



ST. EDWARD'S  
OXFORD

# MENTAL HEALTH POLICY

21<sup>st</sup> AUGUST 2024

## Document History

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# Contents

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Aims and Objectives

Policy Statement and Principles

Key Contacts

Promoting Good Mental Health

Child Protection Responsibilities

Procedures to be followed when staff have a welfare concern about a pupil

- Supporting individual pupils

- Identifying concerns

- Assessing concerns

- Responding to concerns

Working with parents/carers/guardians

Confidentiality and information sharing

Management of Pupil Mental Health Concerns in School and in Boarding

- keeping things normal

- treatment and medication

- threshold evaluation

- reintegration to school

- care plans

Providing a network of support

- the Health Centre

- the Counselling Service

Advice and Training

Appendix A

Risk and Protective Factors for Mental Health Difficulties in School-Aged Children (figure 1)

Appendix B

- Promoting Good Mental Health

Appendix C

- Mental Health Conditions and How to Help

- Anxiety and Depression

- Suicidal Thoughts and Feelings

- Self-harm

- Eating disorders

## Appendix D

How can Pupils access Support in the School  
Other help available

## Appendix E

Counselling Agreement

# Aims and Objectives

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The overarching aims of this policy are:

- To promote positive mental health and emotional well-being among pupils;
- To reduce the stigma around mental health and create an environment of openness and trust;
- To enhance understanding of mental health issues for timely intervention and support;
- To support and guide staff in assisting pupils with mental health challenges;
- To ensure comprehensive support is accessible to all pupils;
- To work in partnership with parents/carers and external agencies to develop integrated support plans for individual pupils.

# Policy Statement and Principles

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St Edward's is dedicated to promoting the mental health and emotional well-being of our entire community. Guided by our core values of Integrity, Kindness, and Courage, we ensure these principles are fostered in our pupils, underpinning everything that we do. Recognising the crucial role of mental health in our pupils' development and success, we strive to create a secure, inclusive, and supportive environment where pupils thrive and can face daily challenges.

This policy highlights our commitment to supporting pupils' mental and emotional needs through comprehensive whole-school and targeted approaches. It outlines staff responsibilities in promoting positive mental health, our process for identifying and responding to mental health issues, and the high-quality support available to pupils. We emphasise a collaborative approach involving pupils' parents and guardians/carers to ensure holistic care.

We recognise the importance of childhood and adolescence in shaping future mental health, we actively promote positive mental health and address mental health issues. The NHS England's 2023 report on the Mental Health of Children and Young People found that 20.3% of eight to 16-year-olds had a probable mental health disorder, highlighting the pressures young people face today. Issues such as anxiety, depression, and eating disorders can significantly impact self-esteem, social integration, and academic performance.

Certain individuals and groups are more susceptible to developing mental health issues. These risks can stem from the child, their family, community, or life events. Risk factors are cumulative; children exposed to multiple risk factors are more likely to develop mental health issues. Despite high risks, children can flourish and understanding protective factors that enable children to be resilient is key to positive mental health. We aim to reduce the risk of mental health issues by helping pupils become more resilient and

addressing difficulties as they arise. More details on risk and protective factors for mental health difficulties can be found in Appendix A.

Research indicates schools are trusted by pupils and can significantly aid their mental health. St Edward's structures and systems are designed to create a stable, trusted environment for pupils to thrive. By implementing effective mental health policies and procedures, we aim to create a safe and stable environment that supports wellbeing and enables early identification and intervention for pupils affected by mental health challenges.

## Key Contacts

Designated Safeguarding Lead (DSL)	<a href="mailto:Safeguarding@stedwardsoxford.org">Safeguarding@stedwardsoxford.org</a>
Deputy Designated Safeguarding Lead, Sub-Warden	Clare Hamilton hamiltonc@stedwardsoxford.org 07739 022 643
Deputy Designated Safeguarding Lead, Deputy Head Pastoral	Eve Singfield singfielde@stedwardsoxford.org
School Psychologist	Dr Emma Speed-Andrews speedandrewse@stedwardsoxford.org
Deputy Designated Safeguarding Lead, Deputy Head Welfare	Dr Jim Panton pantonj@stedwardsoxford.org
School Nurse Manager Lead for Eating Disorder and Self-Harm Pathways	Lisa More O'Ferrall <a href="mailto:Moreoferralll@stedwardsoxford.org">Moreoferralll@stedwardsoxford.org</a>
School GP	Dr Olivia Beardmore beardmoreo@stedwardsoxford.org
Safeguarding Governor	Dr Clare Robertson robertsonc@stedwardsoxford.org
Warden	Mr Alastair Chirnside warden@stedwardsoxford.org

## Promoting Good Mental Health

St Edward's is dedicated to establishing a positive and supportive culture that values every pupil, creates a sense of belonging, and encourages open and non-stigmatising discussions about mental health. We are committed to supporting the social, emotional, and mental health of everyone in our community through systems detailed in Appendix B.

# Child Protection Responsibilities

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St Edward's is dedicated to prioritising the welfare of pupils. This commitment extends to all staff members, including temporary and volunteer staff, who are expected to adhere to our rigorous safeguarding standards.

St Edward's Code of Conduct underscores these expectations, emphasizing the importance of creating a secure environment conducive to effective learning. We promote self-confidence, self-worth, and responsiveness to pupils' needs and concerns. The Warden oversees adherence to our safeguarding procedures. As part of this, our Director of Safeguarding serves as the Designated Safeguarding Lead (DSL), managing all daily safeguarding and child protection matters.

Parents are encouraged to contact the DSL with any concerns regarding their child's welfare, or that of another pupil. They may also consult privately with the pupil's HM or a member of the Pastoral Management Team, who follow protocols to involve the DSL.

Beyond the Safeguarding Policy, St Edward's places a strong emphasis on nurturing the mental and emotional well-being of our pupils, ensuring a supportive and caring environment for their development.

## Procedures to be followed when staff have a welfare concern about a Pupil

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### **Supporting Individual Pupils**

All members of the community at St Edward's work together to identify and monitor mental health concerns, fostering a culture where pupils feel comfortable to communicate openly, to support individual pupils and respond to disclosures.

The school can become aware of mental health concerns in various ways: when individuals acknowledge their own difficulties and seek help; when parents, adults, or other pupil's report concerns about a pupil's mental health behaviour; or when staff recognise signs that indicate a pupil is struggling to cope and report it.

Information will be recorded promptly and accurately on CPOMS to log and track concerns. The Pastoral Steering Group meets weekly to discuss pupils of concern and agree on actions.

Common mental health difficulties may affect mood, cognition, and physical state through a variety of signs and symptoms. These issues can present themselves in many ways, including anxiety, depression, eating disorders, self-harm, and suicidal ideation. More information related to specific mental health difficulties and how to respond can be found in Appendix C.

## Identifying Concerns

Staff members who interact daily with pupils are in the best position to observe changes in behaviour that may signal a mental health difficulty.

Common signs include:

- sudden changes in behaviour, mood, or appearance;
- reference to self-harm or suicide;
- changes in eating or sleeping habits;
- significant decline in academic performance;
- withdrawn or passive behaviour;
- increased subdued or excitable demeanour;
- obsessive or perfectionistic tendencies;
- excessive focus on academics;
- changes in standard of dress;
- missing lessons or co-curricular commitments;
- lateness or absence from school;
- hyper-active or anxious behaviour;
- expressing feelings of failure or hopelessness;
- loss of enthusiasm or motivation for school activities;
- emerging concerns about a pupil's home life;
- aggressive or disruptive conduct;
- secretive behaviour;
- substance abuse;
- unexplained physical complaints like pain or nausea.

## Assessing concerns

If a pupil discloses cause for concern about their mental health, staff should promptly assess any immediate risk or danger. Concerns may also be raised by another pupil or a member of staff, which will also require prompt assessment for immediate risk or danger.

Follow the Ask, Assess, Act approach: ask about the support the student needs, assess any risk of harm, and take immediate steps action to mitigate it.

Listen empathetically without judgement, allowing the pupils to express themselves and build trust to guide further assistance.

Provide reassurance and commend their courage, while explaining the limits of confidentiality, as it may be a safeguarding or child protection matter.

Help the pupil to access appropriate support and signpost them to available options. Direct them to relevant sources of support (see Appendix D). Explain that you would like to share their thoughts with someone else so they may get the best help. Encourage them to speak with someone, offering to accompany them if needed.

## Responding to concerns

If a staff member suspects an immediate risk, for example that a pupil is contemplating suicide or is close to entertaining such thoughts, they must:

- Immediately contact the Designated Safeguarding Lead, or if unavailable the Deputy Head Pastoral or the Sub-Warden who can assist in determining the best course of action. If the situation is life threatening, the staff member should call the emergency services on 999 for immediate help.

### **If a staff member identifies a significant (but not immediate) risk, they must:**

- Confer immediately with the Designated Safeguarding Lead or if unavailable the Deputy Head Pastoral or Sub-Warden.
- Inform the pupil's HM.
- Alert the School Psychologist / School Doctor / Senior Nurse (as necessary).
- Organise an urgent case conference with parents.

After escalating and managing the incident, the staff member should record the case details in CPOMS before the end of the day. This record should include:

- Date and time.
- Name(s) of the member(s) of staff to whom the disclosure was made.
- Main points from the conversation and concerns raised.
- Agreed next steps.
- Details of anyone else who has been informed.

### **If there is no immediate risk of harm, the staff member should:**

- Share their concerns with the pupil's HM who may assess the severity, persistence, and triggers for the behaviour.

If they have access, the staff member should record the incident on CPOMS, or if not possible, email 'safeguarding@stedwardsoxford.org' and copying in the pupil's HM outlining what happened, which can then be placed in CPOMS on their behalf. They can also seek the advice of a senior pastoral team member.

CPOMS entries automatically notify relevant team members via email. Based on the incident, actions will be determined, and further discussion may occur in the Pastoral Steering Group.

Possible actions include (but not limited to):

- Organise a case conference.
- Further discussion with the pupil to develop a support plan.
- Providing advice to parents, teachers, house staff and other pupils as necessary.
- Contacting parents/guardians.
- Coordinating professional assistance, such as an appointment with the counselling team, school doctor, school nurse, school chaplain or CAMHS.
- Implementing a monitoring and watchful waiting approach

\*Further actions should be documented on CPOMS/Pastoral Steering Group records.

\*Staff bound by greater levels of confidentiality (nurses, counselling team, school doctor, chaplain) will maintain their own records, assessing when to share information and documenting cases where the pupil has not granted consent for information to be shared.

## Working with Parents/Carers/Guardians

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St Edward's highly values the involvement of parents, carers, and guardians in supporting pupils' mental health and well-being. We aim to keep parents informed of any concerns regarding a pupil's progress or behaviour to collaborate on providing support. We also understand the importance of creating a safe environment where pupils feel comfortable sharing concerns and seeking help when needed.

Before admission, St Edward's requests information about pupils' previous mental health difficulties to identify any medical or welfare concerns. Families are asked to keep the school informed of any changes to ensure appropriate support.

## Confidentiality and Information Sharing

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Confidentiality is fundamental to establishing a trusted environment where pupils can freely express themselves. Our staff prioritise open communication, effective listening, and providing supportive responses, particularly in boarding environments where pastoral care is crucial.

Disclosure of information within school is restricted to those directly involved in pupils' care or fulfilling our duty of care, ensuring that pupil wellbeing and safety are supported on a need-to-know basis. Sensitive information is not discussed casually or outside the school, except when necessary for inter-agency collaboration.

The well-being of the child is paramount; while we encourage pupils to discuss difficulties with parents/carers, we prioritise the child's needs. Information may not automatically be shared unless it is deemed in the child's best interest, which may include withholding confidential disclosures from parents in limited circumstances.

In most pastoral discussions, confidentiality is limited, and information will be shared with appropriate professionals and parents to ensure optimal care. Staff clarify these boundaries with pupils upfront to maintain trust and avoid promising absolute confidentiality. Information may be disclosed in cases of public interest or for the safety of the school community or best interests of the individual pupil. Staff are encouraged to seek assistance promptly from more experienced professionals and avoid managing sensitive information alone.

The school's medical professionals, counselling service, and chaplain offer a higher level of confidentiality, provided the pupil meets the criteria of the Gillick/Fraser Guidelines. These staff members guide pupils on discussing issues while considering the role of parents/carers and those acting in loco parentis. However, the pupil's needs are prioritised, and consent for advice or treatment may not always necessitate notification to parents/carers.

For more detailed information on confidentiality and information sharing within the school, please refer to the Safeguarding Policy.



**Appendix D** provides information on internal support and list of external agencies for additional help.

## Management of Pupil Mental Health Concerns in School and In Boarding

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### Keeping things normal

While it is not the school's responsibility to provide specialist mental healthcare for individuals mental or emotional health difficulties, the school will strive to play a supportive role and where appropriate pupils can access support from the Health Centre and Counselling team, within term time. In the school environment we will aim to maintain a sense of normality, subject to agreed-upon adjustments to accommodate individual needs. Standard behavioural expectations will apply, and the school will ensure that pupils feel like part of the community. To this end, St Edward's will seek to provide a secure and safe environment for all pupils.

#### Treatment and Medication

Treatment may require various levels of support, including various therapies and medications. Parents and carers should inform the school about any prescribed medications so that staff can understand and be supportive, especially since side effects may impact mood, focus, or sleep. The Health Centre must be informed of any medications being taken.

### Threshold Evaluation

Management of a pupil's mental and emotional health difficulties will be assessed individually. Where there are significant concerns about a pupil's welfare, the Residency Board Committee, in consultation with relevant health professionals, will evaluate whether a pupil is fit to remain in school and in boarding. This review may consider:

- the pupil's potential risk to themselves, or others;
- whether the pupil requires a level of care or supervision that cannot be reasonably provided in the boarding setting, especially during weekends and overnight;
- whether the situation is negatively affecting others - impact on peers;
- the availability of medical and mental health support and where the pupil can access the best possible support;
- the pupil's engagement in support strategies and compliance with care/safety plans;
- the pupils willingness to access support from keyworkers;
- whether the pupil's condition has deteriorated.
- the pupil's consent to information sharing with appropriate individuals.
- the family and pupil agree to the care plan and that it will be reviewed regularly
- the sufficiency of information sharing between professionals, school, and family.

Guidance from the school's safeguarding team, and collaboration with medical professionals and external agencies such as CAMHS, will be considered; as will the views of the family and pupil. However, the final decision will be made by the Residency Board Committee, prioritising the best interest of the pupil and the wider school community.

If it is determined that the pupil's presence may be detrimental to the well-being and safety of others, or if their mental health needs may not be safely managed within the boarding environment, the school reserves the right to request that parents withdraw the pupil until appropriate measures are in place. Pupils will likely be unable to continue boarding if there is a risk of suicide. In cases of suspected suicidal tendencies, or significant mental health concern, permission to continue boarding may only be granted after the DSL receives written medical advice confirming no unreasonable danger is posed. This is likely to involve assessment by an external mental health expert, such as a child and adolescent psychiatrist.

Should the pupil be absent from school for any period, the school will remain supportive and make appropriate arrangements to ensure on-going communication and the provision of academic materials, as necessary, in consultation with medical professionals treating the pupil.

### **Reintegration to school**

If a pupil requires time away from school, the school will take all necessary steps to ensure smooth reintegration when they are ready to return. The DSL and relevant members of the pupil's pastoral team will develop appropriate integration and support through a Care Plan, involving the pupil as much as possible to ensure they have meaningful input. Parents may also be consulted. If a phased return is deemed appropriate, it will be agreed upon with the parents and medical/counselling professionals. A final, formal decision will be taken by the members of the Residency Board (including Director of Safeguarding, Deputy Head Pastoral and the Sub-Warden) before a pupil is allowed to return to School.

### **Pupil Care Plans**

When individuals' needs are deemed significant by the Pastoral Steering Group/Safeguarding Team, the safeguarding team coordinates individual care plans, which are updated throughout the year or reviewed annually to reflect changes and recorded in CPOMS. These plans outline any difficulties and support measures needed for the individual's care. Key pastoral staff have access to this information on a need-to-know basis, and relevant details are shared with those overseeing overnight stays or activities outside of the school.

## **Providing a Network of Support**

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In addition to providing support for individual with mental health and well-being concerns, the school is dedicated to ensuring all pupils have access to a comprehensive network of pastoral and medical services. These include tutors and Boarding house staff who are available throughout the school day, School Chaplain, Learning Support Department, Independent listener, and 6th Form peer mentors, who are trained to support other pupils.

### **The Health Centre**

During term, the Health Centre offers a 24-hour service with a nurse always available. The School Doctor is available on Mondays, Wednesdays, Thursdays and Fridays.

### **The Counselling Service**

The school counselling service includes access to a full-time on-site clinical psychologist, Dr Emma Speed-Andrews, and a School Counsellor, Sophie Christie. This service offers a calm and neutral environment for

pupils with behavioural, social, or emotional concerns to address their difficulties. It's crucial that counselling is not seen as a form of punishment, and attendance must be voluntary. Both House staff and parents play a vital role in supporting this initiative.

The school facilitates access to the counselling service when a pupil (and often parents) concerned believe it could be beneficial. Occasionally, the school may suggest counselling as a possible course of action to a family or pupil, but family counselling would be undertaken by an external counsellor.

Consultations take place at Stratfield 1 and 2. Pupils can access this service through various referral pathways, including:

- via their HM;
- via the Pastoral Steering Group;
- via the School Doctor or Nurse;
- via parents/carers;
- via self-referral.

A copy of the pupil counselling agreement which provides information on confidentiality in counselling can be found in **Appendix E**.

## Advice and Training

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The Pastoral Steering Group work closely together to identify opportunities for staff training, so that all members of staff feel confident in supporting pupils with their mental health. If a staff member feels unable to fulfil their professional duties concerning a pupil's well-being, they should promptly inform their line manager or discuss it with the Continuing Professional Development Lead.

## Appendix A – Risk and Protective Factors for Mental Health Difficulties in School – Aged Children

	<b>Risk factors</b>	<b>Protective factors</b>
In the child	<ul style="list-style-type: none"> <li>■ Genetic influences</li> <li>■ Low IQ and learning disabilities</li> <li>■ Specific developmental delay or neuro-diversity</li> <li>■ Communication difficulties</li> <li>■ Difficult temperament</li> <li>■ Physical illness</li> <li>■ Academic failure</li> <li>■ Low self-esteem</li> <li>■ Experiencing other mental or emotional problems</li> </ul>	<ul style="list-style-type: none"> <li>■ Secure attachment experience</li> <li>■ Outgoing temperament as an infant</li> <li>■ Good communication skills, sociability</li> <li>■ Being a planner and having a belief in control</li> <li>■ Humour</li> <li>■ Problem solving skills and a positive attitude</li> <li>■ Experience of success and achievement</li> <li>■ Faith or spirituality</li> <li>■ Capacity to reflect</li> </ul>
In the family	<ul style="list-style-type: none"> <li>■ Overt parental conflict</li> <li>■ Family breakdown</li> <li>■ Inconsistent or unclear discipline</li> <li>■ Hostile and rejecting relationships</li> <li>■ Failure to adapt to the child's changing needs</li> <li>■ Physical, sexual, neglect or emotional abuse</li> <li>■ Parental psychiatric illness</li> <li>■ Parental criminality, alcoholism or personality disorder</li> <li>■ Death and loss – including loss of friendship</li> </ul>	<ul style="list-style-type: none"> <li>■ At least one good parent-child relationship (or one supportive adult)</li> <li>■ Affection</li> <li>■ Clear, consistent discipline</li> <li>■ Support for education</li> <li>■ Supportive long term relationship or the absence of severe discord</li> </ul>
In the School	<ul style="list-style-type: none"> <li>■ Bullying</li> <li>■ Discrimination</li> <li>■ Breakdown or lack of positive friendships</li> <li>■ Deviant peer influences</li> <li>■ Peer pressure</li> <li>■ Poor pupil to teacher relationships</li> </ul>	<ul style="list-style-type: none"> <li>■ Clear policies on behaviour and bullying</li> <li>■ 'Open door' policy for children to raise problems</li> <li>■ A whole-school approach to promoting good mental health</li> <li>■ Positive classroom management</li> <li>■ A sense of belonging</li> <li>■ Positive peer influences</li> </ul>
In the community	<ul style="list-style-type: none"> <li>■ Socio-economic disadvantage</li> <li>■ Homelessness</li> <li>■ Disaster, accidents, war or other overwhelming incidents</li> <li>■ Discrimination</li> </ul>	<ul style="list-style-type: none"> <li>■ Wider supportive network</li> <li>■ Good housing</li> <li>■ High standard of living</li> </ul>

	<ul style="list-style-type: none"><li>■ Other significant life events e.g. frequent moving of home/school</li></ul>	<ul style="list-style-type: none"><li>■ High morale school with positive policies for behaviour, attitudes and anti-bullying</li><li>■ Opportunities for valued social roles</li><li>■ Range of sport/leisure activities</li></ul>
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Additional information can be accessed via YoungMinds ([www.youngminds.org.uk](http://www.youngminds.org.uk)), Mind ([www.mind.org.uk](http://www.mind.org.uk)) and (for e-learning opportunities) MindEd ([www.minded.org.uk](http://www.minded.org.uk)).

## Appendix B – Promoting Good Mental Health

St Edward’s seeks to promote good mental health in its pupils through:

1. Expectations for Pupils:

St Edward’s has high expectations for all pupils, supported by clear policies, such as around behaviour and bullying. Pupils are encouraged to think critically, engage in self-reflection, and foster academic, cocurricular and personal development, building interests and sense of belonging through participation.

2. Staff:

A dedicated senior management team fosters open discussion without stigma. The Deputy Head Pastoral oversees pastoral care, supports HMs, and ensures ongoing communication with the Warden. Teachers build strong relationships with all pupils, support rules and policies, promote participation and belonging, foster self-reflection, and report concerns promptly. Their involvement in boarding Houses, as HMs, AHMs, and Tutors enhances the school community. House Staff provide primary support for pupils, guided by senior pastoral staff.

3. Pastoral Structure:

Our comprehensive pastoral structure includes HMs, Assistant HMs, Tutors, Matrons, Medical Centre Staff, a House Nurse for each boarding House, a School Psychologist, Counsellor, Doctor, Chaplain, and Learning Support, ensuring each pupil is valued and heard.

4. Pastoral Support and Advisory Groups:

The Pastoral Steering Group (PSG), chaired by the Sub-Warden includes the Deputy Head Pastoral, Deputy Head Welfare, Designated Safeguarding Lead, Head of Learning Support, and Chaplain. The Senior Nurse, School Doctor, and School Psychologist also consult with the committee. The PSG meets twice weekly to manage pastoral cases and coordinate care. The Pastoral Advisory Group (PAG), chaired by the Deputy Head Pastoral, advises on pastoral care strategy across the whole school. Regular discussions assess and improve pastoral provision.

5. Learning Support Team:

The special educational needs coordinator ensures staff understand their responsibilities towards pupils with SEND, including those with persistent mental health difficulties. This department also works to bolster pupils’ self-esteem and confidence.

## 6. Collaboration and Tailored Support

The school collaborates with pastoral staff, parents/carers, external agencies, and professionals to provide tailored support, working closely with medical professionals for advice and treatment when needed. St Edward's makes reasonable adjustments to support individual pupils' education and routines, provided these do not adversely affect others.

## 7. Wellbeing Team & PSHE Curriculum

The Wellbeing Team provides strategic direction on enhancing pupils' wellbeing. This includes offering Mental Health First Aid Training to staff, integrating wellbeing themes into assemblies, and using internal and external speakers for both pupils and parents. Our PSHE curriculum addresses mental health and wellbeing safely and sensitively as part of the educational curriculum. The Wellbeing Team also organises Year Group Conferences with speakers covering topics like mental health, nutrition, relationship management, and sexual health. Specific events, such as the Stepping Up Conference for Shell pupils, focus on transitioning to the Fourth Form. Regular parent seminars on critical topics like drug and alcohol use and cyber-safety are organised by the Wellbeing Team. These seminars foster a robust partnership with parents centred on pupil wellbeing and progress.

## 8. Wellbeing Prefects

Appointed Wellbeing Prefects engage in discussions on mental health strategies and promote wellbeing initiatives to the wider pupil body.

## 9. Peer Listeners

Upper Sixth pupils, trained in pastoral support, offer a discreet and informal avenue for pupils to express concerns and seek advice.

## 10. Peer Mentor Training

All Lower Sixth Form pupils receive training in active listening and mentoring skills to support their peers effectively.

## 11. Teddies Collaborates

St Edward's has a strong tradition of partnership and service, over half our pupils participate in the Duke of Edinburgh Award or the International Baccalaureate Creativity, Activity, Service (IB CAS) programme, fostering a culture of collaboration and philanthropy.

## 12. Whole School Survey

An annual anonymous survey allows pupils to express views on issues like bullying and support networks, informing the school's pastoral care priorities.

# Appendix C – Promoting Good Mental Health

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## ANXIETY AND DEPRESSION

Mental health is about living life fully, developing psychologically, emotionally, intellectually, and spiritually, maintaining relationships, and coping with everyday stresses. It is not about constant happiness but growing through challenges.

### ANXIETY

Anxiety described feelings of unease, worry, and fear, including both emotional and physical sensations. It is a natural, normal response that everyone experiences occasionally. Some anxiety can be beneficial, such as feeling nervous before an exam. However, it becomes a concern when it interferes with daily life, causing persistent, overwhelming feelings, fatigue, or concentration difficulties.

Common Anxiety Disorders:

- Generalised anxiety disorder (GAD)
- Panic disorder
- Post-traumatic stress disorder (PTSD)
- Obsessive-compulsive disorder (OCD)
- Phobic disorders (including social phobia)

### Signs of Anxiety:

1. Physical Effects
  - Cardiovascular: Palpitations, chest pain, rapid heartbeat, flushing
  - Respiratory: Hyperventilation, shortness of breath
  - Neurological: Dizziness, headache, sweating, tingling, numbness
  - Gastrointestinal: Dry mouth, nausea, vomiting, diarrhoea
2. Psychological Effects
  - Excessive fear and worry
  - Racing or blank mind
  - Decreased concentration or memory
  - Difficulty making decisions
  - Irritability, impatience, anger
  - Confusion
  - Restlessness or nervousness
  - Tiredness, sleep disturbances, vivid dreams
  - Unwanted repetitive thoughts
3. Behavioural Effects
  - Avoidance of situations, or strong desire to avoid situations
  - Repetitive compulsive behaviours (e.g., excessive checking)
  - Distress in social situations
  - Urges to escape discomforting situations (phobic behaviour)

Many young people with anxiety do not fit neatly into one type of anxiety disorder and may exhibit features of multiple disorders.

## **DEPRESSION**

Feeling sad is a normal reaction to stressful or upsetting experiences. However, when feelings persist, take over self-identify and interfere with life, more help is required. Depression, a common mental health disorder, is increasingly prevalent in young people. The symptoms can affect not only how a pupil feels but also how they behave.

### **Signs of Depression:**

According to the NHS (ref?) symptoms of depression in children often include:

- Sadness or low mood that does not go away
- Being irritable or grumpy all the time
- Not being interested in things they used to enjoy
- Feeling tired or exhausted a lot of the time

The child may also:

- Have trouble sleeping or sleep more than usual
- Not be able to concentrate
- Interact less with family and friends
- Be indecisive
- Not have much confidence
- Eat less than usual or over eat
- Have big changes in weight
- Seem unable to relax or be more lethargic than usual
- Talk about feeling guilty or worthless
- Feel empty or unable to feel emotions (numb)
- Have thoughts about suicide or self-harming
- Actually self-harm, for example cutting their skin or overdose

Some children may have anxiety as well as depression. Some also have physical symptoms, such as headaches or stomach aches. Problems in school and problem behaviour can be a sign of depression. Young people who are depressed may also misuse drugs or alcohol.

### **Common Risk Factors for Depression:**

Sometimes depression is triggered by a difficult event, such as parents separating, a bereavement, difficulties with school, such as poor achievement, bullying, or the break-up of a relationship. Often it is caused by a mixture of things or may emerge gradually without a clear cause.

## **HOW TO HELP WITH SYMPTOMS OF ANXIETY AND DEPRESSION**

HM, matrons, and tutors should:

- Be aware of the signs and symptoms,
- Monitor mood changes (e.g., depression, worry and preoccupation, lethargy, low self-esteem)
- Observe changes in attitude (e.g., loss of interest in academics, sport, co-curricular activities)



- Note shifts in energy levels (e.g., low energy, missing commitments, avoiding friends)

When such signs are spotted, staff should:

- Talk sensitively to the pupil to understand the underlying difficulty or identify the most appropriate staff member to liaise with the child and facilitate this.
- Encourage them to:
  - Talk to someone they trust. Explain this can help lighten the burden and help work out practical solutions to problems.
  - If appropriate offer practical suggestions, such as:
- Do some physical activity and eat healthy foods.
- Keep a regular sleep/wake cycle.
- Try to keep a regular routine by doing activities, even if they do not feel they will enjoy them.
- Try not to stay isolated in their room.
- Avoid oversteering by allowing time for fun and leisure.
- Be aware that symptoms may indicate deeper difficulties.

What Not to Do:

- Avoid treating symptoms merely as a disciplinary issue.
- It is important not to make promises of confidentiality that cannot be kept, even if a pupil places pressure upon the member of staff to do so.

Reporting Protocol:

- Teachers/House staff should inform the HM.
- The HM will discuss the pupil at the weekly meeting with Matron and named nurse. The School Psychologist may also be consulted. This meeting will discuss whether to take a watchful waiting stance, or engage additional options of support, such as a GP review or referral to counselling.
- HM/matron/named nurse may liaise with parents to see if concerns are shared and to gather background information.
- Make a record on CPOMS, including concerns and action points. This will alert the PSG to have oversight of the case.

If signs of anxiety or depression persist, get worse, or have significant impact on the pupil's life, the HM will:

- Discuss with the Deputy Head Pastoral/DSL and create an action plan. The pupil may then be reviewed at PSG.
- Arrange for the pupil to see the School Doctor with prepared notes to be sent in advance, and the pupil be made aware of this. The School Psychologist may also be contacted.
- Inform parents about the investigation.
- Make a record on CPOMS.

If the School Doctor considers the pupil to have symptoms of depression, further action will be discussed, such as referral to the School Psychologist or to CAMHS. The HM and DSL may prepare a pupil care plan.

In cases of severe depression, or where a pupil's mental health has deteriorated significantly, it may be required that the pupil stay at home or become a day pupil temporarily and a care plan will be required. The HM and/or Health Centre will keep the Deputy Head Pastoral/DSL/PSG informed if the pupil is under external mental health support, such as CAMHS.

## SUICIDAL THOUGHTS AND FEELINGS

Any indication that a pupil may be considering suicide should always be taken very seriously and this information should not be kept confidential. Information may be picked up in a variety of forms, such as a pupil disclosing, they are feeling low or suicidal or another pupil being confided in and sharing their concerns with staff. Members of staff should respond in accordance with the following protocol:

- **In a private space, explore:**
  1. Are they currently having suicidal thoughts?
  2. Have they been thinking about how they might end their life?
  3. Do they have a plan to end their life, and do they intend to carry it out?
  4. Have they ever done anything, started anything or prepared anything to end their life?
  5. What do they need to happen right now to help keep them safe?
- **For critical cases:** Assess the immediate risk and take whatever urgent action is necessary, which may include immediately calling 999 in an emergency and/or attending A&E. Report immediately to the Designated Safeguarding Lead (or if unavailable the Deputy Head Pastoral or Sub-Warden). Liaise with the Health Centre. Escort pupil to a safe space (likely to be the Health Centre). Plan made for looking after the pupil.
- **For non-critical cases,** liaise with DSL and HM who will arrange a risk assessment, which may include consultation with (but not limited to):
  - Liaison between the DSL (or if unavailable the Deputy Head Pastoral or Sub-Warden) and HM and any other significant individuals.
  - Assessment by a health professional, such as the School Doctor, School Psychologist or Senior Nurse.
  - A decision as to whether further medical intervention is required, such as a referral to the counselling service, CAMHS or psychiatric assessment by a Child & Adolescent Psychiatrist.
- Inform parents at the earliest opportunity.
- Professional advice concerning the management of, and support for, the pupil will be sought. Possible actions may include (but not limited to):
  - Organise a case conference and develop ongoing care plan for pupil.
  - Further discussion with the pupil to develop a safety plan.
  - Providing advice to parents, teachers, house staff and other pupils as necessary.
  - Threshold evaluation and residency board meeting.

Full notes and records should be made on CPOMS with particular attention to all decisions that are made for pupil care.

## SELF HARM

According to MIND website, Self-harm is when you hurt yourself as a way of dealing with very difficult feelings, painful memories or overwhelming situations and experiences. Some people have described self-harm to:

- Express something that is hard to put into words
- Turn invisible thoughts or feelings into something visible
- Change emotional pain into physical pain
- Reduce overwhelming emotional feelings or thoughts
- Have a sense of being in control
- Escape traumatic memories

- Have something in life that they can rely on
- Punish themselves for their feelings and thoughts
- Stop feeling numb, disconnected or dissociated
- Express suicidal feelings and thoughts without taking their own life

Common self-harm behaviours include (but are not limited to) cutting, burning, banging or non-lethal overdoses. There is no 'typical' person who self-harms. Self-harm can be viewed as a dysfunctional coping strategy, and the most effective way to help is to address the underlying cause of self-harm.

#### Warning Signs Associated with Self-Harm

- Changes in eating and sleeping habits
- Increased isolation from family and friends
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Substance misuse
- Expressing feelings of failure, uselessness, or loss of hope
- Changes in clothing e.g., always wearing long sleeves even in warm weather
- Unwillingness to participate in certain sports e.g., swimming
- Obvious cuts scratches or burns that do not appear to be accidental
- Frequent 'accidents' that cause physical injury
- Reluctance to take part in activities or sports that require a change of clothes

In many cases self-harm can be a private act where individuals go to great lengths to hide scars and injuries and try to address physical injuries themselves rather than seek medical treatment.

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#### HOW TO HELP

- Any staff member aware of a pupil engaging in or suspected of being at risk of engaging in self-harm should immediately determine whether urgent medical assistance is needed.

- If appropriate explore:
  - What triggered the self-harm and how they are feeling
  - Method of self harm and tools used.
  - Area on the body harmed.
  - What support/coping strategies they have in place/would try.
  - Are they experiencing suicidal thoughts (if so, see Suicidal Thoughts and Feelings section above).
- **For urgent cases**, assess the immediate risk and take whatever urgent action is necessary, which may include immediately calling 999 and/or escorting the pupil to A&E or the Health Centre for further assessment. Consult with the HM and DSL.
- For non-urgent cases alert the HM who will:
  - Inform the DSL (if unavailable, the Deputy Head Pastoral or Sub-Warden)
  - Liaise with the pupil and agree a plan for the rest of the day.
  - Arrange for the Health Centre to assess both the physical impact of self-harm and the necessary emotional support. If unavailable, the School Psychologist may assess the emotional needs.
  - Remove any self-harm objects and check boarding House room is safe.
  - When timely, discuss with the pupil who will notify parents and how (unless there is a justified reason not to, which should be agreed upon with the DSL). Record the meeting with parents on CPOMS.
  - HM has regular checks with pupil over the coming days
- The Health Centre, in consultation with the pupil, will consider referrals to counselling services or external agencies such as CAMHS for additional support.
- Professional advice concerning the management of, and support for, the pupil will be sought.
- Possible actions may include (but not limited to):
  - Organise a case conference and make a care plan
  - Further discussion with the pupil to develop a support plan.
  - Providing advice to parents, teachers, house staff and other pupils as necessary.
  - Threshold evaluation and residency board meeting.

Efficient notes and records should be always kept, particularly documenting decisions for pupil's care and these will be recorded on CPOMS.

All staff involved should consider the following guidelines:

- Stay calm and constructive in approach.
- Show care and concern.
- Be a non-judgmental, reflective listener.
- Provide practical and emotional help.
- Never dismiss a person's reason for distress as invalid.
- Praise good coping mechanisms.
- Try to establish what help the person feels they may need.
- Discuss avenues of support available (Appendix D).
- Teachers must inform the HM and DSL if a pupil discloses self-harm and cannot promise to keep this confidential.
- Discuss with the HM whether any other pupils may have been affected and offer appropriate support.

What shouldn't I do:

- Avoid discussing the behaviour in front of others.

### **Supporting friends**

Staff should encourage pupils to inform them if a peer shows signs of self-harm. Friends might worry about betraying confidences, but they need to understand that seeking help is responsible and supportive. Their friend will be treated with care and support.

Pupils who have supported a friend who is self-harming may benefit from speaking with a member of staff, either individually or in small groups. Friends of these pupils can be supported by their HM and members of the PSG, who will make it clear that they are not responsible for their friends' care. They will be given a clear course of action if their friend self-harms further, notifying the HM, who will inform the DSL.

It is important to remain vigilant, as sometimes several pupils in the same group may be engaging in self-harm.

## **EATING DISORDERS**

Eating disorders, which often begin in adolescence and can be triggered by stressful life events, are estimated to affect 1.25 million people in the UK. There are also those with 'possible eating problems' who are at increased likelihood of broader difficulties with eating. Eating disorders are at higher risk of affecting girls, with the Mental Health of Children and Young People in England 2023 reporting that eating disorders were identified in 2.6% of 11- to 16-year-olds, compared with 0.5% in 2017 – with rates four times higher in girls (4.3%) than boys (1%). Early intervention is crucial, making it important that for staff to be aware of potential problems and prepared to act swiftly.

### **Common Eating Disorders**

- Anorexia Nervosa: characterised by significant weight loss, fear of gaining weight, and restrictive eating or purging behaviours.
- Bulimia Nervosa: Involves binge eating followed by purging, with sufferers often within a normal weight range.

### **Signs of Anorexia or Bulimia:**

- Behavioural: Skipping meals, secretive eating, excessive exercising, wearing baggy clothes, and irritability around mealtimes.
- Physical: Weight changes, dizziness, hair loss, menstrual disturbances, and dehydration.
- Psychological: Self-dislike, fear of gaining weight, moodiness, and preoccupation with food.

### **How to Help**

Given the seriousness of eating difficulties, swift action and communication are essential to prevent long-lasting physical and psychological damage.

- Be knowledgeable about eating disorders and their signs (behavioural, physical, and psychological).
- Be alert and observant of pupil's overall welfare, identify any worrying signs, and be particularly observant during mealtimes.

- Stay vigilant and act on suspicions by discussing concerns with their HM (and DSL when concerns are significant or urgent). Make a record on CPOMS of concerns and actions.
- In the boarding House, Matrons play an important role in monitoring pupils, reporting concerns to the HM, and support the HM in observing at-risk pupils. Matrons will also be in regular contact with the cleaners who may observe evidence of vomiting or other behaviour. The HM and Matron will also talk regularly with other pupils in the House; this can be a valuable source of information.

### **Reporting Concerns**

- ALWAYS report suspicions; inform the pupil's HM, or if you have significant or urgent concerns, inform the DSL and HM. Record your concern and any action taken on CPOMS.

### **What Not to Do**

- Avoid drawing attention to a pupil's thinness. Discuss concerns about weight with HM first.
- Do not discuss their eating behaviour in front of others and ensure you have sufficient background knowledge of the pupil to know if/when to discuss this topic with them, or whether to signpost to a different staff member.

### **Immediate Steps for HM where there are significant concerns:**

- As a matter of urgency, the HM should discuss their concerns with the Senior Nurse and the DSL and make a record on CPOMS of concerns and actions.
- Arrange an urgent care meeting (which may include the Deputy Head Pastoral, DSL, HM, and Senior Nurse) to review the following:
  - Plan for medical assessment and involvement of external agencies
  - Liaison with relevant parties, including the pupil and their parents/carers/guardian.
  - Development of a care plan
  - Consideration of the impact on other pupils and plan for support, with referral to school counselling if necessary.
  - Consideration of Threshold Evaluation and suitability to remain in school

### **Management Protocols**

#### **Health Staff**

Any decision regarding unsuitability to remain in school will be communicated by the Deputy Head Pastoral or DSL.

Health Centre to inform House staff about weighing logistics and protocols for monitoring.

- Advise HM on next steps and support the evaluation of the suitability of the pupil remaining in school or becoming a day pupil for a period of time, depending on health indicators and behaviour.

### **Triggers for Reviewing Suitability to Remain in School**

- Consideration of current weight, which may include metrics such as a BMI of 16 or under, or a height to weight ratio of 80% or less.
- Non-compliance with agreements
- Failure to attend meals and inability to eat independently.
- Inability to implement externally provided treatment plan,
- Specialist advice recommending the pupil is not safe in school.
- Significant impact on peers.

Any decision regarding unsuitability to remain in school will be communicated by the Deputy Head Pastoral or DSL.

# Appendix D- How Can Pupils Access Support in The School

## STAFF SUPPORT

In each boarding House and around the school, there are 'Who to talk to' posters displaying the contact information for key staff members who can provide support. The key staff members are listed in the table below:

Any staff member of your choice		
House team – HMs, AHMs; tutors; matrons; and house nurse.		
The Deputy Head Pastoral	Eve Singfield	<a href="mailto:singfielde@stedwardsoxford.org">singfielde@stedwardsoxford.org</a>
The Designated Safeguarding Lead		<a href="mailto:safeguarding@stedwardsoxford.org">safeguarding@stedwardsoxford.org</a>
Counselling Service	Dr Emma Speed-Andrews (school psychologist) Sophie Christie (school counsellor)	<a href="mailto:schoolcounsellors@stedwardsoxford.org">ses-schoolcounsellors@stedwardsoxford.org</a> <a href="mailto:speedandrewse@stedwardsoxford.org">speedandrewse@stedwardsoxford.org</a> <a href="mailto:christies@stedwardsoxford.org">christies@stedwardsoxford.org</a>
The Health Centre School Doctor and School Nurses	Lisa More O'Ferrall	01865 810603 <a href="mailto:SES-HealthCentre@stedwardsoxford.org">SES-HealthCentre@stedwardsoxford.org</a> <a href="mailto:moreoferralll@stedwardsoxford.org">moreoferralll@stedwardsoxford.org</a>
Independent Listener	Gavin Knight	01865 556079 07833 251939

## What other help is available?

### GENERAL

There are excellent external resources available to support pupils and their families in addressing specific mental health questions or difficulties.

### Childline

This is a free 24/7 confidential counselling service for young people under 19. You can call their telephone number to get through to a counsellor who is there to listen and support young people with anything they would like to talk about.

Telephone helpline: 0800 1111

1-2-1 counsellor chat: via the website

Website: [www.childline.org.uk](http://www.childline.org.uk)

### YoungMinds

A mental health charity young people and their parents, making sure young people get the mental health support they need. SHOUT can provide 24/7 text support for young people struggling to cope.

Text helpline: SHOUT to 85258

Parents helpline: 0808 802 5544 (Monday – Friday 9:30am – 4:00pm).



**Kooth**

An online mental wellbeing community.  
Website: [www.kooth.com](http://www.kooth.com)

**Mind**

Mind provides extensive information, resources, and support. You can call Mind's support line for a space safe to talk about your mental health. Advisors are trained to listen to you and to help you find specialist support if you need it.  
Telephone helpline: 0300 102 1234 9am to 6pm, Monday to Friday (except bank holidays).  
Website: [www.mind.org.uk](http://www.mind.org.uk)

**Samaritans**

Whatever you are going through you can contact the Samaritans for 24/7 support and listening service.  
Telephone helpline: 116 123  
Email helpline: [jo@samaritans.org](mailto:jo@samaritans.org)  
Website: [www.samaritans.org](http://www.samaritans.org)

**NSPCC**

Telephone helpline: 0808 800 5000

**NHS**

If you are in an emergency, including if you're worried about risk to your own life or someone else call 999, or go straight to A&E if you can.

**NHS Direct**

For urgent medical help.  
Telephone: 111  
Online: [11.nhs.uk](http://11.nhs.uk)

**ANXIETY**

[www.anxietyuk.org](http://www.anxietyuk.org)  
[www.ocdaction.org.uk](http://www.ocdaction.org.uk)  
Helpline available through online form  
<https://nopanic.org.uk>  
Telephone helpline: 0300 772 9844 Every day of the year 10:00am – 10:00pm  
Email support: [youth@nopanic.org.uk](mailto:youth@nopanic.org.uk)

**BEREAVEMENT AND GRIEF**

[www.winstonswish.org](http://www.winstonswish.org)  
Telephone helpline for children and their parents: 08088 020 021 Monday – Friday, 8:am – 8pm

[www.childbereavementuk.org](http://www.childbereavementuk.org)  
Telephone helpline for individuals and families: 0800 02 888 40  
Email helpline: [helpline@childbereavementuk.org](mailto:helpline@childbereavementuk.org)  
Live chat: via the website  
Available 9am – 5pm, Monday to Friday (except bank holidays).  
[www.cruse.org.uk](http://www.cruse.org.uk)  
Telephone helpline: 0808 808 1677  
Monday, Wednesday, Thursday, Friday: 9:30am – 5:00pm  
Tuesday: 1:00pm – 8:00pm  
Email helpline: via the website  
[www.petesdragon.org.uk](http://www.petesdragon.org.uk) (for those impacted by suicide)

## **DRUGS AND ALCOHOL**

[www.talktofrank.com](http://www.talktofrank.com)  
Live chat: via the website 2pm – 6pm, 7 days a week  
Telephone helpline: 0300 123 6600 (24/7)  
Text helpline: 82111  
Email helpline: [frank@talktofrank.com](mailto:frank@talktofrank.com)

## **EATING DISORDERS**

[www.beateatingdisorders.org.uk](http://www.beateatingdisorders.org.uk)  
Telephone helpline: 0808 801 0677 Monday to Friday, 3:00pm – 8:00pm  
Email: [help@beateatingdisorders.org.uk](mailto:help@beateatingdisorders.org.uk)  
Online messaging service: via the website

## **PREVENTION OF YOUNG SUICIDE AND SELF-HARM**

[www.papyrus-uk.org](http://www.papyrus-uk.org)  
HOPELINE247  
Telephone helpline (including concerned others) 24/7: 0800 068 41 41  
Text: 88247  
Email: [pat@papyrus-uk.org](mailto:pat@papyrus-uk.org)

## Appendix E- Counselling Agreement

### COUNSELLING AT ST EDWARD'S

#### Session times and cancellations

- We will agree together on a time during the week when we can meet. We will generally try to keep to a regular session time, but this may change depending on updates to the school timetable or other circumstances.
- Counselling sessions can be arranged Monday - Friday in term time, and whilst we typically cannot offer sessions outside of these times, if you are in need support in between sessions we can discuss some ways to manage this if that would be helpful for you.
- If you cannot come to a session, you can email me to let me know and where possible please try to give me 48 hours notice of a cancellation. If you can't come to more than two sessions in a row, we might think together about whether we need to change the session time or make any other changes. If I ever need to cancel a session, I will email you to let you know.
- It is typical that your House Team and the Health Centre are aware that you are attending counselling; this is so they can account for your whereabouts.

#### Confidentiality

- Everything that we discuss in our sessions can be private, and I do not have to share what you tell me with other members of staff or your parents/carers (although if there is anything you would like me to pass on, I can do this). My record of our sessions and notes of communication with you are also kept in a secure and confidential file. However, there are some circumstances in which I may need to share information about you and/or the work we are engaged in:
  - I may discuss my work with you within the Counselling Service and with an external supervisor, to ensure that you are given the best possible support. Any information that is shared is treated as confidential.
  - Where relevant, I may speak to the School Medical Team or other professionals to give you joint care.
  - If you share something with me that makes me feel worried about your safety or somebody else's safety, now or in the past, I will need to share this with the School's Designated Safeguarding Lead and potentially also with others in the pastoral team.
  - If a concern about your safety were to persist into a school holiday, your parents would need to be informed to some extent. Unless there are exceptional circumstances, we would always try to talk about what information might be shared with them, and in what ways. Your voice in that conversation would be very important.
  - On a completely anonymous basis, our meetings will be included in regular audits of counselling and pastoral conversations in the School.
  - In other circumstances where I may be required to share notes or information about our work together (e.g., if required by law), but I would always try to let you know about this wherever possible.

Please tick this box to confirm that you have read and understood the information on this page and are happy to attend counselling:

☐

Please tick this box if you are happy for your parents/carers to know that you are having counselling sessions:

☐

Please tick this box if you do not want your parents/carers to know that you are having counselling sessions:

☐

Name:

Signature:

Date: