



# Children with health needs who cannot attend school Policy

**GEORGE STREET PRIMARY SCHOOL**  
*"Believing in Every Child"*

**Approved by:**

**Head Teacher:** Angela Hughes

**Last reviewed on:**

20 May 2026

**Next review due by:**

Summer 2027

**SCHOOL NAME: George Street Primary school**

The named member of school staff responsible for this medical conditions policy and its implementation is:

**NAME: Angela Hughes**

**ROLE: Headteacher**

**Mission Statement**

**This school is an inclusive community that supports and welcomes pupils with medical conditions. It promotes the mental and physical health and emotional wellbeing of all its pupils.**

- It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- This school will listen to the views of pupils and parents/carers.
- Pupils and parents/carers feel confident in the care they receive, and the level of care meets their needs.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence
- All staff understands their duty of care to children and young people and knows what to do in the event of an emergency.
- The whole school and local health community understand and support the medical conditions policy.
- Understands that all children with the same medical condition will not have the same needs and will focus on the needs of each individual child.
- Recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (Other related legislation is referenced in DfE guidance p21).
- Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with their duties under that Act.
- Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice.

**This school's medical conditions policy is: drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.**

- Drawn up in consultation with a range of local key stakeholders within both the school and health settings including pupils, parent/carers, school nurse, school staff, governors, and relevant local health services.
- Is supported by a clear communication plan for staff, parent/carers and other key stakeholders to ensure its full implementation
- All staff understand and are trained in what to do in an emergency for children with medical conditions. This training is refreshed annually.

## PROCESSES

### **Training and Support:**

- All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required have an individual healthcare plan (IHP), which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.
- All staff providing support to a pupil have received suitable training and ongoing support to ensure they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by suitably qualified healthcare professional and/or parent/carer. An up to date record of all training undertaken and by whom will be kept.
- All staff, including temporary or supply staff should be aware of the content of this policy, know what action to take in an emergency and receive updates at least yearly.
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance. They will **not** take pupils to hospital in their own car.

### **Clear guidance on providing care and support and administering medication at school**

- The importance of medication being taken and care received is detailed in the pupil's IHP.
- Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so.
- There are sufficient members of staff trained to administer medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary.
- There are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. The governing body will ensure sure there is the appropriate level of insurance and liability cover in place.

- Medication (prescription or non-prescription) will not be given to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality.
- When administering medication, for example pain relief, the school will check the maximum dosage and when the previous dose was given. Parents/carers will be informed. This school will not give a pupil under 16 medicine containing aspirin unless prescribed by a doctor.
- A trained member of staff will be available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- Parents/carers at this school understand they should let the school know immediately if their child's needs change.
- If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible and the school's disciplinary procedures are followed.

### **Clear guidance on the storage of medication and equipment**

- All staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment, eg asthma inhalers, epi-pens etc are readily available wherever the child is in the school and on off-site activities, and are not locked away.
- Pupils may carry their own medication/equipment, or they should know exactly where to access it. Those pupils deemed competent to carry their own medication/equipment with them will be identified and recorded through the pupil's IHP in agreement with parents/carers.
- Pupils can carry controlled drugs if they are deemed competent to do so, otherwise controlled drugs will be stored securely in a non-portable container, with only named staff having access. Staff can administer a controlled drug to a pupil once they have had specialist training.
- All medication is stored safely, and pupils with medical conditions know where at all times and have access to them immediately. Medication will not be stored in first aid boxes.
- Medication must be in date, labelled and in its original container including instructions for administration. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents/carers are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of term.
- Needles and other sharps will be stored and disposed of in line with local guidance.

### **Clear guidance about record keeping.**

- As part of the admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools
- An IHP will record the support an individual pupil's needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carer, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN but does not have a statement or EHC plan, their special educational needs are mentioned in their IHCP. Appendix 2 is used to identify and agree the support a child needs and the development of an IHCP
- A centralised register of IHPs is maintained, and an identified member of staff has the responsibility for this register.
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.

- Pupil's confidentiality is protected.
- Permission sought from parents/carers before sharing any medical information with any other party.
- Accurate records of all medication administered, including the dose, time, date and supervising staff.

**The whole school environment is inclusive and favourable to pupils with medical conditions, including the physical environment, as well as social, sporting and educational activities.**

- Committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility and committed to an accessible physical environment for out-of-school activities.
- Needs of pupils with medical conditions are considered to ensure their involvement in structured/unstructured activities, extended school activities/residential visits.
- All staff are aware of potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- Understands the importance of all pupils taking part in off site visits and physical activity and all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all, including out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.
- Understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell, also aware of pupils who have been advised to avoid/take special precautions during activity; the potential triggers for a pupil's medical condition when exercising and how to minimise these.

**Pupils have appropriate medication / equipment / food with them during physical activity and offsite visits.**

- Pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, appropriate adjustments and extra support are provided.
- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- Pupils are not penalised for their attendance if their absences relate to their medical condition.
- Pupils with medical conditions who are finding it difficult to keep up educationally will be known to the SENCO/INCO who will liaise with the pupil (where appropriate), parent/carers and the pupil's healthcare professional. Pupils learn what to do in an emergency
- Risk assessments are carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

**Aware of common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating health and safety risks and has a written schedule of reducing specific triggers to support this.**

- Committed to identifying and reducing triggers both at school and on out-of-school visits.
- School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers. It has a list of the triggers for pupils with medical conditions at this school, has a trigger reduction schedule and is actively working towards reducing/eliminating these health and safety risks.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- Reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

**Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.**

- Works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

**The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.**

- In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents/carers, school nurses, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services and governors. The views of pupils with medical conditions are central to the evaluation process.
- Should parents and pupils be dissatisfied with the support provided, they should direct these concerns to the Headteacher.

#### **Early Identification of pupils whose attendance has been affected**

- All staff take responsibility for the identification of the children/young people who are on school roll but are absent from school with a medical need which may impact on their ability to access the curriculum. This will be monitored through the Designated Teacher and key staff identified.
- All staff will support the Designated Teacher to establish, where possible, the amount of time a pupil might be absent and identify ways in which the school can support the pupil in the short term e.g. providing work to be done at home in the first instance.
- The Designated Teacher will have the responsibility for liaising with the Local Authority (ISL), parents or carers and various agencies where the pupils are too ill to attend school.

## **Referrals – if a referral to the Local Authority (ISL) is required**

- The Designated Teacher will discuss a referral to ISL with the parents/carer, completing a Hertfordshire Service Request Form identifying the reason for support with supporting medical evidence from the parent/carer.
- Ensure that where pupils with long-term and recurrent conditions are absent, ISL will be informed and medical evidence secured. Identified school staff will communicate with other parties, attend reviews and facilitate communication between the pupil, the school and ISL.
  - This contact will ensure that procedures are followed when a pupil is absent from school for medical reasons including procedures to support:
    - Early identification
    - Referrals
    - Personal education plans
    - Reintegration into school
    - Pupils working towards public examinations
    - Involvement of the pupil
    - Evaluation of provision

## **Evaluation**

- The policy for the education of pupils with medical needs is accessible for all stakeholders.
- Policy statement and school's performance in supporting pupils with medical needs will be monitored and evaluated regularly.
- The policy takes account of statutory guidance and legislation contained in:
  - Statutory Guidance for local authorities January 2013
  - Implementing the Disability Discrimination Act in Schools and Early Years Settings'. (2005) (DCSF and Disability Rights Commission)
  - 'Removing Barriers to Achievement' 10 year Government strategy for SEN (2004). DfES ES/0117/2004 DfES ES/0118/2004 (summary)
  - The Education Act 1996 (DfES)
  - CS ISL County Policy
  - Race Relations (Amendment) Act 2000 (RRAA)
  - Hertfordshire County Council Equality Policy

## **Additional Information**

### **1) Roles & responsibilities**

#### **Governing Bodies**

- Must make arrangements to support pupils with medical conditions in school, including developing and implementing a policy for supporting pupils with medical conditions.
- Ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- Ensure that sufficient staff has received suitable training and are competent before they take on responsibility to support children with medical conditions.
- Ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

#### **Headteacher**

- Ensure that their school's policy is developed and effectively implemented with partners, ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Ensure that all staff who need to know are aware of the child's condition.
- Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- Have overall responsibility for the development of individual healthcare plans.
- Ensure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- Contact the school nursing service in the case of any child who has a medical condition that may require support at school, but has not yet been brought to the attention of school health.

#### **School Staff**

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.
- School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

## **School Nurse**

- Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.
- School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school.
- Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

## **Other healthcare professionals - including GPs and paediatricians**

- Should notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing healthcare plans.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

## **Pupils – with medical conditions often best placed to provide information about how their condition affects them.**

- Should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- Other pupils will often be sensitive to the needs of those with medical conditions.

## **Parents/carers – should provide the school with sufficient and up-to-date information about their child's medical needs.**

- May be the first to notify the school that their child has a medical condition.
- Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting.
- Should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment, ensure they or another nominated adult are contactable at all times.

## **Inhalers**

- *The school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom written parental consent for its use has been obtained.*
- The protocol for the use of this inhaler follows the Department of Health Guidance on the use of emergency salbutamol inhalers in schools:
  - The use, storage, care and disposal of the inhaler and spacers will follow the school's policy on supporting pupils with medical conditions.
  - Specific guidance on storage and care is provided on page 12 of the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

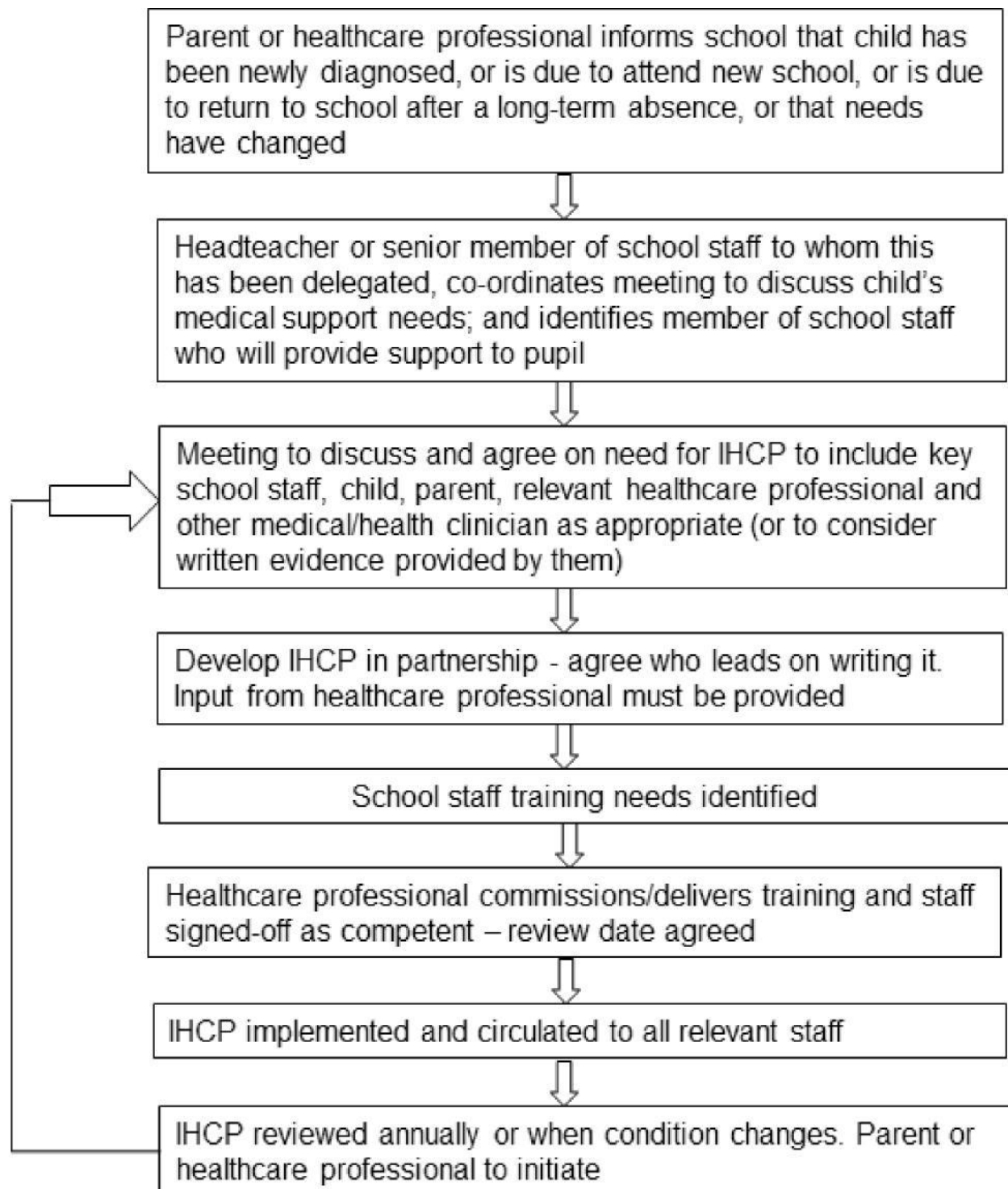
- The school holds a register of children prescribed an inhaler and this list is kept with the emergency inhaler.
- Written parental consent is sought for the use of the emergency inhaler. Where consent is received the use of the emergency inhaler will be included in the pupils IHP.
- Parents/carers will be informed if their child has used the emergency inhaler.
- Appropriate support and training has been provided in line with the school's policy on supporting pupils with medical conditions.
- The school's two volunteers for ensuring this protocol is followed are
  - **Volunteer 1: Sam Giandoni (Office Manager)**
  
  - **Volunteer 2: Sam Armstrong (Office Administrator)**

## Model process for developing individual healthcare plans

### Model School Policy for MENTAL HEALTH & WELLBEING

#### Appendix A

#### Model School Policy for MENTAL HEALTH and Wellbeing



**SCHOOL NAME: George Street Primary school**

The named member of school staff responsible for this medical conditions policy and its implementation is:

**NAME: Angela Hughes**

**ROLE: Headteacher**

**Mission Statement**

**This school is an inclusive community that supports and welcomes pupils with medical conditions. It promotes the mental and physical health and emotional wellbeing of all its pupils.**

The Designated member of school staff responsible for the **MENTAL HEALTH & WELLBEING POLICY** and its implementation is:

NAME	ROLE
Angela Hughes	Headteacher

## Policy Statement

- The School promotes the mental and physical health and emotional wellbeing of all its pupils.
- Wellbeing is at the forefront of the School's PSHE Programme and promoting good mental health is a **priority**.
- The physical, mental and emotional health benefits of exercise are well documented and the school actively encourages sport for all.
- 10 key qualities that are fundamental to good mental health and wellbeing have been identified and are encouraged:
  1. *Proper sleep patterns*
  2. *Time for exercise*
  3. *Eating healthily at regular times*
  4. *Time to relax*
  5. *Emotional resilience – accepting being 'good enough'*
  6. *Sense of humour*
  7. *Firm boundaries*
  8. *Random acts of kindness*
  9. *Walking in fresh air*
  10. *A sense of perspective*
- Mental health issues can be de-stigmatised by educating pupils, staff and parents. This is done through tutorials and PSHE with the pupils, through staff INSET and through parent discussion evenings.
- Positive mental health is also promoted through strong pastoral care and an effective peer support system.

### Aims:

- Increase understanding and awareness of mental health issues so as to facilitate early intervention of mental health problems
- Alert staff to warning signs and risk factors
- Provide support and guidance to all staff, including non-teaching staff and governors, dealing with pupils who suffer from mental health issues
- Provide support to pupils who suffer from mental health issues, their peers and parents/carers.

Authorised by the Governors, addressed to all members of Staff and volunteers and available to parents on request; published on school website. Can be made available in large print or other accessible format if required. Applies wherever staff or volunteers are working with pupils even where this is away from the School, for example on an educational visit.

## Child Protection Responsibilities

- Committed to safeguarding and promoting the welfare of children and young people, including mental health and emotional wellbeing and expects all staff, Governors and volunteers to share this commitment. Recognises that children have a fundamental right to be protected from harm and pupils cannot learn effectively unless they feel secure. Aims to provide a school environment which promotes self-confidence, a feeling of self-worth and the knowledge that pupils' concerns will be listened to and acted upon. Every pupil should feel safe, be healthy, enjoy and achieve, make a positive contribution and achieve economic wellbeing. The Board of Governors takes seriously its responsibility to promote an environment in which children can feel secure and safe from harm. A nominated Governor instigates a review of the school's safeguarding procedures and reports to the Board annually, making any recommendations for improvements.
- The Headteacher is responsible for ensuring that the procedures outlined in this policy are followed on a day to day basis.
- The School has appointed a senior member of staff with the necessary status and authority (Designated Safeguarding Person –Angela Hughes) to be responsible for matters relating to child protection and welfare. Parents are welcome to approach the Designated Safeguarding Person if they have any concerns about the welfare of any child in the school, whether these concerns relate to their own child or any other. In addition to the child protection measures outlined in the School's Safeguarding (Child Protection) policy, the School has a duty of care to protect and promote a child or young person's mental or emotional wellbeing.

### Identifiable mental health issues

- It is important for staff to be alert to signs that a child might be suffering from mental health issues. Mental health issues come in many forms and manifest themselves in a wide range of ways including:
  - *Anxiety and Depression*
  - *Eating disorders*
  - *Self- Harm*
- Two important elements enabling the School to identify mental health issues are the effective use of data (i.e. monitoring changes in pupils' patterns of attendance/academic achievement) and an effective pastoral system whereby staff know pupils well and can identify unusual behaviour.

### Procedures and Processes

- The most important role school staff play is to familiarise themselves with the risk factors and warning signs. If another pupil raises concerns about one of their friends or, if an individual pupil speaks to a member of staff specifically about how they are feeling.

**ASK**

**ASSESS**

**ACT**

- Where a young person is distressed, the member of staff should ask them what support they need and want. The 5 basic steps to follow:
  - *Assess the risk of harm to self or others and try to reduce any risk that is present.*
  - *Listen non-judgmentally*
  - *Give them time to talk and gain their confidence to take the issue to someone who could help further*
  - *Give reassurance and information*
  - *Encourage self-help strategies*
- Tell them how brave they have been. Gently explain that you would like to help them. Do not promise confidentiality - it could be a child protection matter.
- Enable the young person to get help
- Work through the avenues of support. Explain that you would like to share their thoughts with someone else so that they can get the best help.
- Encourage them to speak to someone - offer to go with them.
- Encourage self- help strategies
- Do not speak about your conversation or concerns with other pupils/casually to a member of staff.
- Access support for yourself if you need it via a senior colleague or your Line Manager.

**Useful questions to ask:**

- Who do you feel you can go to for support?
- Who do you feel comfortable and happy to talk to?
- What is your relationship with your family?
- Is there anyone at home or anywhere else who hurts or upsets you sometimes?

**High Risk**

- If you consider the young person to be at risk then you should follow Child Protection procedures and report your concerns directly to the Designated Person who will decide on the appropriate course of action.

**Low Risk**

- If you feel that the young person needs a period of 'watchful waiting' communicate this to the Pastoral Lead who will instigate the appropriate time period of watchful waiting (up to 4 weeks).
- Relevant members of staff should be kept informed.
- After a period of watchful waiting, a young person deemed to have continuing symptoms should be referred to a medical professional.

### **Avenues of support are:**

- The Wellbeing Team (accessed via Families First Portal) – they can escalate to CAMHS if felt appropriate
- School counsellor
- School's CAMHS link
- School Health (they run a 6 week Anxiety Course)

### **Confidentiality and information sharing**

- Pupils may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. Pupils should be made aware that it may not be possible for staff to offer complete confidentiality. If a member of staff considers a pupil is at serious risk of causing themselves harm then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on a member of staff to do so.
- Parents must disclose any known mental health problem or any concerns they may have about a pupil's mental health or emotional wellbeing. This includes any changes in family circumstances that may impact the pupil's wellbeing.

### **Mental Health First Aid**

- In order to ensure adequate mental health first aid provision and awareness:
  - *There will be trained personnel to support pupils who are experiencing mental and/or emotional difficulties.*
  - *The Designated Officer is responsible for maintaining accurate records of all safeguarding and child protection issues.*
  - *A record must be kept of all incidents and the first aid treatment/support given.*
  - *If an incident that is linked to a mental health concern is serious, an incident report form should be completed.*
  - *Individual Care Plans (ICPs) - Following consultation between the relevant members of the pastoral team an ICP would be agreed between the pastoral team, the pupil and the pupil's parents. This would be available to the relevant teaching staff in order to provide the appropriate level of support for the pupil.*
  - *If a pupil is absent from school for any length of time then appropriate arrangements will be made to send work home. This may be in discussion with any medical professionals who may be treating a pupil.*
  - *Should a pupil require some time out of school, the School will be fully supportive of this and every step will be taken in order to ensure a smooth reintegration back into school when they are ready.*

## General Information

- Anxiety and Depression
- Anxiety disorders
  - *Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years.*
  - *All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with - some people are just naturally more anxious than others, and are quicker to get stressed or worried.*
  - *Concerns are raised when anxiety is getting in the way of a child's day to day life, slowing down their development, or having a significant effect on their schooling or relationships. It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives.*

Anxiety Disorders Include	Symptoms of an Anxiety Disorder
<ul style="list-style-type: none"> <li>• Generalised Anxiety Disorder (GAD)</li> <li>• Panic Disorder &amp; Agoraphobia</li> <li>• Acute Stress Disorder (ASD)</li> <li>• Separation Anxiety Post-Traumatic Stress Disorder</li> <li>• Obsessive-Compulsive Disorder (OCD)</li> <li>• Phobic Disorders (including Social Phobia)</li> </ul>	<p><b>Physical effects:</b></p> <ul style="list-style-type: none"> <li>• <b>Cardiovascular</b> palpitations, chest pain, rapid, heartbeat, flushing</li> <li>• <b>Respiratory</b> hyperventilation, shortness of breath</li> <li>• <b>Neurological</b> dizziness, headache, sweating, tingling and numbness</li> <li>• <b>Gastrointestinal</b> choking, dry mouth, nausea, vomiting, diarrhoea</li> <li>• <b>Musculoskeletal</b> muscle aches and pains, restlessness, tremor and shaking</li> </ul> <p><b>Psychological effects:</b></p> <ul style="list-style-type: none"> <li>• Unrealistic and/or excessive fear and worry (about past or future events)</li> <li>• Mind racing or going blank</li> <li>• Decreased concentration and memory</li> <li>• Difficulty making decisions</li> <li>• Irritability, impatience, anger</li> <li>• Confusion</li> <li>• Restlessness or feeling on edge, nervousness</li> <li>• Tiredness, sleep disturbances, vivid dreams</li> <li>• Unwanted unpleasant repetitive thoughts</li> </ul> <p><b>Behavioural effects:</b></p> <ul style="list-style-type: none"> <li>• Avoidance of situations</li> <li>• Repetitive compulsive behaviour e.g. excessive checking</li> <li>• Distress in social situations</li> <li>• Urges to escape situations that cause discomfort (phobic behaviour)</li> </ul>

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

## Depression

- A clinical depression is one that lasts for at least 2 weeks, affects behaviour and has physical, emotional and cognitive effects. It interferes with the ability to study, work and have satisfying relationships. Depression is a common but serious illness and can be recurrent. In England it affects at least 5% of teenagers, although some estimates are higher. Rates of depression are higher in girls than in boys.
- Depression in young people often occurs with other mental disorders, and recognition and diagnosis of the disorder may be more difficult in children because the way symptoms are expressed varies with the developmental age of the individual. In addition to this, stigma associated with mental illness may obscure diagnosis.

Risk Factors	Symptoms
<ul style="list-style-type: none"> <li>• Experiencing other mental or emotional problems</li> <li>• Divorce of parents</li> <li>• Perceived poor achievement at school</li> <li>• Bullying</li> <li>• Developing a long term physical illness</li> <li>• Death of someone close</li> <li>• Break up of a relationship</li> </ul> <p>Some people will develop depression in a distressing situation, whereas others in the same situation will not</p>	<ul style="list-style-type: none"> <li>• Effects on emotion: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness</li> <li>• Effects on thinking: frequent self-criticism, selfblame, worry, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see you in a negative light, thoughts of death or suicide</li> <li>• Effects on behaviour: crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation.</li> <li>• Engaging in risk taking behaviours such as self-harm, misuse of alcohol and other substances, risk-taking sexual behaviour.</li> <li>• Physical effects: chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches and pains</li> </ul>

## **Eating Disorders**

- Anyone can get an eating disorder regardless of their age, gender or cultural background. People with eating disorders are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial.
- Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, 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	Warning Signs
<ul style="list-style-type: none"> <li>• Difficulty expressing feelings and emotions</li> <li>• A tendency to comply with other's demands</li> <li>• Very high expectations of achievement</li> </ul> <p>A home environment where food, eating, weight or appearance have a disproportionate significance</p> <ul style="list-style-type: none"> <li>• An over-protective or over-controlling home environment</li> <li>• Poor parental relationships and arguments</li> <li>• Neglect or physical, sexual or emotional abuse</li> <li>• Overly high family expectations of achievement</li> <li>• Being bullied, teased or ridiculed due to weight or appearance</li> </ul> <p>Pressure to maintain a high level of fitness/low body weight for e.g. sport or dancing</p>	<p>School staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the designated teacher.</p> <p><b>Physical Signs:</b></p> <ul style="list-style-type: none"> <li>• Weight loss</li> <li>• Dizziness, tiredness, fainting</li> <li>• Feeling Cold</li> <li>• Hair becomes dull or lifeless</li> <li>• Swollen cheeks</li> <li>• Callused knuckles</li> <li>• Tension headaches</li> <li>• Sore throats / mouth ulcers</li> <li>• Tooth decay</li> </ul> <p><b>Behavioural Signs:</b></p> <ul style="list-style-type: none"> <li>• Restricted eating</li> <li>• Skipping meals</li> <li>• Scheduling activities during lunch</li> <li>• Strange behaviour around food</li> <li>• Wearing baggy clothes</li> <li>• Wearing several layers of clothing</li> <li>• Excessive chewing of gum/drinking of water</li> <li>• Increased conscientiousness</li> <li>• Increasing isolation / loss of friends</li> <li>• Secretive behaviour</li> <li>• Visits the toilet immediately after meals</li> <li>• Excessive Exercise</li> </ul> <p><b>Psychological Signs:</b></p> <ul style="list-style-type: none"> <li>• Preoccupation with food</li> <li>• Sensitivity about eating</li> <li>• Denial of hunger despite lack of food</li> <li>• Feeling distressed or guilty after eating</li> <li>• Self-dislike</li> <li>• Fear of gaining weight</li> <li>• Moodiness</li> <li>• Excessive perfectionism</li> </ul>

- All PE teachers at the School will be made aware of which pupils have a known eating disorder.
- The School will not discriminate against pupils with an eating disorder and will enable them whenever
- Appropriate, to be involved in sports.
- Advice will be taken from medical professionals, however, and the amount and type of exercise will be closely monitored.

### **Self- Harm**

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

### **Definition of Self-Harm**

- Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:
  - Cutting, scratching, scraping or picking skin
  - Swallowing inedible objects
  - Taking an overdose of prescription or non-prescription drugs
  - Swallowing hazardous materials or substances
  - Burning or scalding
  - Hair-pulling
  - Banging or hitting the head or other parts of the body
  - Scouring or scrubbing the body excessively

Risk Factors	Warning Signs
<ul style="list-style-type: none"> <li>• Depression/anxiety</li> <li>• Poor communication skills</li> <li>• Low self-esteem</li> <li>• Poor problem-solving skills</li> <li>• Hopelessness</li> <li>• Impulsivity</li> <li>• Drug or alcohol abuse</li> <li>• Unreasonable expectations</li> <li>• Neglect or physical, sexual or emotional abuse</li> <li>• Poor parental relationships and arguments</li> <li>• Depression, self-harm or suicide in the family</li> <li>• Difficulty in making relationships/loneliness</li> <li>• Being bullied or rejected by peers</li> </ul>	<ul style="list-style-type: none"> <li>• Changes in eating/sleeping habits (e.g. pupil may appear overly tired if not sleeping well)</li> <li>• Increased isolation from friends or family, becoming socially withdrawn</li> <li>• Changes in activity and mood e.g. more aggressive or introverted than usual</li> <li>• Lowering of academic achievement</li> <li>• Talking or joking about self-harm or suicide</li> <li>• Abusing drugs or alcohol</li> <li>• Expressing feelings of failure, uselessness or loss of hope</li> <li>• Changes in clothing e.g. always wearing long sleeves, even in very warm weather</li> <li>• Unwillingness to participate in certain sports activities e.g. swimming</li> </ul>

**Mental Health First Aid**

**ASK**

**ASSESS**

**ACT**

## **Panic attack**

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

## **Depression**

- 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 Named Officer aware of any child causing concern.
- Following the report, the Named Officer will decide on the appropriate course of action.

## **Self-harm**

- When working with pupils who self-harm:
  - *Pupils may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. School staff may experience a range of feelings in response to self-harm in a pupil such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to pupils it is important to try and maintain a supportive and open attitude – a pupil who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.*
  - *It is important to encourage pupils to let staff know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be dangerous and that by seeking help and advice for a friend they are taking responsible action and being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner.*
  - *The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. Any member of staff wishing for further advice on this should consult either the Named Officer.*
  - *When a young person is self-harming it is important to be vigilant in case close contacts with the individual are also self-harming.*

## Support Actions

- These may include:
  - *Individual Care Plan (ICP)*
  - *Contacting parents/carers*
  - *Arranging professional assistance e.g. doctor, nurse*
  - *Arranging an appointment with a counsellor*
  - *Arranging a referral for medical advice – with parental consent*
  - *Giving advice to parents, teachers and other pupils*
  - *Removing the pupil from lessons if their remaining in class is likely to cause further distress to themselves or their peers*
  - *In the case of an acutely distressed pupil, the immediate safety of the pupil is paramount and an adult should remain with the pupil at all times*
  - *If a pupil has self-harmed in school a first aider should be called for immediate help*
- Any meetings with a pupil, their parents or their peers should be recorded in writing including:
  - *Dates and times*
  - *An action plan*
  - *Concerns raised*

## Resources For Whole School Approaches

### HM Government – Promoting Children and young people’s mental health and wellbeing

- The 8 principles in this document are informed by evidence and practitioner feedback about what works, and if applied consistently and comprehensively will contribute towards helping protect and promote student emotional health and wellbeing (H&W). The document signposts to Ofsted inspection criteria, practice examples and resources to support implementation.  
<https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>
- Hertfordshire Kite Mark (launched in Spring 2018)
  - *The Healthy Young Minds in Herts School Accreditation process will enable schools to achieve kite mark status for their contribution to supporting mental health and wellbeing. It will help to ensure a consistent approach to school based competency in relation to mental health and wellbeing. The Suicide Aware Schools Status award contains some additional requirements for schools to demonstrate a commitment to reducing suicide.*
- Mental Health Leads Toolkit
  - *Created as part of the CAMHS Transformation,*  
<https://www.healthyyoungminds.com/schools/>
  - *features a wealth of information for young people, parents and carers and professionals working with children and young people.*
  - *There are resources for schools in a password-protected area, including the latest Mental Health Leads toolkit, lesson plans and a forum to share best practice. The forum and tools for mental health leads contain resources which can be used locally (you need to register to access this section.) Anyone in a Hertfordshire school can register.*
- To register, visit [www.healthyyoungmindsinherts.org.uk/schools](http://www.healthyyoungmindsinherts.org.uk/schools) click on the link 'To access schools forum you must be [logged in](#)' underneath the menu on the left hand side. Click on the new user tab, fill out the form and your account will be sent for approval.
  - *5 Ways to Well-being*
  - *Families First Portal*
  - *School Health (run an Anxiety course for schools)*
  - *KOOTH APP*
  - [www.mindfull.org](http://www.mindfull.org)
  - [www.youngminds.org.uk](http://www.youngminds.org.uk)