Policy No. 4

THE ROCHE SCHOOL
POSITIVE MENTAL HEALTH and WELL-BEING POLICY

This policy, which applies to the whole school, is publicly available on the school website and, upon request, a copy may be obtained from the School Office (this can be made available in large print, or another accessible format if required).

Document Details

Information Sharing Category	Public Domain
Date Published	October 2026
Authorised by (if required)	Proprietor and the Advisory Board
Responsible Area	Senior Leadership and Advisory Board

Availability: All who work, volunteer or supply services to our school have an equal responsibility to understand and implement this policy and its procedures both within and outside of normal school hours, including activities away from school. All new employees and volunteers are required to state that they have read, understood, and will abide by this policy and its procedural documents and confirm this by signing the Policies Register.

Monitoring and Review: This document will be subject to continuous monitoring, refinement and audit by the Proprietor. This document was reviewed and agreed by the Advisory Board in September 2021. If significant systemic and procedural changes occur; or if legislation, regulatory requirements or best practice guidelines demand, the policy will be reviewed accordingly prior to September 2022.

Signed: Reviewed: October 2026
Next Review: October 2027

Charlotte Doherty — Headteacher
Louise Gilmartin — Designated Safeguarding Lead
James Roche — Proprietor

Scope: This policy should be read in conjunction with other relevant policies such as the Safeguarding Policy and Pupil Care Plans in cases where a pupil's mental health is connected to a medical issue, and with regard to the SEND policy where a pupil has an identified special educational need or disability. This policy constitutes guidance for all staff, including non-teaching staff, the Advisory Board and the school advisors.

Lead Members of Staff

Mental Health Lead (Pastoral Lead):
Louise Gilmartin
Telephone number: 07706286236
Email: roche.l.gilmartin@therocheschool.com

Designated Safeguarding Lead (DSL) and Prevent Officer for the whole school inclusive and also designated teacher for children in care (Looked After Children)
Mrs. Louise Gilmartin who is the Head of Safeguarding
Telephone number for school hours: 020 8877 0823 Out of school hours: 07706 286236
Email: safeguarding@therocheschool.com

Deputy Designated Safeguarding Lead (DSL) and Deputy Prevent Officer for the whole school
Jonny Gilbert who is Headteacher
Telephone number for school hours: 020 8877 0823 Out of school hours: 020 88717 440
Email: roche.j.gilbert@therocheschool.com

Proprietor and Designated Advisory Board Member for Safeguarding
Mr. James Roche who is the Proprietor
Telephone: 02088770823
Email: james@therocheschool.com

Special Educational Needs Coordinator (SENCO) Inclusion Manager
Mrs. Louise Gilmartin
Telephone number for school hours: 020 8877 0823 Out of school hours: 07706 286236
Email: roche.l.gilmartin@therocheschool.com

Lead First Aider:
Rosalind Holmes
Telephone: 02088770823
Email: roche.r.holmes@therocheschool.com

Any member of staff who is concerned about the mental health or well-being of a student should speak to the Mental Health Lead in the first instance. Concerns that the student is in danger of immediate harm should trigger the normal child protection procedures with an immediate referral to the Designated Safeguarding Lead. If the student presents as a medical emergency, normal procedures for medical emergencies should be followed, including alerting the First Aid Staff and contacting the emergency services, if necessary.

Page **Contents**

1 Lead Members of staff;
3 Policy Statement and Purpose of the Policy, Definition of Mental Health and Well-Being;
4 Why Mental Health is Important;
5 Roles and Responsibilities;
6 A whole-school approach to promoting positive mental health; Factors that put children at risk, Table 1;
7 Warning Signs;
8 Child and Adolescent Mental Health Disorders, Identification of Mental Health Difficulties;
9 Identification of Suicide Risk and action to be taken, Signposting, Individual Care Plans;
11 Teaching about Mental Health;
12 Working with Parents, Supporting and training staff;
13 Confidentiality, References;
14 Additional Information and Procedures for Specific Disorders, Eating Disorders, warning signs, management of an eating disorder;
16 Self-harm, warning signs, procedures;
17 How to Help – Flowchart;
18 WhatsApp Parent Guide;
19 YouTube Parent Guide;
20 Social Media and Mental Health – Guidance.

Policy Statement and Purpose of the Policy: We are committed to promoting positive mental health and emotional well-being to all students, their families and members of staff and the proprietor. Our open culture allows students' voices to be heard, and through the use of effective policies and procedures we ensure a safe and supportive environment for all affected - both directly and indirectly - by mental health issues. This policy aims are to:

- promote positive mental health and emotional well-being in all staff and students;
- develop resilience amongst students and raise awareness of resilience building techniques;
- prevent mental health problems by increasing understanding and awareness of common mental health issues.
- identify and support pupils with mental health needs;
- train and support all staff to understand mental health issues;
- spot early warning signs to help prevent mental health problems getting worse;
- provide the right support to students with mental health issues and know where to signpost them and their parents/carers for advice and specific support;
- raise awareness amongst staff and gain recognition from the Senior Leadership Team (SLT) that staff may have mental health issues, and that they are supported in relation to looking after their well-being; instilling a culture of staff and student welfare where everyone is aware of signs and symptoms with effective signposting underpinned by behaviour and welfare around school;
- be a happy, open, trusting, mutually supportive and well-ordered community;
- be free of any kind of abuse, teasing, harassment, bullying or any other kind of anti-social behaviour;
- grow intellectually, spiritually and culturally, allowing pupils and adults to engage with mutual respect;
- encourage healthy and ethical living.

Specific aims for pupils are to:

- develop the knowledge, understanding, skills, capabilities and attributes, which they need for mental, emotional, social and physical well-being now and in the future;
- make informed decisions to improve their emotional, social and physical well-being;
- experience challenge and enjoyment in the school environment;
- experience positive aspects of healthy living and activity;
- establish a pattern of health and well-being which will be sustained into adult life;
- ensure they keep themselves, and others safe by following the 'Golden Rules';
- prevent any stigma attaching to mental health difficulties.

Definition of Mental Health and Well-Being: The World Health Organisation has defined Mental Health as *"a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her own community".*

We should not underestimate the adverse effect that COVID-19 has on pupil's mental health and well-being. This is recognised and understood by The Roche School, where we strive to provide a positive environment for our pupils and our staff. We promote positive mental health and recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures, we can promote a safe and stable environment for pupils and staff affected directly, or indirectly, by mental ill health. We pursue this ideal through whole school approaches, and targeted approaches aimed at individually vulnerable pupils. This policy forms part of the suite of Welfare and Health Policies and includes policies on:

- Depression
- Self-harm
- Eating Disorders.

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

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

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

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

Suicidal feelings: Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings, though they may openly discuss and explore them, while other young people die suddenly from suicide, apparently without warning.

Eating problems: Food, weight and body shape disorders may be coping mechanisms to deal with, or communicate about, difficult thoughts, feelings and behaviours that a young person experiences in daily life. Some young people develop eating disorders such as anorexia (where food intake is restricted); binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food, including refusing to eat in certain situations, or with certain people. This can convey messages that the child cannot communicate verbally.

Mental health and well-being is not just the absence of mental health problems. We want all of our children and young people to:

- feel confident in themselves
- be able to express a range of emotions appropriately
- be able to make and maintain positive relationships with others
- cope with the stresses of everyday life
- manage times of stress and be able to deal with change
- learn and achieve.

Fundamental to this policy is the recognition of the role that a school can play in promoting resilience amongst pupils.

Why Mental Health and Well-Being is important: We aim to promote positive mental health and well-being for our whole school community: pupils, staff, parents and carers. We recognise that children's mental health is a crucial factor in their overall well-being and can affect their learning and achievement. Persistent mental health problems may lead to pupils having greater difficulty in learning than the majority of pupils in their age specific cohort.

The Special Educational Needs and Disabilities (SEND) Code of Practice identifies Social, Emotional and Mental Health as one of the four areas of Special Educational Need. All children go through mood changes through their school career, and some face significant life events. About 10% of children aged 5 to 16 have a diagnosable mental health need and these can have an enormous impact on their quality of life, relationships and academic achievement. The Department for Education (DfE) recognises that: *"in order to help their pupils succeed; schools have a role to play in supporting them to be resilient and mentally healthy".*

Schools should be a place where children and young people experience a nurturing and supportive environment, offering

strategies to raise self-esteem, overcome adversity and build resilience. For some, school will be a place of respite from difficult home lives, providing positive role models and relationships, which are critical in promoting pupil well-being and engendering a sense of belonging and community. Our role in school is to support pupils to manage change and stress, develop resilience, achieve their potential, and access help when they need it. We also have a role in educating pupils about how to maintain positive mental health and how to identify factors affecting their mental health. In addition we should encourage them to reduce the stigma surrounding mental health issues and direct them to appropriate help and support. We recognise the equal importance of promoting staff mental health and well-being.

Mental health is not just the absence of mental illness but rather it is the presence of emotional well-being.

Roles and Responsibilities: All staff have a responsibility to promote positive mental health, and to understand risk factors for mental illness. Some children will require additional help, and all staff should have the skills to identify any early warning signs of mental health problems, thereby ensuring that pupils with mental health issues receive the early intervention and support they need. All staff understand possible risk factors (as exemplified in Table 1 below) that might make some children more likely to experience problems.

All staff should recognise **risk factors** for pupils such as:

- physical long-term illness
- having a parent who has a mental health problem
- death and loss, including loss of friendships
- family breakdown
- bullying.

Staff should also recognise **positive factors** that protect children from adversity, such as:

- self-esteem
- communication
- problem-solving skills
- a sense of self-worth and belonging
- emotional literacy.

The school's Mental Health Team works, with other staff, to coordinate whole school activities to promote positive mental health by:

- providing advice and support to staff and organising training and updates
- keeping staff up-to-date with information about what support is available
- liaising with the PSHEE Leader on Mental Health teaching
- being the first point of contact and communicating with the Mental Health service
- leading on, and making referrals to services.

We recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals. Some children will need support that is more intensive, and there are a range of mental health professionals and organisations that provide support to pupils with mental health needs, and their families. This support includes:

- Inclusion Safeguarding/Child Protection Team
- Support staff to manage the mental health needs of pupils
- SENCO who helps staff to understand their responsibilities to children with special educational needs and disabilities (SEND), including pupils whose mental health problems mean they need special educational provision
- Music Therapy Service
- Learning Mentor
- School Nurse
- CAMHS core meetings to support staff to manage mental health needs of pupils.

A whole school approach to promoting positive mental health: We take a whole school approach to promoting positive mental health that aims to help pupils become more resilient, be happy and successful, and prevent problems before they arise. This encompasses seven aspects:

- Creating an ethos, policies and behaviours that support mental health and resilience that everyone understands
- Helping pupils to develop social relationships, support each other and seek help when they need to
- Helping pupils to be resilient learners
- Teaching pupils social and emotional skills and an awareness of mental health
- Early identification of pupils who have mental health needs and planning support to meet their needs, including working with specialist services both internally and externally
- Parent/Carer engagement strategy
- Supporting and training staff to develop their skills and resilience.

Factors that put children at risk: Research shows that particular groups and individuals are at increased risk of having mental health problems. Table 1 demonstrates these risk factors for the child, family, school and local community, and also highlights some protective factors that are thought to make developing a mental health problem less likely.

Table 1: Mental Health and Behaviour in Schools: Departmental Advice for School Staff, DfE, (November, 2018)

	Risk Factors	***Protective Factors***
In the child	Genetic influences Low IQ learning and disabilities Specific development delay or neuro-diversity Communication difficulties Difficult temperament Physical illness Academic failure Low self-esteem	Being female (in younger children) Secure attachment experience Outgoing temperament as an infant Good communication skills, sociability Being a planner and having a belief in control Humour Problem solving and a positive attitude Experiences of success and achievement Faith or spirituality Capacity to reflect
In the family	Overt parental conflict including domestic violence Family breakdown (including where children are taken into care or adopted) Inconsistent or unclear discipline Hostile or rejecting relationships Failure to adapt to a child's changing needs Physical, sexual neglect or abuse Parental psychiatric illness Parental criminality, alcoholism or personality disorder Death and loss – including loss of friendship	At least one good parent – child relationship (or one supportive adult) Affection Clear, consistent discipline Support for education Supportive long-term relationship or the absence of a severe discord
In the school	Bullying Discrimination Breakdown of a lack of positive relationships Deviant peer influences Peer pressure Poor pupil to teacher relationships	Clear policies on behaviour and bullying 'Open door' policy for children to raise problems A whole school approach to promoting good mental health Positive classroom management A sense of belonging Positive peer influences

In the community	Socio-economic disadvantage Homelessness Disaster, accidents, war or other overwhelming events Discrimination Other significant life events	Wider support network Good housing High standard of living High morale school with positive policies for behaviour, attitudes and anti-bullying Opportunities for valued social roles Range of sport/leisure activities

The Roche School is committed to providing a supportive environment, but it is important to recognise that we are not a mental health facility and there are limits to the extent of support we can provide; in some cases, we will need pupils to seek outside support from the NHS and from other support services.

Longitudinal studies propose that the more risk factors a child has, the more likely they are to develop a mental health or behavioural problem. In particular, there is a correlation between socio-economic disadvantage, family breakdown and a child having cognitive or attention problems, increasing the likelihood of these children developing behavioural problems. Mentally healthy pupils are able to progress emotionally within the normal scope. Pupils acquiring behavioural difficulties beyond this normal scale are defined as experiencing mental health problems or disorders. These disorders can critically damage academic performance.

Warning Signs: School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional well-being issues. These warning signs should always be taken seriously and staff observing these signs should communicate their concerns with our Mental Health and Emotional Well-being Lead.
Possible warning signs include:

- physical signs of harm that are repeated or appear non-accidental
- changes in behaviour
- reduced concentration
- changes in eating/sleeping habits
- increasing isolation from friends or family, becoming socially withdrawn
- changes in activity and mood
- lowering of academic achievement
- talking or joking about self-harm or suicide
- abusing drugs or alcohol
- expressing feelings of failure, uselessness or loss of hope
- changes in clothing – e.g. long sleeves in warm weather
- secretive behaviour
- skipping PE or getting changed secretively
- being late to, or absent from, school
- repeated physical pain or nausea with no evident cause
- discontinuing hobbies or interests
- failing to take care of personal appearance/hygiene
- seeming euphoric, after a bout of depression
- often feeling anxious or worried
- frequently expressing anger or being intensely irritable much of the time
- having frequent stomach aches or headaches, with no physical explanation
- being in constant motion or unable to sit quietly for any length of time
- having trouble sleeping, including frequent nightmares
- losing interest in activities which were enjoyable
- avoiding spending time with friends
- having trouble doing well in school, or having declining academic grades
- obsessing about weight gain, exercising or dieting excessively
- having low or little energy
- exhibiting spells of intense, frenetic activity
- self-harming, such as cutting or burning his/her skin
- engaging in risky, destructive behaviour
- smoking, drinking, using drugs
- having suicidal thoughts
- researching suicide on websites, or social network sites
- thinking his/her mind is controlled, or out of control, hearing voices.

At The Roche School, we understand our responsibilities and ensure that pupils with mental health difficulties are not discriminated against, making sure that we provide reasonable adjustments to support their learning in accordance with the

Equality Act (2010). We aim to offer an empathetic environment which will support and aid pupils with mental health issues to accomplish their true academic potential. We do this by:

- providing a range of support services such as peer mentors, as well as a pastoral support team that oversees the health and well-being of all pupils
- having an 'open door' policy to encourage pupils with mental health difficulties to seek support
- promoting understanding and recognition of mental health difficulties
- providing support and education to staff
- having effective procedures in place to deal with disclosures and confidentiality (and guidance on when information will be passed onto other people/parents if immediate health and safety concerns are raised)
- having an effective Child Safeguarding Policy functioning alongside this policy.

Child and Adolescent Mental Health Disorders: Some examples of such disorders may include:

- Conduct Disorder (aggression, destroying/losing property, theft, running away etc.)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Deliberate Self-Harm
- Eating Disorders
- Obsessive Compulsive Disorder (obsessions, compulsions, personality characteristics verging on panic)
- Anxiety Disorders (including panic attacks)
- Soiling and Wetting
- Autism (social deficits, communication difficulties, restrictive and repetitive behaviours)
- Substance Abuse
- Depression and Bi-Polar Disorder
- Schizophrenia (abnormal perceptions, delusional thinking)
- Suicidal Thoughts (not a disorder but thoughts based, and equally as serious).

Prevention: The Roche School has specific procedures in place to assist pupils. These procedures support staff in identifying and assisting pupils with mental health problems. This includes, but is not limited to: pastoral support, policies, anti-bullying and safeguarding policies, behaviour management, peer mentors and liaison with the school nursing service and external agencies.

Identification of Mental Health Difficulties: It can be very difficult to recognise a pupil with mental health difficulties. However, staff should be alert to changes in a pupil's behaviour, presentation and engagement and should raise any concerns to the Proprietor. **Any immediate concerns, such as a pupil at risk of harm to themselves or others, must be raised immediately.**

Intervention: It is in the best interests of the pupil to offer support for mental health problems when they arise, as the longer a pupil struggles the more complex the problem becomes.

Supporting a distressed pupil can take up a lot of time and be challenging, so please follow the guidance below:

- think cautiously about how you can/or cannot help
- do you have the time and expertise to help them?
- is there a conflict with other roles you may have?
- clarify your role/limits to the pupil
- be ready to take a definite line about the degree of your involvement
- obtain support for your response whenever necessary.

If you are concerned about a pupil:

- be proactive, don't evade the problem
- collect more information from staff members to determine if your concern is shared
- discuss your concerns in private with the pupil and be willing to listen
- tell the pupil that you may not be able to maintain confidentiality, in line with your safeguarding duty, explaining you will communicate with them if information needed to be shared, and with whom it has been shared

- if you still have concerns that you are not the best person to deal with the pupil's problems, and there is no improvement, in spite of your minimal intervention, please notify the nurses, relevant counsellor and division head for support and guidance – they may have more information available to them and more skills in dealing with these types of problems
- IF UNSURE, ALWAYS REFER THE PUPIL ON so you are not left to deal with situations you may not be able to manage.

Next Steps: The concerned member of staff would discuss the matter with the DSL or a DDSL. The aim of the meeting will be to decide:

- whether there are any child safeguarding concerns
- who, if anyone, the information should be referred to (other staff, parents, outside agencies);
- the next steps to be taken, including referral to outside agencies such as therapist, psychiatrist and/or emergency care
- the appropriate support and follow up with school (and externally if required) will be arranged for the pupil and actions agreed.

Identification of Suicide Risk and action to be taken

The Roche School is aware that suicide is the leading cause of death in young people and that we play a vital role in helping to prevent young suicide. We want to make sure that students at our school are as suicide-safe as possible and that our proprietor, parents and carers, teaching staff, support staff, students and other key stakeholders are aware of our commitment to be a suicide-safer school.

Definitions

Suicidal behaviour is any deliberate action that has potentially life-threatening consequences, such as taking an overdose. It can also include repeated risk taking which constitutes a risk of death.

Suicidal thoughts imply that someone is thinking about taking their own life. This differs from young people who, as part of normal growing up, might explore the meaning of life. Further conversations will usually establish whether someone is thinking about suicide.

Suicide is the act of deliberately ending one's own life. It is possible to die unintentionally as a result of a serious self-harm episode.

Self-harm is the term used when someone intentionally injures or harms themselves. It is a common pre-cursor to suicide and children and young people who self-harm may kill themselves by accident.

Suicide prevention is the process of identifying and reducing the impact of risk factors associated with suicidal behaviour, and identifying and promoting factors that protect against engaging in suicidal behaviour.

Our beliefs about suicide and contributory factors

The Roche School acknowledges that:

- Suicidal thoughts are common - we acknowledge that thoughts of suicide are common among young people.
- Suicide is complex.
- We believe that every suicide is tragic. There are a number of contributory factors surrounding a suicide and the reasons are often complex and individual to that person. However, we believe that there are lessons that may be learned from each death that may help prevent future deaths.
- Stigma inhibits learning – stigma can kill.
- We recognise that the stigma surrounding suicide and mental illness can be both a barrier to seeking help and a barrier to offering help. The Roche School is dedicated to tackling suicide stigma. In our language and in our working relationships, we will promote open, sensitive talk that does not stigmatise and perpetuate taboos.
- Suicide is everyone's business.
- We recognise students may seek out someone who they trust with their concerns and worries. We want to facilitate the reporting of any risks or concerns.
- Safety is important.
- We want to support our students, sometimes working in partnership with family, caregivers, external agencies and other professionals where this may enhance suicide-safety.
- Suicide is a difficult thing to talk about.
- We know that a student who is suicidal may find it very difficult to make their feelings known and speak openly about suicide. We will provide trained adults who are able to identify when a pupil may be struggling with thoughts of suicide.

- Talking about suicide does not create or increase risk.
- We will provide our students with opportunities to speak openly about their worries with people who are ready, willing and able to support them.

Suicidal thoughts (ideation) and feelings

"Suicidal feelings can range from being preoccupied by abstract thoughts about ending your life, or feeling that people would be better off without you, to thinking about methods of suicide, or making clear plans to take your own life." (MIND; 2017)

- hopeless, like there is no point in living
- tearful and overwhelmed by negative thoughts
- unbearable pain that you can't imagine ending
- useless, unwanted or unneeded by others
- desperate, as if you have no other choice
- like everyone would be better off without you
- cut off from your body or physically numb
- poor sleep with early waking
- change in appetite, weight gain or loss
- no desire to take care of yourself, for example neglecting your physical appearance
- wanting to avoid others
- self-loathing and low self-esteem
- urges to self-harm.

Any suggestion that a pupil may be considering suicide should always be taken seriously.
Pupils are instructed to inform a member of staff immediately if they are feeling suicidal, or if another pupil confides suicidal thoughts to them. Members of staff will respond in accordance with the following protocol:

1. Assess the immediate risk and take whatever urgent action is necessary, which may include immediately calling 999 in an emergency, if a suicide attempt has been made.
2. Report all incidents and disclosures immediately (by telephone and text) to the DSL and, if appropriate, escort the pupil to the Medical Centre.
3. A full risk assessment will be undertaken by the lead for Pastoral Care and Safeguarding team. An assessment will include a decision as to whether further medical and/or therapeutic intervention and/or a psychiatric referral is needed.
4. The pupil may be asked to undertake counselling, and to that end, professional advice concerning the management of, and support for, the pupil will be sought. This will include assessing the feasibility of the pupil's continued presence at the school. Consideration will be given as to whether or not the pupil may benefit from a period at home/away from school.
5. Parents will be informed at the earliest opportunity/as appropriate.

Links between self-harm and suicide: In the majority of cases self-harm appears to be a way of coping rather than an attempt at ending life. It may be an attempt to communicate with others, to influence or to secure help or care from others, or a way of obtaining relief from a difficult or overwhelming situation or emotional state. In these circumstances, somewhat paradoxically, the purpose of the self-harming behaviour is to preserve life, although this can be a difficult concept for practitioners to understand.

A small minority of young people who repeatedly self-harm may go on to attempt suicide, although this may not be what they intend to do, and death can occur accidentally. The difference between self-harm and suicide is not always clear, however. Self-harm is a common precursor to suicide for the relatively small numbers of young people who make deliberate attempts to end their lives and so repeated incidents of self-harm should be considered a risk factor when assessing the risk of suicide.

In their separate forms, self-harm and suicide generally differ in terms of the intent that lies behind the behaviours. Practitioners should feel able to communicate with young people about their self-harming behaviours. It is important to gather information about self-harm and the young person's thought processes associated with the behaviours in order to

start to understand the risks; either of serious risk to the young person's health or well-being, of the risk of death by misadventure, or the risk of intentional suicide.

Signposting: We will ensure that staff, students and parents are aware of sources of support within school and in the local community. We will display relevant sources of support in communal areas such as common rooms and toilets, and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand: What help is available; Who it is aimed at; How to access it; Why to access it; What is likely to happen next.

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

- details of a pupil's situation/condition/diagnosis
- special requirements or strategies and precautions
- medication and any side effects
- who to contact in an emergency and immediate measures to be taken
- the role that the school and specific staff can play.

Teaching about Mental Health: The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHEE curriculum. The specific content of lessons will be determined by the individual needs of the cohort being taught, but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. We will follow the PSHE Association Guidance (currently in force) to ensure that we teach Mental Health and Emotional Well-being issues in a safe and sensitive manner, which helps rather than harms.
https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and emotional wellbeing

Pupil-led activities

- Campaigns and assemblies to raise awareness of mental health
- Pupil Voice/Council
- Peer mentoring.

Transition programmes

- The Transition Programme to secondary schools, which includes all Year 6 pupils, supports a smooth transition to secondary school, including obtaining detailed profiles from primary school teachers about every pupil. We visit all of our local schools; requesting information from schools not in our locality

Class activities

- Positive mental health promotion in classes, specifically: Well-being, PE, RE, PSHE
- Mindfulness sessions for students
- Mental Health teaching programmes
- Worry boxes
- Kindness/Compliment Boards
- Mindfulness and breathing/meditation in class
- Classroom scripts and signposting.

Whole school

- Throughout the year positive mental health is discussed and promoted through Heads of School and tutors
- Displays and information about positive mental health and where to go for help and support, within the school and outside the school

- Well-being Focus
- Social & Emotional Aspects of Learning
- Anna Freud *Schools in Mind* resources
- Assembly theme
- Using the Reading lessons and interventions to explore themes and learn about emotions, difference, loss, bullying, change, resilience .

Small group activities

- Nurture groups
- Small group withdrawals e.g. aspirations group, small friendship, social skills groups
- Sensory Room for those children who are finding the classroom overwhelming.

Supporting Peers: When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how to do so. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe we will consider, on a case by case basis, which friends may need additional support. Support will be provided either in one to one, or group settings, and will be guided by conversations with the student who is experiencing the difficulty and their parents, with whom we will discuss what it is helpful for friends to know - and what they should not be told.

How friends can best support

- Things friends should avoid doing / saying, which may inadvertently cause upset;
- Warning signs that their friend needs help (e.g. signs of relapse);
- Where and how to access support for themselves;
- Safe sources of further information about their friend's condition;
- Healthy ways of coping with the difficult emotions they may be feeling.

Working with All Parents: Parents often welcome assistance and information from the school about supporting their children's emotional and mental health. In order to support parents, we will:

- highlight sources of information and support about common mental health issues on our school website;
- ensure all parents are aware of whom to talk to, if they have concerns about their own child, or a friend of their child;
- make our Mental Health Policy easily accessible to parents;
- share ideas about how parents can support positive mental health in their children;
- keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at School.

We are mindful that for a parent, hearing about their child's health issues can be upsetting and distressing and signposting parents to other sources of information and support can be helpful in these instances. Where staff have met with parents to discuss concerns, lines of communication will be kept open should the parents have further questions or concerns. Booking a follow-up meeting or phone call might be beneficial at this stage. A record of any meeting and points discussed/agree will be added to the pupil's record and an Individual Care Plan created if appropriate.

Working with specialist services to get swift access to the right specialist support and treatment: In some case a student's mental health needs require support from a specialist service. These might include anxiety, depression, self-harm and eating disorders. We have access to a range of specialist services, and during the support will have regular contact with the service to review the support and consider next steps, as part of monitoring the student's Individual Care Plan. School referrals to a specialist service will be made by the Mental Health Lead/DSL, following the assessment process and all such referrals will be recorded. Referrals to specialist services will only go ahead with the consent of the student and parent/carer and when it is the most appropriate support for the student's specific needs.

Specialist Service	Referral process

Child and Adolescent Mental Health Service (CAMHS)	Accessed through school, GP or self-referral
Place2be	Accessed through the Pastoral team
Educational Psychologist	Accessed via the SENCo

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training, in order to enable them to keep students safe. Training opportunities for staff who require more in-depth knowledge will be reviewed as part of our performance management process, training will be enhanced throughout the year as a result of developing situations with one, or more, students. Where the need to do so becomes evident, we will host training sessions for all staff, to promote learning or understanding about specific issues related to mental health.

Confidentiality: Pupils will be encouraged to tell their parents about their problems or give permission for a member of staff to do so. If it is felt they are at risk to themselves, confidence will be broken and the parents informed. We realise that a pupil with mental health problems might not have the ability to recognise that they need help, if the need arises we will break confidentiality in order to get them the support they need.

References:

- Guide to investing in your relationships: mentalhealth.org.uk/relationship
- Mental health and well-being provision in schools: DfE: referencenRR837, ISBN:m978-1-78105-940-1
- Make it count, Pupils-guide: mentalhealth.org.uk
- Make it count: Teachers-guide: mentalhealth.org.uk
- Making the case for young people's mental health: MHFA England
- Every mind matters: Sleep, year 6 and Social Media, year 6
- Every mind matters: What to do about worry
- Mental health and behaviour in school: DfE-00327-2018 https://www.gov.uk/government/publications/mental-health-and-behaviour-in- schools--2
- Promoting and supporting mental health and wellbeing in schools and colleges (DfE: June 2021)
- Anxiety UK www.anxietyuk.org.uk OCD UK www.ocduk.org Depression Alliance www.depressoinalliance.org
- Eating Disorders www.b-eat.co.uk and www.inourhands.com National Self-Harm Network www.nshn.co.uk
- Self-Harm www.selfharm.co.uk
- Suicidal thoughts Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org
- www.youngminds.org.uk champions young people's mental health and well-being www.mind.org.uk advice and support on mental health problems www.minded.org.uk (e-learning)
- www.time-to-change.org.uk tackles the stigma of mental health www.rethink.org challenges attitudes towards mental health
- COVID-19 operational guidance: DfE-00024-2021

Additional information and Procedures for Specific Disorders

Eating disorders include anorexia, bulimia, and binge eating disorder.
It's also common for people to be diagnosed with "other specified feeding or eating disorder" (OSFED), where symptoms do not match one particular eating disorder.

Some specific examples of OSFED include:

- **Atypical anorexia** – where someone has all the symptoms a doctor looks for to diagnose anorexia, except their weight remains within a "normal" range.
- **Bulimia nervosa (of low frequency and/or limited duration)** – where someone has all of the symptoms of bulimia,

except the binge/purge cycles don't happen as often or over as long a period of time as doctors would expect.

- **Binge eating disorder (of low frequency and/or limited duration)** – where someone has all of the symptoms of binge eating disorder, except the binges don't happen as often or over as long a period of time as doctors would expect.
- **Purging disorder** – where someone purges, for example by being sick or using laxatives, to affect their weight or shape, but this is not as part of binge/purge cycles.
- **Night eating syndrome** – where someone repeatedly eats at night, either after waking up from sleep, or by eating a lot of food after their evening meal.
- **Orthorexia -** refers to an unhealthy obsession with eating "pure" food. Food considered "pure" or "impure" can vary from person to person. This doesn't mean that anyone who subscribes to a healthy eating plan or diet is suffering from orthorexia. As with other eating disorders, the eating behaviour involved – "healthy" or "clean" eating in this case – is used to cope with negative thoughts and feelings, or to feel in control. Someone using food in this way might feel extremely anxious or guilty if they eat food they feel is unhealthy.

It's also possible for someone to move between diagnoses if their symptoms change – there is often overlap between different eating disorders. An Eating Disorder in a child is a mental health and safeguarding concern**.**

Risk Factors

The following risk factors, particularly in combination, may make a young person more vulnerable to developing an eating disorder:

- 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. for sport or dancing.

Warning Signs

School staff may become aware of warning signs, which indicate a student is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously and staff observing any of these warning signs should follow the School's Safeguarding Procedures.

Physical Signs

- weight loss/weight gain
- dizziness, tiredness, fainting
- feeling Cold
- hair becoming dull or lifeless
- swollen cheeks
- callused knuckles
- tension headaches
- sore throats/mouth ulcers
- tooth decay
- restricted eating/over-eating
- skipping meals
- scheduling activities during lunch
- strange behaviour around food

- wearing baggy clothes
- wearing several layers of clothing
- excessive chewing of gum/drinking of water
- increased conscientiousness
- increasing isolation/loss of friends
- believes s/he is fat when s/he is not
- secretive behaviour
- excessive exercise
- control around food: removal of food groups, quantities and avoidance of social events.

Psychological Signs

- preoccupation with food
- sensitivity about eating
- denial of hunger despite lack of food
- feeling distressed or guilty after eating
- self-dislike
- fear of gaining weight
- excessive perfectionism.

Management of an Eating Disorder

Where there is found to be indicators of concern for disordered eating and/or potential ED diagnosis, the DSL must be informed and will refer the pupil to the school's Medical Officer/GP for clinical assessment.

The decision about how, or if, to proceed with a pupil's schooling while they are suffering from an eating disorder (ED) will be made on a case by case basis by the Proprietor. Input for this decision will be managed by the DSL and will include the pupil, parents, Medical Officer/GP, and members of the multi-disciplinary therapeutic team treating the child.

Provision for the education of pupils with an ED are outlined in the Equality Act 2010. The Proprietor will need to balance the wishes of a pupil with an ED to remain in school with the statutory requirement placed on all schools to consider the welfare of all children in its care. It may be necessary to make temporary arrangements for a pupil with an ED, until full re-integration to the school environment is deemed in the best welfare interests of all pupils.

The reintegration of a pupil with an ED into school following a period of absence should be handled sensitively. The pupil, parents, Medical Officer, and members of the multi-disciplinary therapeutic team treating the pupil will be consulted during both the planning and reintegration phase. Any meetings with a pupil and/or their parents and School Safeguarding team should be recorded in writing and include:

- Dates and times
- An action plan
- Concerns raised
- Details of anyone else who has been informed

Self-harm (Please see our Self-Harm Policy)

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body by:

- cutting, scratching, scraping or picking skin
- swallowing inedible objects
- taking an overdose of prescription or non-prescription drugs
- swallowing hazardous materials or substances
- burning or scalding
- hair-pulling

- banging or hitting the head or other parts of the body
- scouring or scrubbing the body excessively
- abusing drugs and alcohol
- eating disorders.

Risk Factors*: The following risk factors, particularly in combination, may make a young person particularly vulnerable to self- harm:*

- depression
- anxiety
- poor communication skills
- low self-esteem
- poor problem-solving skills
- hopelessness
- impulsivity
- drug or alcohol abuse.

Family Factors

- unreasonable expectations
- neglect or physical, sexual or emotional abuse
- poor parental relationships and arguments
- depression, self-harm or suicide in the family.

Social Factors

- difficulty in making relationships/loneliness
- being bullied or rejected by peers
- encouragement to self-harm (including suicide) on social media.

Possible warning signs include:

- changes in eating/sleeping habits (e.g. pupil may appear overly tired if not sleeping well)
- increased isolation from friends or family, becoming socially withdrawn
- changes in activity and mood e.g. more aggressive or introverted than usual
- lowering of academic achievement
- talking or joking about self-harm or suicide
- abusing drugs or alcohol
- expressing feelings of failure, uselessness or loss of hope
- changes in clothing e.g. always wearing long sleeves, even in very warm weather
- unwillingness to participate in certain sports activities e.g. swimming

Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should follow the School's Safeguarding and Welfare procedures and consult the DSL.

Any meetings with a self-harming pupil and/or their parents and Safeguarding Team should be recorded in writing by the DSL and include:

- Dates and times
- An action plan
- Concerns raised
- Details of anyone else who has been informed.

This information should be stored in the pupil's safeguarding file held by the DSL. It is important to encourage pupils to

tell an adult if they know/suspect one of their peers is showing signs of self-harming. Peers of the self-harming pupil will be supported by the Safeguarding Team, who will reinforce that pupils are not responsible for the care of pupils who self-harm. They will be given a clear course of action to follow if they become aware of continued self-harm, including notifying the DSL.

Our welfare strategies will be closely monitored to assess progress; the pupil who self-harms will be expected to show a clear attempt to use relevant strategies to reduce self-harm. If progress is not made, or if the pupil does not co-operate within an agreed period of time, a meeting with parents/guardians will be set up to discuss future management. This may include a break from school and/or further professional referral. Incidents of self-harm, which lead to hospitalisation or significant medical intervention will lead to an enforced time at home. Return to school may be dependent on medical/psychiatric advice.

The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. Any member of staff seeking further advice on this should consult the DSL.

When a young person is self-harming it is important to be vigilant in case close contacts with the individual are also self-harming. Occasionally schools discover that a number of students in the same peer group are harming themselves.

HOW TO HELP FLOW CHART

Assessing if a pupil has a problem?

- Did the pupil tell you?
- Have other staff/pupils informed you of their concerns?
- Have you noticed an alteration in the pupil's appearance (weight increase/decrease, deterioration in personal hygiene)?
- Have you observed a variation in the pupil's mood (solitary, sad, depressed)?
- Has the pupil's behaviour recently declined?
- Has the pupil's academic accomplishment altered considerably?
- Has the pupil had these issues for a considerable time?

↓

Deal with the situation.
Be ready to listen.
Speak confidentially.

↓

After discussion with the pupil, if you still have concerns or further intervention is required,
speak to the DSL or DDSL.
Ask the pupil for consent to share the information and tell the pupil with whom and what is being shared.

↓

The DSL and DDSL meet to determine:

- if there are any child safeguarding concerns;
- who, if anyone the information should be referred to (other staff, parents, outside agencies);
- the next steps to be taken, which may include referral to outside agencies such as therapist, psychiatrists and/or emergency care;
- the appropriate support and follow up with school (and externally if required) will be arranged for the pupil and actions agreed.

↓

Encourage them to tell parents.
Team to nominate someone to tell parents unless inappropriate/child safeguarding issues.

FOLLOW UP

WhatsApp is one of the most popular messaging apps in the world, with more than 1.5 billion people in more than 180 countries using it to send and receive text, photos, videos and documents, as well as make voice and video calls through an Internet or Wi-Fi connection. The free app offers end-to-end encryption, which means that messages can only be read by the sender and the recipient in one-to-one chats, or all members if it is a group chat. Not even WhatsApp can read them.

AGE RESTRICTION 16+

What parents need to know about WhatsApp

AGE LIMIT CHANGE

Since May 2018, the minimum age for using WhatsApp is 16 years old if you live in the European Union, including the UK. Prior to this, the minimum age was 13, which still applies for the rest of the world. WhatsApp has not yet stated whether it will take action against anyone aged between 13 and 16 who already hold accounts under the old terms and conditions, such as closing their account or seeking parental permission.

SCAM MESSAGES

Occasionally on WhatsApp, people receive spam messages from unauthorised third parties or from fraudsters pretending to offer prizes to 'lucky people,' encouraging recipients to click on a link to win a prize. A common scam involves messages warning recipients that their WhatsApp subscription has run out with the hope that people are duped into providing their payment details. Other scam messages include instructions to forward the message in return for a reward or gift from WhatsApp or another person.

FAKE NEWS AND HOAXES

WhatsApp has been linked to enabling the spread of dangerous viral rumours. In India, for example, a number of attacks appear to have been sparked by false rumours shared on WhatsApp.

THE 'ONLY ADMIN' FEATURE AND CYBERBULLYING

Cyberbullying is the act of sending threatening or taunting text messages, voice messages, pictures and videos, with the aim to hurt and humiliate the receiver. The group chat and group video call features are great for multiple people to chat simultaneously, but there is the potential for people to hurt others with their comments or jokes. The 'only admin' feature gives the admin of a group chat greater control over who can send messages. Whilst this can be good for one-way announcements, the group admin has the power to block somebody from responding to an offensive message in a chat, which could result in a child being upset and unable to reply.

CONNECTING WITH STRANGERS

To start a chat in WhatsApp, you need to know the mobile number of the contact you want to speak to and they also need to have the app downloaded. WhatsApp can find contacts by accessing the address book of a device and recognising which of those contacts are using WhatsApp. If your child has shared their mobile number with some-body they don't know, they can use it to get in touch via WhatsApp.

LIVE LOCATION SHARING

WhatsApp's 'Live Location' feature enables users to share their current location in real time to their contacts in a chat, allowing friends to show their movements. The feature, which can be found by pressing the 'attach' button, is described by WhatsApp as a "simple and secure way to let people know where you are." Location-sharing is already a common feature on other social apps, including Snapchat's Snap Map and Facebook Messenger and can be a useful way for a child to let loved ones know they are safe. However, if your child is in a group chat with people they do not know, they will be exposing their location.

National Online Safety

Top Tips for Parents

CREATE A SAFE PROFILE

Even though somebody would need your child's phone number to add them as a contact, as an extra security measure we suggest altering their profile settings to control who can see their profile photo and status. The options to choose from are 'Everyone,' 'My Contacts' and 'Nobody.' We suggest selecting 'My Contacts' or 'Nobody' to ensure their profile is protected.

EXPLAIN HOW TO BLOCK PEOPLE

If your child has received spam or offensive messages, calls or attachments from a contact, they should block them. Messages and status updates sent by a blocked contact will not show up on the phone and will stay undelivered. Blocking someone will not remove this contact from the contact list – they will need to be removed from the phone's address book. To block a contact, your child needs to open the person's chat stream and tap on the settings.

REPORT SCAM MESSAGES

Advise your child not to tap, share or forward any message that looks suspicious or sounds too good to be true. When your child receives a message from an unknown number for the first time, they will be given the option to report the number as spam directly inside the chat. They can also report a contact or a group as spam using the following steps: 1) Open the chat. 2)Tap on the contact or group name to open their profile information. 3) Scroll to the bottom and tap 'Report Spam.'

LEAVE A GROUP

If your child is part of a group chat that makes them feel uncomfortable or has been added to a group they don't want to be part of, use the group's settings to show them how to leave. If someone exits a group, the admin can add them back in once, If they leave again, they cannot be added again.

USING LIVE LOCATION SAFELY

If your child needs to use the 'Live Location' feature to share with you or a friend, advise them to only share it for the amount of time they need to. WhatsApp gives the options of either 15 minutes, one hour or eight hours. However, your child can choose to stop sharing at any time.

DELETE ACCIDENTAL MESSAGES

If your child has sent a message to the wrong chat or if a message they sent has contained a mistake, they can delete it. To do this, simply tap and hold on the message, choose 'Delete' and then 'Delete for everyone.' The app allows seven minutes to delete the message after it has been sent, but it is important to remember that recipients may have seen and screenshot a message before it was deleted.

SET TIME LIMITS

A 2017 study found that by the age of 14 the average child will have sent more than 35,000 texts, 30,000 WhatsApp messages and racked up more than three solid weeks of video chat. Although it is inevitable that your child will use technology, you can still set boundaries. This is not easy, especially since teens use their devices for both schoolwork and free time, often simultaneously.

SOURCES: https://www.theguardian.com/commentisfree/2018/apr/26/whatsapp-plans-to-ban-under-16s-the-mystery-is-how, https://whatsappbrand.com/, https://www.independent.co.uk/life-style/gadgets-and-tech/news/whatsapp-update-latest-india-hoaxes-forward-messages-app-download-g8456011.html

© National Online Safety Ltd
This is not a definitive guide. Please always check with the app's support information to see if your security and privacy concerns are addressed.

www.nationalonlinesafety.com

YouTube

YouTube is a video sharing site/application that enables you to upload, view, rate, share and comment on a wide variety of videos. Consisting of a huge resource of information, advice and entertainment, YouTube now has 1.9 billion logged-in monthly users who watch a billion hours of video daily. Most of the content on Google-owned YouTube is uploaded by individuals, but organisations and media companies also offer some of their content via this platform.

AGE RESTRICTION 13+

What parents need to know about YouTube

SPENDING A PREMIUM

YouTube Premium (formerly YouTube Red) is a new paid streaming subscription service in the UK, offering a three-month free trial to tempt viewers into a £12-per-month plan. This includes the ability to download videos, stream videos with the app in the background, gives exclusive access to original content and a separate music streaming service and gaming app.

DANGEROUS 'CHALLENGE' & VIRAL VIDEOS

On YouTube, 'challenge videos' are shared quickly and can be very dangerous. One person may post a video of themselves doing something unusual like eating a hot chilli or jumping in a river and before you know it, the video goes viral and everyone wants to join in and share their videos. The speed in which challenge videos spread across the Internet makes it difficult to keep up with the latest ones.

SHARING VIDEOS

As well as watching videos, many children are keen to share their own videos online, emulating their YouTube heroes, such as Stampy or DanTDM. However, if they post something on YouTube, they may later regret it or feel embarrassed about what they have shared. There is also a risk that they will receive hurtful or negative comments regarding not only their content, but also their appearance. YouTube's comment section is infamous for being one of the most opinionated on the Internet.

IN-APP MESSAGING

When your child is logged into their Google account and browsing the YouTube website, they can share and talk about videos with their friends using the chat bubble. This can be found at the top right of the desktop site or through in-app messaging on their mobile or tablet. When they tap on the 'Friends' icon, they have a list of suggested people from their contacts – which can be any contact they've had on Google or somebody who has sent them an invite link.

AGE-INAPPROPRIATE VIDEOS

As YouTube is the biggest video sharing website in the world, there is content available for all ages, meaning that some content will not be appropriate for your child. If you think that content is unsuitable, there is a flagging feature to submit it for review by YouTube staff, but you will need to be aware that just because video is not appropriate for a younger audience, it may not violate YouTube's policies. YouTube has mechanisms in place to automatically remove explicit and harmful content, yet offensive content may still slip through.

NOS National Online Safety

Top Tips for Parents

TURN ON 'RESTRICTED' MODE

'Restricted Mode' is an optional setting you can use to help screen out potentially mature content you may prefer your child not to see. Restricted Mode works on the browser or device level, so must be turned on for each browser or device your child uses. To do this, follow these steps:

Desktop:
- Go to the bottom of any YouTube page and switch 'Restricted Mode' to 'ON.'
- To make it more difficult for this to be turned off, you will be given the option to lock restricted mode onto your browser.

Mobile:
- Tap the three vertical dots at the top-right on the screen and press, 'Settings.'
- Click on 'Restricted mode filtering.'
- Press 'Restrict.'

Please note that you can't 'lock' restricted mode on a phone in the same way that you can on a desktop. You will need to turn this on each time your child uses it.

CREATE A FAMILY GOOGLE ACCOUNT

By having a shared family Google account, checking the history will enable you to see exactly what your child is watching and sharing on YouTube. To see the history on a computer, on the right hand menu under the library section, click 'History.' On mobiles, the viewing history can be found by clicking on the 'Library' tab.

BLOCKING ACCOUNTS

When using YouTube, there may be instances where your child receives negative comments. If somebody's giving your child a difficult time, here's how to block them and prevent future comments and replies:
- Go to their channel/account by clicking on their name.
- Click on 'About.'
- Tap the dropdown box with an image of a flag on it.
- Press 'Block user.'
- Tap 'Submit.'

MONITOR WHAT YOUR CHILD IS WATCHING/POSTING

The only way to truly know what your child may have been watching is to regularly monitor them. You can do this by checking their viewing history. YouTube videos can also be easily downloaded, so it is important that your child understands the associated dangers of content they are uploading and that it could harm their online reputation in the future. Show them how to set their videos to private or choose a small network of YouTubers to share with. To get started, your child can use YouTube Studio which offers learning modules on creating a YouTube channel, however, you should encourage them not to use their real name.

NEW FEATURES

DIGITAL WELLBEING

YouTube has launched a tool called 'Time Watched' that allows you to see how long has been spent on the platform. Once you have discovered how much time has been spent on the app, there is the option to set a time limit. Once the limit is reached, a reminder will pop up on the screen. You can also disable sounds and vibrations to help resist the urge to check for notifications.

OPT FOR A FAMILY PREMIUM PLAN

A YouTube family Premium plan may be a cost-effective option if you have more than one child. For £17.99 a month, it allows you to share a YouTube paid membership with up to five other family members – aged 13 and older – living in the same household. As the account holder, or family manager, you must create a Google family account.

MANAGING IN-APP MESSAGES

If your child is accessing YouTube via your account, bear in mind that they may be contacted by Google contacts who are complete strangers to them. You can remove someone from the suggested contacts list by pressing and holding the person's name and tapping on the red 'x.'

POPULAR YOUTUBE GAMERS

There are hundreds of YouTube accounts which show other people playing and commenting on games. These are called 'Let's Play' videos. While YouTube can be a great resource for hints, tips and news for games, it is a good idea for parents to keep a close eye on what YouTuber's are posting. Often, the games they are playing will contain strong language and violence. A few examples of popular YouTube gamers for you to have a look at are:
- Stampy
- Yogscast Lewis & Simon
- PewDiePie
- EthanGamer
- Markiplier
- PopularMMOs
- Captainsparklez
- Jacksepticeye
- LtCorbis
- Dan TDM

!#{?!

SOURCES: : https://www.thesun.co.uk/tech/6702517/youtube-porn-videos-roblox-sex-games-watch-online/, https://www.youtube.com/watch?v=x-frgntP96M, https://www.youtube.com/watch?v=L2xuy7hc-hc http://www.dailymail.co.uk/news/article-5126833/Terrifying-truth-child-watches-YouTube.html, https://www.todaysparent.com/family/crazy-youtube-challenges-kids-are-doing/, https://www.youtube.com/watch?v=4yek0Jb0sBg https://tocaboca.com/magazine/common-sense-media-youtube/, http://familytech.com/so-your-kid-wants-to-start-their-own-youtube-channel/, https://www.laptopmag.com/articles/block-someone-youtube https://www.youtube.com/intl/en-GB/yt/about/brand-resources/#logos-icons-colors, https://www.commonsensemedia.org/blog/popular-youtube-gamers-kids-cant-get-enough-ofStamp

© National Online Safety Ltd
This is not a definitive guide. Please always check with the app's support information to see if your security and privacy concerns are addressed.

www.nationalonlinesafety.com

- ***1. Background***

Social media has revolutionised the way we connect with each other. Platforms such as Facebook, Twitter and Instagram are now used by one in four people worldwide. Many young people have never known a world without instant access to social networking platforms, and this has transformed the way in which this generation interact and communicate with each other.

2. Why does it matter?

Adolescence and early adulthood is a critical time for social and emotional development, and so understanding the effects of social media on health at this stage is of particular importance. Whilst social media can be a hugely positive influence, It also has the potential for being a negative and destructive influence on mental well-being, particularly for children and young people.

3. Why does it matter?

Research suggests a typical teenager will check their phone on average 150 times per day and will take an average of 12 selfies before sharing 1, with Just under 50% of young people also adding a filter to 'improve' their appearance. Posts on Social Media will therefore often present an 'idealised' view which creates unrealistic expectations.

7. Further Information

Please refer to our Mental Health and Well-being Policy along with our E-Safety Policy and Self-Harm policies that identify appropriate links.

4. Key statistics

91% of 18-24 year olds use the Internet for social networking: 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: Cyber bullying is a growing problem with 7 in 10 young people saying they have experienced it.

6. How to respond

Professionals need to be aware of both the positive and negative influences of social media. Do not be distracted by the technology, mental health concerns are a safeguarding Issue.

Questions for professionals:

- *Do you routinely ask about social media use when assessing a child/family?*
- *Do you talk to children about safe social media use and their broader online behaviour?*

5. Positive experiences

Social networking offers young people an opportunity to understand, the health experiences of others. Sharing problems or Issues with friends, peers and broader social networks can be met with positive reaction. Nearly seven in 10 teens report receiving support on social media during tough or challenging times. Social media can act as an effective platform for accurate and positive self-expression, letting young people put forward their best self.