

# The Meadows School



## Emotional Health and Wellbeing Policy

Updated: January 2026  
Date to be reviewed: January 2028  
Ratified by Governors: January 2026

## Amendment Register

Amendment Number	Date	Detail	Amended By	Approved By
0	Feb 2024	Initial Issue	E Pace	Headteacher
1	Jan 2026	Reviewed – no changes required	E Pace	Headteacher

## Table of Contents

Serial	Description	Page No.
1	Policy Statement	4
2	Scope	5
3	Lead Members of Staff	5
4	Staff acting on concerns	6
5	Individual Care Plans	7
6	Teaching about Emotional Health	8
7	Warning Signs	9
8	Responding to Disclosures	9
9	Confidentiality	10
10	Support	11
11	Support for Staff	12
12	Working with families	12
13	Supporting peers	13
14	Training	13
15	Mental Health	13
16	Policy Review	14

### Rights Respecting School

The Meadows is a Rights Respecting School, helping our students and the school community learn about children's rights, putting them into practice every day. Adults are duty-bearers, which means they are responsible for teaching children about their rights, and for upholding them. At The Meadows we work with students to ensure rights are promoted and realised, with adults and students working towards this goal together.

**There are four key areas of impact for children at a Rights Respecting school and they are fundamental in realising the rights in the Convention. They are:**

**Article 2 – Non-discrimination**

**Article 3 – Best interest of the child**

**Article 6 – Right to life survival and development**

**Article 12 – Right to be heard**

**Children are healthier and happier**

By promoting the values of respect, dignity and non-discrimination, children's self-esteem and well-being is boosted and they are less likely to suffer from stress. A child who understands their rights understands how they and others should be treated and their sense of self-worth is strengthened.

**Children feel safe**

The Rights Respecting Schools Award gives children a powerful language to use to express themselves and to challenge the way they are treated. They are also able to challenge injustices for other children. Children and young people are empowered to access information that enables them to make informed decisions about their learning, health and well-being.

**Children have better relationships**

Both with their teachers and their peers, based on mutual respect and the value of everyone's opinion. In a Rights Respecting school children are treated as equals by their fellow pupils and by the adults in the school. Children and young people are involved in how the Award is implemented in the school but are also involved in strategic decision-making; in decisions about their learning; and in views about their well-being.

Children become active and involved in school life and the wider world

This builds their confidence to make informed decisions. They have a moral framework, based on equality and respect for all that lasts a lifetime, as they grow into engaged, responsible members of society. Children and adults develop an ethos and language of rights and respect around the school. Rights and principles of the Convention are used to put moral situations into perspective and consider rights-respecting solutions – this all has a huge impact on relationships and well-being. Children and young people become involved in raising awareness about social justice issues, both at home and abroad. They become ambassadors for rights and take part in campaigns and activities to help to bring about change.

## The Rights Respecting Schools Award puts children's rights at the heart of schools in the UK

The UK Committee for UNICEF (UNICEF UK) works with schools in the UK to create safe and inspiring places to learn, where children are respected, their talents are nurtured and they are able to thrive. Our Rights Respecting Schools Award embeds these values in daily school life and gives children the best chance to lead happy, healthy lives and to be responsible, active citizens.

### 1. Policy Statement

At The Meadows, we aim to promote positive emotional health and wellbeing.

As well as recognising and responding to emotional ill health both in our pupils and our staff.

In an average classroom, three children will be suffering from a diagnosable mental health issue.

By developing and implementing practical, relevant and effective emotional health policies and procedures we can promote a safe and stable environment for students affected both directly, and indirectly by emotional ill health.

Our policy has been guided by 8 key principles in promoting emotional health and wellbeing that will support us in developing our whole school approach:



*To learn, grow and develop I need to feel loved, safe and secure. If I do not feel these things, I may begin to struggle with my emotions. I may begin to feel sad, worried or display challenging behaviour. This document helps my teachers and the other staff at school know how best to support me and my classmates as well as each other.*



## 2. Scope

<p>This document describes the school's approach to promoting positive emotional health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors /trustees.</p> <p>This policy should be read in conjunction with other relevant policies including:</p>	<ul style="list-style-type: none"> <li>• Medical policy</li> <li>• SEND Policy</li> <li>• Safeguarding and Child Protection Policy</li> <li>• Behaviour Policy</li> <li>• Anti-Bullying Policy</li> </ul>
<p><b>This policy was written with regards to:</b></p>	<ul style="list-style-type: none"> <li>• <u>The Equality Act 2010</u></li> <li>• <u>The Data Protection Act 2018</u></li> <li>• Articles 3 and 23 of the <u>UN Convention on the Rights of the Child</u></li> </ul>
<p><b>This Policy aims to:</b></p>	<ul style="list-style-type: none"> <li>• Promote positive emotional health in all staff and students.</li> <li>• Alert staff to early warning signs of emotional ill health.</li> <li>• Provide support to staff working with young people with emotional health issues.</li> <li>• Provide support to students suffering emotional ill health and their peers and families/carers.</li> </ul>

## 3. Leader Members of Staff



<p><b>Key personnel</b></p> <p><b>The Designated Safeguarding Lead (DSL) for child protection is</b> Fiona Lee</p> <p><b>The Deputy Designated Safeguarding Lead is/are</b> Eileen Pace, Graham Spencer, Sam Forbes, Kerry Patrick, Fay Bedford, Rebecca Malpass, Amey Burrow</p>	<p><b>The Nominated Child Protection Governor is</b> Phillip Butcher</p> <p><b>The Headteacher is</b> James Horspool</p> <p><b>The SENCO is</b> Eileen Pace</p> <p><b>The Mental Health Lead is</b> Eileen Pace</p> <p><b>The Attendance Lead is</b> Graham Spencer</p>
---	---

Key staff have received the Mental Health First Aid Training:

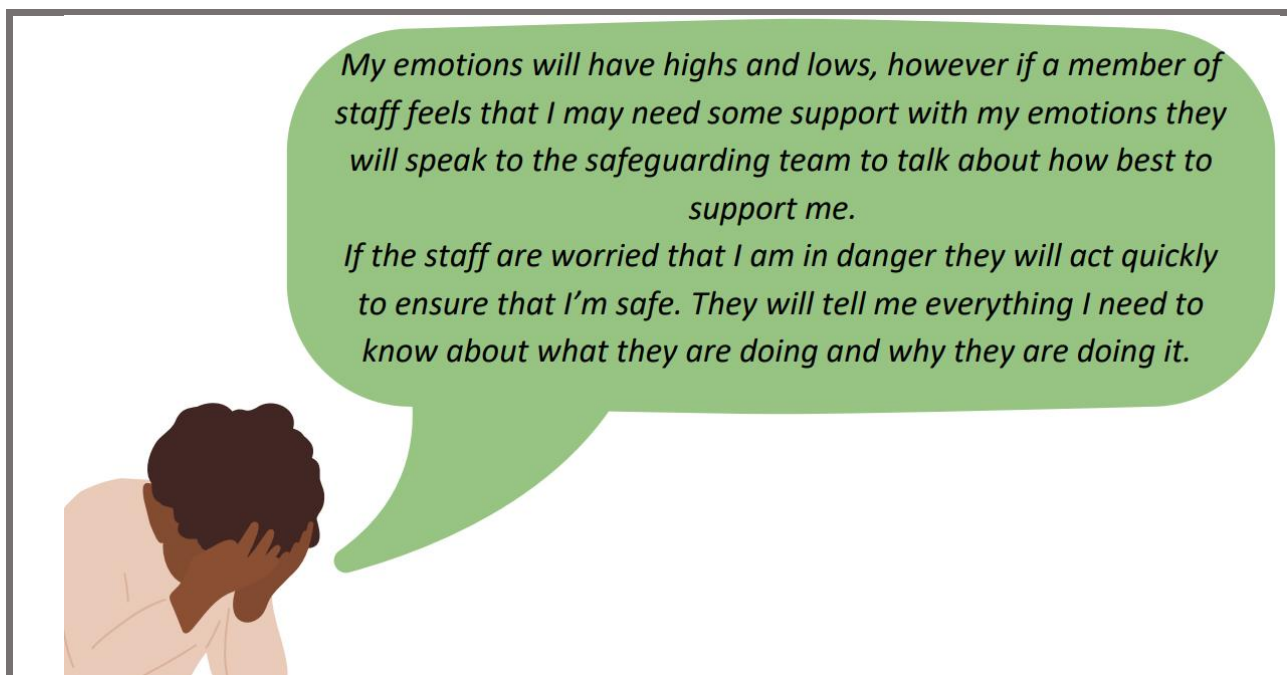
Theodora Papaspyrou – Deputy Headteacher  
Fiona Lee – Assistant Headteacher  
Graham Spencer – Assistant Headteacher  
Eileen Pace – Assistant Headteacher  
Aleatheia Benjamin – School Business Manager  
Ashley Furness – Key Stage Lead and Bubble Lead  
Stewart Harris – Key Stage Lead and Bubble Lead  
Ariane Purcell – Interim Assistant Headteacher, Key Stage Lead and Bubble Lead  
Cheryl Layden – HR Assistant  
Jaswinder Mahal – Administrative Assistant  
Fay Bedford – Pastoral Support Officer  
Rebecca Malpass – Pastoral Support Officer  
Kerry Patrick – Pastoral Support Officer  
Louise Golden – LSP  
Sarah Lockitt - LSP

#### **4. Staff acting on concerns**

A member of staff who is concerned that a student's emotional wellbeing is not responding to universal support (TA support, general encouragement) should speak to the safeguarding team as well as recording their concerns on CPOMS.

If there is a fear that the student is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to the Safeguarding Team. If the student 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 the Safeguarding Department. Guidance about referring to CAMHS is provided in Appendix F.



## 5. Teaching about Emotional Health

**Our curriculum enables students to develop the skills, knowledge, understanding, language and confidence to seek help regarding emotional health.**

**Sources of support are displayed around our school and linked to on our school website, so pupils and parents/carers are aware of how they can get help.**

**The School's Mental Health Lead (Eileen Pace) will be available to provide further information to pupils and parents/carers if they want to learn more about what support is available.**

Examples include: (complete this with examples from your setting)

- Childline 0800 11 11
- YoungMinds [www.youngminds.org](http://www.youngminds.org)
- SHOUT Text Support (Text 'SHOUT' to 85258)
- [www.kooth.com](http://www.kooth.com)

We follow the PSHE Association Guidance teaching mental health and emotional wellbeing.

**You can read more about our curriculum in the PSHE and RSE policies (available on our website and upon request from reception). However, some examples of topics we cover include:**

- Develop healthy coping strategies
- Challenge misconceptions around mental health
- Understand their own emotional state
- Keep themselves safe



*The school teaches about feelings, and what it means to be, and how to stay, emotionally healthy. They teach me that emotional ups and downs are normal, and also to recognise when I might need some support. They provide me with plenty of opportunities to express and explore my feelings.*

## 6. Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing emotional 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 Safeguarding Team.

PHYSICAL SIGNS THAT I HAVE HURT MYSELF REPEATEDLY OR ON PURPOSE

LOSING INTEREST IN THINGS

NOT DOING AS WELL WITH MY SCHOOL WORK

CHANGES IN MY EATING OR SLEEPING HABITS

TALKING OR JOKING ABOUT HURTING MYSELF OR KILLING MYSELF

TAKING DRUGS OR ALCOHOL

SAYING BAD THINGS ABOUT MYSELF

CHANGES IN WHAT I WEAR – E.G. WEARING LONG SLEEVES IN WARM WEATHER

NOT WANTING TO BE AROUND OTHER PEOPLE

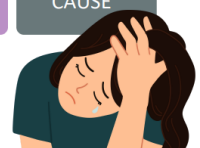
BEING SECRETIVE

NOT WANTING TO DO PE OR GETTING CHANGED SECRETIVELY

BEING LATE FOR SCHOOL OR NOT TURNING UP AT ALL

FEELING SICK WITH NO EVIDENT CAUSE

**WARNING SIGNS**  
THAT I MAY DISPLAY INCLUDE:





## 7. Responding to Disclosures

All disclosures should be recorded in writing on CPOMS and held on the student's confidential file.

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

For more information about how to handle emotional health disclosures sensitively see appendix A.

Listen

Be calm

Avoid judging me

Reassure me



Avoid asking Why?

Ensure that I'm safe

Let me know who you need to talk to, which information you need to pass on and why

Let me know what is likely to happen next

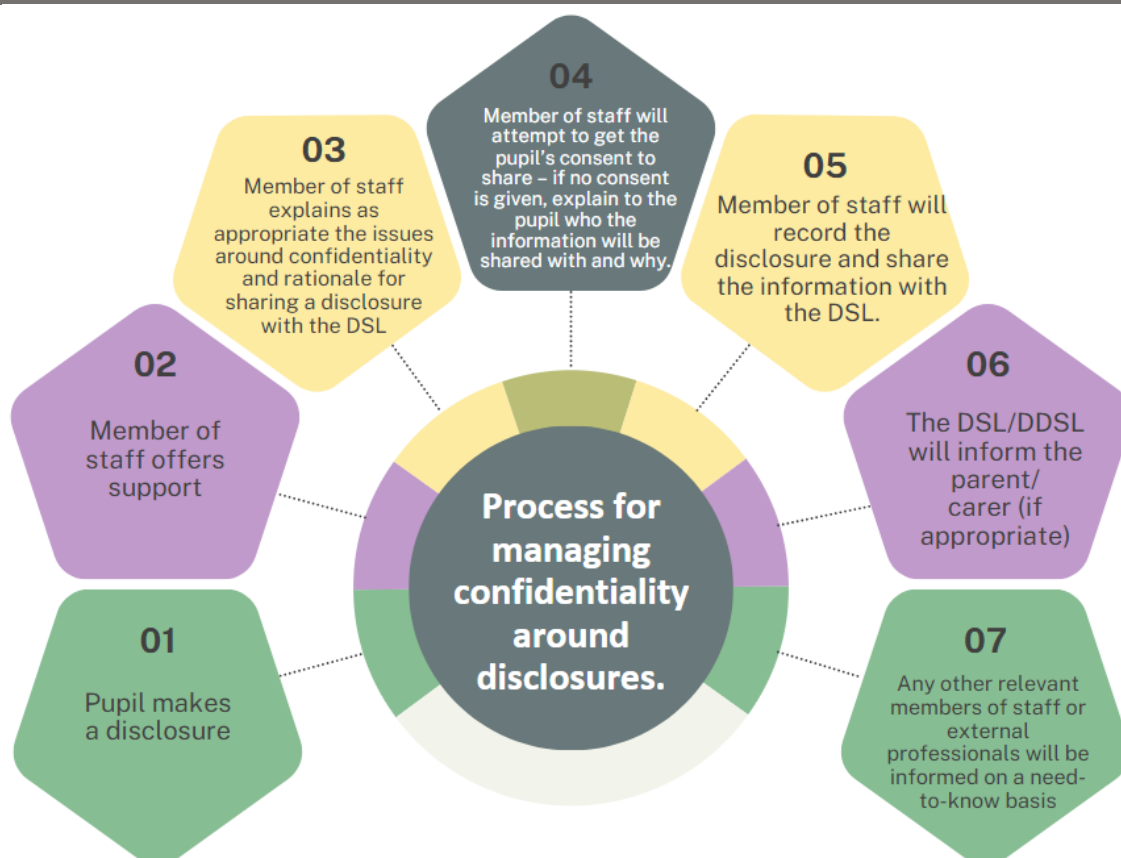
## 8. Confidentiality

**Staff will not promise a pupil that they will keep a disclosure secret – instead they will be upfront about the limits of confidentiality.**

**A disclosure cannot be kept secret because:**

- Being the sole person responsible for a pupil's mental health could have a negative impact on the member of staff's own mental health and wellbeing.
- The support put in place for the pupil will be dependent on the member of staff being at school.
- Other staff members can share ideas on how to best support the pupil in question.
- Staff should always share disclosures with at least 1 appropriate colleague. This will

	usually be the DSL or a DDSL. If information needs to be shared with other members of staff or external professionals, it will be done on a need-to-know basis.
<b>Before sharing information disclosed by a pupil with a third party, the member of staff will discuss it with the pupil as appropriate and explain:</b>	<ul style="list-style-type: none"> <li>• Who they will share the information with</li> <li>• What information they will share</li> <li>• Why they need to share that information</li> <li>• Staff will attempt to receive consent from the pupil to share their information, but the safety of the pupil comes first.</li> </ul>
<b>NB. Parents/carers will be informed unless there is a child protection concern. In this case the school's safeguarding policy will be followed.</b>	



## 9. Support

<p>If a pupil is identified as having a mental health need, the <b>DSL and Senior Leadership Team</b> will take a graduated and case-by-case approach to assessing the support our school can provide, further to the baseline support detailed above.</p> <p>Our school will offer support in cycles of:</p>	<ul style="list-style-type: none"> <li>• Assessing what the pupil's mental health needs are</li> <li>• Creating a plan to provide support</li> <li>• Taking the actions set out in the plan</li> <li>• Reviewing the effectiveness of the support offered</li> </ul>
<p>Where appropriate, a pupil will be offered support that is tailored to their needs as part of the graduated approach detailed above. The support offered at our school includes:</p>	<ul style="list-style-type: none"> <li>• Reduced timetable</li> <li>• Time-out of class</li> <li>• Discussions with trusted adults</li> </ul>
<p>If a pupil's needs cannot be met by the internal offer our school provides, our school will make, or encourage parents/carers to make, a referral for external support.</p> <p>A pupil could be referred to:</p>	<ul style="list-style-type: none"> <li>• Their GP or a paediatrician</li> <li>• CAMHS</li> <li>• Mental health charities (e.g. <u>Samaritans</u>, <u>Mind</u>, <u>Young Minds</u>, <u>Kooth</u>)</li> <li>• Educational Psychologist</li> </ul>


## 10. Support for Staff

We recognise that supporting a pupil experiencing poor mental health can affect that staff member's own mental health and wellbeing. To help with this we will:

- Treat mental health concerns seriously
- Offer staff supervision sessions
- Support staff experiencing poor mental health themselves
- Create a pleasant and supportive work environment

Offer an employee assistance programme. External support is available to help staff deal with personal problems and issues that may impact their work performance, health and wellbeing through First Care – Employee Counselling Service (ECS). ECS will provide a general assessment, short term counselling and referral service for employees of the school only. Contact details: 0808 168 2143. There is no limit to the number of calls that can be made to this service.

## 11. Working with families

<b>Where it is deemed appropriate to inform families, we need to be sensitive in our approach</b>	<p>Before disclosing to families, we should consider the following questions (on a case-by-case basis):</p> <ul style="list-style-type: none"><li>• Can the meeting happen face to face? This is preferable.</li><li>• Where should the meeting happen? At school, at their home or somewhere neutral?</li><li>• Who should be present? Consider families, the student, other members of staff.</li><li>• What are the aims of the meeting?</li></ul>
	<p><i>Remember that my family may become upset or angry. Give them space to think, as well as telling them the different ways they can get further help and support. Leaflets or websites may be helpful. Make sure my family know what will happen next and who they can talk to at the school if they need to. You could give them a copy of this policy too.</i></p> 

## 12. Supporting peers

When a student is suffering from emotional health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In order to keep peers safe, we will consider on a case-by-case basis which friends may need additional support. All children will be made aware of support services and encouraged to share their feelings with someone they trust.

### 13. Training

As a minimum, all staff will receive training about recognising and responding to emotional health issues as part of their regular child protection training.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more students.



*It's important that all staff know how best to support me and my friends with how we are feeling. Sometimes there can be a lot of the same issue at once (self-harm for example). If this happens, the school will give staff extra training on this issue so they can offer the best support to me and my friends.*

### 14. Mental Health

- It is our policy to ensure that emotional health and wellbeing are always prioritised and early intervention is put in place in order to support a child. However, some children will also be affected by mental health difficulties.
- Keeping Children Safe In Education 2023 makes several points about what school staff need to know about mental health. For more information about mental health, please read our Safeguarding and Child Protection Policy.

- All staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.
- Staff will be alert to behavioural signs that suggest a child may be experiencing a mental health problem or be at risk of developing one.
- If you have a mental health concern about a child that is also a safeguarding concern, all staff should take immediate action by reporting to the DSL.
- If staff have a mental health concern that is **not** also a safeguarding concern, they should still speak to the DSL to agree a course of action.
- School staff are not expected or trained to diagnose mental health conditions or issues and therefore should avoid doing so, or using language that suggests they are making a diagnosis. Instead, they are ideally placed to notice behaviours that may be of concern.






*When I had depression, it really helped me when my teacher noticed. She knows me really well so was able to spot that I had not been myself for a while. She even noticed when I tried to put on a brave face. We talked and she was able to get me the support I needed to feel better.*

## 15. Policy Review



This policy will be reviewed every two years. This policy will always be immediately updated to reflect personnel changes.



## Appendix A – Talking to students when they make disclosures

<p>The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose emotional health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.</p>		
<p><b>Focus on listening</b></p>	<p><i>"She listened, and I mean REALLY listened. She didn't interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I'd chosen the right person to talk to and that it would be a turning point."</i></p> 	<p>If a student 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 in recovery. Up until now they may not have admitted even to themselves that there is a problem.</p>
<p><b>Don't talk too much</b></p>	<p><i>"Sometimes it's hard to explain what's going on in my head – it doesn't make a lot of sense and I've kind of gotten used to keeping myself to myself. But just 'cos I'm struggling to find the right words doesn't mean you should help me. Just keep quiet, I'll get there in the end."</i></p> 	<p>The student 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 student does so. This can often lead to them exploring their feelings</p>

		<p>more deeply. Of course, you should interject occasionally, perhaps with questions to the student 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. This all comes later. For now, your role is simply one of supportive listener. So, make sure you're listening!</p>
<p><b>Don't pretend to understand</b></p>	 <p><i>"I think that all teachers got taught on some course somewhere to say 'I understand how that must feel' the moment you open up. YOU DON'T – don't even pretend to, it's not helpful, it's insulting."</i></p>	<p>The concept of an emotional 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.</p>



<p><b>Don't be afraid to make eye contact</b></p>	<p><i>"She was so disgusted by what I told her that she couldn't bear to look at me."</i></p> 	<p>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 student.</p>
<p><b>Offer support</b></p>	<p><i>"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."</i></p> 	<p>Never leave this kind of conversation without agreeing 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</p>

		with them to move things forward.
<b>Acknowledge how hard it is to discuss these issues</b>	 <p><i>"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."</i></p>	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 student 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 student.
<b>Don't assume that an apparent negative response is actually a negative response</b>	 <p><i>"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."</i></p>	Despite the fact that a student 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



*"Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken."*

Above all else, a student 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 student'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 C – Useful websites for further information

- Young Minds ([www.youngminds.org.uk](http://www.youngminds.org.uk) )
- Mind ([www.mind.org.uk](http://www.mind.org.uk) )
- Anna Freud National Centre for Children and Families ([www.mentallyhealthyschools.org.uk](http://www.mentallyhealthyschools.org.uk))
- Minded ([www.minded.org.uk](http://www.minded.org.uk)) For E-learning opportunities.

## Appendix D – Helplines for adults and young people

### Young people

- Childline 0800 1111
- Papyrus (Suicide Prevention) 0800 0684141

	<ul style="list-style-type: none"> <li>• Young Minds Crisis Messenger Text YM to 85258</li> </ul>
Adults	<ul style="list-style-type: none"> <li>• Samaritans 116 123</li> <li>• Papyrus (Suicide Prevention for under 35s) 0800 0684141</li> <li>• SHOUT text SHOUT to 85258</li> </ul>

## Appendix E – Information and Guidance on specific mental health presentations

Mental Health Presentation	Resources
Self-Harm	<p>Websites: Online support SelfHarm.co.uk: <a href="http://www.selfharm.co.uk">www.selfharm.co.uk</a> National Self-Harm Network: <a href="http://www.nshn.co.uk">www.nshn.co.uk</a></p> <p>Books: Pooky Knightsmith (2015) Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies. London: Jessica Kingsley Publishers Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers Carol Fitzpatrick (2012) A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm. London: Jessica Kingsley Publishers</p>
Depression	<p>Website: <a href="http://www.depressionalliance.org">www.depressionalliance.org</a></p> <p>Books: Christopher Dowrick and Susan Martin (2015) Can I Tell you about Depression?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers</p>
Anxiety, Panic attacks and Phobias	<p>Websites: <a href="http://www.anxietyuk.org.uk">www.anxietyuk.org.uk</a></p> <p>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</p>
Obsessions and Compulsions	<p>Websites: <a href="http://www.ocduk.org/ocd">www.ocduk.org/ocd</a></p> <p>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 Connors (2011) The Tourette Syndrome &amp; OCD Checklist: A practical reference for families and teachers. San Francisco: Jossey-Bass</p>

Suicidal Ideation	Websites: <a href="http://www.papyrus-uk.org">www.papyrus-uk.org</a> <a href="http://www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/">www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/</a> Books: Keith Hawton and Karen Rodham (2006) <i>By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents</i> . London: Jessica Kingsley Publishers Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) <i>Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention</i> . New York: Routledge
Disordered Eating	Websites: <a href="http://www.b-eat.co.uk/about-eating-disorders">www.b-eat.co.uk/about-eating-disorders</a> <a href="http://www.inourhands.com/eatingdifficulties-in-younger-children">www.inourhands.com/eatingdifficulties-in-younger-children</a> Books: Bryan Lask and Lucy Watson (2014) <i>Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals</i> . London: Jessica Kingsley Publishers Pooky Knightsmith (2015) <i>Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies</i> . London: Jessica Kingsley Publishers Pooky Knightsmith (2012) <i>Eating Disorders Pocketbook</i> . Teachers' Pocketbooks

## Appendix F – Guidance and advice documents

- Promoting and supporting mental health and wellbeing in schools and colleges. Department for Education (June 2021)
- Mental health and behaviour in schools - departmental advice for school staff. Department for Education (November 2018)
- Mental health and wellbeing provision in schools. Department for Education (October 2018)
- Teacher guidance: teaching about mental health and emotional wellbeing. PSHE Association guidance funded by the Department for Education (2019)
- Keeping Children Safe in Education - statutory guidance for schools and colleges. Department for Education (2023)
- NICE guidance on social and emotional wellbeing in primary education
- NICE guidance on social and emotional wellbeing in secondary education
- What works in promoting social and emotional wellbeing and responding to emotional health problems in schools? Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau (2015)