Mental Health and Emotional Wellbeing Policy

Statement of policy intent

"Schools have an important role to play in supporting the mental health and wellbeing of children by developing whole school approaches tailored to their particular needs, as well as considering the needs of individual pupils." Mental Health and Behaviour in Schools (DFE, November 2018).

At London Christian School, we are committed to promoting, supporting and maintaining the good health and wellbeing, and mental health, of everyone here. We have a supportive and caring Christian ethos and our approach is respectful and kind, where each individual and contribution is valued.

We have a holistic perspective of each individual. Each person is made in the image of God with inherent value and worth. We recognise the importance of emotional, social, physical and spiritual growth and we aim to provide a context and community in which this growth can occur.

At our school we know that everyone experiences life challenges that can make us vulnerable and at times, anyone may need additional emotional support. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly, and indirectly by mental ill health.

At LCS we understand that only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. London Christian School staff may instead observe children day to day and could identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. This may include withdrawn pupils whose needs may be otherwise unrecognised.

Policy aims

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.

This policy aims to:

- Promote positive mental health in all staff and pupils
- To promote life skills across the curriculum so that pupils will learn about mental, emotional, social, spiritual and physical wellbeing.
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Outline and provide support to pupils suffering mental ill health and their peers and parents/carers

At LCS we:

- help children to understand their emotions and feelings better
- help children feel comfortable sharing any concerns or worries
- help children socially to form and maintain relationships
- promote self esteem and ensure children know that they are uniquely made by God, and special
- promote an awareness that in God there is a source outside themselves to which it is possible to turn when struggling with worries, relationships or mental health
- encourage children to be confident
- help children to develop emotional resilience and to manage setbacks or disappointments
- help children to develop empathy towards others

We promote a mentally healthy environment through:

- Promoting the values of kindness, service, humility, forgiveness and moral courage through assemblies and teaching
- Promoting pupil voice and opportunities to participate in decision-making
- Celebrating academic and non-academic achievements
- Providing opportunities to develop a sense of worth through taking responsibility for themselves and others
- Providing opportunities to reflect (Circle Time and Collective Worship)
- Promoting children's unique talents and abilities identified and developed (e.g. Extra-curricular clubs, More Able register)
- Providing adults who model positive and appropriate behaviours and interactions at all times.
- Providing access to appropriate support that meets their needs

We pursue our aims through:

- Universal, whole school approaches
- Support for pupils going through recent difficulties including bereavement/anxiety/significant change
- Specialised, targeted approaches aimed at pupils with more complex or long term difficulties including attachment disorder.

Scope
This policy should be read in conjunction with our Safeguarding, SEND, Behaviour, Attendance, Anti-Bullying and SMSC policies.

Responsibility for policy implementation

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

Miss Katie Vivyan – Designated Safeguarding Lead, Deputy Head teacher, Pastoral care lead
Miss Nicola Collett-White – Headteacher, Deputy Designated Safeguarding Lead
Mrs Lizzie Styles – EYFS coordinator
Mrs Rebecca Croft - SENco

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

Where a referral to CAMHS is appropriate, this will be led and managed by Miss Katie Vivyan, pastoral care lead and Deputy Headteacher and/or Miss Nicola Collett-White - Headteacher. Guidance about referring to CAMHS is provided in Appendix E.

Training for staff

Responsibility delegated to the Headteacher and Deputy Headteacher

- As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular safeguarding training in order to enable them to keep students safe.
- The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue.
- Appendices B and C provide further information and sources of support about common mental health issues.

Teaching about Mental Health
The skills, knowledge and understanding needed by our students to keep themselves, and others, physically and mentally healthy and safe are included as part of our PSHE curriculum (see Appendix A). The content of lessons will sometimes be determined by the specific needs of the cohort we are teaching. Assemblies also provide opportunities to teach into the promotion of healthy well being. Once a year we have a 'Wellbeing Week' to promote healthy wellbeing and mental health which includes focused assemblies, PSHE lessons and fun activities. We will ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Signposting
We will ensure that staff, pupils and parents are aware of sources of support within school and in the relevant London borough.

Targeted support
We ensure timely and effective identification of children who would benefit from targeted support and ensure appropriate referral to support services by:

- Identifying children who are showing early signs of anxiety, emotional distress, or behavioural problems;
- Providing specific help for those children most at risk (or already showing signs) of social, emotional, and behavioural problems;
- Working with Children's Services, CAMHS and other agencies services to follow protocols including assessment and referral
- Discussing options for tackling these problems with the child and their parents/carers.
- Agreeing an Individual Care Plan
- Providing a range of interventions
- Provide children with clear and consistent information about the opportunities available for them to discuss personal issues and emotional concerns.
- Provide children with opportunities to build relationships, particularly those who may find it difficult to seek support when they need it;

Some of the in-school targeted approaches for individual and groups may include:

- Circle time activities in class determined by the needs of the cohort
- Managing feelings resources e.g. 'worry boxes', journals
- Therapeutic activities including art and Lego activities (e.g. Brick Club)
- Class lunches with senior members of staff to have informal discussions
- Individual and small group discussions with pastoral care lead

We recognise some children and young people are at greater risk of experiencing poorer mental health. For example, those who are in care, young carers, those who have had previous access to CAMHS, those living with parents/carers with a mental illness and those living in households experiencing domestic violence.

Individual Health Care Plans
It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

Identifying needs and warning signs
Identifying or diagnosing a negative mental health need is not the school's role- this must be completed by mental health professionals who will then in turn advise staff how to support the student. Instead, the school staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional

wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the Designated Safeguarding Lead or the Mental Health Lead as appropriate.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Refusal to take part in PE or getting changed secretively
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

Managing disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.

If a pupil chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

Staff should listen, rather than advise and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see Appendix D.

All disclosures should be documented on Integris as a neutral incident. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information should be shared with the mental health lead, Katie Vivyan who will store the record appropriately and offer support and advice about next steps. See appendix E for guidance about making a referral to CAMHS.

Confidentiality

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

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

We will never share information about a pupil without first telling them. Ideally we will receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent.

It is always advisable to share disclosures with a colleague, usually the mental health lead, Katie Vivyan. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with. Parents must always be informed.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead must be informed immediately.

Working with individual parents
Before disclosing to and meeting with parents we will consider the following questions (on a case by case basis):

- 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 student, other members of staff.
- What are the aims of the meeting?

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

It may be necessary to highlight further sources of information and signpost parents to where further information can be found. It is possible that parents may find it hard to take much in whilst coming to terms with the news about their child. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums.

We will always provide clear means of contacting the school with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. We will keep a brief record of the meeting on the child's confidential record.

Working with all parents
Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to access this support, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

Staff Mental Health
We recognise that anyone can experience mental health issues for various reasons which may be out of their control. There may also be work related factors that could contribute to poor mental health such as work life imbalance or workload pressure. To every extent possible, we aim to recognise and address cases of workplace pressures that contribute to mental health issues.

We aim to:

- Treat staff mental illness seriously.
- Proactively support resolution of issues causing concern.
- Support staff members who face mental health problems.
- Create pleasant workplaces (staff Shout Out, staff raffle)
- Encourage communication

Policy Approved by the Headteacher: September 2024
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Appendix A: PSHE curriculum where mental health and emotional well being is covered

Year group	**Autumn 1** *The World I live in*	**Autumn 2** *God cares for me and the people around me*	**Spring 1** *Making wise choices*	**Spring 2** *When life gets tricky/we face challenges*	**Summer 1** *Making a difference in God's world/wider world*	**Summer 2** *Dealing well with change*
Year 1 **Year 2**	-How we are unique and loved by God -My feelings -Handling conflict -My strengths	-Anti-bullying -Helping others	-Eating well -Exercising -Personal boundaries -Taking an interest in others -Online safety	-Things I am good at -Growth mindset -What to do with worries	-What makes a good friend? -Being helpful -Being kind -Respecting difference	-What happens as we grow? -Friendship -What to do about worries?
Year 3 **Year 4**	-How we are unique and loved by God -Respecting others -Handling conflict -Resilience	-Anti-bullying -Helping others	-Eating well -Exercising -Personal boundaries -Taking an interest in others -Online safety	-Growth mindset -What to do with worries -Hobbies	-Values	-Resilience: when things don't turn out as expected -Friendship -What to do with worries?
Year 5 **Year 6**	-How we are unique and loved by God -Respecting others -Handling conflict -Resilience	-Anti-bullying -Helping others	-Eating well -Exercising -Personal boundaries -Taking an interest in others -Online safety	-Growth mindset -What to do with worries -Personal hygiene	-Respecting and appreciating difference	-Resilience: when things don't turn out as expected -Friendship -What to do with worries?

<u>Other curriculum opportunities to teach positive mental health and emotional well being</u>

- Computing: Online safety, cyberbullying, how to behave online
- Assemblies: LCS values of kindness, service, humility, moral courage and forgiveness and the FBV

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

Some of these issues are more likely and prevalent in secondary schools, but it can happen in primary schools.

Prevalence of Mental Health and Emotional Wellbeing Issues[1]

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

Support on all of these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

Self-harm

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

Online support

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

BooksPooky 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

[1] Source: Young Minds

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support

Depression Alliance: www.depressionalliance.org/information/what-depression

Books

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

Anxiety, panic attacks and phobias

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

Online support

Anxiety UK: www.anxietyuk.org.uk

Books

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

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

Obsessions and compulsions

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

Online support

OCD UK: www.ocduk.org/ocd

Books

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

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

Suicidal feelings

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

Online support

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

On the edge: ChildLine spotlight report on suicide:
www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Books

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

Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support

Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry:
www.inourhands.com/eating-difficulties-in-younger-children

Books

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

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

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

Appendix C: Guidance and advice documents

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2018)

https://www.gov.uk/government/publications/counselling-in-schools - departmental advice for school staff and counsellors. Department for Education (2015)

https://www.gov.uk/government/publications/keeping-children-safe-in-education--2 - statutory guidance for schools and colleges. Department for Education (2024)

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3 - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing - a report produced by the Children and Young People's Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)

https://www.nice.org.uk/guidance/ph12

https://www.mentalhealth.org.nz/assets/ResourceFinder/What-works-in-promoting-social-and-emotional-wellbeing-in-schools-2015.pdf - Advice for schools and framework
document written by Professor Katherine Weare. National Children's Bureau (2015)
https://www.beingwellagenda.org/ - Resources and ideas- ten themes
https://youngminds.org.uk/- Dealing with safeguarding, bullying and mental health issues Y5/6
https://www.minded.org.uk/ - Online training
https://mindedforfamilies.org.uk/ - Useful resources for children, parents and staff

Appendix D: Talking to pupils when they make mental health disclosures

These ideas are to help in initial conversations with pupils when they disclose mental health concerns. This advice is alongside relevant school policies on child protection and discussed with relevant colleagues as appropriate. The ALGEE approach is referred to for dealing with concerns:

This advice is from the 'Mental Health First Aiders' booklet.

A = Approach (Have a conversation and be sensitive)
L = Listen (Don't interrupt, let the other person speak and don't judge)
G = Give Support (Treat with respect and give practical help)
E = Encourage (To speak to a staff member)
E = Encourage (To speak to family/friends and other agencies/helplines)

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

Don't talk too much
The pupil should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the pupil does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the pupil to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. Just listen.

Don't pretend to understand
The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

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

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

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

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

Never break your promises
Above all else, a pupil wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the pupil's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

Appendix E: What makes a good CAMHS referral?

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

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

General considerations

- Have you met with the parent(s)/carer(s) and the referred child/children?
- Has the referral to CAMHS been discussed with a parent / carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent / carer given consent for the referral?
- What are the parent/carer pupil's attitudes to the referral?

Basic information

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

Reason for referral

- What are the specific difficulties that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem/issues involved.

Further helpful information

- Who else is living at home and details of separated parents if appropriate?
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with CAMHS?
- Has there been any previous contact with social services?
- Details of any known protective factors
- Any relevant history i.e. family, life events and/or developmental factors
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay
- Are there any symptoms of ADHD/ASD and if so have you talked to the Educational psychologist?