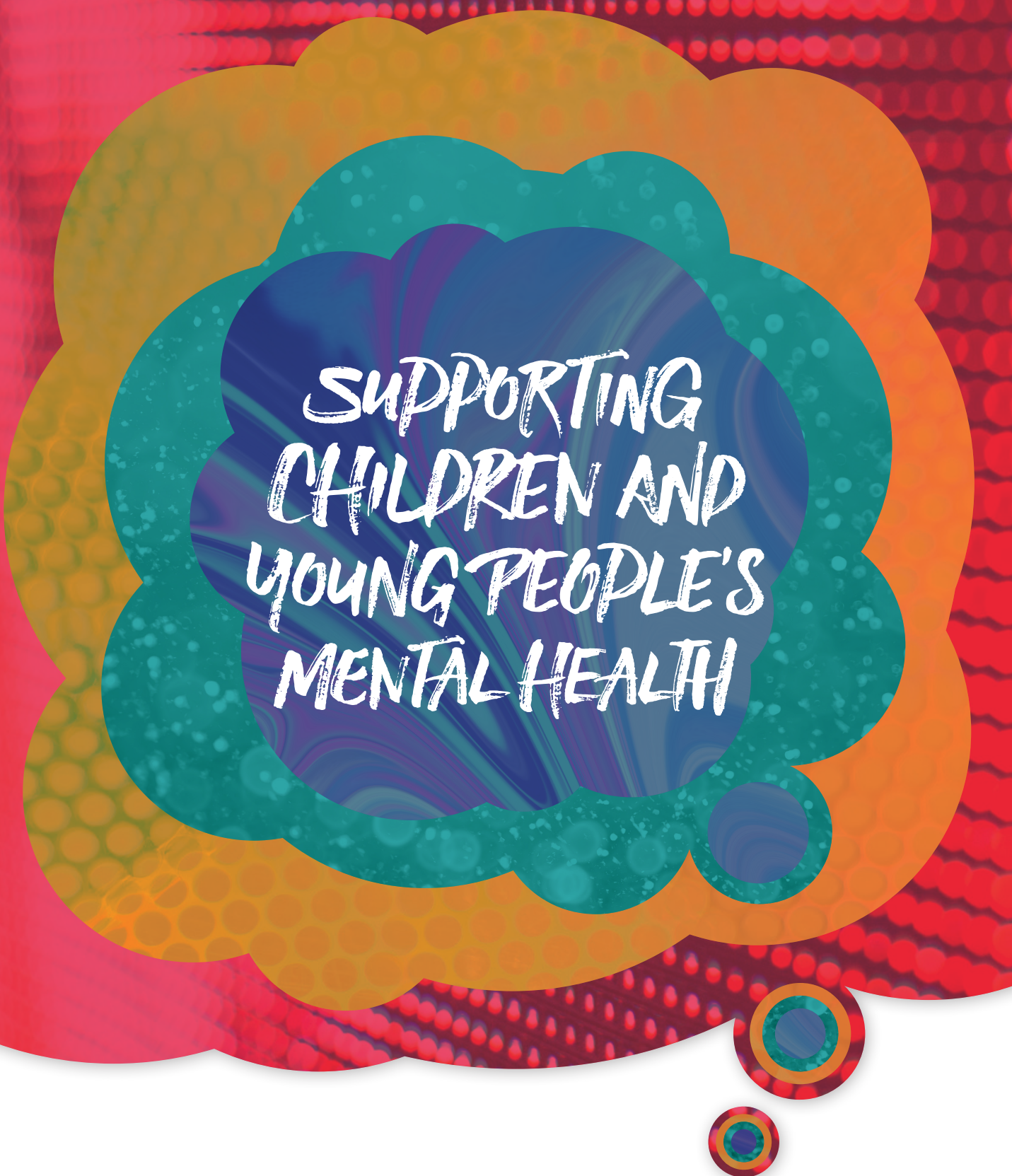




SUPPORTING CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

A guide for schools using a resilience based approach

This guide has been adapted from work undertaken with and funded by East Sussex County Council Public Health; Angie Hart, Anne Rathbone, Claire Stubbs, Mary Hinton, Lisa Buttery, Becky Heaver, Simon Duncan & Victoria Spencer-Hughes (2018) Supporting children and young people in their mental health: A guide for East Sussex schools. Lewes, UK: East Sussex County Council.



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Introduction

This guide is for any member of school staff who is concerned about a child or young person's mental health and wellbeing. We have based its contents on research undertaken in the UK, but we hope it will also be of use to an international readership.

It was originally co-produced for East Sussex schools by a partnership between East Sussex County Council (ESCC), Boingboing and the University of Brighton's Centre of Resilience for Social Justice in the UK. It had input from teachers, mental health practitioners and young people who are members of the East Sussex Child and Adolescent Mental Health Service (CAMHS) Download group and members of the ESCC Youth Cabinet. Boingboing staff and volunteers have a wide range of identities, including academics, mental health and school practitioners, parents of and children with complex needs, and others with lived experience. Our team also included members with lived experience of mental health issues while of school age. The East Sussex Children and Young People's Mental Health and Emotional Wellbeing Transformation Board funded the original Guide for East Sussex schools.

This version of the guide has been adapted from this original work, with involvement and examples from those involved with the world's first Resilience Revolution happening in Blackpool. The Resilience Revolution, funded by the Big Lottery Community Fund, is a whole town approach to addressing the mental health needs of young people and they are embedding Boingboing's Resilient Therapy as the approach to help achieve it.

Our work has a strong focus on thinking about and addressing mental health and wellbeing from an inequalities perspective. We suggest ways in which practitioners might join with young people facing particularly difficult challenges to try to disrupt, 'nudge' or even radically transform some of the larger social systems, so that they better support their needs (Hart & Aumann, 2017). Boingboing also supports practitioners and parents with their own mental health and wellbeing. Staff, volunteers and associates cover a wide range of identities including academics, mental health practitioners and teaching practitioners, young people, parents supporting children with complex needs (or with their own complex needs), and other people with lived experience. A range of free resources, and co-produced educational materials at cost price, are available to download or buy at www.boingboing.org.uk.

East Sussex CAMHS Download group and the Youth Cabinet did a lot of work on how they would like to see schools address mental health issues proactively, including developing a whole school approach and responding to individuals in need. Their Top Ten Tips are integrated into this Guide.

THOUGHTS
AND IDEAS

Children and young people from East Sussex collaborated to produce their 'Top Ten Tips' for schools. These tips are included in this guide to illustrate ways in which schools can support children and young people.

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

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

An important note about the use of this guide:

This guide has been co-developed by lots of different people, including qualified mental health practitioners, academic researchers, young people and school staff. It is important to remember that producing definitions and diagnoses of mental health difficulties is a very complex and controversial area.

This guide is indeed for ALL children and young people. However, it is crucial to hold in mind that different children will require different responses. The association between mental health difficulties and autism spectrum condition/learning difficulties, for example, are well-established. So too are associations between poverty and mental ill health. It is essential to bear individual children and young people's circumstances and identities in mind when planning support. Drawing in specialist resources of special educational needs co-ordinators, for example, will be crucial in these kinds of circumstances.

On the one hand, many children and parents value having a mental health diagnosis or a label to describe their difficulties. They feel that it helps them get the support they need and/or cope with their difficulties. Also, parents and practitioners often find it useful to have an understanding of these terms and their symptoms.

On the other hand, terms such as ADHD (Attention Deficit Hyperactivity Disorder) and mental health 'disorders' can feel frightening and stigmatising to some children and their parents, and the danger of 'pathologising' children and young people unnecessarily is real. Some people, including members of the service user movement, find all labels inappropriate and deeply stigmatizing, and in line with deficit, rather than social, models of mental health. Cultural and identity issues are also relevant here. There has been much written on the stigmatisation and abuse of people from some ethnic groups; disabled people, and lesbian, gay, bisexual and transgender people in relation to mental health diagnoses and treatment. There is even debate about whether or not certain mental health disorders are real. Many, including some academic researchers, see them as social constructions, upholding unhelpful expert-patient power relations and stifling the agency of children, young people and their parents. Seen through an analysis of poverty and social justice, the traditional way of conceptualising and labelling mental ill health is problematic because it can collude with the inequalities that make up the statistical social determinants of mental ill health. If you are interested in this debate, follow up our easy-to-read book on this topic (Walker, Hart & Hanna, 2017).

So, we understand that school staff need support in understanding mental health and knowing how best to support children and young people who have mental health difficulties or, indeed, diagnoses. However, we have tried to be careful about how we refer to mental health difficulties and 'disorders' in this guide, to avoid unnecessary and unhelpful stigmatisation of children and young people. This is also in recognition of the fact that many children and young people have mental health needs that can be addressed early on, in order to avoid bigger issues later.

Finally, it is very important to stress that only qualified mental health practitioners can officially diagnose children's mental health conditions. If you have serious concerns about a child please follow your local risk/safeguarding policy and your school pathways for referring children for additional support, e.g. CAMHS or other relevant local services in the UK.

The structure of the guide

Section 1 outlines the role of the school in supporting children and young people, and what guidance for England expects from schools in relation to promoting mental health. The original text was produced in line with East Sussex County Council guidance, which follows national standards and expectations.

Section 2 introduces the concept of resilience as a way of approaching positive mental health from an inequalities perspective. It describes Professor Angie Hart and Lisa Williams' Academic Resilience Approach (ARA), which they developed in collaboration with schools and a UK mental health charity called YoungMinds. The ARA draws on the evidence-based Resilience Framework (Boingboing, 2010), which schools can use to develop a whole school approach. We describe what 'good' looks like, and how this can be achieved.

Section 3 provides practical information on how teachers and school staff can support individual children and young people experiencing the most common mental health issues. What constitutes good practice will look different in different schools, yet will follow basic principles and core values, which are outlined in this section.

- Anxiety difficulties
- Depression
- Eating difficulties
- Self-harm
- Attention difficulties
- Conduct disorder
- Post-traumatic stress disorder
- Attachment difficulties

For each mental health issue, there are tips for simple and effective interactions with children and young people as well as ideas for including parents as part of a whole-school approach. These tips are designed to be easy to use and can be printed out from the electronic copy of this guide which can be found on www.boingboing.org.uk.

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

There are lots of useful resources that schools already use to support children and young people. We would be keen to hear about what has worked well for your school and you can let us know at: <https://www.boingboing.org.uk/contact-us>.

Section 4 focuses on the value of including children and young people in a whole school approach to mental health and wellbeing. Practical strategies to involve children and young people in identifying gaps and creating solutions are provided.

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

TOP TIPS

Top tips are presented in thought bubbles throughout the guide

1. The school's role in supporting positive mental health

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

For international readers in particular, the following definitions may be useful in reading this chapter:

Academy: An academy is a state-funded school in England which is directly funded by the Department for Education and independent of local authority control.

Ofsted: The Office for Standards in Education, Children's Services and Skills. This is a non-ministerial department of the UK government, which reports to the UK Parliament. Part of its role is to inspect a range of educational institutions, including state schools and some independent schools.

SEMH: Social, emotional and mental health difficulties

SEN: Special educational needs

SENCO: Special educational needs co-ordinator
This is a role within a school, which has responsibility for ensuring that children and young people with special educational needs and disabilities receive the support they need.

SEND: Special educational needs and disabilities

SEND Code of Practice: Provision and processes relating to children and young people with social, emotional and mental health difficulties (SEMH) in UK schools are defined in the SEND Code of Practice, Jan 2015 (the Code).

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

The latest guidance for schools replaced the term BESD (behavioural, emotional and social difficulties) with SEMH (social, emotional and mental health) difficulties. This is a significant change because the code asks schools to look beyond the behaviour, to the underlying causes, and what is being communicated. The code also emphasises the need for schools to identify ALL of a pupil's needs and strengths - not only those that fit neatly into a label - and how these change over time. Since everyone in the school (including ALL school staff, parents and carers) has needs and strengths, a whole school approach is vital. The wellbeing of all adults in the school community is important in itself and is the foundation for facilitating children and young people's mental health and wellbeing.

The definition of SEMH in the Code is:

(6.32) Children and young people may experience a wide range of social and emotional difficulties, which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder. (p.98)

The requirement specific to this defined condition is:

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

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

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

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

- *Achieve their best*
- *Become confident individuals living fulfilling lives, and*
- *Make a successful transition into adulthood, whether into employment, further or higher education or training*

(6.2) Every school is required to identify and address the SEN of the pupils that they support. Mainstream schools, which in this chapter includes maintained schools and academies that are not special schools, maintained nursery schools, 16 to 19 academies, alternative provision academies and Pupil Referral Units (PRUs), must:

- *Use their best endeavours to make sure that a child with SEN gets the support they need – this means doing everything they can to meet children and young people's SEN*
- *Ensure that children and young people with SEN engage in the activities of the school alongside pupils who do not have SEN*
- *Designate a teacher to be responsible for coordinating SEN provision – the SEN coordinator, or SENCO (this does not apply to 16 to 19 academies)*
- *Inform parents when they are making special educational provision for a child*
- *Prepare a SEN information report*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**LOOK
AT ME!**



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

What does Ofsted look for?

Ofsted's education inspection framework (EIF), in effect from September 2019, requires inspectors to make judgements on overall effectiveness based on four key areas;

- The quality of education
- Behaviour and attitudes
- Personal development
- Leadership and management

These areas differ from the previous Ofsted inspection framework, which clustered expectations around personal development, behaviour and welfare into one descriptor. While welfare is no longer a distinct element of the descriptor, it could be argued that elements relating to this expectation now feature across all areas being judged. Ofsted has produced an updated School Inspection Handbook (May 2019) to provide guidance and describe the main activities carried out during inspections. In this guidance, grade descriptors identified for outstanding and good judgments include:

- Pupils consistently achieve highly, particularly the most disadvantaged. Pupils with SEND achieve exceptionally well. (p.49)
- Pupils are ready for the next stage of education, employment or training. They have the knowledge and skills they need and, where relevant, they gain qualifications that allow them to go on to destinations that meet their interests and aspirations and the intention of their course of study. Pupils with SEND achieve the best possible outcomes. (p.51)

- Pupils behave with consistently high levels of respect for others. They play a highly positive role in creating a school environment in which commonalities are identified and celebrated, difference is valued and nurtured, and bullying, harassment and violence are never tolerated. (p.56)
- Pupils consistently have highly positive attitudes and commitment to their education. They are highly motivated and persistent in the face of difficulties. Pupils make a highly positive, tangible contribution to the life of the school and/or the wider community. Pupils actively support the well-being of other pupils. (p.56)
- Leaders, staff and pupils create a positive environment in which bullying is not tolerated. If bullying, aggression, discrimination and derogatory language occur, they are dealt with quickly and effectively and are not allowed to spread. (p.56)
- Pupils' attitudes to their education are positive. They are committed to their learning, know how to study effectively and do so, are resilient to setbacks and take pride in their achievements. (p.57)
- Relationships among pupils and staff reflect a positive and respectful culture; pupils are safe and they feel safe. (p.57)

**SKILLS
AND
KNOWLEDGE**



"Make sure all school staff have the skills and knowledge to support issues around mental health, and make pupils aware of this"

- The school consistently promotes the extensive personal development of pupils. The school goes beyond the expected so that pupils have access to a wide, rich set of experiences. Opportunities for pupils to develop their talents and interests are of exceptional quality. (p.62)
- There is strong take-up by pupils of the opportunities provided by the school. The most disadvantaged pupils consistently benefit from this excellent work. (p.62)
- The school provides these rich experiences in a coherently planned way, in the curriculum and through extra-curricular activities, and they considerably strengthen the school's offer. (p.62)
- The curriculum extends beyond the academic, vocational or technical and provides for pupils' broader development. The school's work to enhance pupils' spiritual, moral, social and cultural development is of high quality. (p.62)
- The curriculum and the school's effective wider work support pupils to be confident, resilient and independent, and to develop strength of character. (p.62)
- The school provides high-quality pastoral support. Pupils know how to eat healthily, maintain an active lifestyle and keep physically and mentally healthy. They have an age-appropriate understanding of healthy relationships. (p.62)
- The school provides a wide range of opportunities to nurture, develop and stretch pupils' talents and interests. Pupils appreciate these and make good use of them. (p.62)
- The school promotes equality of opportunity and diversity effectively. As a result, pupils understand, appreciate and respect differences in the world and its people, celebrating the things we share in common across cultural, religious, ethnic and socio-economic communities. (p.63)
- Pupils engage with views, beliefs and opinions that are different from their own in considered ways. They show respect for the different protected characteristics as defined in law and no forms of discrimination are tolerated. (p.63)
- The school provides pupils with meaningful opportunities to understand how to be responsible, respectful, active citizens who contribute positively to society. Pupils know how to discuss and debate issues and ideas in a considered way. (p.63)
- Staff consistently report high levels of support for wellbeing issues. (p.74)
- Leaders aim to ensure that all pupils successfully complete their programmes of study. They provide the support for staff to make this possible. They create an inclusive culture and do not allow gaming or off-rolling. (p.74)
- Leaders engage effectively with pupils and others in their community, including, when relevant, parents, employers and local services. Engagement opportunities are focused and purposive. (p.74)
- Leaders protect staff from bullying and harassment. (p.75)

It will be important to keep the focus on a whole school approach that leads to these outcomes. In practice, Ofsted will expect schools to have the following in place:

- A whole school approach to mental health and wellbeing
- A broad and diverse curriculum that promotes mental health and wellbeing
- A range of support strategies to support children and adults across the school system
- Well-established links to external support services

These outcomes can be achieved by:

- Ensuring that meaningful collaboration with children, young people, parents and carers, is at the centre of your whole school approach
- Enabling all adults to play a positive role in promoting children and young people's mental health and wellbeing
- Addressing the wellbeing of adults within the school community
- Tracking the impact of your whole school approach for everyone

Further ideas and guidance can be found here <https://mentallyhealthyschools.org.uk/whole-school-approach/showcasing-activity-for-ofsted> (Although at the time of writing this report some of the content related to the Ofsted common inspection framework which ceased in September 2019, many of the principles remain relevant.)

The Department for Education have also released non-statutory, departmental advice on mental health and behaviour in schools (November 2018); https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools_.pdf

There is currently a lack of rigorous guidance for how schools can plan for and promote the mental health of their staff. However, staff retention and recruitment concerns are prompting an increased focus on school staff well-being (Allen et al. 2018). The government has acknowledged workload as an issue for school staff and has announced plans to support schools to improve staff wellbeing, including investigating the ways in which staff meaningfully use data in order to reduce the negative impact of the high workload levels.

2. Understanding resilience and the whole school approach

In the UK, the most recent evidence suggests that one in eight children and young people aged between 5 and 19 have a diagnosed mental health difficulty. Statistics also show that demand is increasing for specialist support services, resulting in these services being stretched beyond capacity (NHS Digital, 2018). In addition, there remains an inequalities gap between disadvantaged pupils and their peers in terms of academic attainment.

Considering the high levels of demand for external services, increased attention has been shifting to schools as an essential setting for both promoting emotional health and wellbeing and responding to mental health problems among students. Whole school approaches have been promoted as an effective model because they build on existing strengths, and build capacity to meet the needs of all members of the school community. In this way, young people are supported to attain positive outcomes, in spite of the disadvantages they face.

HeadStart Blackpool and Boingboing adopt a socio-ecological approach which takes into account the wider inequalities context in relation to supporting children and young people's mental health. This approach is focused on the concept of resilience, which Boingboing defines as 'beating the odds while also changing the odds' (Hart et al. 2016).

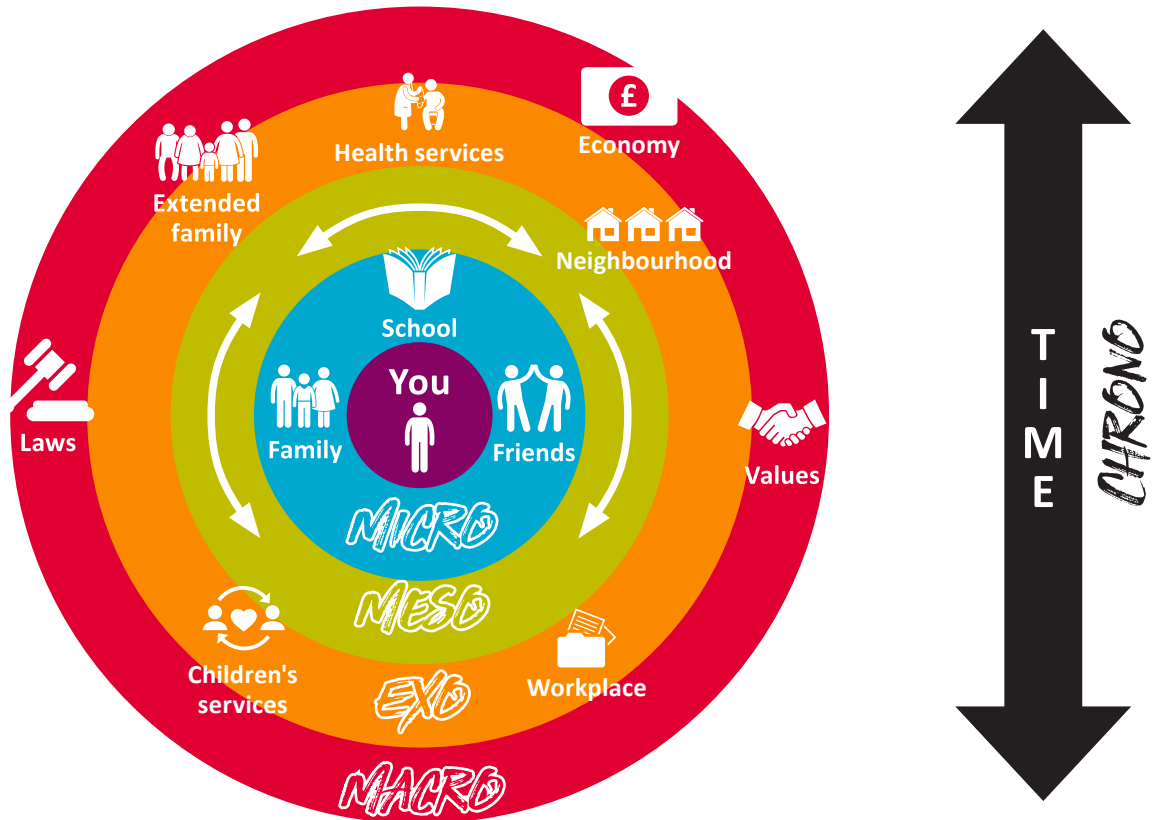
Resilience-promoting approaches are often thought of as being less stigmatising ways to address young people's mental health difficulties. They focus on what you can do, rather than what is going wrong. In particular, they help us understand how young people can do better than expected in difficult circumstances and how we can help transform some of those difficult circumstances for young people across the board. These approaches are almost the direct opposite of approaches that focus on fixing child, young people and family 'deficits'

A short background summary of the development of the concept of resilience can be found in Appendix 1, but suffice it to say here that the concept of resilience is now seen as much more than personal qualities or "character". More emphasis has been placed on the dynamic interaction between the individual and support available in their environment. This has led to the development of socio-ecological approaches and models which are designed to understand how resilience emerges from a given context.

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

Socio-ecological models

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



Microsystem	Mesosystem	Exosystem	Macrosystem	Chronosystem
The child's immediate environment	Different parts of the child's immediate environment interacting together	People and places that have an indirect impact on the child's life	Government policies and cultural values	The influence of change and constancy in a child's environment

Figure 1: Bronfenbrenner's Ecological Theory (1979; 2005)

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

The work of practitioners can not only positively influence children and young people in the microsystem but can also 'ripple out', making changes

at wider system levels. Furthermore, Boingboing use the term 'inequalities imagination' to describe what is required for a practitioner to take proper account of how social, economic and health inequalities in their environment impact on child and family difficulties, and advocate a need to develop a practice understanding of how wider social forces affect the capacities of individuals to change their own lives.

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

Ecological approaches are now widely recognised as fundamental to an understanding of a child or young person's needs and ways in which to support them effectively. The image below has been adapted from a list of risk and protective factors for good mental health as identified by Public Health England (2016). As can be seen, there are many factors beyond the individual child which will have a significant influence, and there are many protective factors schools can ensure are in place in order to build the foundations for good mental health.

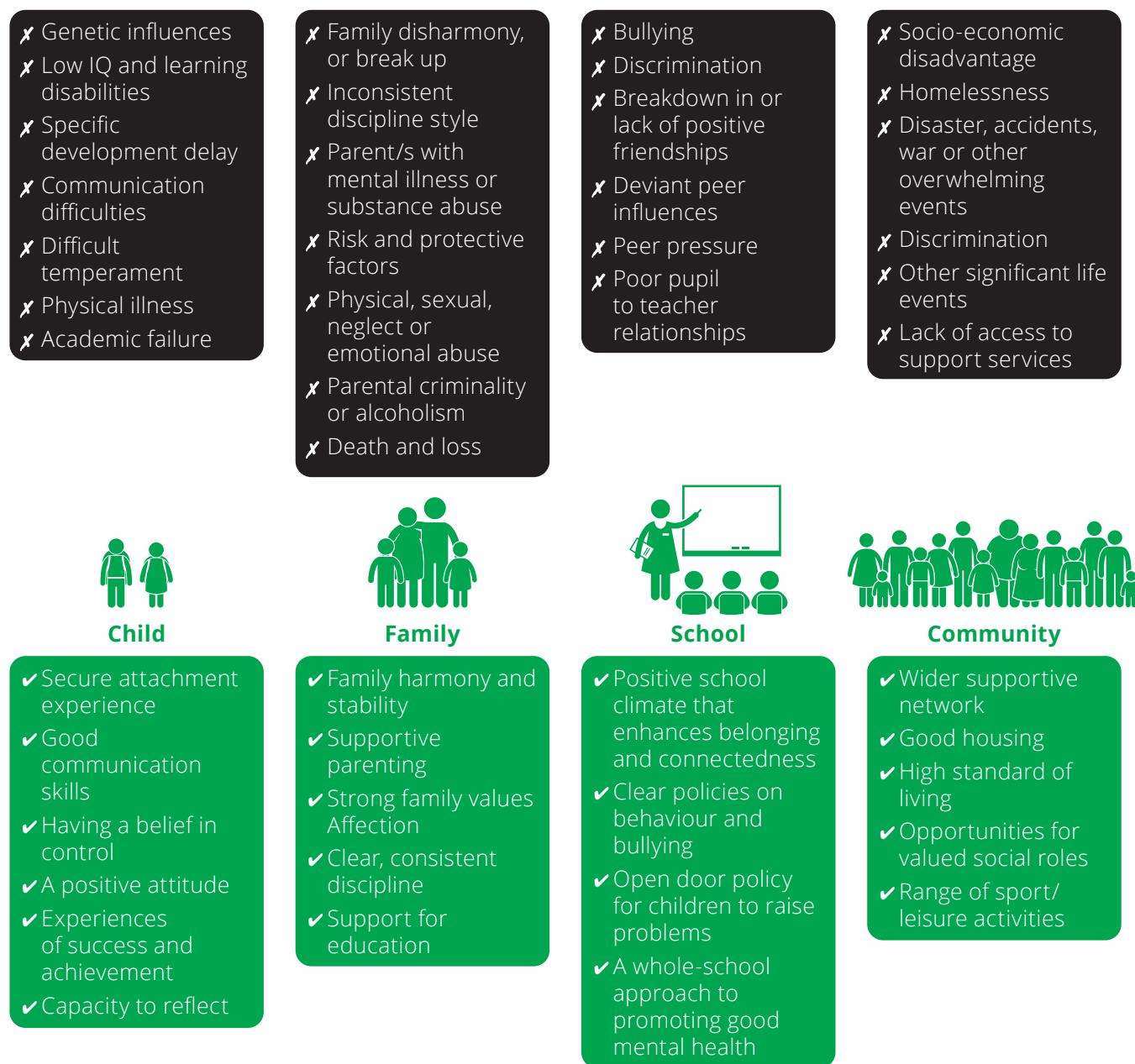


Figure 2: Risk and Protective Factors for poor/good mental health (Adapted from: Public Health England, 2016).



Why whole school approaches to resilience are important

Building strong foundations for good mental health for the whole school community is a preventative approach that is likely to reduce long-term mental health issues. It should also increase resilience so that the appropriate protective factors are in place to enable us to move more quickly towards good mental health when things are difficult.

Whole school approaches are considered to be more sustainable than short-term, individualised approaches because they are reciprocally beneficial for multiple stakeholders in the school community, and are embedded as part of everyday culture and practice rather than an 'add-on'. Some complex or challenging needs will require specialist support as an extension of the whole school approach, but it is likely that there will be a long wait for that support and that the child will remain in school for the majority of their time, apart from a few hours a month even when they are receiving this support. It is therefore important that the whole school system is knowledgeable about a range of mental health issues, and equipped and organised to offer a resilience-building environment for the child, their family and the staff who come into contact with them on a daily basis.

Spotlight on young refugees

Applications for asylum for unaccompanied children into the UK have increased year on year since 2015 (Refugee Council, 2019). Multiple studies have shown that refugee children have a higher prevalence of mental health difficulties in comparison to non-refugee children (Buchmüller et al. 2018, Gavranidou et al. 2008 and Soykoek et al. 2017) and research suggests that asylum seekers are five times more likely to have mental health needs than the general population, with more than 61% going on to experience serious mental distress (Eaton et al. 2011). The increased vulnerability to mental health problems that refugees and asylum seekers face is linked to pre-migration experiences (such as war trauma) and post-migration conditions (such as separation from family, difficulties with asylum procedures and poor housing) (Steel et al. 2009, Porter and Haslam, 2005).

The school setting has been shown as an important place in which to support young refugees' mental health (Fazel et al. 2016). This highlights the importance of a whole school approach that seeks to create a resilience-building environment sensitive and proactive to those who have faced particularly tough times.

Additional Resources you may find useful if you're working with a young refugee with mental health issues include:

The Children's Society Refugee Toolkit, available at: <https://www.childrenssociety.org.uk/youngcarer/refugee-toolkit>

If the mental health issue stems from legal problems, Coram Voice's Children's Legal Centre website, LawStuff may be helpful: <https://lawstuff.org.uk/>

Our current statutory service system is funded and organised in such a way that there is a strong emphasis on the individual. Yet schools are complex and adaptive social systems that are comprised of multiple, diverse and interacting individuals. As a result of these complex interactions, the social system of the school community has emergent properties that are more than the sum of their parts. For example, relationships, values and culture are a result of communication and interaction between people. Because of the complex nature of schools, a joined-up approach involving everybody in the school community, in different ways over a long period of time, is required in order for meaningful change to occur.

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

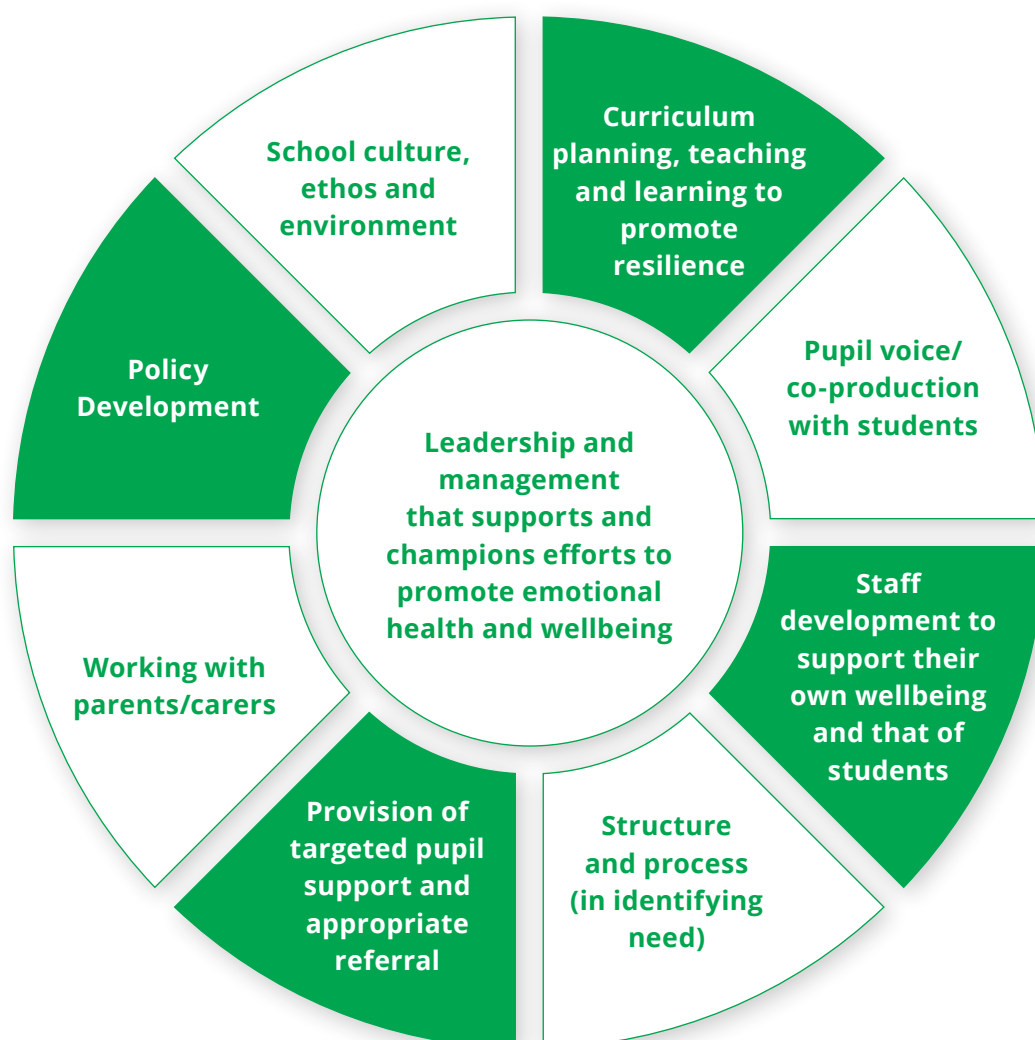


Figure 3: The Academic Resilience Audit Toolkit categories combined with Public Health England's (2015: 6) eight principles to promoting a whole school and college approach to emotional health and wellbeing.

The audit tool is part of the Academic Resilience Approach – beating the odds for better results. This was devised by Professor Angie Hart and Lisa Williams working with schools and other organisations including YoungMinds. It is based on Professor Hart's collaborative resilience work at the University of Brighton and Boingboing.

The Academic Resilience Approach (ARA)

Boingboing uses, promotes and trains people in the Academic Resilience Approach (ARA). This provides the opportunity for everyone in a school system to understand more about what resilience is and how the school community can build resilience among students, families and staff. It introduces a straightforward and tactical way of working to help people manage life's challenges more resiliently.

Academic Resilience is an approach devised by Professor Angie Hart and Lisa Williams. It has been used widely within the UK and globally to support schools that wish to respond to growing mental health and wellbeing issues among young people, as well as embedding a resilient school culture. It is based on Angie's collaborative resilience work with the University of Brighton and other organisations, including Boingboing, schools such as Eleanor Smith School in London, and the national charity YoungMinds.

The ARA's unique approach was devised based on complex systems theory and a social justice approach, which means that schools adopting the ARA can adapt resiliently to the external environment and 'beat the odds while also changing the odds'.

It is based on the Resilient Therapy approach and the Resilience Framework, both of which underpin this guide. The ARA is unique in that it takes an inequalities perspective to develop a whole school approach to mental health and wellbeing. This means that schools can adapt resiliently and adopt a totally seamless approach across the continuum of need.

ARA resources are free to download at www.boingboing.org.uk/academic-resilience-approach. Boingboing/University of Brighton also offer intensive training and school-based consultancy and support packages, which many schools find helpful in both the UK and beyond. Many school staff in East Sussex and Blackpool (the local authorities involved in developing this guide) have been trained in the ARA.

**A WHOLE
SCHOOL
APPROACH**



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

Introducing the Resilience Framework

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

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

The five sections of the Resilience Framework

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

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

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

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

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

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

For more background on the theory and development of the framework, see Appendix 1. You can also find a version of the framework developed by children and young people in Blackpool in this appendix.

The Resilience Framework is shown overleaf. This version has been co-produced with young people from Marton Primary's (Blackpool) Resilience Committee as part of their contribution to the whole town Resilience Revolution. You can also check out www.boingboing.org.uk for versions of the framework in many other languages, representations co-produced by young people, as well as an interactive version.

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

The Noble Truths

- **Accepting:** starting with exactly where a child, young person or family is at, even if it means being at a very sore point. Returning to 'unconditional positive regard', which means trying not to judge people and appreciating them or their basic humanity come what may.
- **Conserving:** holding on to anything good that has happened up until now and building on it. When there is so much difficulty around, preserving the little positive that there is becomes even more precious.
- **Commitment:** staying in there and being explicit about what your commitment can be. Being realistic about what's doable, and not giving up or expecting things to change overnight.
- **Enlisting:** seeking others to help, and moving on from those who might have let us down in the past, noticing that we may not be enough or we may be too much.

There is more about the Noble Truths in Section 3.

RESILIENCE FRAMEWORK

Basics

-  Good Housing
-  Money to live
-  Being safe
-  Transport and getting to places
-  Healthy diet
-  Exercise and fresh air
-  Enough sleep
-  Play and hobbies
-  Not being judged

Belonging

-  Find somewhere you feel like you belong
-  Find your place in the world
-  Spend time with good people and in good places
-  Keep relationships going
-  More healthy relationships the better
-  Take what you can from relationships where there is some hope
-  Get together with people you can rely on
-  Responsibilities & obligations. For example: looking after your brother/sister or going to school
-  Focus on good times and places
-  Understand what has happened in your life
-  Predict a good experience of someone or something new
-  Make friends and mix with other people

Learning

-  Make school or college work as well as possible
-  Engage mentors
-  Plan out your future
-  Organise yourself
-  Highlight achievements
-  Develop life skills

Coping

-  Understand right from wrong
-  Be brave
-  Solving problems
-  Focus on the good things in life. Put on your Positivity Glasses!
-  Find time for your interests
-  Calming down and making yourself feel better
-  Remember tomorrow is another day
-  Lean on others when necessary
-  LOL Have a laugh

Core self

-  Instil a sense of hope
-  Understand other people's feelings
-  Know and understand yourself
-  Take responsibility for yourself
-  Find time for your talents
-  There is existing help and solutions for problems, use them

Noble truths

-  Accepting
-  Conserving
-  Commitment
-  Enlisting

Key ideas to build in to a whole school approach

There are some key ideas that underpin effective whole school approaches in line with the evidence of what builds resilience.

Table 1: Key ideas underpinning effective whole school approaches to resilience, adapted from the Academic Resilience Audit Tool for Senior Leaders (Boingboing, 2013).

Key idea	'Good' looks like...	Can be achieved by...
Leadership and management	Leaders and managers know that teachers proactively build rapport with more vulnerable children, young people and their families. Staff treat each other with respect and care and model this for children and young people.	Asking the children, young people and their families and building this into performance review processes. Being led (modelled) from the top and achievements recognised and celebrated at all levels.
Curriculum planning, teaching and learning to promote resilience	All staff who are involved in teaching and learning know which children and young people are more vulnerable at any given time and adjust their interaction with them appropriately. Curriculum plans promote problem-solving and imagining a positive future at every possible opportunity.	Good identification of need systems, excellent communication systems and a cultural expectation that this will happen. Curriculum leaders being required and supported to make this happen.
Pupil voice/co-production with students	All students have an equal voice in the school and steps are taken to ensure that disadvantaged and vulnerable students are appropriately represented. Students feel that they have a genuine voice in the school and there is evidence of this in policies, processes and the school environment.	Identifying the more vulnerable students and ask them how they wish to be represented – change processes to make them accessible to all. Providing structured and resourced opportunities for students across the school demographic to be proactively involved in school development and design of the school environment.
Staff development to support their own wellbeing and that of students	Structures and processes are in place to enable all staff time to reflect on and improve their own resilience and wellbeing. All staff are empowered to suggest and develop ways of improving the wellbeing and resilience of each other and students.	Whole school training. An annual cycle of reflection, review and refine in line with Professional Development cycle. Mechanisms for all staff to be able to suggest and contribute to resilience-building activities for each other and the students. Formal and informal processes for staff to support and help each other.

Key idea	'Good' looks like...	Can be achieved by...
Structures and processes	There is a systematic way of identifying those children and young people who face greater adversity before things start to go wrong (proactive not reactive). Staff structures give people permission to become a trusted adult over time for more vulnerable children and young people as this is known to be the strongest protective factor against the onset of mental health difficulties. Plans for the more vulnerable children and young people in the school are made with them, are asset-based and closely monitored so that every achievement – academic or otherwise – is recognised and celebrated.	A risk-informed data collection process. (Vulnerable Pupil Register – VPR) Embedding of this principle across the organisation of the school from recruitment through performance management to reward systems. Structured systems and monitoring processes. e.g. VPR.
Provision of targeted pupil support and appropriate referral.	Children and young people in particular adversity have an appropriately trained and skilled adult who will check in with them over time – beyond the period of crisis. The school is aware of and uses all local resources available, including voluntary and community sector services, to support vulnerable children, young people and their families.	The allocation of funds to training and the structuring of staff to enable this to happen. The school having good local knowledge and positive relationships with the wider community.
Policy development	Policies are in place that practically support social inclusion, such as the provision of uniform, PE kit, bus passes, food bank boxes etc.	A social inclusion perspective on budget planning.

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

Table 1: Key ideas underpinning effective whole school approaches to resilience, adapted from the Academic Resilience Audit Tool for Senior Leaders (Boingboing, 2013).



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

The latest statistics suggest that one in eight children and young people aged 5-19 have a diagnosable mental health difficulty (NHS Digital, 2018). This section includes a description of common mental health issues, how to help children and young people experiencing challenges associated with them and an indication of signs or symptoms that might help you identify children and young people who may be experiencing them. The symptoms are offered as a guide, not with the intention of diagnosing children and young people, or placing them into categories, but to aid school staff in understanding how to identify and support children and young people who may be struggling with their mental health, and when – and with whom – to share concerns.

This section is written for supporting children and young people, and we have also emphasised throughout the importance of the resilience of the wider adult community. To do justice to this topic is beyond the scope of this resource. Details of practitioner resilience training delivered by Boingboing can be accessed by visiting: www.boingboing.org.uk/training-and-events/training-courses/

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

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

Remember that children and young people with learning difficulties and/or autism spectrum condition might find it especially difficult to put their feelings into words. They might need alternative communication tools – through art, for example. A simple thing like taking the child for a walk can often make talking easier.

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

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

Anxiety difficulties

Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years. Naturally, anxiety will be more prevalent for children and young people during periods in their lives that are associated with stress, such as exams, leaving school, and starting new academic years, and during these times additional support may be needed.

All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their survival skills so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with – some people are just naturally more anxious than others and are quicker to get stressed or worried.

Children with learning difficulties and those with autism spectrum 'condition' can be especially vulnerable to anxiety difficulties because of the sheer enormity of living in a world that is largely, what is termed, 'neurotypical'.

Concerns are raised when anxiety is getting in the way of a child or young person's day-to-day life, slowing down their development, or having a significant effect on their schooling or relationships. It is estimated that one in six people will suffer from Generalised Anxiety Disorder at some point in their lives.

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

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

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

Supporting children to open up also depends on their developmental age and whether they have any specific learning difficulties etc. Bear in mind that for any of the ideas in this Guide, it might be more effective if storytelling is used. You can use characters such as animals and fictitious children in scenarios that provide a safe distance through which they can actually explore their own experience – often without even realising it.

Table 2 overleaf gives some examples, based on the Resilience Framework, of how to support children and young people with anxiety.

**NORMALISE
MENTAL HEALTH**

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

Table 2: Ways to support children and young people experiencing anxiety, using the Resilience Framework.

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

**NOT JUST A
ONE OFF**

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

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

Table 2: Ways to support children and young people experiencing anxiety, using the Resilience Framework.

Recommended further reading about anxiety

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

Carol Fitzpatrick (2015) *A short introduction to helping young people manage anxiety*. London: Jessica Kingsley Publishers.

Anxiety UK: www.anxietyuk.org.uk

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

Depression

ASK IF THEY'RE OKAY...

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

Depression is common yet serious and can be recurrent. In England it affects at least 5% of teenagers, although some estimates are higher, and are higher in girls than in boys. A clinical depression is defined as one that lasts for at least two weeks, affects behaviour, and has physical, emotional and cognitive effects (American Psychiatric Association, 2000). It interferes with the ability to study, work and have satisfying relationships. Depression in children and young people often occurs alongside other mental health difficulties, and recognition and diagnosis of the difficulty may be more complicated in children and young people, because the way symptoms are expressed varies with the developmental age of the individual. In addition to this, stigma associated with mental health may obscure diagnosis. Some people will develop depression in a distressing situation, whereas others in the same situation will not.

Risk factors

- Experiencing other mental or emotional problems
- Divorce of parents
- Perceived poor achievement at school
- Bullying
- Developing a long-term physical illness
- Bereavement or loss
- Break-up of a relationship
- Living in poverty
- Learning difficulties, disabilities and/or autism spectrum condition

Table 3: Symptoms of depression

Effects on emotion:	Effects on thinking:	Effects on behaviour:	Physical effects:
• Sadness • Anxiety • Guilt • Anger • Mood swings • Lack of emotional responsiveness • Helplessness • Hopelessness	• Frequent self-criticism • Self-blame • Worry • Pessimism • Impaired memory and concentration • Indecisiveness and confusion • Tendency to believe others see you in a negative light • Thoughts of death or suicide	• Crying spells • Withdrawal from others • Neglect of responsibilities • Loss of interest in personal appearance • Loss of motivation • Engaging in risk-taking behaviour such as self-harm • Misuse of alcohol and other substances	• Chronic fatigue • Lack of energy • Sleeping too much or too little • Overeating or loss of appetite • Constipation • Weight loss or gain • Irregular menstrual cycle • Unexplained aches and pains

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

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

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

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

Recommended further reading about depression

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

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

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

Useful video:
<https://www.youtube.com/watch?v=Pn872ZraGMs>

Eating difficulties

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

Someone with eating difficulties may be preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial.

Body image and eating difficulties:

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

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

Anorexia nervosa and bulimia nervosa are the major eating disorders. People with a diagnosis of anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness, by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretively overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

Risk factors

The following risk factors, particularly in combination, may make a child or young person more vulnerable to developing eating difficulties:

Table 5: Risk factors for developing eating difficulties

Individual factors:	Family factors:	Social factors:
• Difficulty expressing feelings and emotions • A tendency to comply with others' demands • Very high expectations of achievement	• A home environment where food, eating, weight or appearance have a disproportionate significance • An over-protective or over-controlling home environment • Poor parental relationships and arguments • Neglect or physical, sexual or emotional abuse • Overly high family expectations of achievement	• Being bullied, teased or ridiculed due to weight or appearance • Pressure to maintain a high level of fitness/low body weight, e.g. sport or dancing • Social-media and cultural pressures

Warning signs

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

Table 6: Warning signs indicating a child or young person is experiencing eating difficulties

Physical Signs:	Behavioural Signs:	Psychological Signs:
• Weight loss • Dizziness, tiredness, fainting • Feeling cold • Hair becomes significantly dull or lifeless (a noticeable change from the previous state) • Swollen cheeks • Callused knuckles • Tension headaches • Sore throats/mouth ulcers • Tooth decay	• Restricted eating • Skipping meals • Scheduling activities during lunch • Strange behaviour around food • Wearing baggy clothes • Wearing several layers of clothing • Excessive chewing of gum and frequency drinking water • Increased conscientiousness • Increasing isolation/loss of friends • Over-estimation of weight and shape • Secretive behaviour • Visiting the toilet immediately after meals • Excessive exercise	• Preoccupation with food and sensitivity about eating • Denial of hunger despite lack of food • Feeling distressed or guilty after eating • Self-dislike • Fear of gaining weight • Moodiness • Excessive perfectionism

How to support children and young people with eating difficulties

The most important role that school staff can play is to familiarise themselves with the risk factors and alert signs outlined above and to make the designated pastoral or safeguarding lead aware of any child or young person causing concern. They will then be able to decide on the appropriate course of action. This may include:

- Contacting parents/carers.
- Arranging professional assistance e.g. school nursing service, doctor.
- Arranging an appointment with a counsellor.
- Referring to the appropriate service for eating difficulties in your area – with the child or young person's, and parental consent.
- Giving advice to parents, teachers and other children and young people.

A SAFE PLACE TO TALK

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

Children and young people may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. If you consider a child or young person is at serious risk of causing themselves harm, then confidentiality cannot be kept. Limits around confidentiality need to be made clear (see Section 3).

If the child or young person is at low risk in terms of the eating difficulty, yet still struggling with some of the associated psychological challenges, there are some ways to support children and young people using the Resilience Framework outlined in Table 7 on the next page.

DON'T BETRAY THEIR TRUST

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

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

Table 7: Ways to support children and young people with eating difficulties, using the Resilience Framework.

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

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

The decision about how, or if, to proceed with a child or young person's schooling while they are experiencing difficulties with eating should be made on a case-by-case basis. Input for this decision should come from discussion with the child or young person, their parents, school staff and members of the multi-disciplinary team supporting the child or young person. If the child or young person is able to access school but needs a set of reasonable adjustments to facilitate this, then the school should design an Individual Health Care Plan that is regularly reviewed. Every authority will have a system for referring for interim packages of support for children and young people unable to attend school for more than a certain number of days per year. Designated wellbeing or mental health leads for the school should be able to support this process.

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

It cannot be stressed enough that often the issue is deeper than food. Food becomes an attempted solution rather than the real problem. Enquire carefully to discover the real issue.

Recommended reading about eating difficulties

Bryan Lask and Lucy Watson (2014) *Can I tell you about eating disorders? A guide for friends, family and professionals*. London: Jessica Kingsley Publishers.

Pooky Knightsmith (2015) *Self-harm and eating disorders in schools: A guide to whole school support and practical strategies*. London: Jessica Kingsley Publishers.

Pooky Knightsmith (2012) *Eating disorders pocketbook*. Hampshire: Teachers' Pocketbooks.

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

Self-harm

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

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

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

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

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

Local safeguarding procedures and guidance in your country should include reference to self-harm and these should be consulted and recommendations followed. The following may also be useful to consider:

- Often cases of deliberate self-harm are best seen as a 'child in need' and provided with the appropriate help, depending on the local pathway.
- The possibility that self-harm, including serious difficulties with eating, has been caused or triggered by any form of abuse or chronic neglect should not be overlooked. This may justify a referral for additional assessment in line with the local safeguarding procedures for abuse or neglect. Be careful to explain this to the child or young person in a way that minimises their anxiety and the risk that they are made to feel individually responsible for the situation. Also, make sure that referring on isn't the only thing that you do. Sometimes we can think that other people are better placed to support young people with their difficulties. This may be true, but the reality is that young people can sometimes end up being caught in a cycle of referrals that mean nobody ends up taking responsibility. There is a great deal that you can do to support a child or young person's resilience and the ideas in this guide should help you with that. In fact, what you do, for example, helping them access after-school activities and showing that you believe in them, might actually be the most helpful action in terms of their symptom reduction.
- Consideration must also be given to protect children who engage in high-risk behaviours that may cause serious self-injury, in line with local safeguarding procedures. Again, ensure that you also instigate resilience-building responses rather than focusing solely on risk.

- Depending on the level of self-harm and the length of engaging in self-harm, a multi-disciplinary risk assessment, along with an assessment of need, can offer benefits for the child or young person, if managed sensitively and proportionately in line with local safeguarding procedures and in line with the resilience-building perspectives outlined in this Guide. Be very careful here though that you are doing things to support the child or young person. The danger here is of pushing paper around, referring the problem on to lots of other agencies (what we call in RT 'organisational promiscuity') or having lots of meetings with other practitioners with few resilience-building actions identified. For more detailed discussions of these issues and how to overcome them see our books on Resilient Therapy (for example Hart, Blincow with Thomas 2007)

Child or young person presenting at school

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

Table 8: Ways to support a child or young person who is self-harming, using the Resilience Framework

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

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

Table 8: Ways to support a child or young person who is self-harming, using the Resilience Framework



Talking about self-harm

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

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

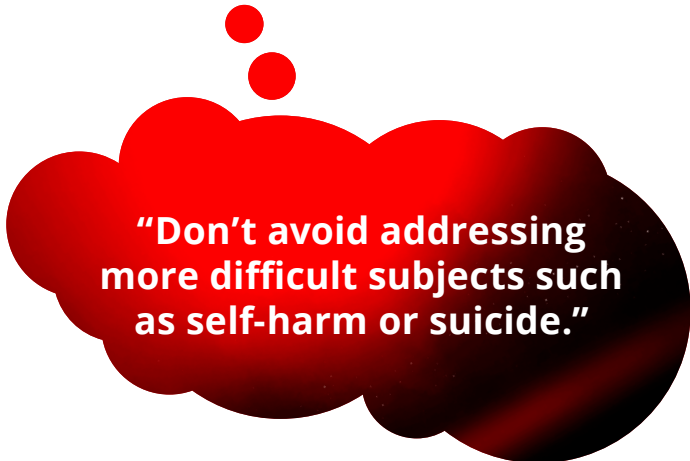
Children and young people report they want the following from professionals when discussing their experience of self-harm:

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

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

- I notice those scratches on your arm and I wonder if that is something we could talk about? I would like to understand what you are going through.
- I notice that you always have your arms covered up, even when it’s hot. I wonder if there’s something you feel you need to hide?
- I know that other children or young people who have self-harmed felt it relieved tensions, or that they felt more alive and real when they did it. What does self-harming do for you?
- If your cutting could tell us how you are feeling, what would it say?
- Have you noticed what it is that makes you want to hurt yourself?

**DON'T
AVOID
DIFFICULT
SUBJECTS**



“Don’t avoid addressing more difficult subjects such as self-harm or suicide.”

Harm minimisation

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

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

Be mindful that young people experiencing learning difficulties or young people on the autism spectrum might struggle with conventional ways of communicating their difficulties. Therefore, creative ways of articulating such difficulties through art, drama, poetry or singing, for example, may be more supportive.

Recommended further reading about self-harm

Pooky Knightsmith (2015) *Self-harm and eating disorders in schools: A guide to whole school support and practical strategies*. London: Jessica Kingsley Publishers.

Keith Hawton and Karen Rodham (2006) *By their own young hand: Deliberate self-harm and suicidal ideas in adolescents*. London: Jessica Kingsley Publishers.

Carol Fitzpatrick (2012) *A short introduction to understanding and supporting children and young people who self-harm*. London: Jessica Kingsley Publishers.

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

National Self-harm Network: <http://www.nshn.co.uk/downloads.html>

<https://www.youtube.com/watch?v=gfRwez8ergg>

https://www.youtube.com/watch?v=_0KsaFXqRtA

Exploring risk and the need for ongoing support

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

It is vital that the young person retains as much control as possible of their situation, is fully aware of who needs to be informed and why, is consulted on their views, and is allowed wherever possible to set the pace and make choices. To do otherwise could result in a worsening of the self-harm.

Remember that self-harm is often a way of coping, so stopping the self-harm is not always the best thing to aim for immediately. Safety and understanding are more important in the short term. There is no quick fix.

Challenges with attention and hyperactivity

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

What causes ADHD?

There is an ongoing debate about the causes of ADHD, with some people questioning whether or not it exists as a neurodevelopmental condition. This is a complex debate, with issues of parenting practices, social inequalities and other factors mentioned as contributing factors in children and young people's ADHD-type behaviour. Those that do see ADHD as 'real' suggest it seems to result from an underlying genetic basis interacting with factors within the child's specific environment. Many experts believe ADHD is partly due to areas of the brain that affect behaviour not developing as they should, and as a consequence there are changes in the structure of, function of, and communication between areas of the brain. Whatever you think about this debate, for children and young people in particularly difficult circumstances, sensitive treatment for ADHD-type behaviours can help.

The British Psychological Society (1996) offers the following definition:

"ADHD is a changing and evolving concept which refers to children and young persons whose behaviour is impulsive, overactive and/or inattentive to an extent that is unwarranted for their developmental age and is a significant hindrance to their social and educational success."

Some of the currently understood factors are:

- Specific genes – recent studies show that 70-80% of the risk for ADHD is genetic (Larsson et al. 2013; 2014). This is why ADHD tends to run in families.
- Environmental factors – premature birth, birth trauma, low birth weight, prenatal tobacco exposure (ADHD Institute, 2017).

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

ADHD is not caused by:

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

Finally, ADHD is not:

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

Table 9: Broad characteristics of the behaviour of children and young people with attention difficulties

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

ADHD and other difficulties ('co-morbidity')

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

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

Seeking help for children with attention difficulties

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

- A parent may approach their family doctor for advice. Their doctor can then ask for a more specialist health assessment.
- A school, in consultation with parents and often via the education support services, for example educational psychology, may also approach health services.
- Depending on local pathways, most CAMHS will make an assessment for ADHD, so it is advisable to speak to your mental health schools lead if you are seriously concerned about a child or young person's difficulties with attention.

Table 10 overleaf offers some scenarios and ways of working with attention difficulties using the Resilience Framework.

Table 10: Ways to support a child or young person with attention and hyperactivity behaviours, using the Resilience Framework

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

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

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

Table 10: Ways to support a child or young person with attention and hyperactivity behaviours, using the Resilience Framework

Recommended further reading about ADHD

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

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

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

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

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

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

Support groups and other useful resources

ADDISS: www.addiss.co.uk 0208 952 2800

ADHD Foundation: www.adhdfoundation.org.uk 0157 237 2661

YoungMinds: www.youngminds.org.uk 0808 802 5544

Contact a Family: www.cafamily.org.uk 0808 808 3555

Professional Organisations

UKAP the UK ADHD Partnership: www.ukadhd.com

NASEN: www.nasen.org.uk 01827 311 5000

Behavioural difficulties

Nationally, antisocial behaviours are the commonest causes for referral of children and young people to Child and Adolescent Mental Health Services (CAMHS). Where the child shows persistent disruptive, deceptive and aggressive behaviours over time, and especially when these are of a marked degree, the child may be assessed as having Conduct Disorder (CD). CD is more common in boys and young men than in girls and young women, with less confrontational behaviour seen in females with CD. The estimated prevalence for children aged 5–16 years in the UK is thought to be 5.8% (Public Health England, 2016). It usually develops from mid-childhood through to middle adolescence and is rare after 16 years of age. As with other diagnoses, there is a debate concerning how poverty and wider inequalities interact with children and young people's behaviour. In situations where behavioural difficulties are an issue, it is imperative to support the child or young person and their family holistically, with a focus on the Basics in the Resilience Framework.

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

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

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

Possible signs of Conduct Disorder

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

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

Symptoms can be influenced by increasing age, development of physical strength, cognitive ability, sexual maturity and neurodevelopmental conditions such as autism.

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

Risk factors

No single risk factor is either necessary or sufficient on its own to lead to the development of behaviour difficulties, but we are beginning to learn how genetic and environmental risk factors interact.

Children are at greater risk if one or both parents have one of the following: alcohol dependence, depression, schizophrenia, ASPD, ADHD or CD.

A diagnosis of CD appears to be more common in children who have to manage a difficult home life. Therefore, it is vital to involve the parents when identifying solutions. In addition, evidence suggests that families of children and young people with behaviour difficulties may be dealing with greater material disadvantage, so working to target the Basics within the Resilience Framework is essential, and to be provided in addition to the interventions suggested in Table 11 below.

Table 11: Supporting children and young people with behaviour difficulties and/or a diagnosis of conduct disorder, using the Resilience Framework

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

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

Challenge	How to support the child or young person
A child or young person is lying	• Role model honesty, explain to them that you are aware that they may struggle to be honest at times, as do lots of people (and the reasons vary for different people), and that you are there to talk when they feel able to be honest. (Belonging) • Help other children and young people in the school understand the reasons why people might not always be truthful and how they can support their peers. (Belonging) • Do some communication activities in the classroom around honesty or communication in general such as: - I find communication works best for me when... - I struggle to communicate when... - I need more support with... - I need more support from... This may support children and young people to open up about the challenges they face when communicating. (Core Self) • Lying is connected to fear. Explore fears around being honest and this may illustrate what is driving the dishonesty. (Core Self) • Praise honesty when it happens. (Learning)
A child or young person is not able to concentrate in lessons due to being irritated and hyper-aroused	Children and young people with behaviour difficulties can struggle to relax and this causes problems with concentration. • Use frequent eye contact and stand near when giving instructions (if appropriate). (Learning) • Keep instructions short and precise, and make sure the first stage is carried out before you move to the next. (Learning) • Ask them to repeat instructions back to you. (Learning) • Use keywords to alert them to important parts of the lesson. (Learning) • Use a routine and write it on the board. (Learning) • Try to schedule tasks that require attention in the morning or in the early part of the lesson. (Learning) • Find out what they are good at or enjoy, and try to incorporate this in activities. (Learning) • Break down large tasks into small tasks so that each part is more manageable and provides a sense of achievement. (Learning) • Give them a table or list, with an outline of key concepts and vocabulary to refer to if they get lost. (Learning)

Table 11: Supporting children and young people with behaviour difficulties and/or a diagnosis of conduct disorder, using the Resilience Framework

Recommended further reading about Conduct Disorder

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

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

National Collaborating Centre for Mental Health (UK) and Social Care Institute for Excellence (UK) (2013) *Antisocial behaviour and conduct disorders in children and young people. Recognition, intervention and management (full NICE guideline: CG158)*. Leicester, UK: British Psychological Society and Royal College of Psychiatrists. <http://guidance.nice.org.uk/CG158/Guidance>

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

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

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

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

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

Post-traumatic stress

Lots of people have mild difficulties following a traumatic incident. For some, symptoms may interfere with their daily life to such an extent that external support is necessary. Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder that may be diagnosed after a person experiences or witnesses a traumatic event, or learns that a traumatic event has happened to a loved one. The current definition of PTSD requires that the child or young person has experienced a traumatic event that involves exposure to actual or threatened death, serious injury, or sexual violence.

What causes PTSD?

Examples include:

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

Following the event, a student experiencing post-traumatic stress may report intrusive symptoms, such as repetitive and upsetting memories. For example: 'I can't stop hearing that crunch noise when the car hit the tree'. This may be acted out in play by younger children, for example repeatedly hitting a toy car against the wall. Other intrusive symptoms include distressing and vivid night and daydreams (also called flashbacks, whereby the student acts as if the event is actually happening in real time) and becoming highly distressed when exposed to reminders (triggers) of the event. They may avoid such reminders; report an inability to recall significant details of the event; experience a range of negative emotions – such as, sadness, guilt, shame, and confusion – and

lack interest or a desire to participate in important activities. Children or young people experiencing post-traumatic stress may also be irritable, jumpy or on edge, have trouble concentrating, and sleep difficulties. To meet the criteria for PTSD, these combined symptoms must persist for more than a month following the event, although some children and young people may experience a delayed reaction to the trauma, so that clear signs are not noticeable until six months or more after the event.

Further facts about PTSD and children and young people:

- Approximately 1% of children and young people aged up to 18 will have a diagnosis of PTSD at any given time (NCCMH/NICE, 2015a).
- Girls are twice as likely as boys to develop PTSD (NCCMH/NICE, 2015a).
- The chance of developing PTSD increases with the severity of the trauma. For example, almost all children who are sexually abused, or who witness the death or assault of a parent, will later suffer PTSD.
- Young people with behaviours consistent with a diagnosis of PTSD may experience other problems as well, including depression, other anxiety problems, or acting-out behaviours. In young people with PTSD, substance abuse problems are also common (for example, drug or alcohol use).
- The negative effects of PTSD are far-reaching, impacting the quality of social, occupational, interpersonal, developmental, educational, and health functioning throughout the lifespan. Timely and effective intervention is critical.
- Any young person experiencing disadvantage or young people with learning difficulties may struggle with an overload of sensory input following a traumatic incident in addition to their existing vulnerabilities. For example, young people with autism spectrum condition may ordinarily struggle with sensory input and, following a traumatic experience, this could be heightened.

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

When a person experiences a traumatic event, the body's neuronal and hormonal responses can have long-term effects on the activity within areas of the brain involved in memory, attention and emotional regulation, and communication between these regions. As a result, parts of the brain may become under or over-responsive to internal and external cues, such as stress, memories, noises or reminders of the event. The combination of the emotional and physiological changes resulting from the trauma can impair the child or young person's ability to learn and perform at school. Due to the way the brain processes trauma, something which happens in the present may trigger a memory connected to the past trauma (a flashback), and parts of the brain respond as if the trauma is happening again in the present moment.

The person's fight or flight response will be activated as a means of survival. Examples of ways to support a child or young person with this are detailed in Table 12.

WHAT IS A FLASHBACK?

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

Recommended further reading about Post-Traumatic Stress

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

Fazel, M., Garcia, J. and Stein, A., (2016). The right location? Experiences of refugee adolescents seen by school-based mental health services. *Clinical Child Psychology and Psychiatry*, 21(3), pp.368-380.

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

Mansfield K. (2017) Strategies for Trauma Awareness and Resilience programme: experiential education towards resilience and trauma informed people and practice, *Intervention* 2017,15(3), 264 – 277.

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

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

Tozer, M., Khawaja, N.G. and Schweitzer, R., 2018. Protective factors contributing to wellbeing among refugee youth in Australia. *Journal of psychologists and counsellors in schools*, 28(1), pp.66-83.

Table 12: Supporting children and young people experiencing post-traumatic stress, using the Resilience Framework

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

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

Challenge	How to support the child or young person																											
A child or young person is engaging in self-destructive behaviours	Depending on the trauma experienced, a child or young person may end up feeling one or more of the following: • There is no future • They are not important enough to keep safe • It was their fault and therefore they deserve to be hurt/punished • They don't have a way of coping with flashbacks or intrusive thoughts And therefore they may engage in self-destructive behaviours. So what they need is: • Support to take one day at a time. However, even taking a day at a time can be overwhelming for people who have experienced trauma, so break the day down hour by hour – or even 30 mins, whatever they feel is manageable – to support them to both get through and to try and stay in the moment. (Coping) • Remember, tomorrow is another day. Quite often if people engage in self-destructive behaviours they punish themselves for it. Help them to try and understand the reasons that this happened today and that tomorrow will be another day, which doesn't need to be the same. (Coping) • Do a responsibility pie chart for the incident and look at all the factors that were responsible and how much responsibility they are placing on themselves, and whether this is fair or accurate. (Core Self) Don't try and stop the behaviours as this will only invite resistance. Instead, try to speak to the child or young person (and the parent if appropriate) to introduce ideas for alternative coping behaviours. However, bear in mind family circumstances in relation to Basics and be prepared to facilitate and provide resources for these activities in school. Ideas may include: <table><tr><td>Talking with someone who cares</td><td>Sports exercise – walking/running/dance</td><td>Gardening/plants</td></tr><tr><td>Visiting a friend</td><td>Telephoning a friend</td><td>Painting or drawing</td></tr><tr><td>Colouring</td><td>Writing letters</td><td>Puzzles</td></tr><tr><td>Watching TV/DVD</td><td>Listening to music</td><td>Cinema</td></tr><tr><td>Shopping</td><td>Hobbies</td><td>Hold a safe object</td></tr><tr><td>Sit in a safe place</td><td>Listen to soothing music</td><td>Sing favourite songs</td></tr><tr><td>Use potpourri</td><td>Buy fresh flowers</td><td>Eat a favourite food</td></tr><tr><td>Have a soothing drink</td><td>Have a bubble bath</td><td>Soak your feet</td></tr><tr><td>Play with a pet</td><td>Ask for a hug</td><td>Put lights on (to sleep)</td></tr></table> Try and do a timeline of things that happened after the event, this can provide hope that life goes on. (Core Self)	Talking with someone who cares	Sports exercise – walking/running/dance	Gardening/plants	Visiting a friend	Telephoning a friend	Painting or drawing	Colouring	Writing letters	Puzzles	Watching TV/DVD	Listening to music	Cinema	Shopping	Hobbies	Hold a safe object	Sit in a safe place	Listen to soothing music	Sing favourite songs	Use potpourri	Buy fresh flowers	Eat a favourite food	Have a soothing drink	Have a bubble bath	Soak your feet	Play with a pet	Ask for a hug	Put lights on (to sleep)
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Watching TV/DVD	Listening to music	Cinema																										
Shopping	Hobbies	Hold a safe object																										
Sit in a safe place	Listen to soothing music	Sing favourite songs																										
Use potpourri	Buy fresh flowers	Eat a favourite food																										
Have a soothing drink	Have a bubble bath	Soak your feet																										
Play with a pet	Ask for a hug	Put lights on (to sleep)																										

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

Table 12: Supporting children and young people experiencing post-traumatic stress, using the Resilience Framework.

Attachment difficulties

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

Risks for attachment difficulties

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

- Pre-birth trauma
- Sudden separation from primary caregiver (such as illness or death of parent, or the hospitalisation of the child)
- Frequent moves and/or placements (e.g.. Foster care, moves in/out of the care system)
- Undiagnosed and/or painful illness (such as colic or ear infections)
- Chronic maternal depression
- Parents with poorly developed parenting skills
- Inconsistent or inadequate daycare
- Neglect
- Parents with learning difficulties or neuro-developmental challenges such as autism spectrum condition.

Bear in mind that, in specific circumstances, there may be a strong link between Basics and any of the above. This is as a result of the constellated disadvantage effect that attachment difficulties can result in and the cyclical nature of trauma and poverty.

Behaviours and characteristics

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

Interaction:

- Be indiscriminately affectionate with strangers
- Lack the ability to give or receive affection (i.e., will not be 'cuddly')
- Be inappropriately demanding and clingy
- Be unable to trust others
- Lack of kindness (cruelty) to animals
- Display erratic behaviour, tell lies
- Show poor peer relationships
- Be destructive to others

Aggression and lack of impulse control:

- Display passive aggression (provoking anger in others)
- Show signs of repressed anger
- Have low or no impulse control
- Lack cause-and-effect thinking
- Lack a conscience
- Be pre-occupied with fire, blood and gore
- Exhibit extreme control problems – often manifest in devious ways (e.g. stealing from family; secret solvent abuse)

Communication:	Other signs:
• Be superficially engaging, charming (phoney) • Avoid eye contact • Ask persistent nonsense questions and incessantly chatter • Have abnormal speech patterns	• Self-destructive behaviours • Sabotage placements such as school, foster family etc. • Show signs of depression • Exhibit pseudo-maturity • Have low self-esteem • Show signs of a guilt complex • Have abnormal eating patterns

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

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

How to support children and young people with attachment difficulties

A child or young person with attachment difficulties may have the following needs:

- A relationship with someone that is committed, offers consistency and is trustworthy
- To have around them people that believe in them and support their aspirations and praise who they are
- To be supported to develop their sense of responsibility in the world and in some cases, reduce their feeling of over-responsibility to others
- Support in understanding and complying with the basic rules of society
- Clear boundaries that keep them safe emotionally and psychologically
- To be able to respond to reasonable requests
- To have a realistic sense of self

- To learn to be non-confrontational with others
- To accept responsibility for their own actions
- To feel valued
- To feel like they belong
- To manage temper/anger appropriately
- To understand the world around them
- To understand their own wants, needs and feelings, and that they are important
- To have a sense of their own identity.
- To be able to make sense of their feelings and articulate these in a way that means they will be heard
- To develop a hobby/interest that will support their sense of self-efficacy and belonging

Table 13 below offers some examples of challenges that children and young people with attachment difficulties may face and how to support them using the Resilience Framework

Table 13: Supporting children and young people with attachment difficulties, using the Resilience Framework

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

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

Table 13: Supporting children and young people with attachment difficulties, using the Resilience Framework

With all young people and sexual health concerns, an assessment of the young person's capacity to understand the information given can be used, using The Fraser Guidelines (Cornock, 2007). These guidelines support the decision regarding the competency of the young person to comprehend the information they have received, pertaining to sexual relationships and sexual health.

Recommended further reading on attachment difficulties and development

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

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

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

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

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

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

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

PSHE lesson suggestions on sexual exploitation can be found at:

<https://www.pshe-association.org.uk/curriculum-and-resources/resources/ceop-exploited-film-and-resource-pack>

Chelsea's Choice is a local charity that delivers a drama based performance on sexual exploitation:

<http://www.alteregocreativesolutions.co.uk/chelseas-choice/>

Child Exploitation and Online Protection Centre (n.d.) How can CEOP help my child? National Crime Agency

<https://www.ceop.police.uk/Safety-Centre/How-can-CEOP-help-me-YP/How-can-CEOP-help-me-parent/>

Using the Noble Truths to support work with children and young people on mental health issues

Accepting

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

Commitment

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

Conserving

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

Enlisting

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

Recommended further reading on the Noble Truths

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

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

Further ways to use the Resilience Framework within your school

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

Basics

Specific	Suggestions
Good enough housing	Make sure the classroom space is supportive of children and young people's vulnerabilities and set up to meet their emotional and psychological needs. This may be a space to take some time out or an area of the room that feels safe.
Enough money to live	Basic necessities are really important and can encourage family life to be as stress-free as possible. Does your school respond to the social inequalities that exist for the school population? Can further support be provided, for example, through the provision of uniform subsidies or breakfast clubs?
Being safe	Promote the school environment as one that is accepting of mental health difficulties and make it clear that it is everybody's responsibility within the school to support mental health, from the caretaker to the principal.
Access and transport	Be aware of how crowded buses and transport can affect a child or young person who is experiencing mental health problems, and provide additional support where needed. For external appointments, it can be helpful to consider how they will get to the appointment, as this can act as a barrier.
Healthy diet	Ensure that children and young people have access to a healthy diet within school, as there are inextricable links between food and mood. Do students receiving free school meals get enough to eat, or are they disadvantaged in comparison to other students?
Exercise and fresh air	Promote exercise and fresh air as important resilient moves. When children and young people take part in exercise in the fresh air, it increases the level of serotonin in their bodies, which reduces their stress levels. Ensure children and young people have access to a range of activities inside and outside of school. It is also important to involve parents in such activities wherever possible.
Enough sleep	Children and young people often do not get enough sleep and find it hard to relax. Encouraging children and young people to think about why sleep and relaxation are important can help them see that it can affect the way they feel, their ability to learn and cope with stress, and has an impact on their levels of resilience. During times of exam stress, enough sleep is vital.

Specific	Suggestions
Playtime and leisure	Explore with the child or young person how they spend their leisure time and ensure there is a diversity of options for leisure or break time within the school environment. Different people will have different needs, particularly if they are struggling emotionally. Check if they have access to leisure opportunities; financial restrictions at home may prevent such opportunities. When children and young people are revising for exams, ensure they are making time for fun and recreation, this is as important for their resilience as the time spent studying.
Being free from prejudice and discrimination	Promote positive mental health awareness within the school to facilitate a culture of acceptance and support. On an individual level, support them to develop strategies as to how they would respond to prejudice and discrimination.

Belonging

Specific	Suggestions
Find somewhere for the child or young person to belong	Help children and young people to identify a safe place or group where they can go when they are feeling vulnerable. Encourage them to have the right people in place to support them so that they feel protected.
Help them understand their place in the world	Value and welcome every child or young person in your class or tutor group and encourage them to develop their own individuality and explore their diversity. Encourage them to understand their roots and why it is important to identify where they have come from. It may be helpful for the child or young person to explore if anyone else in their family has struggled with mental health difficulties and to normalise such experiences.
Tap into good influences	Help the child or young person identify what qualities make a good friendship. Explore with them how positive role models can make a difference to someone's life. Encourage them to think about developing a relationship with a role model. This could be someone they already know, such as a teacher, club organiser or an older student. Young people who are moving from primary school to secondary school may need additional support to create new positive influences to aid a potentially stressful transition.
Keep relationships going	Help the child or young person consider why it is important to have good relationships and why it is important to maintain them. Keeping relationships going can help children and young people have a sense of stability and consistency in their lives, and this, in turn, will help them feel more resilient. Support them to understand what helps to keep relationships going. You can also support them to think about how they are a friend to themselves, and identify self-care ideas they would find helpful when they may be struggling.
The more healthy relationships the better	It is important to help children and young people increase the number of good influences in their lives so they outweigh the bad ones. Encourage them to identify what makes a good relationship and whether they could develop those qualities themselves so that they could have more healthy relationships.

Specific	Suggestions
Take what you can from relationships where there is some hope	Help them to expand their network of friends. Children and young people need to consider different types of friendships and relationships that meet different needs. Encourage them to see that relationships are not just about building friendships – relationships can be built through activities or events, which can lead to something good. Encourage students to understand what they get from different relationships with adults in the school. Some will be about learning, some support, and some fun, but all are valid.
Get together people you can count on	Help the young person to identify people who can help and support them and be a network of support. Encourage the young person to think about how their network of support could help them cope when they are going through a hard time. Support the child or young person to develop a plan as to how as a community they support each other during times of high stress.
Belonging involves responsibilities and obligations too	Children and young people who have appropriate roles and responsibilities, including running errands and doing odd jobs, develop positive self-esteem and a sense of being able to make their own mark on what happens in the world. Helping a young person identify their responsibilities and obligations can promote their sense of belonging.
Focus on good times and places	It is important to encourage children and young people to remember the good events that have happened and to revisit them. They are a reminder that, despite the difficult things, there are lots of good things too. ‘Bottling up’ good experiences can help a child or young person reconnect to people in their lives who have had some degree of healthy relationship with them. Helping the child or young person visualise and picture a favourite memory or place can help them feel safe, calm and more resilient.
Make sense of where the young person has come from	Help children and young people to understand where they have come from. Encourage them to understand their history and share who they think they are, what their good bits are and how they see the world.
Predict a good experience of someone or something new	Help children and young people to take a risk and try new things. Encourage them to set a challenge that will give them a good experience. Get them to plan it, do it and review it, and this will help them identify what works well and not so well.
Make friends and mix with other children and young people	Even if a child or young person has had quite a few negative relationships in their life, forming just one new positive relationship can be powerful. Help the young people in your tutor group to find out more about what each other likes doing, their interests and activities. Encourage them to think about someone in their tutor group who might have a similar interest to them and could end up being a good friend.

Learning

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

Coping

Specific	Suggestions
Understand boundaries and keep within them	It is important to help children and young people learn about setting and keeping to limits. Setting boundaries can help children and young people feel safe, as can routine and structure. Encourage children and young people to explore what boundaries are, why people have boundaries, and why some people's boundaries are different from other people's.
Being brave	Being brave invites us to help children and young people face their uncomfortable, scared feelings, and to actively work with them. Being brave enables us to experience that, and to confront our personal power, instead of passively relying on other people to sort everything out. Encourage children and young people to explore what being brave means to them, ways that they could feel braver and how this could make them feel more resilient. This can start by making brave moves with their learning in the classroom, such as having a go, speaking out, or making suggestions.

Specific	Suggestions
Solving problems	Problem-solving is a learned skill. Helping children and young people to focus on one problem at a time can help them avoid getting overwhelmed with the size of the problem. As a tutor, encourage children and young people to assess the type and size of a problem, what they need to do in order to resolve it, and how they might work out who can help if necessary.
Rose-tinted glasses	Putting on rose-tinted glasses is an idea to put a resilient spin on things. It is about looking at bad things that have happened and adding a positive twist to them. This idea is about deliberately adopting a stance that helps make sense of something from the past in a positive way. It offers another view for the young person to make sense of an event and develop a more adaptive view of their lives. Sometimes it is about managing life rather than changing it.
Fostering their interests	Helping children and young people to develop their favourite interest can give them opportunities to feel that they can succeed, and as a result their self-esteem improves and they can have fun. The quality of their life improves. Succeeding helps children and young people feel they have control of their lives, which makes them happier and as a result stronger and able to deal with any difficulties that come their way. This can be an area where as a tutor, year head, classroom teacher, TA or lunchtime supervisor, you notice the things your children and young people do well and where they show real talent and creativity at managing difficulties.
Calming and self-soothing	Encourage children and young people to notice when, where and why they are feeling upset. Try to get them to notice and understand why they are feeling stressed and ways that can help them feel more relaxed.
Remember tomorrow is another day	Helping children and young people to remember that tomorrow is another day helps them find a solid place to stand and not feel overwhelmed by the stresses and challenges of a school day. Encouraging a young person to let go of worries can help them feel that their problems are more solvable and enables them to feel more resilient.
Lean on others when necessary	Encourage children and young people to lean on others and trust that others can help and support them when needed. It is important to encourage them to identify who to go to when they need support.
Have a laugh	Encouraging children and young people to have fun and have a laugh can help them feel stronger and more able to cope with life's challenges.

Core Self

Specific	Suggestions
Instil a sense of hope	Hope helps children and young people hold on to the possibility of change and the anticipation and wish that tomorrow will be better. When hope is present it can make the most difficult challenges feel manageable and survivable. As a tutor or teacher encourage children and young people to have aspirations and dreams about what would make school a better place, or as a teacher embed career aspirations into the learning and curriculum content.

Specific	Suggestions
Teach the child to understand other people's feelings	It is important that children and young people can understand and be aware of the feelings of others. It helps them get along with their peers, to care about others and to feel confident and happy in other people's company.
Help the child to know themselves	In order for children and young people to know themselves, they need to feel good about themselves from the inside. Helping children and young people feel good from the inside is about encouraging them to learn about themselves while being accepting of the fact that there are bits that they may need to change. Children and young people who have a strong sense of themselves often have more confidence and higher self-esteem. They can manage situations more successfully because things are less overwhelming when they have some idea of the way they feel and why.
Help the child take responsibility for themselves	Help children and young people build their capacity to take responsibility for themselves. By knowing themselves they can see that they have a relationship to the things and people around them and can influence this, rather than assuming things happen to them. Help them know their own sense of usefulness and personal power. Grabbing hold of daily opportunities to help them control situations and understand that they have the power to make choices and decisions in their life, helps them see they can take control of their lives rather than life happening to them.
Foster their talents	Build qualities and develop the good points which children and young people already have, maximising their influence. By fostering their talents, we give them a chance to understand more about their abilities. Often children and young people are good at things they don't notice or they don't value. Doing fun stuff and fostering talent is a way to begin to experience some choice in life, a sense of achievement and competence.
Using tried and tested treatments for specific problems	Encourage children and young people never to be scared of getting support for specific problems. Support that may include mentoring, counselling, anger management, teenage pregnancy support, drugs and alcohol support. This support can help children and young people to cope with the challenges and stresses of growing up.

Recommended further reading on the Resilience Framework and Resilient Therapy

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

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

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

Other considerations when supporting vulnerable children and young people

Confidentiality

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

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

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

Starting a conversation

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

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

The following may support the opening of conversations:

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

Communication

Key principles for communicating:

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

**DISCUSS
MENTAL HEALTH
CONCERNS**

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

Social media and young people's mental health and wellbeing

Key facts:

- 61% of children under the age of 12 have a social media account
- 44% of children and young people spend more than three hours a day on social media
- 1 in 10 young people report always using social media overnight between midnight and 6am
- Social media has been described as more addictive than cigarettes and alcohol
- Rates of anxiety and depression in young people have risen 70% in the past 25 years
- Social media use is linked with increased rates of anxiety, depression and poor sleep
- Cyberbullying is a growing problem, with 7 in 10 young people saying they have experienced it
- Social media can improve young people's access to other people's experiences of health and to expert health information
- Some young people who use social media report being more emotionally supported through their contacts

Data taken from YoungMinds <https://youngminds.org.uk/resources/policy-reports/resilience-for-the-digital-world> (Resilience for the Digital World, 2016)

Social media is now a part of almost everyone's life, but none more so than our young population of digital natives. Its rise to popularity during the mid-2000s has revolutionised the way in which we communicate and share information, both as individuals and as a society. While social media has permeated nearly every aspect of the mainstream, we are only just beginning to take stock of the extent to which it impacts on young people's lives. With the latest statistics showing that one in eight children and young people aged between 5 and 19 have a diagnosable mental health difficulty, it is pertinent to consider the relationship between social media and mental health.

It certainly isn't all bad news; social media platforms can promote a sense of community, provide emotional support, help develop social communication skills, and provide access to educational resources, advice and guidance at our fingertips. With its almost universal reach and unprecedented ability to connect people from all walks of life, social media holds the potential to wield a mighty power as a positive catalyst for good mental health. Moderated forums and groups, where positive supportive communication loops are encouraged and bullying not tolerated, can be places where young people can express their thoughts and feelings more easily. Without the fear of rejection and stigma they may experience in real life, young people in need of extra support may feel more willing to ask for help online than in face-to-face situations. Furthermore, young people who experience difficulties with social skills can socialise anonymously, experiment with different personas, and practice initiating and maintaining online relationships. Social media provides an ideal forum for social campaigning, which can provide therapeutic and empowering benefits to young people seeking to change the odds for themselves and others. So, there is no doubt that social media can be a force for positive change.

But there are also risks. For young people facing the greatest challenges, the internet is a place which can facilitate both healing and harm. If these risks are not identified and addressed, they have the potential to cause significant problems for young people's mental health and wellbeing. Facing exclusion or insensitive responses on social media may further isolate those who already feel excluded, which can ultimately lead to loneliness, anxiety and depression. Young people with learning difficulties may not understand safe boundaries for relating and communicating, and the internet is a fruitful platform for those seeking to exploit others.

The process of supporting and empowering young people to make safe and responsible decisions online is often compared to the process by which they have learned to safely cross the street. First, they hold hands with an adult, gain a little independence and watch from afar. Eventually, they become capable of making safe and responsible decisions on their own. However, everyone needs to be supported to go at their own pace, and we all need support in our own ways, specific to our own individual needs.

Being a young person is hard enough, especially if you have additional vulnerabilities that compound this experience. The pressures faced by young people online are unique to this digital generation. It is vitally important that we put safeguards in place to both protect and respond.

The table below offers examples of challenges for young people in relation to social media, alongside ways they can be addressed using the resilience framework.

Table 14: Challenges for young people in relation to social media

Challenge	Response
A young person comes to you as they are being bullied online	- Remember – online bullying is still bullying. Look to your school bullying policies. How do they help? (Enlisting) - All social media platforms have a mechanism for reporting bullying. Explore with the young person what action they would like to take and support them appropriately (being free from prejudice and discrimination). - Explore with the young person if they know the person/people who are bullying them and what support mechanisms they need in place to protect them. Discuss how your school will take action regarding the bullies (getting together people the young person can count on). - Support the young person to look after themselves online, considering use of privacy settings and sharing personal information. Further support can be found at www.bullying.co.uk (help the young person take responsibility for themselves). - Explore the impact that the present experience has had on the young person and what support they need going forward. (Coping) - Run an awareness campaign within your school about online bullying, including how to access support and report experiences anonymously. Look on www.study.com for guidance on how to start an anti-bullying campaign (make school life work as well as possible). - Run parent workshops on social media and how to support young people. Guidance to support parents on how to talk about social media can be found on the YoungMinds website. www.youngminds.org.uk - Enlist a social media contact person within the school who has a specialist interest in this area (make school life work as well as possible).

Challenge	Response
A young woman comes to you completely distressed following a comment on her social media profile.	• Try and understand what has happened from the young woman's perspective and validate her feelings (tap into good influences). • Young people spend a lot of time on social media that can be detrimental to their wellbeing. Support the young woman to put some boundaries around the time that she spends on social media and use this time to develop validating and enriching experiences (help the young person take responsibility for themselves). • Support her to shift the focus in relation to what she is accessing on social media and use the internet in a way that is beneficial and empowering for her (understanding boundaries and keeping within them). • The issue that is being presented could be an illustration of a deeper issue. Try to inquire about the meaning of this event, how it has caused such distress, and what else is going on in the young woman's life that she requires support with (help the young person know themselves). • Hobbies and interests that are not social-media related can be beneficial and a more conducive way of supporting belonging (fostering their interests). • Enlist a group of young people within the school to produce a 'keeping yourself safe guide' on the internet, which includes boundaries, privacy and looking after your self-esteem (make school life work as well as possible). • Young people have never known life without mobile phones or tablets. Encourage switch-off time away from the phone where they engage in something else that provides alternative stimulation. Going for a walk in the park, along the beach, spending time with nature, or an equivalent that is grounding and nurturing for that young person (calming down and self-soothing). • Help the young person to develop problem-solving skills when things don't go as they expect and to manage their feelings (problem-solving, calming down and self-soothing).

Challenge	Response
A young man is very distressed, as his friends have shared a naked photo of him around his year group.	Sexting is when someone shares sexual, naked or semi-naked images or videos of themselves or others or sends sexually explicit messages. Under section one of the Protection of Children Act 1978 (as amended), it is a criminal offence to make, distribute, possess or show any indecent images of anyone under the age of 18, even if the content was created with the consent of the young person. The government has issued statutory guidance to schools on Keeping Children Safe in Education (DfE, 2019) including the issue of sexting and the role of the designated safeguarding lead in leading a response. This guide can be found at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835733/Keeping_children_safe_in_education_2019.pdf Other resilient moves that can be made: • Run an awareness campaign across the school about sexting, as often young people are unaware of the law and implications (make school life work as well as possible). • Ensure parents are aware and have someone within the school with whom they can talk too if they have concerns and also how to approach the issue with their child (Be Safe). • www.thinkuknow.co.uk has a wealth of resources for supporting young people, parents and teachers with regards to staying safe online. There are tried and tested treatments - use them! • Preserve the wellbeing of the victim as this experience could be incredibly exposing and leave the person feeling exceptionally vulnerable. Make a safeguarding plan with the young person (tap into good influences). • Develop a mentoring service for young people to support other young people or enlist a mentor from an existing scheme (Engage a mentor for the young person). The Princes Trust have mentor schemes. www.princes-trust.org.uk

Vlogging

Usually shortened to vlog, this video blog or video log is a form of blog for which the medium is video, often shared or uploaded on YouTube.

For some young people who may have felt socially isolated due to a special interest, personal characteristic or due to a life experience, they may believe that the creation of a YouTube channel allows them the opportunity to gain visibility, credibility or a sense of belonging with peers.

Please always bear in mind that once you share something on social media or YouTube you cannot always control who sees your Vlog or information. Vlogging can be brilliant for expressing emotions or opinions. However, if you share vlogs with personal information, then it is important to be prepared for comments to be made by other people that may be hurtful or insensitive. Some people like to vlog and not share the video online, this can be really useful, just to open up and talk about feelings without the fear of anyone seeing it.

For more useful information on vlogging then please check out the link below:
<https://www.internetmatters.org/hub/esafety-news/child-wants-vlogger-safe/>

Useful reading and resources:

Cross, E.J., Richardson, B., Douglas, T. and Von Kaenel-Flatt, J. (2009) Virtual violence: protecting children from cyberbullying, London: Beatbullying (available at www2.beatbullying.org//pdfs/Virtual%20Violence%20-%20Protecting%20Children%20from%20Cyberbullying.pdf)

Heads Together Mentally Healthy Schools project: <https://www.mentallyhealthyschools.org.uk/risks-and-protective-factors/bullying-and-cyberbullying/>

Ofcom. 2016. Children and parents: media use and attitudes report 2016. Available: <https://www.ofcom.org.uk/research-and-data/media-literacy-research/children/children-parents-nov16>.

www.thinkuknow.co.uk resources for schools, parents and young people on how to keep safe online.

YoungMinds. 2016. Resilience for the Digital World. Available: https://youngminds.org.uk/media/1490/resilience_for_the_digital_world.pdf

www.youngminds.org.uk Has a range of resources to support parents, schools and young people digitally

Cyber disclosure for youth with disabilities: <http://www.ncwd-youth.info/cyber-disclosure>

Cybersmart

Cybersmart! is a free curriculum and part of Common Sense Media's education programs. Common Sense will be updating the Cybersmart! lesson plans and adding video, interactive components, and a rich complement of parent resources to create an integrated K-12 Digital Literacy and Citizenship curriculum.

YOUR ONLINE IMAGE

http://cybersmartcurriculum.org/safetysecurity/lessons/9-12/your_online_image/

Students explore the consequences of unintended audiences viewing their social network profiles. They consider four key characteristics of social networking sites and how they might affect teens as they try out new identities. Then, students collaborate to write a letter to parents demonstrating their understanding of issues related to unintended online audiences.

MAKING GOOD DECISIONS

http://cybersmartcurriculum.org/safetysecurity/lessons/9-12/making_good_decisions/

Students take a true/false quiz about the risks to teens regarding online sexual victimization by adults. They use an analysis of the results as the basis for a classroom discussion of how they can harness the power of the Internet while avoiding risky behaviour that can lead to involvement in criminal sexual activity.

ACCEPTABLE SOCIAL NETWORKING

http://cybersmartcurriculum.org/safetysecurity/lessons/9-12/making_good_decisions/

Students explore a scenario in which an angry student creates a false online identity in order to seek revenge. They explore ways to resolve the situation and develop a list of tips to help other teens avoid cyberbullying situations.

CONNECTED 24/7

http://cybersmartcurriculum.org/cyberbullying/lessons/9-12/connected_247/

Students explore how bullying behaviours on social networking sites and mobile phones can affect teens around the clock. They identify positive actions that bystanders can take to alleviate a particular scenario. Then they write a letter to the editor discussing the positives and negatives of social networking sites, messaging, and mobile phone technologies used by teens.

Working with parents

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

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the young person, other members of staff.
- What are the aims of the meeting?
- Do the parents have any additional support needs, such as transport, access requirements in order to get to the meeting.
- Do the parents have any specific learning difficulties and need support engaging in the meeting?

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

Communicating with parents around mental health issues

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

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

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

- Parent support groups for children and young people struggling with psychological and emotional difficulties, run by parents (perhaps with any training or support they identify as useful).
- Access to information, online information and support.
- Parent workshops focusing on various issues highlighted throughout this guide.
- A named person that parents can contact if they are concerned.
- Details of local services and voluntary organisations, should they feel they require further support.
- Sources of information and support about common mental health issues clearly signposted on the school website.
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or another child.
- Make your mental health policy easily accessible to parents.
- Keep parents informed about the mental health topics their young people are learning about in PSHE and share ideas for extending and exploring this learning at home.
- Parents may struggle as much as young people to open up and find communicating difficult. Therefore, creative, safe and anonymous ways of supporting parents to be able to share their concerns and feelings need as much consideration as for the young people themselves.
- In some cases, it might be useful to have an initial session, and then arrange a follow-up session that looks at practical steps, so that there is not an overload of information in the first session and more regular communication is established.

Resources for parents

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

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

Experience in Mind, Sam Taylor & Angie Hart (2011) *Mental health and the Resilient Therapy toolkit: A guide for parents about mental health written by young people*.

Brighton: Mind Brighton & Hove: <http://www.boingboing.org.uk/mental-health-resilient-therapytoolkit/>

YoungMinds Parents' Helpline

<https://youngminds.org.uk/find-help/for-parents/parents-helpline/>

Some suggestions when considering making a referral to additional services

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

If the school is planning to make a referral, it is most helpful to speak to the child or young person and their family first. If a child or young person requires support from an external service, the Designated Safeguarding Lead or School Mental Health Lead can advise about this. In most areas in the UK, there should be a CAMHS helpline or other process for gaining immediate advice.

Remember that often the lower key support you can offer a child or young person within the school setting may be the most helpful thing for them in both the short and longer term. Appropriate school-based support can transform children and young people's lives and avoid potentially stigmatising mental health treatment - even if that treatment is available, which is not always the case. Research consistently emphasises the massive difference that a supportive school environment can make to children's mental health (Hart, Blincow & Thomas 2007; Hart & Heaver 2015).

If you have serious safeguarding concerns, make sure that you communicate these in writing as well as verbally to the appropriate professionals within your system. Be prepared to persist if you feel that your concerns are not being addressed.

Tried and Tested examples in schools

Self-harm training in schools (Blackpool)



Training every staff member within the school has been really beneficial in terms of the whole school having a shared understanding of self-harm as a coping strategy. This has helped teachers understand that, when necessary, talking about self-harm in an open, honest, caring and empathetic way, without judgment, is best.

Teachers can now see the benefit of having 'distraction boxes' in the classroom and are accepting of the need for these types of resources to be available to the pupils. One school now has boxes in every classroom containing items that can encourage play and hobbies (games, play dough, art materials), organise self (diaries, notebooks), focus on the good in life (gratitude diaries), help to solve problems (puzzles, crosswords, Sudoku) to calm down and make yourself feel better (bath bombs, twiddle muffs, bubbles – breathing techniques), having a laugh, and many, many more.

I like having the box in the classroom. Sometimes Miss puts on relaxing music for us to listen to and it helps keep us calm. We also have worry eaters so that when we are worrying about things we can write it down and put them in the worry monster's mouth.

The school also took on the emotions wheel and are developing this into a PSHE lesson so that young people are more able to know and understand themselves as well as understanding other people's feelings.

The training has also highlighted to staff the importance of safety planning with vulnerable young people so they are able to take responsibility for themselves, understand what helps them calm down and self sooth, know there is somewhere they feel safe and where they belong, so they know they are cared for.

Therapy dogs help make resilient moves



Therapy dogs have become popular members of school communities in many parts of the world and research shows that they really earn their keep. You might be put off by the thought of all the mess and the risk assessment forms but trust us they can help to get going with the Resilience Framework. For example, they can help children to self-soothe, sending a calm and positive message which can ripple out round the school, leading to support with other interventions from the framework too. And dogs like Lexi have a knack of responding to the specific needs of individual children. They work with many different students and can be especially helpful to children who are looked after or have been separated from family members for other reasons. Lexi and her canine pals can help children develop a sense of belonging, spending time together and continuing to build on their relationship as siblings. If Lexi could talk she'd have many tales to tell; she's supported children who have been through difficult times and also helped to de-escalate situations in school.

Children certainly recognise Lexi's positive influence:

She makes me happy and keeps me focused in class. I make sure I do the right thing so that I can earn time to spend with her. I sometimes have anger problems and Lexi helps me calm down.

People love having Lexi in school, I see people smile when they see Lexi walking through school. Lexi has helped me feel better when I get upset. I love spending time with Lexi.

Teacher Jaimie Barot says that behavioural incidents have reduced whilst Lexi has been with them. This is because even children with some of the most challenging behaviours are eager to earn time with Lexi. They might not care much what their teacher thinks of them but they are motivated to learn to impress cheery little Lexi. And long may that continue.

The Resilient Rangers at St John's C of E



We've all heard of the Power Rangers, yes? Blackpool have an even better version – The Resilient Rangers! Instead of fighting crime, they are fighting to make things better for all pupils by encouraging St John's C of E to be as resilient as possible.

It all started back in the summer term of 2018 when the school embarked upon their Academic Resilience Approach journey – in plain language, the school was looking to figure out how to become a more resilient community that all their pupils could thrive in. The schools' team at HeadStart worked with staff and senior leaders, and the youth engagement team got to work with the pupil resilience committee.

Following the pupil audit - a process of learning about resilience in school, reflecting on what things in school promote resilience and what things have a negative impact on pupils - the self-named Resilient Rangers came up with their priorities to take forward to a whole school action plan around resilience. Pupil priorities included peer support, life skills in school, particularly around cooking and independence, addressing friend fallouts and minor bullying issues and to develop a student –led fundraising committee to support those who may need extra financial support in school to access opportunities.

In the short space of one term, the Resilient Rangers have undertaken a huge amount of work. They have delivered a school assembly to share their thoughts with the rest of the school, they have designed and created a newsletter for everybody in school to update on all resilient matters, they have been presented with badges, and they have joined forces with the anti-bullying ambassadors to make a super group, meeting up regularly on Wednesdays at lunchtime.

The real impact though has come off the back of their priorities as they have already begun to address three out of the four priorities identified.

Peer support/friend fallouts:



The committee are on a rota so that each day at lunchtime there are two Year 6 pupils who are on duty on the year 3, 4 and 5 play area. They are on hand to offer support, advice or just someone to talk to for anyone who may need it. They have already had great success in helping to resolve friend fallouts before escalating to a teacher or member of staff, promoting a more harmonious playground and empowering the young people to sort out their own differences.

Developing life skills:



The Resilient Rangers identified that knowing how to cook basic meals would have a real positive impact on some students at St John's C of E, particularly those who may have responsibility beyond their years. So, with solid backing from the school, in particular the wonderful Mrs Tiribocchi, the team were able to invite Warburton's into school to deliver a free basic cooking workshop to pupils who were interested. They made healthy pizzas, learned a great deal and of course had lots of fun! On the back of this, the school have now set up a cooking club for Y3 and Y4 pupils to attend, with a view to inviting parents to join in.

In just one term, the pupils and staff at this school have made phenomenal progress in looking to change the odds for their pupils. They have not just looked to focus in on one or two pupils who may need support; they have looked to put things in place that will help everybody. And their work is not done yet! A member of the Resilient Rangers stated, *"It feels great because we've helped over a quarter of the school already and we're not finished yet!"*

Resources for young people

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

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

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

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

BBC Advice: A free advice resource for young people and teenagers to help them to manage issues which may cause or exacerbate mental health issues. The advice centres on eight categories: Sex & Relationships, Drink & Drugs, Bullying, Studying & Work, Your Body, Health & Wellbeing, Friends, Family & Home, The Internet, Money & Your World. Webpages include how to manage exam stress; eating disorders; anger, fighting & aggression, and self-confidence and shyness
<https://www.bbc.co.uk/programmes/p0215sqv>

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

Epic Friends: A website built by Sheffield CAMHS aimed at helping young people to help their friends who are experiencing mental health difficulties. Issues such as: bullying, identity, depression, psychosis, ADHD, family issues and self-harm. It also includes a section on self-help for young people.
<http://epicfriends.co.uk/>

Royal College of Psychiatrists: Worries and anxieties: Information for young people - This leaflet describes the different types of anxieties that children might feel, giving them tips and resources to help them manage their anxiety. This resource is free and easily printable by using the 'print this leaflet' link on the right-hand side.
<http://www.rcpsych.ac.uk/healthadvice/parentsandyounginfo/youngpeople/worriesandanxieties.aspx>.

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

Rethink website www.rethink.org

If you are really concerned and want to talk to someone, the following helplines are available:
NSPCC 24/7 helpline 0808 800 5000
Education Support Partnership - online chat and 24/7 helpline: 08000 562 561
YoungMind parents' helpline: 0808 802 5544
Childline 24/7 helpline and online chat: 0800 1111
These numbers are available to readers in the UK, Wales and Ireland.

4. Engaging children, young people, parents, carers in the solutions (co-production)

Co-production

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

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

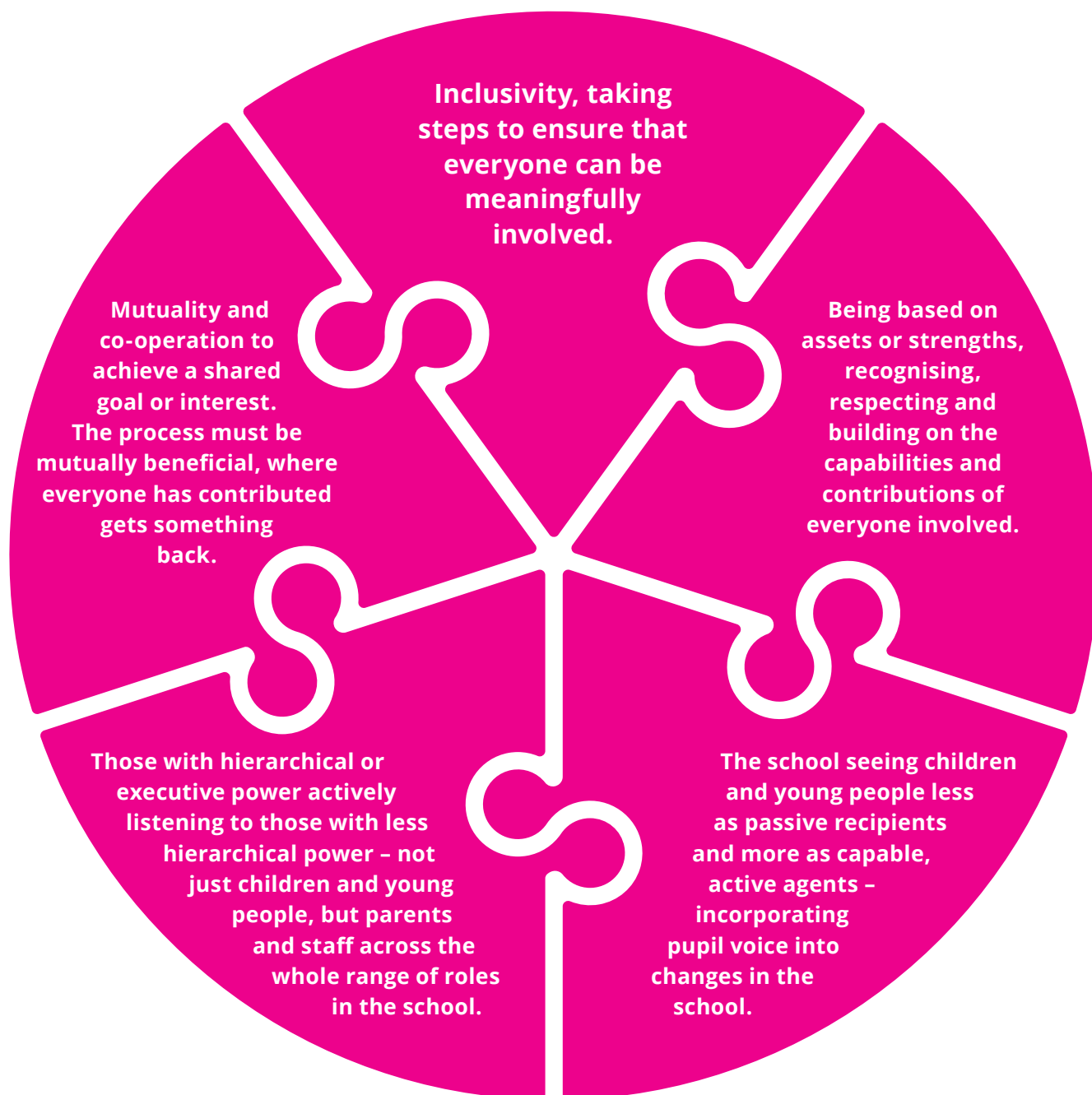
Co-production is a value-based approach that, in this context, views children, young people and parents as assets with important knowledge and skills that can be harnessed to promote positive change. Rather than being a formula that everyone follows regardless of what they are trying to achieve, it is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

We have worked with HeadStart Wolverhampton young people and staff to produce a guide on co-production which includes issues and solutions relevant to schools that can be applied within your local context. The guide can be found at: <https://www.boingboing.org.uk/all-together-now>

**CONSIDER ALL
PERSPECTIVES**

“Remember that there can be a huge difference in cultural experiences and understanding between teachers/professionals, parents/carers and young people. It's important to consider all perspectives. Young People are growing up in a rapidly changing digital environment, and issues that impact their mental health can arise very quickly.”

Some of these values and processes are:



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

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

Benefits of well-implemented co-production approaches include:

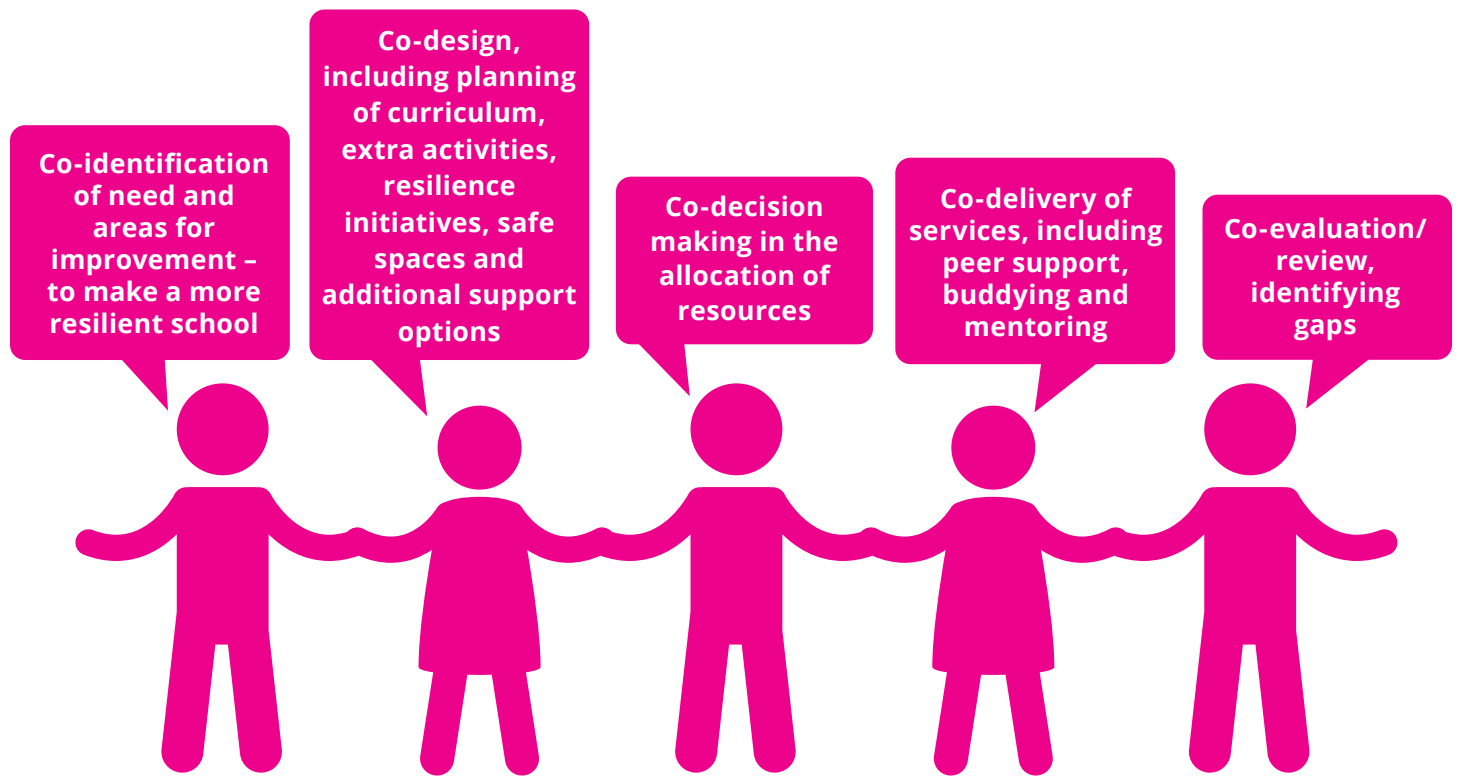
- Participative and contextualised learning opportunities
- Developing a sense of community and independent peer-networks
- Promotion of deep learning and active engagement
- Encouraging inclusivity and reciprocity
- Building confidence and capacity
- Producing new knowledge and more effective solutions to identified needs and areas of development

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

For example, in Blackpool, many schools have developed student resilience committees to support the school with their whole school approach to resilience. As well as contributing towards the whole school action plan as a group, the opportunity has also helped to mobilise young people to aim higher, such as getting involved in more enrichment activity, campaigning within the school or more specifically, one young person has now been appointed Head Girl at her school, a role which wasn't even on her radar prior to her involvement in co-production.

Other examples are Pupil Resilience Champions, Junior Resilience Coaches and Emotional Wellbeing Mentors and Peer Supporters, who are trained and supported to offer support to their peers and advocate for resilience approaches in their schools.

Co-production in schools can include:



**REMIN
PUPILS**

“Remind pupils how common mental health issues are, you could co-create resources like posters or videos with young people that stress the similarities and links between physical and mental health. Time to change have a bank of free, customizable materials on their site: <https://www.time-to-change.org.uk/resources/create-download-materials#/~/embed/collections>”

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

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

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

Books, articles and other documents on co-production

Aked, L., Stephens L. with Steuer N. and Booth B. (2009). A guide to co-producing children's services, [PDF], New Economics Foundation and Action for Children, Available at: http://b.3cdn.net/nefoundation/d745aadaa37fde8bff_ypm6b5t1z.pdf, [Accessed on 16 April 2018]

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

Anne Rathbone, Sunita Pallan, Hansa Clay, Raymond Codner, Tara Bourne, Samantha Gregory, Francesca Turner, Emerson Morris (2018). All together now: a toolkit for co-production with young people for use by Wolverhampton service providers, commissioners and schools. HeadStart Wolverhampton, Wolverhampton, UK: City of Wolverhampton Council.

Clinks, (2016), Service user involvement and co-production, [PDF]. Clinks, Available at: https://www.clinks.org/sites/default/files/basic/files-downloads/clinks_sui-guide_final-web_2016.04.26.pdf [Accessed on 16 April 2018]

Edgar S Cahn (2000) No more throwaway people: The co-production imperative. Washington: Essential Books. Lucie Stephens, Josh Ryan-Collins and David Boyle (2008) Co-production: A manifesto for growing the core economy. London: New Economics Foundation. David Boyle, Anna Coote, Chris Sherwood and Julia Slay (2010)

Frankel, S., Giving Children a Voice: A Step by Step Guide to Promoting Child-Centred Practice, (January 2018) Jessica Kingsley Publishers

Right here, right now: Taking co-production in to the mainstream. London: NESTA.

Julia Slay and Ben Robinson (2011) In this together: Building knowledge of co-production. London: New Economics Foundation.

Mental Health Foundation (2009-2014) Right Here Project. <https://www.mentalhealth.org.uk/projects/right-here>

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

Rethink, (2015). Co-Production in Commissioning: Getting Started PDF guide [PDF], Available at: https://www.rethink.org/media/1658112/getting_started_guide.pdf , [Accessed on 16 April 2018]

Slay, J. & Stephens, L. (2013). Co-production in mental health: A literature review. London: New Economics Foundation

Stephens, L., Ryan-Collins, J. and Boyle, D. (2008). Co-production: A Manifesto for growing the core economy. [PDF] New Economics Foundation (nef). Available at:
http://b3cdn.net/nefoundation/5abec531b2a775dc8d_qjm6bqzpt.pdf [Accessed 16 Apr. 2018].

Values-Based Child and Adolescent Mental Health System Commission (2016) What really matters in children and young people's mental health. London: Royal College of Psychiatrists.
<https://www.rcpsych.ac.uk/pdf/Values-based/full/report.pdf>

Films on co-production

Social Care Institute for Excellence (SCIE). (2013). What impact can co-production have? [Online Video]. 21 October 2013. Available from:
<https://www.scie.org.uk/publications/guides/guide51/what-is-coproduction/economics-of-coproduction.asp>. [Accessed: 16 April 2018].

Thinkpublic, (2009). The Story of Co-Design, [Online Video]. 9 February 2009. Available from:
<http://halliances.org.uk/ideas-hub/the-story-of-co-design/>. [Accessed: 16 April 2018].

Presentations on co-production

Durose, C., Mangan, C., Needham, C., Rees, J. and Hilton, M. (2013). Transforming local public services through co-production

5. References

Allen, R. and Teacher Workload Advisory Group. (2018) Making data work. Report of the teacher workload advisory group. London: Department for Education

Aumann, K. and Hart, A. (2009) Helping children with complex needs bounce back: Resilient Therapy for parents and professionals. London: Jessica Kingsley.

ADHD Institute (2017) Comorbidities.

<http://adhd-institute.com/burden-of-adhd/epidemiology/comorbidities/>

American Psychiatric Association (2000) Diagnostic and statistical manual of mental disorders: DSM-IV-TR. Washington: American Psychiatric Association.

Boingboing (2010) What is Resilient Therapy & the Resilience Framework?

<http://www.boingboing.org.uk/resilience/resilient-therapy-resilience-framework/>

Boingboing (2013) Academic Resilience resources directory.

<http://www.boingboing.org.uk/academic-resilience-resources-directory/>

Bronfenbrenner, U. (1979) The ecology of human development: Experiments by nature and design. Cambridge, MS: Harvard University Press.

Bronfenbrenner, U. (2005) Making human beings human: Bioecological perspectives on human development. Thousand Oaks, CA: Sage Publications.

Buchmüller, T., Lembcke, H., Busch, J., Kumsta, R. and Leyendecker, B., (2018). 'Exploring mental health status and syndrome patterns among young refugee children in Germany.' *Frontiers in psychiatry*. 9 (212).

Cornock, M. (2007). 'Fraser guidelines or Gillick competence?' *Journal of Children and Young People's Nursing*. 1(3) pp.142-142

Cross, E.J., Richardson, B., Douglas, T. and Von Kaenel-Flatt, J. (2009) Virtual violence: protecting children from cyberbullying. London: Beatbullying

Connor, K.M. and Davidson, J.R.T. (2003) 'Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC).' *Depression and Anxiety*, 18 (2), pp.76–82.

de Lint, W. and Chazal, N. (2013) 'Resilience and criminal justice: unsafe at low altitude.' *Critical Criminology*, 21(2), pp.157–176.

Dudley K.J., Li, X., Kobor, M.S., Kippin, T.E. and Bredy, T.W. (2011) 'Epigenetic mechanisms mediating vulnerability and resilience to psychiatric disorders.' *Neuroscience & Biobehavioral Reviews*, 35 (7), pp.1544–1551.

Department for Education (DfE) (2015) Special educational needs and disability code of practice: 0 to 25 years. London: Department for Education. (DFE-00205-2013)

Department for Education (DfE) (2016) Mental health and behaviour in schools. Departmental advice for school staff. London: Department for Education. (DFE-00435-2014)

Department for Education (DfE) (2018) Mental health and behaviour in schools. London: Department for Education. (DFE-00327-2018)

Department for Education (DfE) (2019) Keeping children safe in education. Statutory guidance for schools and colleges. London: Department for Education. (DFE-00129 -2019)

Eaton, V., Ward, C., Womack, J., and Taylor, A. (2011). Mental Health and Wellbeing in Leeds: An Assessment of Need in the Adult Population. NHS Leeds.

<https://www.leeds.gov.uk/docs/Mental%20Health%20Needs%20Assessment%202011.pdf>

Experience in Mind with Taylor, S., & Hart, A. (2011) Mental health and the Resilient Therapy toolkit: A guide for parents about mental health written by young people. Brighton: Mind Brighton & Hove.

<http://www.boingboing.org.uk/parents-academic-resilience/>

Fazel, M., Garcia, J. and Stein, A. (2016) 'The right location? Experiences of refugee adolescents seen by school-based mental health services.' *Clinical Child Psychology and Psychiatry*, 21(3), pp.368-380.

Garrett, P.M. (2016) 'Questioning tales of 'ordinary magic': 'resilience' and neo-liberal reasoning.' *British Journal of Social Work*, 46 (7), pp.1909–1925.

Gavranidou, M., Niemiec, B., Magg, B. and Rosner, R., (2008). 'Traumatische Erfahrungen, aktuelle Lebensbedingungen im Exil und psychische Belastung junger Flüchtlinge.' *Kindheit und Entwicklung*. 17 (4), pp224 - 231.

Harrison, E. (2012) 'Bouncing Back? Recession, resilience and everyday lives.' *Critical Social Policy*, 33 (1), pp.97–113.

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

Hart, A., Blincow, D. and Thomas, H. (2007) *Resilient therapy: Working with children and families*. Hove: Routledge.

Hart, A. and Heaver, B. (2015). *Resilience approaches to supporting young people's mental health: Appraising the evidence base for schools and communities*. Brighton: Boingboing / University of Brighton

Hart, A., Stubbs, C., Plexousakis, S., Georgiadi, M. and Kourkoutas, E. (2015). *Aspirations of vulnerable young people in foster care*. STYLE WP 9.3. Brighton: CROME, University of Brighton.

<http://www.style-research.eu/publications/working-papers>.

Hart, A., Gagnon, E., Eryigit-Madzwamuse, S., Cameron, J., Aranda, K., Rathbone, A. and Heaver, B. (2016) 'Uniting Resilience Research and Practice With an Inequalities Approach.' *SAGE Open*. Pp1 – 13.

Kim-Cohen, J., Moffitt, T.E., Caspi, A. and Taylor, A. (2004) 'Genetic and environmental processes in young children's resilience and vulnerability to socioeconomic deprivation.' *Child Development*, 75 (3), pp.651-68.

Larsson, H., Asherson, P., Chang, Z., Ljung, T., Friedrichs, B., Larsson, J.O. and Lichtenstein, P. (2013) 'Genetic and environmental influences on adult attention deficit hyperactivity disorder symptoms: a large Swedish population-based study of twins.' *Psychological Medicine*, 43 (1), pp.197-207.

Larsson, H., Chang, Z., D'Onofrio, B.M. and Lichtenstein, P. (2014) 'The heritability of clinically diagnosed attention deficit hyperactivity disorder across the lifespan.' *Psychological Medicine*, 44 (10), pp.2223-2229.

Mental Health Foundation (2006) Truth hurts: Report of the National Inquiry into Self-harm among Young People. London: Mental Health Foundation.

National Collaborating Centre for Mental Health (UK) and National Institute for Health and Clinical Excellence (UK) (2015a) Post-traumatic stress disorder: management (NICE guideline: CG26). London: Royal College of Psychiatrists/British Psychological Society. <https://www.nice.org.uk/guidance/cg26/>

National Collaborating Centre for Mental Health (UK) and National Institute for Health and Clinical Excellence (UK) (2015b) Children's Attachment: Attachment in children and young people who are adopted from care, in care or at high risk of going into care (NICE guideline: NG 26). London: Royal College of Psychiatrists/British Psychological Society. <https://www.nice.org.uk/guidance/ng26>

NHS Digital (2018) Mental Health of Children and Young People in England, 2017; Summary of key findings. Surrey: NHS Digital

Ofsted (2019) School inspection handbook. Manchester: Ofsted. (190017)

Ofcom (2016) Children and parents: media use and attitudes report 2016. [Online]
<https://www.ofcom.org.uk/research-and-data/media-literacy-research/children/children-parents-nov16>.

Porter, M. and Haslam, N. (2005). 'Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: A meta-analysis.' JAMA, 294, pp.602–612.

Public Health England (2015) Promoting children and young people's emotional health and wellbeing: A whole school and college approach. London: Public Health England.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWP_draft_20_03_15.pdf

Public Health England (2016) The mental health of children and young people in England. London: Public Health England.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf

Refugee Council (2019) Children in the Asylum System. [Online] [Accessed on 11 April 2019]
https://www.refugeecouncil.org.uk/assets/0004/5219/Children_in_the_Asylum_System_Mar_2019.pdf

Soykoek, S., Mall, V., Nehring, I., Henningsen, P. and Aberl, S. (2017). 'Post-traumatic stress disorder in Syrian children of a German refugee camp.' The Lancet. 389 (10072), pp.903 - 904.

Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R., and van Ommeren, M. (2009) 'Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: A systematic review and meta-analysis.' JAMA, 302, pp.537–549.

Walker, C., Hart, A. and Hanna, P. (2017). Building a new community psychology of mental health: Spaces, places, people and activities. UK: Palgrave Macmillan.

Wells, A. (1997). Cognitive therapy for anxiety disorders. John Wiley & Sons.

YoungMinds and Ecorys (2016) Resilience for the Digital World [Online]
https://youngminds.org.uk/media/1490/resilience_for_the_digital_world.pdf

Additional references:

<https://www.mentallyhealthyschools.org.uk>

Critchley, A., Astle, J., Ellison, R., Harrison, T. (2018). A Whole School Approach to Mental Health Retrieved from https://www.thersa.org/globalassets/pdfs/reports/rsa_a-whole-school-approach-to-mental-health.pdf Accessed:18.10.2018

Films

Hart, A. (producer) (2015). Equalities approaches to young people's resilience [Motion picture]. UK: Boingboing, YoungMinds and Achievement for All. (Available from: https://www.youtube.com/watch?v=mAjzGH_VFkM) (Accessed 29 January 2018) Running time 0:29:28.

Hart, A. (producer), & Haynes, P. (2015). Using Systems Theory [Motion picture]. UK: Boingboing, YoungMinds and Achievement for All. (Available from: <https://www.youtube.com/watch?v=FpgyD396CnE>) (Accessed 29 January 2018) Running time 0:27:10.

2015 Hart, A. (producer), Griffiths, C. (director), & Mena-Cormenzana, J. (director) (2015). Boingboing Community University Partnership Hits the Road [Motion picture]. UK: rough sea films.

For further reading on Whole School Approaches see the list below:

Brooks, F., Magnusson, J., Spencer, N., & Morgan, A. (2012). Adolescent multiple risk behaviour: an asset approach to the role of family, school and community. *Journal of Public Health*, 34(suppl 1), i48-i56.

Cortina, M. A., Kahn, K., Fazel, M., Hlungwani, T., Tollman, S., Bhana, A., . . . Stein, A. (2008). School-based interventions can play a critical role in enhancing children's development and health in the developing world. *Child Care Health Dev*, 34(1), 1-3. doi:10.1111/j.1365- 2214.2007.00820.x

Stewart, D., & Wang, D. (2012). Building resilience through school-based health promotion: a systematic review. *International Journal of Mental Health Promotion*, 14(4), 207-218. doi:10.1080/14623730.2013.770319

Wells, J., Barlow, J., & Stewart-Brown, S. (2003). A systematic review of universal approaches to mental health promotion in schools. *Health Education*, 103(4), 197-220.

Weare, K. (2000). *Promoting mental, emotional, and social health: A whole school approach*: Psychology Press.

Weare, K. (2010a). *Promoting mental health through schools. Promoting Health and Well-being through Schools*. London: Routledge. 36-53

Weare, K. (2015). *What works in promoting social and emotional well-being and responding to mental health problems in schools*. London: National Children's Bureau.

Weare, K., & Nind, M. (2010). Identifying Evidence-Based Work on Mental Health Promotion in Schools in Europe: An Interim Report on the DataPrev Project. *Advances in School Mental Health Promotion*, 3(2), 37-45. doi:10.1080/1754730X.2010.9715679

Weare, K., & Nind, M. (2011). Mental health promotion and problem prevention in schools: what does the evidence say? *Health Promotion International*, 26(suppl 1), i29-i69.

Appendix 1 – The developing concept of resilience, the Resilience Framework and Resilient Therapy

The formal study of resilience can be traced back to the 1970s and it's a controversial and developing concept. Resilience is hard to measure, can be slippery to pin down and thinking shifts as we learn more. For a long time, research largely focused on individual children and young people in isolation from their environments and social situations, seeing resilience as a personal quality or a set of individual skills that 'enable one to thrive in the face of adversity' (Connor and Davidson, 2003). However, the value of a concept of resilience that focuses entirely on individual traits has been challenged for seeming to support a 'just deal with it' attitude to poverty and deprivation (de Lint and Chazel, 2013; Garrett, 2016; Harrison, 2012). While emerging research in neuroscience and genetics continues to explore biological factors (Dudley et al., 2011; Kim-Cohen et al, 2004), many researchers and theorists look beyond individual factors to a systems-based, social-ecological approach to understanding resilience. From this perspective resilience in the face of adversity is not just about an individual's inner psychological resources or innate characteristics; it involves a combination of 'nature' (what a child is born with) and 'nurture' (what they learn and are offered along the way) and is a dynamic interplay between a person and their environment.

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

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

Further reading on the Resilience Framework and Resilient Therapy

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

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

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

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

Appendix 2 – Bronfenbrenner's ecological approach

This example of how Bronfenbrenner's approach works in practice draws on Angie Hart and Kim Aumann's more detailed briefing paper for practitioners on systems approaches to using Boingboing's resilience approach in practice (Hart & Aumann 2017). In terms of child development, socio-ecological models explore how dynamic interrelations among various personal and environmental factors influence how a child grows and develops.

In Bronfenbrenner's (1979; 2005) ecological approach, the child's environment is divided into five different levels, with the interactions that take place within and between these levels impacting on the child's development. The **microsystem** emphasises the bi-directional interactions between the child and their immediate environment, such as family, caregivers, peer groups and teachers, which create proximal processes. The more encouraging and nurturing these interactions are, the better the child will be able to grow. Furthermore, the bi-directional nature of these interactions means the child's genetic and biologically influenced personality traits will have an impact on how others in their immediate environment may respond and interact with them.

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

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

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

The **chronosystem** is about change but also continuity. It refers to life transitions and external environmental or socio-historical events that occur

during a child's or cohort of children's development, and change how they interact with the other systems at particular periods in time; such as increased educational opportunities for girls, the timing of a parent's death or physiological changes that occur as the child grows up.

The example below provides an illustration of working across four of the systems within a school context at a particular moment in time for a child who is presenting with angry outbursts in class:

- **Micro:** this level is about people in direct contact with the child interacting with them. For example, the class teacher offers adapted curriculum and new strategies such as 'time-out' cards, responsibility for extra tasks within class, and attendance at after-school club activities.
- **Meso:** this level is about different parts of the microsystem interconnecting. For example, the school's mental health lead supports the class teacher to explore different anger management strategies to try with the child by honing in on the 'understanding boundaries' component on the Resilience Framework. They enlist the child's parent in that task, having explored with them some of the underlying causes of the child's behaviour, which are connected to things going on at home.
- **Exo:** the school mental health lead engages the whole school in development opportunities to increase staff understanding of behaviour issues, increase support skills and work with parents on joined up strategies. The student council considers the issue of behaviour support and offers its perspectives at meetings with senior leaders and at a series of assemblies about the whole school.
- **Macro:** the new Education Inspection Framework (Ofsted, 2019) being implemented nationally by Ofsted will affect how schools are evaluated and will likely affect decision making within schools and therefore the school environment. Parents and staff should be supported to lobby on issues such as national education policies that can have an impact on the behaviour approaches applied in their local school, taking actions which may have a favourable result on the school environment and thus the child.

Appendix 3 – Assessing risk from self-harm

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

Nature and frequency of injury

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

Other risk-taking behaviours

- Explore other aspects of risk – fast driving, extreme sports, use of drugs/alcohol.

Child protection

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

Health

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

Underlying issues

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

General distress

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

Future support

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

Level of risk: lower

- Self-harm is superficial
- Underlying problems are short term and solvable
- Few or no signs of depression
- No signs of psychosis
- Current situation felt to be painful but bearable
- Suicidal thoughts are fleeting and soon dismissed

Action

- Ease distress as far as possible
- Empathic listening
- Joint problem solving for underlying issues
- Discuss harm reduction, other strategies used
- Advise on safety
- Use safety plan resource
- Link to other sources of support/counselling
- Consider support for others who know about the self-harm (peers/parents)
- Consider completing a CAF
- Make use of line management or supervision to discuss particular cases and concerns
- Ensure there is ongoing support for child/ young person and review and reassess at agreed intervals
- Some young people find the 'five-minute rule' helps - if they feel they want to self-harm they have to wait five minutes. Then another five minutes if possible, until 'the urge is over' (Mental Health Foundation, 2006, p.9)
- Keep channels of communication open so that you can monitor the situation and identify any worsening

Level of risk: moderate

- Current self-harm is frequent and distressing
- Situation felt to be painful, but no immediate crisis
- Suicidal thoughts may be frequent but still fleeting with no specific plan or immediate intent to act
- Drug or alcohol use, binge drinking
- Current self-harm is frequent and distressing
- Situation felt to be painful, but no immediate crisis
- Suicidal thoughts may be frequent but still fleeting with no specific plan or immediate intent to act
- Drug or alcohol use, binge drinking

Action

- Ease distress as far as possible
- Empathic listening
- Joint problem-solving to resolve difficulties
- Consider safety of young person, including possible discussion with parents/carers or other significant figures
- Use/review safety plan
- Seek specialist advice
- Discuss with Primary Mental Health worker, Child & Adolescent Mental Health Service, Educational Psychologist or advise talking with family doctor
- Consider consent issues for the above
- Consider support for others who know about the self-harm (peers/parents)
- Consider increasing levels of support/ professional supervision
- Ensure there is ongoing support for child/ young person and review and reassess at agreed intervals

Level of risk: high

- Increasing self-harm, either frequency, potential lethality or both
- Situation felt to be causing unbearable pain or distress
- Frequent suicidal thoughts, which are not easily dismissed
- Specific plans with access to potentially lethal means
- Significant drug or alcohol use

Action

- Liaise with school safeguarding lead
- Ease distress as far as possible
- Empathic listening
- Joint problem-solving to resolve difficulties
- Review safety plan
- Discussion with parents/carers or other significant figures
- Follow guidelines for CAMHS referral
- Consider consent issues for referrals
- Consider support for others who know about the self-harm (peers/parents)
- Consider increasing levels of support/ professional input
- Link person to existing resources
- Monitor in light of level of involvement of other professionals
- Ensure there is ongoing support for child/ young person and review and reassess at agreed intervals

Scaling

Scaling can be a useful way of exploring where the child or young person is at, in terms of the level of risk regarding their harming behaviour. For example, you can ask the child or young person to think about where, on a scale of 1-10, they would place themselves, in terms of how worried they were that they will self-harm again. Then be really curious and put the solutions back to the child or young person.

1. Ask about the current position

Where are you now on the scale?

2. Ask about what is already there

How did you manage to get to a number 7 on your scale? What has helped you to get there?

What worked well? Who else has helped you to get there? How do you know that you are a 7 and not a 2?

When you were at your lowest, what number would it have been? How did you get from there to a 7?

3. Ask about a past success

When has the problem been even higher than 7 on the scale? What was different then? What did you do differently then? What worked well? Who was helping at the time? What did you feel at the time?

4. Visualise one step higher

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

5. Ask about a small step forward

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

Scaling can also be used to make an assessment of frequency and severity of self-harming to ascertain the risk and whether there is a need to refer to CAMHS, for example:

On a scale of 1-10 how often are you harming yourself?

On a scale of 1-10 how severely (deeply) are you hurting yourself?

Appendix 4 – Lesson plan: Loneliness

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

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

ACTIVITY
The aims of the session are to support young people to develop their awareness of their loneliness, what it means to them and how they can manage the feeling.
Introduction: Can you spot when others are feeling lonely? Show pics of celebrities and invite the young people to think if there are any signs that let us know when others are feeling lonely. (Try and choose pictures where perhaps body language and facial expressions are conveying loneliness.) Questions to support this activity: 1. Is there any way of knowing if someone is feeling lonely (facial expressions and body language in some circumstances)? 2. How do people currently communicate their loneliness? 3. How does this way of communicating support the loneliness?
Loneliness is a signal, like any emotion in our body that we need something, whether that is to talk to someone, make more connections or find comfort in some way. Exercise: Invite the group to think of a time when they felt lonely. What was their loneliness signalling to them? What did they need? Think together as a group of ways in which loneliness could be supported. Stress the importance of our feelings being acknowledged - feelings are like people that they need to be recognised, otherwise they feel ignored and they become stronger rather than going away. Session tip: Try and normalise the feeling of loneliness as something that everyone feels at times, it doesn't mean that you have a mental health difficulty if you are feeling lonely, yet if it is not addressed then over time it could have an impact on your mental health.

"I absolutely love this document. It is as I thought it would be... clear, pertinent and practical. It's a great addition to practice guidance for schools - thanks."

Dr. Sarah Temple

UK doctor working in
general practice MRCGP

"I wish my teachers had been given information like this when I was in school. I think it would have really helped them to pick up on my mental health issues & handle them in a sensitive, helpful way".

Lisa Buttery

Artist in residence and
Participation Worker Boingboing.

Wow what a comprehensive document! I absolutely feel that this Guide deals with the right topics."

Teacher, East Sussex

writing about the original
East Sussex Schools Guide.

'I've ordered one of these for every school in Blackpool. It's an invaluable resource on mental health and resilience to which every school staff member and volunteer should have access.'

Pauline Wigglesworth

Blackpool HeadStart,
a whole town approach to resilience
building funded by the Big Lottery.