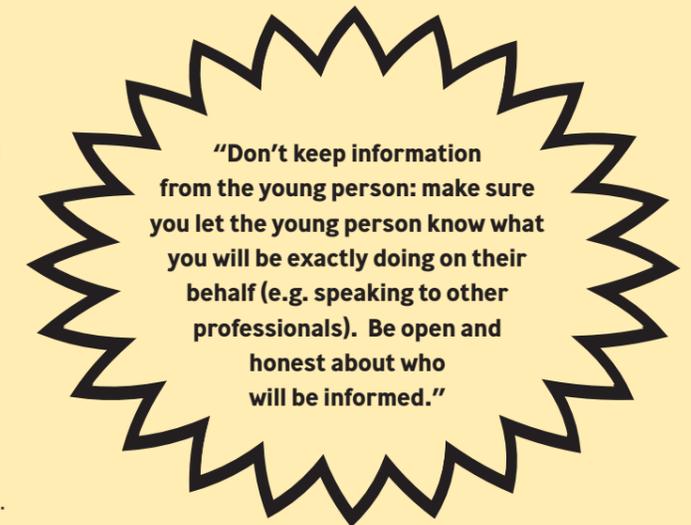
Table 6 below also provides some more practical examples of ways to support children and young people who are self-harming, using the Resilience Framework.

How to support children and young people who are self-harming

Challenge	How to help them through it
A child or young person shares with you that they feel they have to be the best at everything they do and if they don't do their best they feel like a failure and this can make them want to self-harm	- Explore with them where the pressure is coming from. Is there pressure elsewhere? (**Core Self**) - What do they mean by "doing their best"? Are their expectations realistic? Are they trying to be perfect? - What does failure really look like to them? Do they feel at all that they may be being harsh on themselves? - How does harming themselves leave them feeling? Does it invite further judgment from themselves? - An assessment of how the school praises and supports children and young people to do well may be important. Is the school an environment that perpetuates the pressure? A school survey with all children and young people could explore these issues. (**Learning**) - Understanding how they receive praise and support at home and whether it is beneficial to involve the parents. (**Learning**) - Provide support in developing strategies to manage disappointment and problem-solving skills. (**Coping**) - Work with them to explore and practice coping skills to manage difficult feelings. (**Coping**) - See The Centre for Clinical Interventions and modules focusing on Perfectionism in Perspective, these can be found at http://www.cci.health.wa.gov.au/resources/minipax.cfm?mini_ID=27

Challenge	How to help them through it
You have noticed a child or young person has scars on their arms and you don't know what this is and why they are doing it	One in ten children and young people self-harm. Often they do this in secret and feel very ashamed. It is important to try and talk about self-injury openly and honestly, and without judgment, if they feel able to. • Choose the time and place to talk to them carefully. As a result of the shame they may incur through speaking, a confidential space is important. (**Belonging**) • Let them know that you understand that it is an expression that they are struggling and you are there to help. (**Belonging**) • It's okay to be honest, for example if it upsets you to see someone's scars, not because you are judging, yet because you care, this is what they need to hear. (**Acceptance**) • As difficult as it may be, try and ascertain the severity of the scars and the frequency of "hurting" that the child or young person is inflicting on themselves, as this will guide you to understanding the risk (See Appendix 3 for Risk Assessment) If you believe the harming is severe and the young person at risk, Speak to your DSL • Self-harm is a way of expressing and conveying difficult emotions. Therefore, support the child or young person to explore other ways of managing their feelings that help them rather than hurt them. (**Coping**) • Support them to develop problem-solving skills for when things go wrong in their lives. (**Coping**) • Create a safety plan with them for when they feel at risk and consider a range of responses appropriate to assessed levels of risk. (Appendix 3) • It's important to remember that a child or young person will struggle to just "stop" self-harming, as it is a complex coping mechanism. • Create peer mentors in the school who are there to support other children and young people when they are struggling. (**Learning and Coping**) • Create a system in the school whereby staff are aware of "vulnerable" children and young people in the school and can check in with them when they are struggling, so that they know they are cared for. (**Belonging**)
You feel like a child or young person in your tutor group is self-harming just to seek attention	In this situation it is very important to remember that: • When someone self-harms it is attention-needing, not attention-seeking. • Often when someone is self-harming they feel isolated, scared and lonely. • Try some of the suggestions above

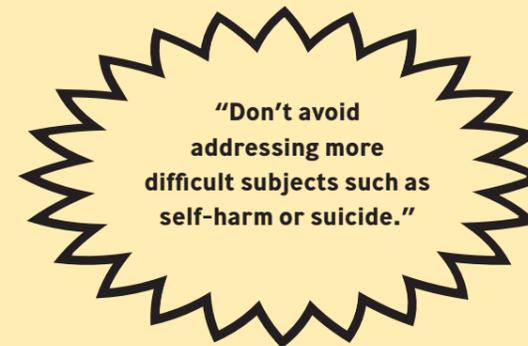*Table 6: Ways to support a child or young person who is self-harming.*

Talking about Self-Harm

Self-harm can be a hard conversation to broach with children and young people, for the following reasons:

- Fear of saying 'the wrong thing' and making the situation worse
- It is considered too serious an issue to broach – it needs a 'professional'
- It is considered too trivial an issue to broach – 'it's just attention seeking behaviour'
- It can be difficult to understand and empathise with children and young people who self-harm
- Uncertainty over how to start the conversation or what language to use

Children and young people report they want the following when discussing their experience of self-harm with professionals:

- Show you understand
- Talk it over
- Discover the triggers
- Build their confidence
- Choose carefully who you tell
- Help them to find new ways to cope

"Don't avoid addressing more difficult subjects such as self-harm or suicide."

The following questions may be useful in terms of starting and progressing your conversations:

- I notice those scratches on your arm; I wondered if that was something we could talk about, as I would like to understand what you are going through?

- Other children or young people I know/I have learned that children/young people who have self-harmed have felt that it relieves tensions;or that they feel more alive and real when they do it. What does self-harming do for you?

- I notice that you always have your arms covered up, even when it's hot. It got me wondering whether there was something you felt you needed to hide?

- If your cutting could tell us how you are feeling, what would it say?

- What have you noticed makes you want to hurt yourself?

Harm minimisation

Sometimes it can be necessary to talk with children and young people about 'harm minimisation', supporting the child or young person to remain as safe as possible whilst they continue to self-harm. This might be the case if they do not want to stop self-harming, or are really struggling to reduce their self-harm, or whilst they are finding an alternative that works for them. This might include talking with them about what type of self-harm is least harmful, the implements that they are using, wound care and encouraging them to tell someone if they need help, for example if the wound does not stop bleeding.

A powerful support intervention could be to help them source the first aid resources they need to support themselves. Naturally, this will feel uncomfortable, yet feedback from children and young people is that it communicates a powerful message of acknowledging how they feel AND at the same time a message of care around their safety.

Exploring risk and the need for ongoing support

Appendix 3 provides some guidance on assessing risk. The important thing is not to panic but talk calmly to the child or young person. Always refer to the LSCB safeguarding advice as soon as possible.

Recommended further reading about self-harm

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.

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

National Self-Harm Network: http://www.nshn.co.uk/downloads.html

> **It is vital that the young person retains as much control as possible of their situation, is fully aware of who needs to be informed and why, is consulted on their views, is allowed wherever possible to set the pace and make choices. To do otherwise could result in a worsening of the self-harm.**
>
> **Remember that self-harm is often a way of coping, so stopping the self-harm is not always the best thing to aim for immediately. Safety and understanding are more important in the short term. There is no quick fix.**

Attention deficit hyperactivity disorder

ADHD (Attention Deficit Hyperactivity Disorder) is defined as a neurodevelopmental condition, thought to be caused by differences in the way the brain develops, that affects the parts controlling attention, concentration, impulsivity, activity levels and memory. This means a child or young person's behaviour can be anything from being 'very dreamy' (unable to pay attention) through to being 'always on the go' (hyperactive). Everybody is different, but a person with a diagnosis of ADHD has difficulty filtering out unimportant information coming into the brain, so may be easily overstimulated and distracted, struggle to identify and retain the important information, have memory difficulties, feel overwhelmed by their own thoughts, respond before considering things properly, and find it difficult to regulate their feelings and behaviours.

> **The British Psychological Society (1996) offers the following definition:**
> **"ADHD is a changing and evolving concept which refers to children and young persons whose behaviour is impulsive, overactive and/or inattentive to an extent that is unwarranted for their developmental age and is a significant hindrance to their social and educational success."**

What causes ADHD?

There is ongoing debate about the causes of ADHD, but it seems to result from an underlying genetic basis interacting with factors within the child's specific environment. Many experts believe ADHD is partly due to areas of the brain that affect behaviour not developing as they should, and as a consequence there are changes in the structure of, function of and communication within and between areas of the brain.

Some of the currently understood factors are:

- Specific genes – recent studies show that 70-80% of the risk for ADHD is genetic (Larsson et al, 2013; 2014). This is why ADHD tends to run in families.

- Environmental factors – premature birth, birth trauma, low birth weight, prenatal tobacco exposure (ADHD Institute, 2017).

Certain aspects of the family environment are found more often in children with ADHD, e.g. family stress and adverse life events. It isn't clear if these factors can cause ADHD. They may just increase the likelihood that ADHD will develop in a child who is already genetically predisposed to it.

ADHD is not caused by:

- Poor parenting (although parenting styles, and interaction with the child's personality, can affect a child's behaviour, which can, in turn, affect the parent's ability to manage difficult behaviour)
- Diet (although dietary supplements such as fish oil - omega 3 and 6 - may help)
- Hormones

Finally, ADHD is not:

- Laziness or lack of motivation
- Deliberate misconduct or misbehaviour
- Complete absence of attachment ability
- Indication of low intelligence

There are 3 broad characteristics of the behaviour of children and young people with attention difficulties, which for some children and young people occur together. They can be summarized as:

Hyperactivity	Impulsivity	Inattention
• Often shows high levels of restlessness, fidgeting and movement • Tends to be continually on the go • Is often noisy and talkative	• Has a tendency to interrupt conversations • Tends to talk out of turn • Answers questions before they have been completed • Has difficulty taking turns in games or group situations • Often shifts from one uncompleted activity to another • Often interrupts or intrudes on others	• Often finds it difficult to settle to a task • Is easily distracted by extraneous stimuli • Is inattentive, forgetful and disorganised • Often does not seem to listen to what is being said to them • Often loses things necessary for activities at home or at school • Often engages in physically dangerous activities without considering the possible consequences

ADHD and other difficulties ('co-morbidity')

50% of children and young people with attention difficulties have other challenges, the presence of which may affect the degree of symptom manifestation, the response to treatment and the long-term outcome (ADHD Institute, 2017). Common conditions that are often diagnosed as co-existing with attention difficulties include:

- Oppositional Defiant Disorder (and Conduct Disorder)
- Mood disorders (anxiety, depression and bipolar disorder)
- Specific developmental conditions affecting language, learning and motor skills
- Other neurodiversity conditions such as autism spectrum, Tourette's, OCD
- Non medical (recreational, self medicating or problematic) substance use
- Sleep problems
- Accidental injuries

Seeking help for children with attention difficulties

For some children and young people attention and concentration difficulties have a significant impact on life both at home and at school. These children are often overactive and impulsive and may have other emotional and behavioural difficulties. Further assessment for ADHD may be appropriate. Children, young people and families can access health services by a number of routes.

- A parent may approach their GP for advice. A GP can then ask for a more specialist health assessment.

- A school, in consultation with parents and often via the education support services e.g. education psychology, may also approach health services.

- CAMHS will make an assessment for ADHD, so it is advisable to speak to your Primary Mental Health Worker if you are concerned about a child or young person's difficulties with attention.

Table 7 overleaf offers some scenarios and ways of working with attention difficulties using the Resilience Framework.

How to support children and young people with a diagnosis of ADHD

Challenge	How to support the child or young person
You notice that a child or young person really struggles to concentrate and to organise themselves	• The best place for them is near you and the smartboard at the front of the room, away from windows and other distractions. (**Core Self**) • Support them to organise themselves with reminders on their phone, or lists and timetables etc. (**Core Self**) • Build in daydreaming time as a structured activity for everyone. (**Core Self**) • Provide access to breakfast clubs before starting school, as a good, consistent diet is especially important. (**Basics**) • Co-deliver parent workshops in the school co-designed with parents of children and young people with attention difficulties, to raise awareness of how other parents can support these challenges at home. (**Belonging**) • Identify any challenging behaviours, and together with the child or young person identify the consequences and pay off for each behaviour. Take it in small steps – between you decide to focus on one or two behaviours at a time, and use more appropriate rewards identified as relevant by the student. (**Learning**) • Be aware and intervene appropriately if other class children bully or mock the child. (**Coping**) • Use a good behaviour diary. Review each day / once a week and give specific positive feedback. This will help keep the child or young person on track, remind them what you expect, and encourage them to meet goals. (**Learning**) • If the student is a fidgeter, consider encouraging them to use a stress ball, Tangle or other (silent) fidget toy. Some children concentrate better when they are allowed to increase their physical stimulation in situations where they can't get up and move about. (**Coping**) • At the end of the class remind all students about what work has been set, deadlines, and the instructions you've given. (**Learning**) • Give a realistic amount of responsibility to the child or young person to support them to take responsibility for themselves. (**Core Self**). See The Resilient Classroom for ideas on taking responsibility: http://www.boingboing.org.uk/academic-resilience-resources-directory/)
A child or young person is constantly forgetting their homework	• Note homework in a home-school diary so the parents can help remind the child what to do. (Learning) • If they are struggling with the amount of homework, try to reduce it where possible. (**Learning**) • Talk to them about time management and study skills – some don't know how where to start in long assignments and leave it too late before they start working. (**Learning**) • Check if homework has been handed in. Completing homework can be difficult for children or young people with attention difficulties, as can handing it in before it gets forgotten. (**Core Self**) • Remind them to check their work so it becomes second nature. They may complete work and hand it in without checking it through. (**Learning**) • Discuss strategies with the parents, such as breaking homework into blocks, and having some 'letting off steam' time in between. (**Learning**)

Challenge	How to support the child or young person
A child or young person is constantly forgetting their homework (continued)	• Develop learning mentors in the school who can support them. (**Learning**) • Approach this with care and compassion. ADHD is a neurodevelopmental issue and therefore out of the child or young person's control. If missing homework is not due to attention difficulties, then there is always another reason for behaviour. (**Learning**)
A child or young person confides in you that they are not popular with others	• Develop an honest relationship with the child or young person in order to make them feel secure and confident to share their worries. It is important for them to feel that they are heard. (**Belonging**) • Try not to misunderstand or criticise their need to share thoughts, as they are feeling isolated or rejected. (**Basics**) • Try to develop a confidential network involving others in the school and related community supports in order to offer additional help and information (**Coping**) • Encourage them to participate in school or sport activities, like science laboratory experiments, football team, hiking etc. (**Belonging**) • Boost positive behaviours demonstrated in class, to enhance self-esteem and team spirit. (**Core Self**) • Organise team work presentations focusing on the principals of non-verbal communication, to help them develop social skills through gestures, body posture, subtle shades of voice tone etc. (**Learning**) • Teach all students about the social impact of stigmatization and provide oral opportunities to the other students of the class to think together about inclusion and social acceptance (**Learning**)
A child or young person's aggressive behaviour is becoming exasperating	Children and young people with behaviours relating to attention difficulties can often feel different to their peers. Subsequently they can be bullied or teased and this can impact on their self-esteem and anger. • Try not to take it personally if the child or young person lashes out. Approach the situation with unconditional positive regard, and try to find the cause before you blame anyone. (**Learning**) • If the child or young person has misread a situation, help them understand what happened and how they can react differently to similar situations in the future. Children and young people with attention difficulty related behaviours may have a poor sense of how their behaviour comes across. (**Core Self**) • Don't argue with the child or young person or allow long debates. (**Learning**) • Agree ground rules and boundaries with immediate rewards or consequences for genuinely unacceptable behaviour. (**Core Self**) • Try to step in in time to dissipate the tension and help them get control of their behaviour (**Core Self**) • Recognize the "signs" that occur when there is sensory overload from environmental stimuli and classroom activities (**Learning**) • Give praise and specific positive feedback for constructive, pro-social and positive behaviours. (**Core Self**) • Provide routine and safe boundaries for all children and young people in the class. • Provide opportunities for physical movement and responsibility, e.g. small errands, and incorporate them into their daily routine. (**Learning**)

Challenge	How to support the child or young person
A child or young person is not retaining learning from the lesson	ADHD causes problems with concentration. When students can't maintain focus, they won't learn everything you're teaching. • Use frequent eye contact and stand near when giving instructions (if appropriate). (**Learning**) • Keep instructions short and precise, and make sure the first stage is carried out before you move to the next. (**Learning**) • Ask the student to repeat instructions back to you. (**Learning**) • Use key words to alert students to important parts of the lesson. (**Learning**) • Use a routine and write it on the board. (**Learning**) • Try to schedule tasks that require attention in the morning or in the early part of the lesson. (**Learning**) • Find out what the child is good at or enjoys, and try to incorporate this in activities. (**Learning**) • Break down large tasks into small tasks so that each part is more manageable and provides a sense of achievement. (**Learning**) • Give the student a table or list with an outline of key concepts and vocabulary to refer to if they get lost. (**Learning**)

Table 7: Ways to support a child or young person who has ADHD type behaviours.

Recommended further reading about ADHD

Susan Yarney and Chris Martin (2013) *Can I tell you about ADHD? A guide for friends, family and professionals*. London: Jessica Kingsley Publishers.

Kim Frank and Susan J Smith-Rex (2001) *ADHD: 102 Practical Strategies for "Reducing the Deficit"* (2nd ed). Chapin, SC: YouthLight, Inc.

Fintan O'Regan (2002) *How to teach and manage children with ADHD*. Cambridge, UK: LDA Learning Publishing.

Fintan O'Regan (2011) *The challenging behaviours pocketbook*. Alresford, UK: Teachers' Pocketbooks.

Fintan O'Regan (2014) *Successful managing ADHD: A handbook for SENCOs and teachers*. Abingdon, UK: Routlege.

Paul H Wender (2000) *ADHD: Attention Deficit Hyperactivity Disorder in children and adults*. Oxford: University Press.

Support groups and other useful resources

ADDISS - www.addiss.co.uk 0208 952 2800
ADHD Foundation - www.adhdfoundation.org.uk 0157 237 2661
Young Minds - www.youngminds.org.uk 0808 802 5544
Contact a Family - www.cafamily.org.uk 0808 808 3555

Professional Organisations

UKAP the UK ADHD Partnership - www.ukadhd.com
NASEN - www.nasen.org.uk 01827 311 5000

Conduct disorder

Nationally, antisocial behaviours are the commonest causes for referral of children and young people to Child and Adolescent Mental Health Services (CAMHS). Where the child shows persistent disruptive, deceptive and aggressive behaviours over time, and especially when these are of a marked degree, the child may be assessed as having Conduct Disorder (CD). CD is more common in boys and young men than in girls and young women, with less confrontational behaviour seen in females with CD. The estimated prevalence for children aged 5-16 years in the UK is thought to be 5.8% (Public Health England, 2016). It usually develops from middle childhood through to middle adolescence and is rare after 16 years of age.

A diagnosis of Conduct Disorder can occur if there is a recurrent and chronic pattern of behaviour over 6-12 months in which the person shows a serious and blatant disregard for social norms or rules, or for the rights of others. CD involves persistent patterns of serious behaviour that are aggressive in nature towards human beings or animals. For diagnosis to occur, these behaviours must cause significant dysfunction in a variety of settings as opposed to being a reaction to social situations.

Behaviour may include aggression or cruelty towards people or animals, property damage, serious violation of rules, deceitfulness or theft. It normally affects all aspects of the child or young person's life, such as home, school or work, and the community. A diagnosis of CD often occurs when such behaviour has come to the attention of law enforcement services.

The majority of adolescents with a diagnosis of CD have another diagnosis, most frequently ADHD, depressive disorder or substance misuse.

Possible signs of Conduct Disorder

It is important to remember that any of the following could be symptoms of a range of other issues, rather than CD. It is also important to remember that 'conduct disorder' could be experienced as a negative label by parents and children that serves to reinforce, rather than change complex behaviour patters. However, in some cases, it can be helpful to have a diagnosis. A child or young person who meets the criteria for CD may experience several of the following difficulties:

- have poor reading and verbal skills;
- be regularly absent from school for no good reason;
- run away from home regularly or for prolonged periods or stay out late without parental permission;
- only display guilt to reduce the likelihood of being punished;
- have a troubled family life that involves regular conflict;
- have low self-esteem, but put on a tough exterior;
- be restless or easily frustrated;
- be dishonest for their own personal gain;
- be reckless;
- unfairly label others, blame others for their own wrongdoing;
- show little empathy or compassion for others;
- initiate physical attacks or bullying;
- be threatening, intimidating, hostile and/or defiant;
- misinterpret the actions of others as hostile or react aggressively to others;
- begin engaging in sexual activity and/or substance use at a young age;
- be more likely to contract sexually transmitted infections (STIs) or have unplanned pregnancies;
- be more likely to engage in illegal/criminal activity;
- have suicidal ideation or attempt suicide.

Symptons can be exacerbated by increasing age and the development of physical strength, cognitive ability and sexual maturity.

We know that behaviours difficulties cause distress for children and young people, and also their families, schools and, at times, their local communities. For the child or young person it can lead to social and educational difficulties and loss of opportunities. If they don't receive early help there can be negative outcomes in adolescence, such as involvement in criminal activities, and problematic substance use, depression, anxiety and possibly development of antisocial personality disorder in adulthood.

Risk factors

No single risk factor is either necessary or sufficient on its own to lead to the development of behaviour difficulties, but we are beginning to learn how genetic and environmental risk factors interact. Children are at greater risk if one or both parents have one of the following: alcohol dependence, depression, schizophrenia, antisocial personality disorder, ADHD or CD.

A diagnosis of CD appears to be more common in children who have to manage a difficult home life. Therefore, it is vital to involve the parents in on identifying solutions. In addition, evidence suggests that families of children and young people with behaviour difficulties may be dealing with greater material disadvantage, so working to target the Basics within the Resilience Framework is essential, and to be provided in addition to the interventions suggested in Table 8 below.

How to support children and young people with behaviour difficulties and/or a diagnosis of Conduct Disorder

Challenge	How to support the young person
A child or young person is constantly being aggressive towards you	- Talk to them about their behaviour in private, explore with them what has caused their upset and explain boundaries. (**Core Self**) - Develop empathy with them and understand that you are not the cause of defiance, but rather an outlet for it. (**Belonging**) - Remain objective when interacting with them. (**Learning**) - Identify skills, talents or positive attributes the child or young person has that you can reinforce. (**Learning**) - Remain positive; give praise and positive reinforcement, e.g. when the child or young person demonstrates flexibility and/or co-operation. (**Learning**) - Be approachable and act as a positive role model. (**Belonging**) - Display classroom rules and a daily schedule so they know what to expect. Add visual cues to the rules for those who may have literacy difficulties. Prioritising the list of rules is also useful. (**Learning**) - Rules need to be realistic, specific, consistent and proactive. They also need to be consistently applied by all stakeholders in the school (all school staff, and ideally also parents) . (**Learning**) - Deliver programmes within school that teach students about emotional expression (not anger management, as these usually describe anger as a "negative" rather than a normal emotion). (**Learning**)
A child or young person is continually having angry outbursts in lessons	- Together with the child or young person, put a reward system in place where they value the outcome. Rewards work better than sanctions. (**Learning**) - Set targets for behaviour and learning that are specific, measurable, attainable, and relevant, within a timescale (SMART). (**Learning**) - Create workstations where the student can listen to his/her choice of music, for example, and work independently. Earphones with controlled volume can be used to avoid disruption to the rest of the class. (**Learning**)

Challenge	How to support the young person
A child or young person is continually having angry outbursts in lessons (continued)	• Devise an exit strategy (e.g. provide them with a red card to display if they need a time out) and help them recognise the signs when they might need to use it. (**Learning**) • Help them to build relationships with other students through Circle Time activities, Social, Personal and Health Education (SPHE), drama, roleplay and peer mediation. (**Learning**) • Implement a behaviour contract with them, and ask for their help in improving matters. (**Learning**) • Minimise distractions within the classroom where possible. (**Learning**) • Try to establish if there are triggers for their behaviour through recording the antecedents (what happened before the behaviour), the behaviour itself and the consequences (what happened after the behaviour). This is often referred to as establishing the ABC's. (**Learning**) • Give them additional but realistic responsibilities. Begin by getting them used to carrying out small and reasonable requests. (**Core Self**) See The Resilient Classroom on supporting the young person to take responsibility for themselves http://www.boingboing.org.uk/academic-resilience-resources-directory/) • Provide them with a choice of outcomes where possible. (**Core Self**) • Allow them to help others using their own areas of strength, either within lessons, or extracurricular activities, e.g. fixing bikes, coaching football. (**Core Self**) • Develop a self-esteem programme and explicitly teach students social skills and problem solving. (**Core Self**) • Seat them near a positive role model. (**Learning**) • Reward short periods of success. (**Learning**) • Reward effort as much as achievement. (**Learning**) • Break tasks into smaller manageable chunks that provide a more frequent sense of achievement. (**Learning**) • Mutually agree methods by which they can engage your attention. (**Learning**) • Allocate clear roles when organising group work. (**Learning**) • Focus on the incident, not the individual, and focus on as few as possible behaviours at a time. Decide what behaviour you will ignore and what you will not accept. Clearly communicate the consequences for the behaviours you will not accept. (**Learning**) • Avoid raising your voice or exhibiting any emotion. Be neutral and speak calmly, saying something similar to, 'As you broke this rule this is what you will have to do'. Be like a referee, who simply states the consequence and holds the player accountable. (**Learning**) • If they receive a detention, create an opportunity within the time for them to receive support and care around understanding their behaviour. Make detentions a learning opportunity rather than a punishment. (**Learning**)

Challenge	How to support the young person

A child or young person is lying	• Role model honesty, explain to them that you are aware that they may struggle to be honest at times, as do lots of people (and the reasons vary for different people), and that you are there to talk when they feel able to be honest. (**Belonging**)
	• Help other children and young people in the school understand the reasons why people might not always be truthful and how they can support their peers. (**Belonging**)
	• Do some communication activities in the classroom around honesty or communication in general such as:
	  - I find communication works best for me when…
	  - I struggle to communicate when….
	  - I need more support with….
	  - I need more support from….
	This may support children and young people to open up about the challenges they face when communicating. (**Core Self**)
	• Lying is connected to fear; explore fears around being honest and this may illustrate what is driving the dishonesty. (**Core Self**)
	• Praise honesty when it happens. (**Learning**)

A child or young person is not able to concentrate in lessons due to being irritated and hyper-aroused	Children and young people with behaviour difficulties can struggle to relax and this causes problems with concentration. • Use frequent eye contact and stand near when giving instructions (if appropriate). (**Learning**) • Keep instructions short and precise, and make sure the first stage is carried out before you move to the next. (**Learning**) • Ask them to repeat instructions back to you. (**Learning**) • Use key words to alert them to important parts of the lesson. (**Learning**) • Use a routine and write it on the board. (**Learning**) • Try to schedule tasks that require attention in the morning or in the early part of the lesson. (**Learning**) • Find out what they are good at or enjoy, and try to incorporate this in activities. (**Learning**) • Break down large tasks into small tasks so that each part is more manageable and provides a sense of achievement. (**Learning**) • Give them a table or list with an outline of key concepts and vocabulary to refer to if they get lost. (**Learning**)

Table 8: Using the Resilience Framework to support children and young people with behaviour difficulties and/or a diagnosis of conduct disorder.

Recommended further reading about Conduct Disorder

Pearnel Bell (2013) *A teacher's guide to understanding the disruptive behaviour disorders: Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, and Conduct Disorder*. Bloomington, IN: AuthorHouse.

Louise Bomber (2007) *Inside I'm hurting: Practical strategies for supporting children with attachment difficulties in schools*. London: Worth Publishing.

National Collaborating Centre for Mental Health (UK) and Social Care Institute for Excellence (UK) (2013) *Antisocial behaviour and conduct disorders in children and young people. Recognition, intervention and management* (full NICE guideline: CGI58). Leicester, UK: British Psychological Society and Royal College of Psychiatrists. http://guidance.nice.org.uk/CGI58/Guidance

Pilling S, Gould N, Whittington C, Taylor C & Scott S (2013) Recognition, intervention, and management of antisocial behaviour and conduct disorders in children and young people: summary of NICE-SCIE guidance. *British Medical Journal*, 346, f1298. doi:10.1136/bmj.f1298.

Roberts JH (2013) Understanding conduct disorder. *British Journal of Family Medicine*, 2(2). https://www.bjfm.co.uk/understanding-conduct-disorder

Royal College of Psychiatrists (2012) *Behavioural problems and conduct disorder: information for parents, carers and anyone who works with young people*. London: Royal College of Psychiatrists. http://www.rcpsych.ac.uk/expertadvice/youthinfo/parentscarers/disorders/behaviouralproblems.aspx

Fintan O'Regan (2011) *The challenging behaviours pocketbook*. Alresford, UK: Teachers' Pocketbooks.

Douglas A Riley (2007) *The defiant child: A parent's guide to oppositional defiant disorder*. Lanham, MD: Taylor Trade Publishing.

Post-traumatic stress disorder

Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder that may be diagnosed after a person experiences or witnesses a traumatic event, or learns that a traumatic event has happened to a loved one. The current definition of PTSD requires that the child or young person has experienced a traumatic event that involves exposure to actual or threatened death, serious injury, or sexual violence.

What causes PTSD?

Examples include:
- Being involved in, or witnessing, a car accident
- Undergoing major surgery (bone marrow transplant, extensive hospitalization, severe burns)
- Experiencing or witnessing natural disasters (earthquakes, hurricanes, floods, fire)
- Violent crimes (kidnapping, physical assault, assault or murder of a parent or loved one)
- Community violence (attacks at school, suicide of a friend, family member, or a child in the same-age group)
- Chronic physical or sexual abuse

Following the event, a student experiencing post traumatic stress may report intrusive symptoms such as repetitive and upsetting memories, such as, "I can't stop hearing that crunch noise when the car hit the tree". This may be acted out in play by younger children, for example repeatedly hitting a toy car against the wall. Other intrusive symptoms include distressing and vivid night and day dreams (also called 'flashbacks' whereby the student acts as if the event is actually happening in real time), and becoming highly distressed when exposed to reminders (triggers) of the event. They may avoid reminders of the event, report an inability to recall significant details of the event, experience a range of negative emotions such as sadness, guilt, shame, and confusion, and lack interest or desire to participate in important activities. Children or young people experiencing post traumatic stress may also experience irritability, being jumpy or on edge, have trouble concentrating, and sleep difficulties. To meet the criteria for PTSD these combined symptoms must persist for more than a month following the event, although some children and young people may experience a delayed reaction to the trauma, so that clear signs are not noticeable until six months or more after the event.

Further facts about PTSD and children and young people:

- Approximately 1% of children and young people aged up to 18 will have a diagnosis of PTSD at any given time (NCCMH/NICE, 2015a).

- Girls are twice as likely as boys to develop PTSD (NCCMH/NICE, 2015a).

- The chance of developing PTSD increases with the severity of the trauma. For example, almost all children who are sexually abused, or who witness the death or assault of a parent, will later suffer PTSD.

- Youth with behaviours consistent with a diagnosis of PTSD may experience other problems as well, including depression, other anxiety problems, or acting-out behaviours. In young people with PTSD, substance abuse problems are also common (for example, drug or alcohol use).

- The negative effects of PTSD are far reaching, impacting quality of social, occupational, interpersonal, developmental, educational, and health functioning throughout the lifespan. Timely and effective intervention is critical.

How does trauma affect children and young people's learning?

When a person experiences a traumatic event, the body's neuronal and hormonal responses can have long-term effects on the activity within areas of the brain involved in memory, attention and emotional regulation, and communication between these regions. As a result, parts of the brain may become under or over-responsive to internal and external cues such as stress, memories, noises or reminders of the event. The combination of the emotional and physiological changes resulting from the trauma can impair the child or young person's ability to learn and performance at school. Due to the way the brain processes trauma, something which happens in the present may trigger a memory connected to the past trauma (a 'flashback' – see Box I below), and parts of the brain respond as if the trauma is happening again in the present moment. The person's fight or flight response will be activated as a means of survival. Examples of ways to support a child or young person with this are detailed below in Table 9.

Recommended further reading about Post-Traumatic Stress

Betsy de Thierry (2016) *The simple guide to child trauma*. London: Jessica Kingsley Publishers.

Karen Treisman (2017) *A therapeutic treasure box for working with children and adolescents with developmental trauma: Creative techniques and activities*. London: Jessica Kingsley Publishers.

Susan E Craig (2015) Trauma-Sensitive Schools: Learning Communities Transforming Children's Lives, K-5. New York: Teachers College Press.

Susan E Craig (2017) Trauma-Sensitive Schools for the Adolescent Years: Promoting Resiliency and Healing, 6-12. New York: Teachers College Press.

WHAT IS A FLASHBACK?

Anyone who has experienced a traumatic event can experience flashbacks. Flashbacks are a memory of a frightening or painful experience, which may have occurred either in childhood or their teenage life. It tends not to be like an ordinary memory, but more a sudden and unexpected intrusion.

Box I: What is a flashback?

How to support children and young people experiencing post traumatic stress

Challenge	How to support the child or young person
A child or young person is continually "zoning out" in your lessons	If it is not daydreaming or lack of concentration, then the "zoning out" may be what's termed as "dissociation." When people experience trauma, if the experience is overwhelming, then as a way of protection the mind will go into shut down mode, which appears to others as the person zoning out or not being fully present. If the child or young person is experiencing this, support can be offered in the following ways. Ideally you will have discussed with them in advance what it is that might help so that you don't inadvertently trigger them further, so here are some suggestions: • Support them to connect with their body by stroking their arms and legs in a rubbing up and down fashion. (**Coping**) • Support them to try and hold eye contact with you and say their name regularly. (**Coping**) • Talk them about what smells might help, ensuring there is not a traumatic memory attached to the smell, for example something strong like geranium oil can be effective. You can then give them something that smells of this at the time. (**Coping**) • Once they begin to come back to the present moment, support them to be able to move around the room, or wherever you are. (**Coping**) • Provide a rug, blanket or other item that they can hold and squeeze if things become distressing. (**Coping**) • Help the child or young person identify what their triggers are, what support they might need when triggered and what to avoid. (**Coping**) • Develop a card system so that if the child or young person becomes aware that they are beginning to feel distressed they can go to a safe place in the school. (**Coping**) • Develop a buddy system in the school so that the child or young person has someone that they can go to when they are in need of support. (**Learning**) • If the child or young person is really struggling they may need shorter lesson times due to their challenges with concentrating and absorbing information as a result of the trauma. (**Learning**) • Identify a "safe" member of staff that the child or young person feels able to go to for support. (**Learning**) • It may be useful to be aware of what time of the day the person experienced the trauma, as time of day can often be a trigger. (**Learning**)

Challenge	How to support the child or young person
A child or young person is refusing to come to school due to feeling terror	• This is perfectly understandable when someone has experienced a trauma. As with all psychological challenges, normalise what the child or young person is experiencing and be accepting and caring in your approach. (**Accepting**) • Work with the parents and child or young person to understand what it is about school that feels so frightening. (**Learning**) • Explore what the child or young person needs in place to support their safety. (**Basics**) • Keep communication pathways and the connection with the child or young person open and regular. (**Belonging**) • Support the child or young person's pace, the dilution of their fear is not something that can be rushed. (**Learning**) • Do an anxiety ladder exercise with the child or young person, where you score the most fearful action related to being at school, for example this may be spending all day at school, to the least feared action, which could be putting on their school uniform. Explore with the child or young person what support they would need to achieve these tasks and from this develop a return to school plan. (**Core Self**) • Help them understand the difference between real danger and perceived danger, and the likelihood in their world of the real danger (re)occurring. It is important that you stay with the child or young person's perspective otherwise it can feel dismissive. (**Coping**) • Carry out a Theory A and Theory B activity (a Cognitive Behavioural Therapy CBT activity; Wells, 1997) with the child or young person. Theory A is what the fear is telling them will happen (write these in one column), and Theory B is an alternative way of looking at things (write these in another column). Rate how much they believe the Theory A explanation. Then very gently note down all the factual evidence for each explanation in both of the columns, and rate how much the person believes the Theory A explanation at the end. You should arrive at a place where the belief in Theory A has shifted in a more hopeful direction. Ensure you stay with the facts, as opposed to someone's emotional opinion about something, when you are reviewing the evidence for each explanation. For more support on this activity go to: http://www.drcarnazzo.com/uploads/1/3/4/3/13437686/testing_assumptions_-_theorya_theoryb.pdf

Challenge	How to support the child or young person

A child or young person is engaging in self-destructive behaviours (continued)	Depending on the trauma experienced, a child or young person can end up feeling either of the following:
	  - There is no future
	  - They are not important enough to keep safe
	  - It was their fault and therefore they deserve to be hurt/punished
	  - They don't have a way of coping with flashbacks or intrusive thoughts
	
	And therefore they may engage in self-destructive behaviours. So what they need is:
	  - Support to take one day at a time. Sometimes taking a whole day at a time can feel overwhelming for people who have experienced trauma, so break the day down hour by hour – or even 30mins, whatever they feel is manageable – to support them to both get through and to try and stay in the moment. (**Coping**)
	  - Remember tomorrow is another day: Quite often if people engage in self-destructive behaviours they punish themselves for it. Help them to try and understand the reasons that this happened today, and that tomorrow will be another day, which doesn't need to be the same. (**Coping**)
	  - Do a responsibility pie chart for the incident and look at all the factors that were responsible and how much responsibility they are placing on themselves, and whether this is fair or accurate. (**Core Self**)
	
	Don't try and stop the behaviours as this will only invite resistance. Instead try to speak to the child or young person (and the parent if appropriate) to introduce ideas for alternative coping behaviours. Ideas may include:

Talking with someone who cares	Sports exercise – walking/running/dance	Gardening/plants
Visiting a friend	Telephoning a friend	Painting or drawing
Colouring	Writing letters	Puzzles
Watching TV/DVD	Listening to music	Cinema
Shopping	Hobbies	Hold a safe object
Sit in a safe place	Listen to soothing music	Sing favourite songs
Use potpourri	Buy fresh flowers	Eat a favourite food
Have a soothing drink	Have a bubble bath	Soak your feet
Play with a pet	Ask for a hug	Put lights on (to sleep)

Try and do a timeline of things that happened after the event, this can provide hope that life goes on. (**Core Self**)

Challenge	How to support the child or young person
A young person is having flashbacks or intrusions in lessons (continued)	• Create a personal first aid kit with the child or young person: a box that will have items in it that are familiar to them and support them to self soothe. (**Coping**) • Support them to return to the present moment. You could try this technique: To support their association to their immediate surroundings help them feel where their body makes a boundary with the chair and floor and say the following: "*Feel the arms of the chair against your arms and your feet on the floor. Can you name things with your senses?*" for example, "*What can you hear that tells you are in the present?*" "*Name five things in this room that are green?*" A useful question for them to consider is, "*Think of something that you know is real now that helps you to know that [the traumatic event] is in the past, that you survived it and are safe now.*" • The child or young person may find it reassuring or grounding to carry a stone or something familiar and comforting in their pocket that they can stroke, hold or rub it when a flashback occurs. Some people keep an elastic band around their wrist and 'ping it' to try and bring them back to the here and now. (**Coping**) • It may be useful to try and identify if there is anything in particular that triggers the child or young person's flashbacks in lessons/the classroom/school. It may be useful in the short-term to avoid the triggers, although depending on what they are it may not be possible to control when they occur. (**Learning**) • If they feel safe enough with you, ask them if they would like to talk through what happened in the flashback, or perhaps draw an image or write it down. Ensure you are with them, and also ensure that there is support after this process so they don't need to return to lessons. (**Belonging**) • Follow guidelines for supporting someone with a panic attack, for example at https://makingsenseoftrauma.com/wp-content/uploads/2016/04/Flashback-Protocol.pdf. (**Coping**) • If the intrusions are continuing to interfere with lessons and learning, speak to your Primary Mental Health Worker. (**Core Self**)

Table 9: Using the Resilience Framework to support children and young people experiencing distress.

Attachment Difficulties

Children are born with a range of innate behaviours to maximise their survival. Among these is attachment behaviour, which allows the child to draw their primary caregivers towards them at moments of need or distress. Children whose caregivers respond sensitively and appropriately to the child's needs at times of distress and fear in infancy and early childhood are thought to develop secure attachments to their primary caregivers. These children can also use their caregivers as a secure base from which to explore their environment. They have better outcomes than non-securely attached children in social and emotional development, educational achievement and mental health. Attachment patterns and difficulties in children and young people are thought to be determined by the nature of the caregiving they receive. Attachment patterns can be adaptations to the caregiving that they receive from all primary caregivers, including birth parents, foster carers, kinship carers and adoptive parents. Repeated changes of primary caregiver, or neglectful and maltreating behaviour from primary caregivers who persistently disregard the child's attachment needs, are the main contributors to attachment difficulties (NCCMH/NICE, 2015b). It can be helpful to think more broadly about children's attachments in terms of 'belonging' since it is a more everyday word and helps us think more broadly about children's identities and relationships (Hart et al 2007).

Risks for attachment difficulties

Any of the following conditions, especially if they have happened to a child under 18 months old, put a child at high risk of developing attachment difficulties:

• pre-birth trauma
• sudden separation from primary caretaker (such as illness or death of parent, or the hospitalisation of the child)
• frequent moves and/or placements (e.g. foster care, moves in/out of the care system)
• undiagnosed and/or painful illness (such as colic or ear infections)
• chronic maternal depression
• parents with poorly developed parenting skills
• inconsistent or inadequate day care
• neglect

Behaviours and characteristics
Children or young people with attachment difficulties may show some of the following characteristics:

Interaction:	Aggression and lack of impulse control:
• Be indiscriminately affectionate with strangers • Lack the ability to give or receive affection (i.e., will not be 'cuddly') • Be inappropriately demanding and clingy • Be unable to trust others • Lack of kindness (be cruel) to animals • Display erratic behaviour, tell lies • Show poor peer relationships • Be destructive to others	• Display passive aggression (provoking anger in others) • Show signs of repressed anger • Have low or no impulse control • Lack cause-and-effect thinking • Lack a conscience • Be pre-occupied with fire, blood and gore • Exhibit extreme control problems - often manifest in devious ways (e.g. stealing from family; secret solvent abuse, etc.)

Communication:

- Be superficially engaging, charming (phony)
- Avoid eye contact
- Ask persistent nonsense questions and incessantly chatter
- Have abnormal speech patterns

Other signs:

- Self-destructive behaviours
- Sabotage placements such as school, foster family etc.
- Show signs of depression
- Exhibit pseudo-maturity
- Have low self esteem
- Show signs of a guilt complex
- Have abnormal eating patterns

Fundamentally the child or young person has lacked the sufficient conditions to flourish, which has compromised their ability to relate to others and themselves in an "optimal" way. They will struggle to understand normative ways of being in relationships, will be hyper sensitive in their interactions, have difficulty in trusting others, and can often feel that the world and people in it are against them.

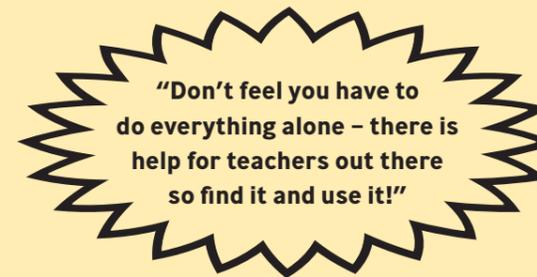| Experience of...	Leads to learnt ways of coping
• Not being connected in relationship	• Clinging (due to fear of losing people) • Withdrawing (due to fear of connecting)
• Needs constantly being unmet	• Belief that their needs are not important • Not knowing how to ask for what they need • Not able to communicate in an ideal way
• Not being responded to or held and contained	• Struggling to understand their feelings • May either react to feelings with strong outbursts of anger (an expression of fear) or • withdraw into their feelings and isolate themselves from others
• Being treated negatively by other people	• Learnt unhelpful ways of coping with their feelings e.g. self-harming, eating difficulties or other harmful relationships (confirming the learnt negative beliefs about

How to support children and young people with attachment difficulties

A child or young person with attachment difficulties has some of the following needs:

- A relationship with someone that is committed, offers consistency and is trustworthy
- To have around them, people that believe in them and support their aspirations and praise who they are
- To be supported to develop their sense of responsibility in the world and in some cases, reduce their feeling of over-responsibility to others
- Support in understanding and complying with the basic rules of society
- Clear boundaries that keep them safe emotionally and psychologically
- To be able to respond to reasonable requests
- To have a realistic sense of self
- To learn to be non-confrontational with others
- To accept responsibility for their own actions
- To feel valued
- To feel like they belong
- To manage temper / anger appropriately
- To understand the world around them
- To understand their own wants, needs and feelings, and that they are important
- To have a sense of their own identity.
- To be able to make sense of their feelings and articulate these in a way that means they will be heard
- To develop a hobby/interest that will support their sense of self-efficacy and belonging

Table 10 below offers some examples of challenges that children and young people with attachment difficulties may face and how to support them using the Resilience Framework

"Don't feel you have to do everything alone – there is help for teachers out there so find it and use it!"

Challenge	How to support the child or young person
A child or young person is constantly misinterpreting your actions and losing their temper	• Give clear, consistent guidelines and boundaries at all times as this will support their emotional safety. (**Coping**) • Help them understand what has triggered their feelings. When children and young people have attachment difficulties they may get upset when to them you feel like someone in their past or the situation feels similar; help them understand this. (**Core Self**) • Be as honest and truthful as possible, with sensitivity to the child or young person's feelings. (**Core Self**) • Give calm, clear, measured responses in confrontational situations. (**Core Self**) • Create win / win situations. (**Core Self**) • Mirror the child or young person's world using role play, video, etc., so that they can see what it feels and sounds like. (**Core Self**) • Always endeavour to let them know it is their behaviour that isn't liked, not them. (**Belonging**) • Tell them what behaviours may annoy / irritate others, and explain why. They can't change behaviours they do not recognise as causing problems. (**Core Self**) • Allow your emotions to be seen (anger, frustration, sadness, happiness, etc.) appropriately: Teachers are people too. (**Core Self**)

Challenge	How to support the child or young person
A child or young person is constantly misinterpreting your actions and losing their temper (continued)	• Develop a card system that helps them articulate when they feel their emotions are escalating and they can take time out of the classroom. (**Core Self**) • Do an activity with them that supports your understanding of each other and the development of the relationship with statements such as: 1. Things work well between us when…… 2. I feel safe with you when…… 3. I get upset when…… 4. What I would like more of is…… 5. I am willing to do…… This can be really useful for children and young people who struggle to articulate what they need and how they feel, and offers positive role modelling too (Sunderland & Armstrong, 2015). (**Belonging**)
A young woman shares with you that she is engaging in relationships that are sexually exploitative	• Acknowledge the bravery of her disclosure and that there is hope that she is able to recognise that such relationships are not good for her. (**Core Self**) • Explore with her any risks around sexual health and support her to make an appointment at the local sexual health clinic; offer support to attend with her if possible. (**Basics**) • Explore with her what support she feels she needs to support herself differently in relationships. (**Core Self**) • Discuss with your safeguarding lead, who can make a referral to the Single Point of Advice Service where appropriate. (**Enlisting**) • Run workshops within the school for all children and young people on identifying if they are being placed at risk in relationships: Consult with children and young people in the school to plan lessons and highlight unmet needs and issues that need addressing. (Lesson suggestions can be found at: https://www.pshe-association.org.uk/curriculum-and-resources/resources/ceop-exploited-film-and-resource-pack) (**Belonging**) • Invite children and young people to create a drama or art piece that communicates the issue to others. (**Coping**) • Run empowerment workshops for children and young people focusing on relationships. (**Belonging**) • Run workshops for parents so they can identify the issue and support their children. (**Belonging**) • Support her to understand about healthy boundaries in relationships, asserting herself and barriers to putting these in place. (**Belonging**) • Have an anonymous process in school where children and young people can share their concerns generally about issues such as this that may be affecting them. (**Basics**)

Table 10: Supporting children and young people with attachment difficulties.

Recommended further reading on attachment difficulties and development

Angie Hart, Derek Blincow & Helen Thomas (2007) *Resilient therapy: Working with children and families*. Hove: Routledge.

Kim Aumann & Angie Hart. (2009) *Helping children with complex needs bounce back: Resilient Therapy for parents and professionals*. London: Jessica Kingsley.

Margot Sunderland and Nicky Armstrong (2015) *Draw on your relationships: Creative ways to explore, understand and work through important relationship issues*. Abingdon, UK: Speechmark Publishing.

Nicola Marshall (2014) *The teacher's introduction to attachment: Practical essentials for teachers, carers and school support staff*. London: Jessica Kingsley Publishers.

Louise Michelle Bombèr (2011) *What about me? Inclusive strategies to support pupils with attachment difficulties make it through the school day*. Duffield, UK: Worth Publishing.

Jo Adams (2002) *Go Girls: Supporting girls emotional development and building self esteem*. Sheffield, UK: Centre for HIV and Sexual Health.

Vanessa Rogers (2010) *Working with young men: Activities for exploring personal, social and emotional issues*. London: Jessica Kingsley Publishers.

PSHE lesson suggestions on sexual exploitation can be found at:
https://www.pshe-association.org.uk/curriculum-and-resources/resources/ceop-exploited-film-and-resource-pack

Chelsea's Choice is a local charity that delivers a drama based performance on sexual exploitation:
http://www.alteregocreativesolutions.co.uk/chelseas-choice/

Child Exploitation and Online Protection Centre (n.d.) How can CEOP help my child? National Crime Agency https://www.ceop.police.uk/Safety-Centre/How-can-CEOP-help-me-YP/How-can-CEOP-help-me-parent/

Utilising the noble truths to support work with children and young people on mental health issues

Accepting

When a child or young person is struggling they need to know that they are "accepted" fully for their struggles and not judged. This can be hard if they are managing those struggles in a way that is different to your own way of managing. Through "acceptance" we can try and empathise, step into their experience and be alongside them in their difficulties. Acceptance is also about finding a place where you can accept how you feel about something that you are faced with, and finding someone within your school with whom you can talk that through. Working with sensitive and challenging issues can take its toll and you may feel difficult feelings that are not beneficial for the child or young person to know about, yet equally are valid for you and important to express to someone with whom you feel safe. If all adults in your school are striving to make relationships with students who are struggling, it's important to have a system for them to also get the support they need.

Commitment

Commitment emphasises the importance of trust, reliability and predictability. With so many demands it can be challenging to maintain the commitment and tough at times. The Resilience Framework highlights the importance of offering long-term commitment in supporting children and young people to overcome the odds. Before entering into a conversation or reaching out to a child or young person, consider whether you are in a position to commit and see the work through. It may be useful to get management acknowledgement of the time and focus that this commitment might involve. Hanging on in there and being consistent will be important to the child or young person and support the trust between you.

Conserving

Conserving supports the taking of positive and negative experiences that the child or young person has experienced and utilising them to the best effect. What has worked well in the past? Notice growth and change in their progress, and understand and embrace the mechanisms that supported that growth and change, in a way that they can use it to their advantage to make resilient decisions in the future.

Enlisting

Enlisting is the idea of not doing this on your own... who else is it worth getting on board to support the work? This needs to be considered carefully and strategically in terms of the benefit to the child or young person, and to ensure they don't feel overloaded with other professionals or interventions. Enlisting also refers to how you can enlist the different parts of yourself; when do you bring in your fun side, when is the serious side necessary, do you feel able to stretch your comfort zone as a practitioner? Sometimes it is also important to enlist a different approach – if something is not working in a particular way, then how about trying to do it differently! Enlisting can expose us to a range of ideas and opportunities that are of benefit to you as a practitioner and ultimately the child or young person you are supporting.

Recommended further reading on the noble truths

Angie Hart, Derek Blincow & Helen Thomas (2007) *Resilient therapy: Working with children and families.* Hove: Routledge.

Kim Aumann & Angie Hart. (2009) *Helping children with complex needs bounce back: Resilient Therapy for parents and professionals.* London: Jessica Kingsley.

Further ways to use the Resilience Framework within your school

The following section gives examples of how you can use **Basics**, **Belonging**, **Learning**, **Coping** and **Core Self** across a whole school approach.

BASICS

Specific	Suggestions
Good enough housing	Make sure the classroom space is supportive of children and young people's vulnerabilities and set up to meet their emotional and psychological needs. This may be a space to take some time out or an area of the room that feels safe.
Enough money to live	Basic necessities are really important and can encourage family life to be stress-free as possible. Does your school respond to the social inequalities that exist for the school population, and can further support be provided, e.g. through the provision of uniform subsidiaries or breakfast clubs.
Being safe	Promote the school environment as one that is accepting of mental health difficulties and make it clear that it is everybody's responsibility within the school to support mental health, from the caretaker to the lead principle.
Access and transport	Be aware of how overcrowded buses and transport can affect a child or young person who is experiencing mental health problems, and provide additional support where needed. For external appointments, it can be helpful to consider if they can access that appointment, as this can act as a barrier.
Healthy diet	Ensure that children and young people have access to a healthy diet within school, as there are inextricable links between food and mood. Do students receiving free school meals get enough to eat, or are they disadvantaged in comparison to other students?
Exercise and fresh air	Promote exercise and fresh air as important resilient moves. When children and young people take part in exercise and have access to fresh air, it increases the level of serotonin in their bodies, which reduces their stress levels. Ensure children and young people have access to a range of activities inside and outside of school. It is also important to involve parents in such activities wherever possible.

Specific	Suggestions
Enough sleep	Children and young people often do not get enough sleep and find it hard to relax. Encouraging children and young people to think about why sleep and relaxation is important can help them see that it can affect the way they feel, their ability to learn and cope with stress, and has an impact on their levels of resilience. During times of exam stress, enough sleep is vital!
Playtime and leisure	Explore with the child or young person how they spend their leisure time and ensure within the school environment there is a diversity of options for leisure or break time. Different people will have different needs, particularly if they are struggling emotionally. Check if they have access to leisure opportunities; financial restrictions at home may prevent such opportunities. When children and young people are revising for exams, ensure they are making time for fun and recreation, this is as important for their resilience as the time spent studying!
Being free from prejudice and discrimination	Promote positive mental health awareness within the school to facilitate a culture of acceptance and support. On an individual level, support them to develop strategies as to how they would respond to prejudice and discrimination.

BELONGING

Specific	Suggestions
Find somewhere for the child or young person to belong	It is important to help improve their sense of belonging. Help children and young people to identify a safe place or group where they can go when they are feeling vulnerable. Encourage them to have the right people in place to support them so that they feel protected.
Help them understand their place in the world	Value and welcome every child or young person in your class or tutor group and encourage them to develop their own individuality and explore their diversity. Encourage them to understand their roots and why it is important to identify where they have come from. It may be helpful for the child or young person to explore if anyone else in their family has struggled with mental health difficulties and to normalise such experiences.
Tap into good influences	Help the child or young person identify what qualities make a good friendship. Explore with them how positive role models can make a difference to someone's life. Encourage them to think about developing a relationship with a role model. This could be someone they already know, like a teacher, club organiser or an older student. Young people who are making the transition from primary school to secondary school may need additional support to create new positive influences to aid a potentially stressful transition.

Specific	Suggestions
Keep relationships going	Help the child or young person consider why it is important to have good relationships and why it is important to maintain them. Keeping relationships going can help children and young people have a sense of stability and constancy in their lives, and this in turn will help them feel more resilient. Support them to understand what helps to keep relationships going. You can also support them to think about how they are a friend to themselves, and identify self-care ideas they would find helpful when they may be struggling.
The more healthy relationships the better	It is important to help children and young people increase the number of good influences in their lives so they outweigh the bad ones. Encourage them to identify what makes a good relationship and whether they could develop those qualities themselves so that they could have more healthy relationships.
Take what you can from relationships where there is some hope	Help them to positively expand their network of friends. Children and young people need to consider different types of friendships and relationships that meet different needs. Encourage them to see that relationships are not just about building friendships – relationships can be built through activities or events, which can lead to something good. Encourage students to understand what they get from different relationships with adults in the school, some will be about learning, some support, and some fun, but all are valid.
Get together people you can count on	Help the young person to identify people who can help and support them and be a network of support. Encourage the young person to think about how their network of support could help them cope when they are going through a hard time. Support the child or young person to develop a plan as to how as a community they support each other during times of high stress.
Belonging involves responsibilities and obligations too	Children and young people who have appropriate roles and responsibilities, including running errands and doing odd jobs, develop positive self-esteem and a sense of being able to make their own mark on what happens in the world. Helping a young person identify their responsibilities and obligations can promote their sense of belonging.
Focus on good times and places	It is important to encourage children and young people to remember the good events that have happened and to revisit them. They are a reminder that, despite the difficult things, there are lots of good things too. 'Bottling up' good experiences can help a child or young person reconnect to people in their lives who have had some degree of healthy relationship with them. Helping the child or young person visualise and picture a favourite memory or place can help them feel safe, calm and more resilient.
Make sense of where the young person has come from	Help children and young people to understand where they have come from. Encourage them to understand their history and share who they think they are, what their good bits are and how they see the world.

Specific	Suggestions
Predict a good experience of someone or something new	Help children and young people to take a risk and try new things. Encourage them to set a challenge that will give them a good experience. Get them to plan it, do it and review it, and this will help them identify what works well and not so well.
Make friends and mix with other children and young people	Even if a child or young person has had quite a few negative relationships in their life, forming just one new positive relationship can be powerful. Help the young people in your tutor group to find out more about what each other like doing, their interests and activities. Encourage them to think about someone in their tutor group who might have a similar interest to them and could end up being a good friend.

LEARNING

Specific	Suggestions
Make school life work as much as possible	A positive school offers a stable environment for learning how to get along with adults and other children and young people, and finding out about established or accepted social ways of behaving – which in turn contributes to academic learning skills. As a tutor or teacher encourage those in your tutor group or class to consider how they could make their school life better, and what things they need to do to ensure they have a good experience while at school.
Map out career or life plan	Helping children and young people have a view to the future can help set them up for mapping out a meaningful adult life. Encourage them to think ahead and to have a strong sense of purpose in regards to school work and their life at school.
Help children and young people to organise themselves	Encourage children and young people to have structure in their lives as it can help their school life run more smoothly. Help them to identify how they can be more organised and how being organised can help them feel more resilient.
Highlight achievements	Taking notice of children and young people's successes, strengths, talents and interests will build their resilience and confidence. Help them to notice and feel good about what they have achieved. Encourage them to use what they have achieved as a way of helping them cope with stress and adversity. Build systems that focus on successes and communicate them, such as texts/postcards home or to a trusted adult.
Develop life skills	Developing life skills is about teaching children and young people the necessary skills for living. Successfully teaching life skills relies on breaking things down into small parts and encouraging children and young people to try out something new. Developing life skills is about relating learning to real life and then setting them a challenge so that they try and develop that life skill.

COPING

Specific	Suggestions
Understand boundaries and keep within them	It is important to help children and young people learn about setting and keeping to limits. Setting boundaries can help children and young people feel safe, as can routine and structure. Encourage children and young people to explore what boundaries are, why people have boundaries and why some people's boundaries are different from other people's.
Being brave	Being brave invites us to help children and young people face their uncomfortable, scared feelings, and to actively work with them. Being brave enables us to experience that, and to confront our personal power, instead of passively relying on other people to sort everything out. Encourage children and young people to explore what being brave means to them, ways that they could feel braver and how this could make them feel more resilient. This can start by making brave moves with their learning in the classroom, such as having a go, speaking out, making suggestions etc.
Solving problems	Problem-solving is a learned skill. Helping children and young people to focus on one problem at a time can help them avoid getting overwhelmed with the size of the problem. As a tutor encourage children and young people to assess the type and size of a problem, what they need to do in order to resolve it and how they might work out who can help if necessary.
Rose-tinted glasses	Putting on rose-tinted glasses is an idea to put a resilient spin on things. It is about looking at bad things that have happened and adding a positive twist to them. This idea is about deliberately adopting a stance that helps make sense of something from the past in a positive way. It offers another view for the young person to make sense of an event and develop a more adaptive view of their lives. Sometimes it is about managing life rather than changing it.
Fostering their interests	Helping children and young people and children to develop their favourite interest can give them opportunities to feel that they can succeed, and as a result their self-esteem improves and they can have fun. The quality of their life improves. Succeeding helps children and young people feel they have control of their lives, which makes them happier and as a result stronger and able to deal with any difficulties that come their way. This can be an area where as a tutor, year head, classroom teacher, TA or lunchtime supervisor, you notice the things your children and young people do well and where they show real talent and creativity at managing difficulties.
Calming and self-soothing	Encourage children and young people to notice when, where and why they are feeling upset. Try to get them to notice and understand why they are feeling stressed and ways that can help them feel more relaxed.

Specific	Suggestions
Remember tomorrow is another day	Helping children and young people to remember that tomorrow is another day helps them find a solid place to stand and not feel overwhelmed by the stresses and challenges of a school day. Encouraging a young person to let go of worries can help them feel that their problems are more solvable and enables them to feel more resilient.
Lean on others when necessary	Encourage children and young people to lean on others and trust that others can help and support them when needed. It is important to encourage them to identify who to go to when they need support.
Have a laugh	Encouraging children and young people to have fun and have laugh can help them feel stronger and able to cope with life's challenges.

CORE SELF

Specific	Suggestions
Instil a sense of hope	Hope helps children and young people hold on to the possibility of change and the anticipation and wish that tomorrow will be better. When hope is present it can make the most difficult challenges feel manageable and survivable. As a tutor or teacher encourage children and young people to have aspirations and dreams about what would make school a better place, or as a teacher embed career aspirations into the learning and curriculum content.
Teach the child to understand other people's feelings	It is important that children and young people can understand and be aware of the feelings of others. It helps them get along with their peers, to care about others and to feel confident and happy in other people's company.
Help the child to know themselves	In order for children and young people to know themselves they need to feel good about themselves from the inside. Helping children and young people feel good from the inside is about encouraging them to learn about themselves while being accepting of the fact that there are bits that they may need to change. Children and young people who have a strong sense of themselves often have more confidence and higher self-esteem. They can manage situations more successfully because things are less overwhelming when they have some idea of the way they feel and why.
Help the child take responsibility for themselves	Help children and young people build their capacity to take responsibility for themselves. By knowing themselves they can see that they have a relationship to the things and people around them and can influence this, rather than assuming things happen to them. Help them know their own sense of usefulness and personal power. Grabbing hold of daily opportunities to help them control situations, and understand that they have the power to make choices and decisions in their life, helps them see they can take control of their lives rather than life happening to them.

Specific	Suggestions
Foster their talents	Build qualities and develop the good points which children and young people already have, maximising their influence. By fostering their talents, we give them a chance to understand more about their abilities. Often children and young people are good at things they don't notice or they don't value. Doing fun stuff and fostering talent is a way to begin to experience some choice in life, a sense of achievement and competence.
Using tried and tested treatments for specific problems	Encourage children and young people never to be scared of getting support for specific problems. Support that may be available is mentoring, counselling, anger management, teenage pregnancy support, drugs and alcohol support etc. This support can help children and young people to cope with the challenges and stresses of growing up.

Recommended further reading on the Resilience Framework and Resilient Therapy

Angie Hart & Kim Aumann (2017). Briefing paper: Building child and family resilience – Boingboing's resilience approach in action. Totnes: Research in Practice.

Angie Hart, Derek Blincow & Helen Thomas (2007) *Resilient therapy: Working with children and families*. Hove: Routledge.

Kim Aumann & Angie Hart. (2009) *Helping children with complex needs bounce back: Resilient Therapy for parents and professionals*. London: Jessica Kingsley.

Other considerations when supporting vulnerable children and young people

Confidentiality

It is important that children and young people clearly understand the limits of confidentiality from the outset, as this provides them with an informed choice regarding what they want to share within those limits.

It's important to ensure that a child or young person understands their personal information will be treated respectfully and confidentially. This provides a safe space for them to be open and honest with the people caring for them. Establishing this form of trust is fundamental for the provision of safe and effective care. Make sure all staff know the process for sharing information within school so that students can trust that anything shared will only go to those who need to know.

Parents must always be informed if the young person is at risk, or placing someone else at risk, and children and young people may choose to tell their parents themselves. If this is the case, the young person should be given twenty-four hours to share this information before the school contacts parents. Children and young people should always have the option of you informing parents for them or with them.

Confidentiality

If it's possible, take some time to plan your conversation with the child or young person and think through the following:

- What would make this conversation a helpful one for me?
- What would make this conversation a helpful one for the young person?
- Do I have any strong feelings (anger, anxiety, uncertainty, confusion) that might get in the way of open, authentic listening?
- Where and when might be a good place to talk to the young person?
- How could I start the conversation......?

The following may support the opening of conversations:

- Noticing: I have noticed that you look sad over the last couple of weeks.
- Normalising: Lot of other girls here feel confused about who they are attracted to, and they've felt anxious about telling anyone. I wondered if you have a bit of worry too about talking...
- Needing advice: I need your help with something – I know a girl about your age who is really struggling with how to tell her parents a big secret. Can you think of any advice you would give her?
- Empathy statement: It can be very stressful here when you don't feel like you're getting the grades you want.
- Personal feeling: I've been feeling really sad for you over the last couple of weeks and it made me wonder whether you have been feeling sad too.
- Curiosity: I was curious about what you thought about the news story the other day...
- Naming the feeling: I can see that when your friend walks away you feel really angry... I wonder why?
- Offering a choice of feeling: I had a thought that you might feel either furious about that or just totally cut off?
- I Imagine: I could be wrong, but I imagine that would have been really tough.
- Not knowing: I've never been through anything like that, I can't imagine what that must have felt like. Can you give me a sense of what it was like for you?

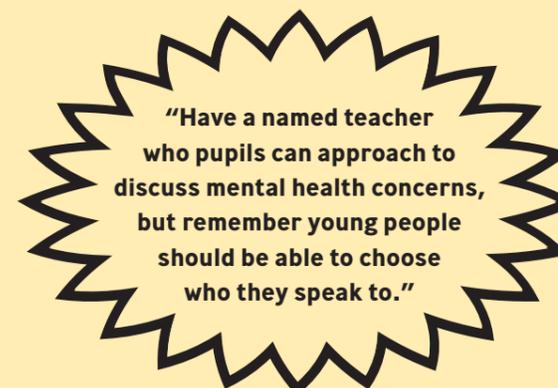The following may support the opening of conversations:

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- I Imagine: I could be wrong, but I imagine that would have been really tough.
- Not knowing: I've never been through anything like that, I can't imagine what that must have felt like. Can you give me a sense of what it was like for you?

Key principles for communicating:

- Be empathic, try and step into the young person's world and imagine how things must be for them.
- Actively listen, give them the space to talk and reflect back what you feel you have heard.
- Take the conversation at the young person's pace. If you don't have much time, let them know upfront that because you care you want to make another time to meet with them.
- Be sincere, warm and caring in your responses.
- Commit to doing what you say you will and see it through until the end.
- Co-create solutions, so they have ownership over what's happening next.
- For highly anxious children and young people, activities such as colouring whilst talking can be supportive as this dilutes the intensity of the conversation for them, and subsequently reduces the anxiety.
- Try not to pretend to understand, we cannot always understand what others are going through and the young person will appreciate it more if you let them know that you cannot imagine what it's like yet you want to understand.
- Acknowledge how hard it must be to discuss these issues.
- Maintain eye contact.
- Observe their body language, what are they communicating to you?
- Reflect back your understanding of what you have heard; does this match what they needed to communicate?

"Have a named teacher who pupils can approach to discuss mental health concerns, but remember young people should be able to choose who they speak to."

Working with parents

Where it is deemed appropriate to inform parents, sensitivity is important. Before disclosing to parents, the following questions (on a case by case basis) should be considered:

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the young person, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their young person's difficulties and many may respond with anger, fear, upset or denial during the first conversation. An acceptance of this is important, as is giving them time to reflect.

Communicating with parents around mental health issues

When contacting a parent to discuss with them their child's mental health, it can be helpful to have a checklist of things you want to remember to say. This list may be a useful starting point that you can adapt according to the situation:

- Who you are – your role and why it's you making the call
- Why you are concerned about the child or young person
- Any relevant information about the mental health need in question
- Reassurance that with support the child or young person will be okay
- How you / the school intend to support in the short term
- Advice about keeping their child safe in the short term (if relevant)
- Arrange a time and place to meet face to face if you haven't already done so
- What help is available via school
- How the parent can help the child or young person access support if appropriate

- Sources of further information, such as websites and helplines

The following are recommendations of resilient interventions that could be made in support of parents:

- Parent support groups for children and young people struggling with psychological and emotional difficulties, run by parents (perhaps with any training or support they identify as useful).
- Access to information, online information and support.
- Parent workshops focusing on various issues highlighted throughout this guide.
- A named person that parents can contact if they are concerned.
- Details of local services and voluntary organisations, should they feel they require further support.
- Sources of information and support about common mental health issues clearly signposted on the school website.
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or another child.
- Make your mental health policy easily accessible to parents.
- Keep parents informed about the mental health topics their young people are learning about in PSHE and share ideas for extending and exploring this learning at home.

Resources for parents

Kim Aumann & Angie Hart. (2009) *Helping children with complex needs bounce back: Resilient Therapy for parents and professionals*. London: Jessica Kingsley.

Experience in Mind, Sam Taylor & Angie Hart (2011) *Mental health and the Resilient Therapy toolkit*: *A guide for parents about mental health written by young people*. Brighton: Mind Brighton & Hove: http://www.boingboing.org.uk/mental-health-resilient-therapytoolkit/

Angie Hart and Lisa Williams (2013) *What about parents?* www.boingboing.org.uk/parents-academic-resilience/

Some suggestions when considering making a referral to additional services

Remember that it may be the school who is best placed to make, or support, a referral as the school may know the child and family's social and mental health needs more specifically than their GP or another practitioner.

If the school is planning to make a referral, it is most helpful to speak to the young person and their family first. If a child or young person requires support from an external service your Designated Safeguarding Lead or SENCO can advise you about this. If you need immediate advice the CAMHS helpline can offer this.

Remember though, that often the lower key support you can offer a child or young person within the school setting may be the most helpful thing for them in both the short and longer term. Research consistently emphasises the massive difference that a supportive school environment can make to children's mental health (Hart, Blincow & Thomas 2007; Hart, & Heaver 2015).

Resources for young people

Anna Freud Centre: *How to get up & go when you are feeling low* - Booklet providing top tips for year 4 students when they are feeling upset or stressed.
http://www.annafreud.org/media/3193/year4_help4pupils.pdf

Anna Freud Centre: *I gotta feeling* - Booklet providing top tips for year 7 students on how to feel good.
http://www.annafreud.org/media/3194/year7_help4pupils.pdf

Boingboing: *One Step Forward* - A book about resilient strategies using the Resilience Framework produced by young people http://www.boingboing.org.uk/one-step-forward-young-people-care/

www.teenmentalhealth.org – Teen Mental Health:
A Canadian website with lots of free downloadable resources dedicated to helping teenagers and the people who care about them to understand mental health issues such as Social Anxiety Disorder, ADHD, Schizophrenia and Brain Injury. It helps young people and those who care about them to understand how to help prevent mental health issues by giving tips on how to achieve healthy sleep, understand the teen brain, cope with bereavement, self-harm and suicide to name a few. This resource also aims to strengthen parent-teenage relationships by helping parents and carers to understand their teens as well as empower teenagers to notice the signs of when a parent or carer might be experiencing their own mental health issues.

http://www.bbc.co.uk/programmes/p02l5sqv – BBC Advice:
A free advice resource for young people and teenagers to help them to manage issues which may cause or exacerbate mental health issues. The advice centres on 8 categories: Sex & Relationships, Drink & Drugs, Bullying, Studying & Work, Your Body, Health & Wellbeing, Friends, Family & Home and The Internet, Money & Your World. Example webpages include: 'How to Manage Exam Stress', 'Eating Disorders', 'Anger, Fighting & Aggression', and 'Self-Confidence & Shyness'.

https://www.griefencounter.org.uk – Grief Encounter:
A UK organization dedicated to helping children, teenagers and their families through bereavement through a helpline accessed using the phone number 0208 371 8455, from 9am to 5pm from Monday to Friday, or an email service msupport@griefencounter.org.uk, where emails will be responded to by a qualified advisor. In terms of resources which are specifically for young people, Grief Encounter has a section for young people aimed at facilitating 'Good Grief Days' and a downloadable grief guide for teenagers -http://www.griefencounter.org.uk/wp-content/uploads/2015/09/12583-Teenagers-Guide.pdf.

http://epicfriends.co.uk/ – Epic Friends:
A website built by Sheffield CAMHS aimed at helping young people to help their friends who are experiencing mental health difficulties around issues such as: bullying, identity, depression, psychosis, ADHD, family issues and self-harm. It also includes a section on self-help for young people
.
Royal College of Psychiatrists: Worries and anxieties: Information for young people - This leaflet describes the different types of anxieties that children might feel, giving them tips and resources to help them manage their anxiety. This resource is free and easily printable by using the 'print this leaflet' link on the right hand side.
http://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/youngpeople/worriesandanxieties.aspx.

https://youngminds.org.uk/find-help/

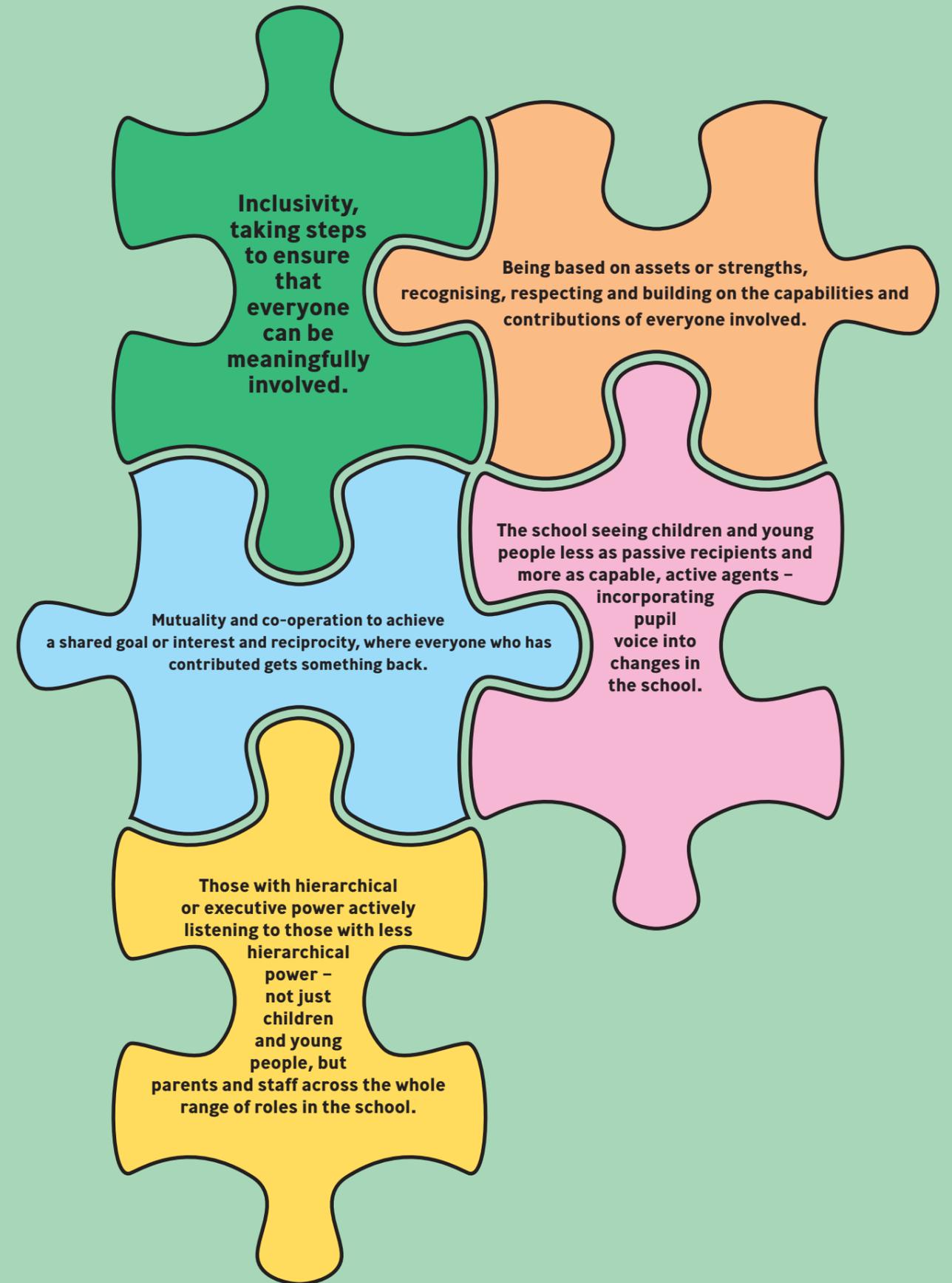# 4.Engaging Children And Young People In The Solutions (Co-Production)

"Remember that there is a huge gap in cultural understanding between adults and young people. Young people are growing up in a rapidly changing digital environment, and issues that impact their mental health can arise very quickly."

Co-production

Co-production is a way of working that utilises the experience, knowledge and skills of a range of stakeholders to design, produce and deliver better services and resources. It is a highly participative version of "engagement", which is perhaps a more familiar term to schools.

Co-production is a value-based approach that, in this context, views children, young people and parents as assets with important knowledge and skills that can be harnessed to promote positive change. Rather than being a formula that everyone follows regardless of what they are trying to achieve, it is often seen as a set of principles that should be followed, with clearly recognised good practice in terms of process.

Some of these values and processes are:

Inclusivity, taking steps to ensure that everyone can be meaningfully involved.

Being based on assets or strengths, recognising, respecting and building on the capabilities and contributions of everyone involved.

Mutuality and co-operation to achieve a shared goal or interest and reciprocity, where everyone who has contributed gets something back.

The school seeing children and young people less as passive recipients and more as capable, active agents – incorporating pupil voice into changes in the school.

Those with hierarchical or executive power actively listening to those with less hierarchical power – not just children and young people, but parents and staff across the whole range of roles in the school.

What does co-production mean for schools in addressing resilience and mental health?

In schools, co-production means children and young people, working with parents and staff, bringing their perspectives together to improve the resilience and mental health of the children and young people in the school. It recognises that management, teaching staff, support staff, children, young people and parents all have valid experiences and perspectives on school life, and that together they can create solutions that are bigger than the sum of their parts.

In a whole school approach to resilience, everyone who has direct experience of the school can make a valuable contribution to identification of areas for improvement and co-produced solutions. Just being part of co-produced solutions and improvements can enhance participants' wellbeing and the wellbeing of the school dynamics.

Benefits of well-implemented co-production approaches include:

- Participative and contextualised learning opportunities

- Developing a sense of community and independent peer-networks

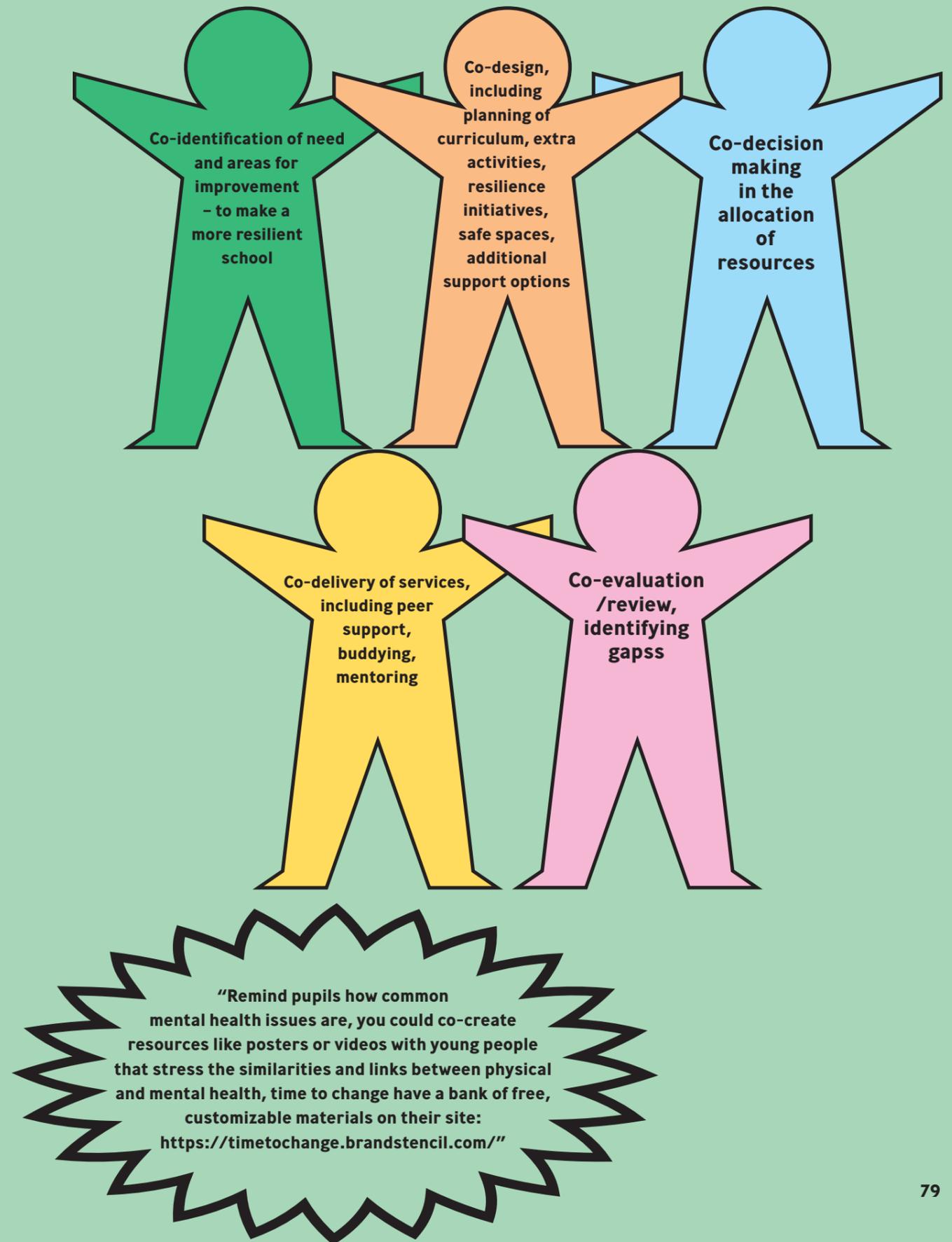- Promotion of deep learning and active engagement

- Encouraging inclusivity and reciprocity

- Building confidence and capacity

- Producing new knowledge and more effective solutions to identified needs and areas of development

So far, co-production approaches have been less well embedded in formal education. However, there are many examples of good co-production in schools. School Councils are an example, providing they are done well and result in meaningful involvement and real impact (i.e. if the principles of co-production are adhered to – see above). Pupil Voice is a valuable process being implemented in East Sussex Schools, through the school health improvement grants, that can inform initiatives around resilience and mental health, as long as care is taken to ensure that representation is reflective of need across the school. A group set up specifically to explore resilience and mental health could also be valuable.

Co-production in schools can include:

Co-identification of need and areas for improvement – to make a more resilient school

Co-design, including planning of curriculum, extra activities, resilience initiatives, safe spaces, additional support options

Co-decision making in the allocation of resources

Co-delivery of services, including peer support, buddying, mentoring

Co-evaluation /review, identifying gapss

"Remind pupils how common mental health issues are, you could co-create resources like posters or videos with young people that stress the similarities and links between physical and mental health, time to change have a bank of free, customizable materials on their site: https://timetochange.brandstencil.com/"

It should also be very clear what children, young people and parents can get back from their contribution. Even if there is no direct benefit to children, young people or parents, but benefit through an improved school environment and better-tailored support, this should be transparently stated.

Co-production, by definition, means a sharing of power. For schools that are not used to sharing real power with children, young people and parents, this may be a challenge. Before any co-productive process begins, school staff and managers should give appropriate thought to explore how much control they are open to being shared, how much risk, and exactly which risks they are prepared to work with. These considerations should shape the co-production and it is important that those in power in the school are transparent and open with children, young people and parents about the extent and limitations of what they can and cannot influence.

Recommended further reading on children and young people's engagement/co-production

Angie Hart, Claire Stubbs, Stefan Plexousakis, Maria Georgiadi & Elias Kourkoutas, (2015). *Aspirations of vulnerable young people in foster care*. STYLE WP 9.3. Brighton: CROME, University of Brighton. http://www.style-research.eu/publications/working-papers. This explains how young people co-produced a resilience guide for foster carers and has useful tips on using the resilience framework in it, which have been developed by young people.

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Lucie Stephens, Josh Ryan-Collins and David Boyle (2008) *Co-production: A manifesto for growing the core economy. London*: New Economics Foundation.

David Boyle, Anna Coote, Chris Sherwood and Julia Slay (2010) *Right here, right now: Taking co-production in to the mainstream*. London: NESTA.

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Lucie Stephens (2013) *Co-production in mental health - why everybody wins*. London: Mind. https://www.mind.org.uk/information-support/your-stories/co-production-in-mental-health-why-everybody-wins/#.WW0txOmQzIU

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Appendix I –
The developing concept of resilience, the Resilience Framework and Resilient Therapy

The formal study of resilience can be traced back to the 1970s and it's a controversial and developing concept. Resilience is hard to measure, can be slippery to pin down and thinking shifts as we learn more. For a long time, research largely focused on individual children and young people, in isolation from their environments and social situations, seeing resilience as a personal quality or a set of individual skills that 'enable one to thrive in the face of adversity' (Connor and Davidson, 2003). However, the value of a concept of resilience that focuses entirely on individual traits has been challenged for seeming to support a 'just deal with it' attitude to poverty and deprivation (de Lint and Chazel, 2013; Garrett, 2015; Harrison, 2012). While emerging research in neuroscience and genetics continues to explore biological factors (Dudley et al, 2011; Kim-Cohen, 2004), many researchers and theorists look beyond individual factors to a systems-based, social ecological approach to understanding resilience. From this perspective resilience in the face of adversity is not just about an individual's inner psychological resources or innate characteristics; it involves a combination of 'nature' (what a child is born with) and 'nurture' (what they learn and are offered along the way) and is a dynamic interplay between a person and their environment.

Building on the latest developments in resilience literature, the Resilient Therapy (RT) approach was created by Angie Hart, a research academic, practitioner and parent of young people with complex needs; Derek Blincow, a child psychiatrist; and Helen Thomas, a senior social worker and family therapist (Hart, Blincow and Thomas (2007). Practitioners and parents of young people with complex needs helped to develop and refine the approach. It was designed with the most under-resourced and socially excluded young people and families in mind. Based on hundreds of academic references, the *Resilience Framework* is underpinned by the key principles of "Noble Truths", which are important fundamentals for resilient practice, highlighting what preparation practitioners need and where they should start from. Each is drawn from a specific therapeutic school, as follows: Accepting (Rogerian); Conserving and Commitment (Psychodynamic); Enlisting (Family and Cognitive Behavioural Therapy).

The *Resilience Framework*, used as a framework for this guide, is part of the Resilient Therapy approach. It is available in many different languages and is free to download from www.boingboing.org.uk. There is an adult version of it there too if you want to look at your own life through the lens of the Resilience Framework or support another adult to do so. There is also a version that has been co-produced with young people from their direct perspective.

Further reading on the Resilience Framework and Resilient Therapy

Angie Hart & Kim Aumann (2017). Briefing paper: Building child and family resilience – Boingboing's resilience approach in action. Totnes: Research in Practice.

Angie Hart, Derek Blincow & Helen Thomas (2007) *Resilient therapy: Working with children and families*. Hove: Routledge.

Boingboing.org.uk This website has lots of free resources to download all of which are based on the Resilience Framework and Resilient Therapy.

Kim Aumann & Angie Hart. (2009) *Helping children with complex needs bounce back: Resilient Therapy for parents and professionals*. London: Jessica Kingsley.

Appendix 2 – Bronfenbrenner's ecological approach

This example of how Bronfenbrenner's approach works in practice draws on Angie Hart and Kim Aumann's more detailed briefing paper for practitioners on systems approaches to using Boingboing's resilience approach in practice (Hart & Aumann 2017).

In Bronfenbrenner's (1979; 2005) ecological approach, the **microsystem** is the immediate environment with which a child has direct contact, such as family, caregivers, peer groups, school and neighbourhood. The more encouraging and nurturing these are, the better the child will be able to grow. Furthermore, how a child acts or reacts to those people in the microsystem will affect how they treat the child in return. A child's genetic and biologically influenced personality traits (for example, temperament) may end up affecting how others treat them (and how children respond).

The **mesosystem** describes how the different parts of a child's microsystem interconnect, such as interactions between parents and teachers or relationships between the child's peers and their family. For instance, if caregivers take an active role with school, going to parent- teacher meetings or promoting positive activities, this will help the child's overall development.

At the **exosystem** level are people and places that are likely to have a large effect, even though the child may not interact with them very often. For instance, a parent's workplace does not involve the child but still affects them if their parent loses their job.

The **macrosystem** includes factors such as government policies, cultural values, the economy and political systems, which change over successive generations.

The **chronosystem** refers to life transitions and external environmental or socio-historical events that occur during a child's development and change how they interact with the other systems, such as increased educational opportunities for girls, the timing of a parent's death or physiological changes that occur as the child grows up.

The example below provides an illustration of working across the five systems within a school context:

- **Micro**: The school's mental health worker supports a teacher to improve the anger management skills of an individual child by honing in on the 'understanding boundaries' potion on the Resilience Framework. They enlist the child's parent in that task, having explored with them some of the underlying causes of the child's behaviour, which were partly down to issues at home.

- **Meso**: The class teacher offers adapted curriculum and new strategies such as 'time-out' cards, responsibility for extra tasks and attendance at after-school club activities; the child needs more adult support so the mental health worker engages community based mentors.

- **Exo**: The school mental health worker engages the whole school to increase staff understanding of behaviour issues, increase support skills and work with parents on joined up strategies. The student council considers the issue of behaviour support and offers its perspectives at meetings with senior leaders and at a series of assemblies.

- **Macro**: Parents and staff encourage Ofsted to reward behaviour support success, and lobby national education policies to promote behaviour support expertise.

Appendix 3 – Assessing risk from self-harm

The following are areas to cover when assessing risk from self-harm.

Nature and Frequency of Injury
- Are there any injuries requiring immediate attention?
- Has the young person ingested/taken anything that needs immediate action?
- Establish what self-harming thoughts and behaviours have been considered or carried out and how often?

Other Risk Taking Behaviours
- Explore other aspects of risk - fast driving, extreme sports, use of drugs/ alcohol.

Child Protection
- Consider whether there are child protection issues and, if so, discuss and/or refer.

Health
- Ask about physical health issues such as eating, sleeping.
- Ask about mental states such as depression, anxiety.

Underlying Issues
- Explore the underlying issues that are troubling the child/young person, which may include family, school, social isolation, bullying, and relationships.

General Distress
- Assess current level of distress.
- Ascertain what needs to happen for the child young person to feel better.
- Ask about what current support child/young person is getting.

Future Support
- Elicit current strategies that have been used to resist the urge to self-harm or stop it from getting worse.
- Discuss who knows about this situation that may be able to help.
- Discuss contacting parents if that would be helpful.
- Discuss possible onward referral with child or young person.
- Discuss who you will contact and what you will say.

Level of Risk: Lower	Action
• Self-harm is superficial • Underlying problems are short term and solvable • Few or no signs of depression • No signs of psychosis • Current situation felt to be painful but bearable • Suicidal thoughts are fleeting and soon dismissed	• Ease distress as far as possible • Empathic listening • Joint problem solving for underlying issues • Discuss harm reduction, other strategies used • Advise on safety • Use safety plan resource • Link to other sources of support/ counselling • Consider support for others who know about the self-harm (peers/parents) • Make use of line management or supervision to discuss particular cases and concerns • Ensure there is ongoing support for child/ young person and review and reassess at agreed intervals • Some young people find the 'five-minute rule' helps - if they feel they want to self-harm they have to wait 5 minutes. Then another five minutes if possible, until 'the urge is over' (Mental Health Foundation, 2006, p.9) • Keep channels of communication open so that you can monitor the situation and identify any worsening

Level of Risk: Moderate	Action
• Current self-harm is frequent and distressing • Situation felt to be painful, but no immediate crisis • Suicidal thoughts may be frequent but still fleeting with no specific plan or immediate intent to act • Drug or alcohol use, binge drinking	• Ease distress as far as possible • Empathic listening • Joint problem solving to resolve difficulties • Consider safety of young person, including possible discussion with parents/carers or other significant figures • Use/review safety plan • Seek specialist advice • Discuss with Primary Mental Health worker, Child & Adolescent Mental Health Service, Educational Psychologist or advise talking with GP • Consider consent issues for the above • Consider support for others who know about the self-harm (peers/parents) • Consider increasing levels of support/ professional supervision • Ensure there is ongoing support for child/ young person and review and reassess at agreed intervals

Level of Risk: High	Action
• Increasing self-harm, either frequency, potential lethality or both • Situation felt to be causing unbearable pain or distress • Frequent suicidal thoughts, which are not easily dismissed • Specific plans with access to potentially lethal means • Significant drug or alcohol use	• Liaise with School Safeguarding lead • Ease distress as far as possible • Empathic listening • Joint problem solving to resolve difficulties • Review safety plan • Discussion with parents/carers or other significant figures • Follow guidelines for CAMHS referral • Consider consent issues for referrals • Consider support for others who know about the self-harm (peers/parents) • Consider increasing levels of support/ professional input • Link person to existing resources • Monitor in light of level of involvement of other professionals • Ensure there is ongoing support for child/ young person and review and reassess at agreed intervals

Scaling

Scaling can be a useful way of exploring where the child or young person is at in terms of the level of risk regarding their harming behaviour. For example, you can ask the child or young person to think about where, on a scale of I-IO, they would place themselves in terms of how worried they were that they will self-harm again? Then be really curious and put the solutions back to the child or young person.

1. **Ask about the current position**
   a. Where are you now on the scale?

2. **Ask about what is already there**
   a. How did you manage to get to a number 7 on your scale? What has helped you to get there?
   b. What worked well? Who else has helped you to get there? How do you know that you are a 7 and not a 2?
   c. When you were at your lowest, what number would it have been? How did you get from there to a 7?

3. **Ask about a past success**
   a. When has the problem been even higher than 7 on the scale? What was different then? What did you do differently then? What worked well?

Who was helping at the time? What did you feel at the time?

4. **Visualise one step higher**
   a. Can you describe to me (vividly) what being one step higher on this scale would look like? What would be different? Who would notice? What would your friends notice? What would you be doing more of? What will you be able to do then? How will that feel different?

5. **Ask about a small step forward**
   a. Now that we have had this conversation, what ideas have you got about what you can do to take one tiny step forward? What might that step be? What situation might you take that step in? Who should know about this plan?

Scaling can also be used to make an assessment of frequency and severity of self-harming to ascertain the risk and whether there is a need to refer to CAMHS, for example:
On a scale of I-IO how often are you harming yourself?
On a scale of I-IO how severely (deeply) are you hurting yourself?

Appendix 4 –
Lesson plan: Loneliness

This exercise is designed for use with any secondary year group, but can be adapted for use in primary school groups, with use of age appropriate images.

There are many examples of lesson based activities that promote resilience on the Boingboing website (http://www.boingboing.org.uk/academic-resilience-resources-directory/).

ACTIVITY
The aims of the session are to support young people to develop their awareness of their loneliness, what it means to them and how they can manage the feeling.
Introduction: Can you spot when others are feeling lonely? Show pics of celebrities and invite the young people to think if there are any signs that let us know when others are feeling lonely. (Try and choose pictures where perhaps body language and facial expressions are conveying loneliness.) **Questions to support this activity:** I. Is there any way of knowing if someone is feeling lonely (facial expressions and body language in some circumstances)? 2. How do people currently communicate their loneliness? 3. How does this way of communicating support the loneliness?
Loneliness is a signal, like any emotion in our body that we need something, whether that is to talk to someone, make more connections or find comfort in some way. **Exercise:** Invite the group to think of a time when they felt lonely, what was their loneliness signalling to them? What did they need? Think together as a group of ways in which loneliness could be supported. Stress the importance of our feelings being acknowledged, feelings are like people that they need to be recognised, otherwise they feel ignored and they become stronger rather than going away. **Session tip:** Try and normalise the feeling of loneliness as something that everyone feels at times, it doesn't mean that you have a mental health difficulty if you are feeling lonely, yet if it is not addressed then over time it could have an impact on your mental health.