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

This section includes a description of common mental health issues, how to help children and young people experiencing some 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 who with, to share concerns.

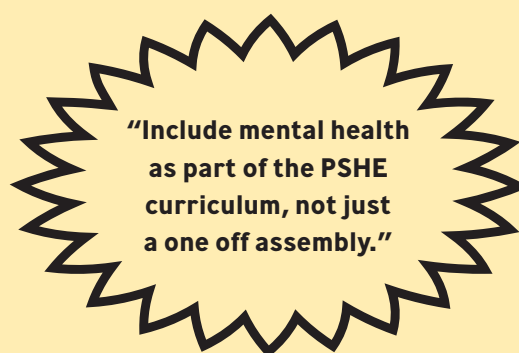
When supporting children and young people with mental health difficulties, this guidance promotes an “embedded therapy” approach. This means that the child or young person’s experience at school is of paramount importance, but also that schools can play a significant role in encouraging parents and families, and other professionals working with the child, to support similar approaches. 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. Support and care should be taken when referring children and young people into external services, ensuring 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 these symptoms 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 and feels that what they say will be taken seriously, and support given.

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

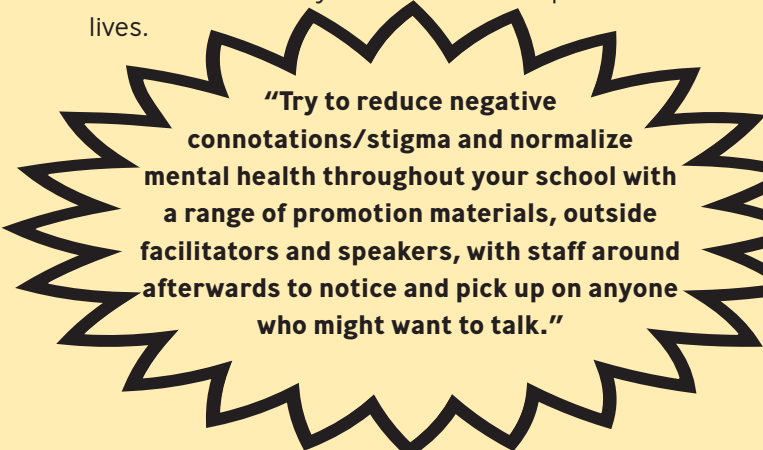


Anxiety difficulties

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.

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 1 in 6 people will suffer from Generalised Anxiety Disorder at some point in their lives.



“Try to reduce negative connotations/stigma and normalize 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.”

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.

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 3 seconds and then breathe out for 3 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.**

Table 3 overleaf gives some examples, based on the Resilience Framework, of how to support children and young people with anxiety.

How to support children and young people with anxiety

Challenge	Ways to support children and young people
<p>A child or young person becomes anxious about situations at school before leaving home and refuses to attend</p>	<ul style="list-style-type: none"> • 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 to develop self-soothing activities when they feel anxious. (Coping)
<p>A child or young person worries excessively about getting into trouble</p>	<ul style="list-style-type: none"> • If possible have a meeting with the family and try and 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, positive role modelling? (Core Self) • A child or young person with excessive worry will seek reassurance, and reassurance exacerbates the anxiety (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, who the child or young person can go to when they feel this way, 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)

continued

Challenge	Ways to support children and young people
<p>A child or young person is isolating themselves</p>	<ul style="list-style-type: none"> • Gently talk to them about why they have become isolated, without pressurising. Approach them, letting them know you are there to talk if they feel able. (Belonging) • Create an anonymous feedback mechanism within the school for YP to share how they are feeling, and 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 who 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 YP about how to tackle the issue by promoting belonging within the school.
<p>The child or young person struggles to make friends and is socially anxious</p>	<ul style="list-style-type: none"> • 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 support might they need to physically 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 3: 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.

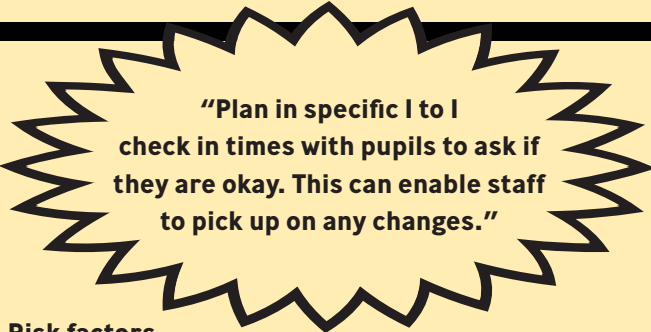
Carol Fitzpatrick (2015) *A short introduction to helping young people manage anxiety*. London: Jessica Kingsley Publishers.

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

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 2 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.



Risk factors

- Experiencing other mental or emotional problems
- Divorce of parents
- Perceived poor achievement at school
- Bullying
- Developing a long term physical illness
- Death of someone close
- Break up of a relationship
- Some people will develop depression in a distressing situation, whereas others in the same situation will not

Symptoms of depression

Effects on emotion:	Effects on thinking:	Effects on behaviour:	Physical effects:
<ul style="list-style-type: none"> • sadness • anxiety • guilt • anger • mood swings • lack of emotional responsiveness • helplessness • hopelessness 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 below gives some examples, based on the Resilience Framework, of how to support children and young people with depression.

How to support children and young people with depression

Challenge	How to help them work through it
<p>A child or young person confides in you that they feel they are depressed</p>	<ul style="list-style-type: none"> • Listen and let them have the space they need to talk, it takes a lot to discuss issues such as these, so they trust in you enough to confide. Make eye contact, validate their experiences and acknowledge how brave they have been by taking the first steps to talk 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))
<p>A child or young person is isolating themselves</p>	<ul style="list-style-type: none"> • 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 YP 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 who you could enlist to support this them? (Belonging) • Run an assembly on isolation and loneliness and what support is available in the school, taking ideas from YP about how to tackle the issue within the school. (See <i>Appendix 4</i> for workshop ideas, and One Step Forward resource for additional activities at www.boingboing.org.uk)
<p>A child or young person is neglecting their self-care and personal hygiene</p>	<ul style="list-style-type: none"> • This could be an indication that there is a difficulty for the young person or at home, 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 who they have an established relationship with, who can explore on an ongoing basis if there are causes for concern. 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
<p>A child or young person is very angry and defensive</p>	<ul style="list-style-type: none"> • 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 http://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>

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 also develop or present with disordered eating. It is very common historically 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 disordered 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.
- Their perception of themselves has been distorted by the way they feel about who they are emotionally.
- 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, and an overall attack on their sense of themselves, directed at their bodies. 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 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, secretly 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:

Individual factors:

- Difficulty expressing feelings and emotions
- A tendency to comply with others' demands
- Very high expectations of achievement

Family Factors:

- 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

Social Factors:

- Being bullied, teased or ridiculed due to weight or appearance
- Pressure to maintain a high level of fitness/low body weight for 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 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, 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.

Physical Signs:

- weight loss
- dizziness, tiredness, fainting
- feeling cold
- hair becomes significantly dull or lifeless (a noticeable change from previous state)
- swollen cheeks
- callused knuckles
- tension headaches
- sore throats/mouth ulcers
- tooth decay

Behavioural Signs:

- restricted eating
- skipping meals
- scheduling activities during lunch
- strange behaviour around food
- wearing baggy clothes
- wearing several layers of clothing
- excessive chewing of gum
- drinking water
- increased conscientiousness
- increasing isolation / loss of friends
- over-estimation of weight and shape
- secretive behaviour
- visits the toilet immediately after meals
- excessive exercise

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
- moodiness
- excessive perfectionism

How to support children and young people with eating difficulties

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the person within the school responsible for children causing concern (often the designated safeguarding lead or the SENCO) aware of any child or young person causing concern. Following the report, the designated safeguarding lead or the SENCO, will 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
- Arranging a referral to the Community Eating Disorder Service – with parental consent
- Giving advice to parents, teachers and other children and young people

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).

“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.”

“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.”

If the child or young person is at low risk in terms of the eating difficulty, yet still struggling with some of the psychological challenges associated, there are some ways to support children and young people using the Resilience Framework outlined in Table 5 below.

Challenge	How to help them through challenges with eating difficulties
<p>Children and young people struggling with negative body image</p>	<p>Raising awareness within the school and delivering sessions within the curriculum on the following will be beneficial:</p> <ul style="list-style-type: none"> • 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)
<p>A child or young person is skipping meals</p>	<ul style="list-style-type: none"> • 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 https://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)

Table 5: Ways to support children and young people with eating disorder issues, using the Resilience Framework.

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

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 children or young people, 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 with the above group an Individual Health Care Plan that is regularly reviewed. If the child is not able to attend school for more than 15 days within a school year the school can refer for an interim package of support from ISEND Teaching and Learning Provision through the ISEND Front Door system. The designated Primary Mental Health Worker for the school could also 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.

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 like they have no control over things. They may find that self-harm can help them to reconnect or make them feel 'real' or 'alive'.

The Pan Sussex Child Protection and Safeguarding Procedures Guidance makes the following recommendations for children and young people presenting as self-harming:

- **In most cases of deliberate self-harm the child or young person should be seen as a Child in Need and offered help via the school counselling service, the GP, Child and Adolescent Mental Health Service (CAMHS) or other therapeutic services e.g. paediatric or psychiatric services.**
- **The possibility that self-harm, including a serious eating disorder, has been caused or triggered by any form of abuse or chronic neglect should not be overlooked.**
- **The above possibility may justify a referral to Children's Social Care using the Making a Referral Procedure for consideration and assessment of whether the child is in need of services and/or protection.**
- **Consideration must also be given to protect children who engage in high risk behaviour which may cause serious self-injury, such as drug or substance misuse, running away, partaking in daring behaviour i.e. running in front of cars etc. All of which may indicate underlying behavioural or emotional difficulties or abuse.**
- **It is good practice, whenever a child or young person is known to have either made a suicide attempt or been involved in self-harming behaviour, to undertake a multi-disciplinary risk assessment, along with an assessment of need.**

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 GP 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.

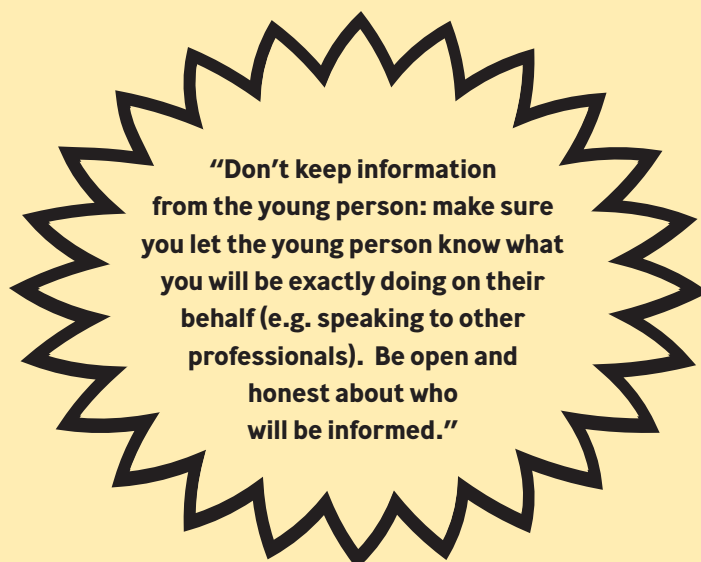


Table 6 below also provides some more practical examples of ways to support children and young people who are self-harming, using the Resilience Framework.

How to support children and young people who are self-harming

Challenge	How to help them through it
<p>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</p>	<ul style="list-style-type: none"> • 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 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
<p>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</p>	<p>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.</p> <ul style="list-style-type: none"> • 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 at risk, Speak to your DSL • 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 help them rather than 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)
<p>You feel like a child or young person in your tutor group is self-harming just to seek attention</p>	<p>In this situation it is very important to remember that:</p> <ul style="list-style-type: none"> • When someone self-harms it is attention-needing, not attention-seeking. • Often when someone is self-harming they feel isolated, scared and lonely. • Try some of the suggestions above

Table 6: Ways to support a child or young person who is self-harming.

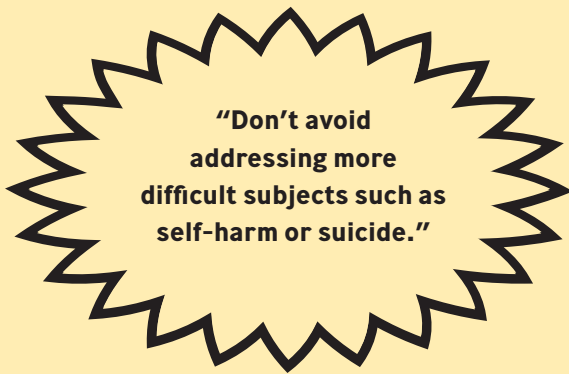
Talking about Self-Harm

Self-harm can be a hard conversation 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 when discussing their experience of self-harm with professionals:

- 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; I wondered if that was something we could talk about, as 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. It got me wondering whether there was something you felt you needed to hide?

- Other children or young people I know/I have learned that children/young people who have self-harmed have felt that it relieves tensions; or that they feel more alive and real when they do it. What does self-harming do for you?

- If your cutting could tell us how you are feeling, what would it say?

- What have you noticed makes you want to hurt yourself?

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 whilst 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 whilst 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.

Exploring risk and the need for ongoing support

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

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>

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, 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.

Attention deficit hyperactivity disorder

ADHD (Attention Deficit Hyperactivity Disorder) is defined as a neurodevelopmental condition, thought to be caused by differences in the way the brain develops, that affects 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 the 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 ongoing debate about the causes of ADHD, but 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 within and between areas of the brain.

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, e.g. 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.

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."

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
- Indication of low intelligence

There are 3 broad characteristics of the behaviour of children and young people with attention difficulties, which for some children and young people occur together. They can be summarized as:

Hyperactivity	Impulsivity	Inattention
<ul style="list-style-type: none"> • Often shows high levels of restlessness, fidgeting and movement • Tends to be continually on the go • Is often noisy and talkative 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 treatment 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 disorder)
- Specific developmental conditions affecting language, learning and motor skills
- Other neurodiversity conditions such as autism spectrum, Tourette's, OCD
- 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. These children are often 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 GP for advice. A GP can then ask for a more specialist health assessment.
- A school, in consultation with parents and often via the education support services e.g. education psychology, may also approach health services.
- CAMHS will make an assessment for ADHD, so it is advisable to speak to your Primary Mental Health Worker if you are concerned about a child or young person's difficulties with attention.

Table 7 overleaf offers some scenarios and ways of working with attention difficulties using the Resilience Framework.

How to support children and young people with a diagnosis of ADHD

Challenge	How to support the child or young person
<p>You notice that a child or young person really struggles to concentrate and to organise themselves</p>	<ul style="list-style-type: none"> • 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 etc. (Core Self) • Build in daydreaming time as a structured activity for everyone. (Core Self) • Provide access to breakfast clubs before starting school, as a good, consistent 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 pay off 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 other class children bully or mock the child. (Coping) • Use a good 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've 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/
<p>A child or young person is constantly forgetting their homework</p>	<ul style="list-style-type: none"> • Note homework in a home-school diary so the parents can help 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 where to start in 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
<p>A child or young person is constantly forgetting their homework (continued)</p>	<ul style="list-style-type: none"> • 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 behaviour. (Learning)
<p>A child or young person confides in you that they are not popular with others</p>	<ul style="list-style-type: none"> • 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 heard. (Belonging) • Try not to misunderstand or criticise their need to share thoughts, as they are feeling isolated or rejected. (Basics) • Try to 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 sport activities, like science laboratory experiments, football team, hiking etc. (Belonging) • Boost positive behaviours demonstrated in class, to enhance self-esteem and team spirit. (Core Self) • Organise team work presentations focusing on the principals of non-verbal communication, to help them develop social skills through gestures, body posture, subtle shades of voice tone etc. (Learning) • Teach all students about the social impact of stigmatization and provide oral opportunities to the other students of the class to think together about inclusion and social acceptance (Learning)
<p>A child or young person’s aggressive behaviour is becoming exasperating</p>	<p>Children and young people with behaviours relating to attention difficulties can often feel different to their peers. Subsequently they can be bullied or teased and this can impact on their self-esteem and anger.</p> <ul style="list-style-type: none"> • 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 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 get control of their behaviour (Core Self) • Recognize the “signs” that occur when there is sensory overload from environmental stimuli and classroom activities (Learning) • Give praise and specific positive feedback for constructive, pro-social 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
<p>A child or young person is not retaining learning from the lesson</p>	<p>ADHD causes problems with concentration. When students can't maintain focus, they won't learn everything you're teaching.</p> <ul style="list-style-type: none"> • 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 key words 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 7: Ways to support a child or young person who has ADHD type behaviours.

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
- Young Minds - 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

Conduct disorder

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 middle childhood through to middle adolescence and is rare after 16 years of age.

A diagnosis of Conduct Disorder can occur if there is a recurrent and chronic pattern of behaviour over 6-12 months in which the person 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 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 exacerbated by increasing age and the development of physical strength, cognitive ability and sexual maturity.

We know that behaviours 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, and problematic substance use, depression, anxiety and possibly development of antisocial personality disorder 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, antisocial personality disorder, 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 in on 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 8 below.

How to support children and young people with behaviour difficulties and/or a diagnosis of Conduct Disorder

Challenge	How to support the young person
<p>A child or young person is constantly being aggressive towards you</p>	<ul style="list-style-type: none"> • 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)
<p>A child or young person is continually having angry outbursts in lessons</p>	<ul style="list-style-type: none"> • 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, within a timescale (SMART). (Learning) • Create workstations where the student can listen to his/her choice of music, for example, 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 young person
<p>A child or young person is continually having angry outbursts in lessons (continued)</p>	<ul style="list-style-type: none"> • Devise an exit strategy (e.g. provide them with a red card to display if they need a time out) and help 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 ABC's. (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 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 as possible behaviours 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)

continued

Challenge	How to support the young person
<p>A child or young person is lying</p>	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> - I find communication works best for me when... - I struggle to communicate when.... - I need more support with.... - I need more support from.... <p>This may support children and young people to open up about the challenges they face when communicating. (Core Self)</p> <ul style="list-style-type: none"> • 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)
<p>A child or young person is not able to concentrate in lessons due to being irritated and hyper-aroused</p>	<p>Children and young people with behaviour difficulties can struggle to relax and this causes problems with concentration.</p> <ul style="list-style-type: none"> • 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 key words 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 8: Using the Resilience Framework to support children and young people with behaviour difficulties and/or a diagnosis of conduct disorder.

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/parents/carers/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 disorder

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

Following the event, a student experiencing post traumatic stress may report intrusive symptoms such as repetitive and upsetting memories, such as, "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 day dreams (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 reminders of the event, 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 desire to participate in important activities. Children or young people experiencing post traumatic stress may also experience irritability, being 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.
- Youth 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 quality of social, occupational, interpersonal, developmental, educational, and health functioning throughout the lifespan. Timely and effective intervention is critical.

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 performance 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' – see Box I below), 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 below in Table 9.

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.

Box I: What is a flashback?

Recommended further reading about Post-Traumatic Stress

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

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

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.

How to support children and young people experiencing post traumatic stress

Challenge	How to support the child or young person
<p>A child or young person is continually “zoning out” in your lessons</p>	<p>If it is not daydreaming or lack of concentration, then the “zoning out” may be what’s termed as “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. Ideally you will have discussed with them in advance what it is that might help so that you don’t inadvertently trigger them further, so here are some suggestions:</p> <ul style="list-style-type: none"> • 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 at the time. (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 rug, blanket or other 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)

continued

Challenge	How to support the child or young person
<p>A child or young person is refusing to come to school due to feeling terror</p>	<ul style="list-style-type: none"> • This is perfectly understandable when someone has experienced a 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) • Support 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 fearful action related to being at school, for example this may be spending all day at school, to the least feared action, which could 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

continued

Challenge	How to support the child or young person																											
<p>A child or young person is engaging in self-destructive behaviours (continued)</p>	<p>Depending on the trauma experienced, a child or young person can end up feeling either of the following:</p> <ul style="list-style-type: none"> - 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 <p>And therefore they may engage in self-destructive behaviours. So what they need is:</p> <ul style="list-style-type: none"> - Support to take one day at a time. Sometimes taking a whole day at a time can feel overwhelming for people who have experienced trauma, so break the day down hour by hour – or even 30mins, 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) <p>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. Ideas may include:</p> <table border="1" data-bbox="491 1155 1442 1901"> <tbody> <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> </tbody> </table> <p>Try and do a timeline of things that happened after the event, this can provide hope that life goes on. (Core Self)</p>	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)
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)																										

Challenge	How to support the child or young person
<p>A young person is having flashbacks or intrusions in lessons (continued)</p>	<ul style="list-style-type: none"> • 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. You could try this technique: To support their association to their immediate surroundings help them feel where their body makes a boundary with the chair and floor and say the following: <i>"Feel the arms of the chair against your arms and your feet on the floor. Can you name things with your senses?"</i> for example, <i>"What can you hear that tells you are in the present?"</i> <i>"Name five things in this room that are green?"</i> A useful question for them to consider is, <i>"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."</i> • 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 it 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, for example at https://makingsenseoftrauma.com/wp-content/uploads/2016/04/Flashback-Protocol.pdf. (Coping) • If the intrusions are continuing to interfere with lessons and learning, speak to your Primary Mental Health Worker. (Core Self)

Table 9: Using the Resilience Framework to support children and young people experiencing distress.

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 the child's 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. They have better outcomes than non-securely attached children in social and emotional development, educational achievement and mental health. 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 more broadly 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 conditions, 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 caretaker (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 day care
- neglect

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 (be cruel) 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, etc.)

Communication:

- Be superficially engaging, charming (phony)
- Avoid eye contact
- Ask persistent nonsense questions and incessantly chatter
- Have abnormal speech patterns

Other signs:

- 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 hyper sensitive in their interactions, have difficulty in trusting others, and can often feel that the world and people in it are against them.

Experience of...

- Not being connected in relationship

Leads to learnt ways of coping

- 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

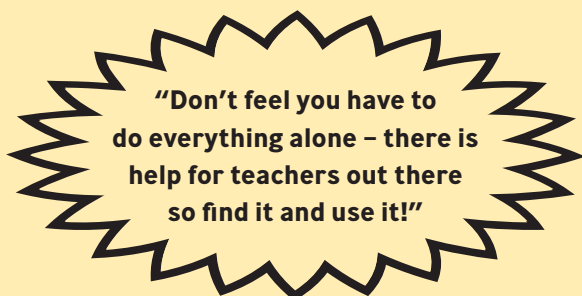
- Learnt unhelpful ways of coping with their feelings e.g. self-harming, eating difficulties or other harmful relationships (confirming the learnt negative beliefs about

How to support children and young people with attachment difficulties

A child or young person with attachment difficulties has some of 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 10 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



Challenge	How to support the child or young person
<p>A child or young person is constantly misinterpreting your actions and losing their temper</p>	<ul style="list-style-type: none"> • 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
<p>A child or young person is constantly misinterpreting your actions and losing their temper (continued)</p>	<ul style="list-style-type: none"> • 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: <ol style="list-style-type: none"> 1. Things work well between us when..... 2. I feel safe with you when..... 3. I get upset when..... 4. What I would like more of is..... 5. 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 (Sunderland & Armstrong, 2015). (Belonging)
<p>A young woman shares with you that she is engaging in relationships that are sexually exploitative</p>	<ul style="list-style-type: none"> • 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 at: https://www.pshe-association.org.uk/curriculum-and-resources/resources/ceop-exploited-film-and-resource-pack) (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 10: Supporting children and young people with attachment difficulties.

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/>

Utilising 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 stress-free as possible. Does your school respond to the social inequalities that exist for the school population, and can further support be provided, e.g. through the provision of uniform subsidiaries 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 lead principle.
Access and transport	Be aware of how overcrowded 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 if they can access that 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 and have access to 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.