



Greenhead College Corporation

**SOCIAL, EMOTIONAL AND
MENTAL HEALTH POLICY**

Reviewed September 2021

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Introduction

1. Policy Statement

- 1.1. At Greenhead College we aim to promote positive mental health for every member of the student body.
- 1.2. We pursue this aim using universal support followed by targeted intervention and specialist support
- 1.3. The college is committed to improving the outcomes of young people and adopting a whole college approach to ensure that all parts of the college community work together coherently.

2. The scope and key aims of the policy

- 2.1. This document uses the term Social, Emotional and Mental Health as set out in the SEND Code of Practice (2014). It describes the college's approach to promoting positive mental health and wellbeing and is intended as guidance for all staff, including support staff and governors.
- 2.2. This policy should be read in conjunction with the following policies:

- Admissions Policy
- SEND Policy
- Safeguarding Policy
- Equality and Diversity Policy
- Fit to Study Policy

2.3. The policy aims to:

- Alert staff to the provision strands available at college.
- Promote positive mental health across the college community.
- Increase understanding and awareness of common Social, Emotional and Mental Health difficulties.
- Alert staff to early warning signs of Social, Emotional and Mental Health difficulties.
- Provide support to staff working with young people with Social, Emotional and Mental Health difficulties.
- Provide support to students with Social, Emotional and Mental Health difficulties and their peers and parents/carers.

3. Staff with designated mental health responsibility

- 3.1. Whilst all staff have a responsibility to promote the mental health of students. Staff with a specific, relevant remit include:

- Personal Tutors **A full list of Personal Tutors and their contact details can be found on the College website: <http://www.greenhead.ac.uk/tutors/tutors.html>**
- Maureen Bunter Safeguarder/Deputy Principal
- Usman Anwar Safeguarding DSL/Assistant Principal (pastoral)
- Kate Abel Safeguarding Deputy DSL/Assistant Principal (pastoral)
- Marc Tomlinson Lead Counsellor
- Claire Berry Safeguarder/Additional Learning Support Manager
- John Clyde-Evans Safeguarder/Mental Health Lead
- Diane Beaven Safeguarder/Senior Tutor
- Anna Shaw Safeguarder/Senior Tutor
- Matthew Burrows Safeguarder/Senior Tutor
- Simon Lett Principal
- Tom Rowley Assistant Principal (curriculum)
- Mark Mitchell Assistant Principal (curriculum)

4. Student disclosures

4.1. The application form provides the first opportunity for students to disclose any additional needs. We subsequently interview all applicants individually and invite further discussion regarding current and anticipated support. We want the college experience to be both rewarding and successful and actively encourage students to be completely open about their individual needs. The more information we have at point of application, the better we can plan ahead and prepare an appropriate support plan.

4.2. Further opportunities for disclosure include:

- on the confidential form
- at the application interview
- during monitoring interviews with subject teachers
- during individual interviews with Tutors
- at any point during the course

Section 1: The Mental and Physical Framework (MAP)

5. Aims and Objectives

- 5.1. To encompass all of the wellbeing strands from across the college under one umbrella framework
- 5.2. A framework that demonstrates the college's commitment to wellbeing and creates a positive culture of mental and physical health that benefits the whole college community
- 5.3. A mental and physical wellbeing strategy that ensures the college functions collectively to meet the needs of both staff and students
- 5.4. To implement dedicated MAP weeks in the college calendar, providing opportunity for both students and staff to access a variety of activities, information sessions and resources on wellbeing.

6. The Five Strands

- 6.1. The framework draws together five key areas of wellbeing focus within the college
- 6.2. These strands are SEND and Mental Health support; Staff Wellbeing; Sports and Enrichment; Pastoral and Student Welfare; Teaching and Learning

7. The MAP Timeline

- 7.1. Three designated MAP weeks will be embedded into each academic year, one within each term
- 7.2. Each week combines cross-college events with a teacher-led focus on mental health within curriculum
- 7.3. The curriculum element aims to facilitate a sequence of i) theme identification, ii) strategy implementation and iii) review, aligning with the order of the three MAP weeks

Section 2: SEND and Mental Health Support

8. Tiered provision of support

- 8.1. The SEND and Mental Health Support strand within the MAP framework is constituted by **three tiers of student support** which are available for students identified as having a Social, Emotional or Mental Health difficulty.
- 8.2. It is expected that students will move up and down these tiers throughout their time at college and depending on current need.

Tier 1 – Universal (available for all students)

- Quality First Teaching (QFT) - Teaching and supporting students with a special educational need or disability (SEND) is the responsibility of the whole College and requires a collaborative and inclusive approach.
- Personal Tutor
- Careers Support
- Transition Support
- Enrichment Programme
- Work shadowing and Project Week
- Tutorial Programme with Mental Health-focused A1 and A2 sessions
- Library – Self-help books
- Wellbeing moodle page

Tier 2 – Targeted Provision (Signposted and organised by Personal Tutors)

- Coffee Club (Nurture Group)
- Exam Anxiety Sessions
- Meditation Classes
- Learning Mentor
- Study Centre (Safe Base)
- College Sports Maker – Healthy Body/Healthy Mind Programme
- Variety of Workshops e.g.
 - Better sleep
 - Understanding panic
 - Let's talk life

Tier 3 – Specialist Provision (Organised by Personal Tutors, a Safeguarding DSL or the Additional Learning Support Manager)

- Moodmasters
- College Counsellors
- Exam Access Arrangements
- Children Adolescent Mental Health Service (CAMHS)
- Children Emotional Wellbeing Services (CHEWS)
- Designated Safeguarding Lead
- Other Appropriate External Services

9. College Counselling Service

9.1. The aim of the counselling service is to provide confidential support for students on a short or longer term basis and to be able to respond to their needs. It works on a first come, first served basis. As the counsellors have a unique understanding of the rhythms and pressures of college life, students are offered support and access that is best tailored to their individual needs. How to access the Counselling Service and further information can be found in [Appendix B](#).

9.2. We will ensure that staff, students and parents are aware of sources of support within college and in the local community. What support is available and how to access it can be found on the Wellbeing page on Moodle.

10. Additional Learning Support

10.1. The aim of the ALS department is to create a positive and inclusive atmosphere where there is a shared commitment to value diversity, empower students and facilitate successful progression. The

department, throughout the academic year, organises workshops and one to one sessions which focus on positive emotional wellbeing.

- 10.2. Students can contact the ALS team directly or speak to their Personal Tutor to arrange a session. **Appendix C** gives an example of sessions currently running this year which also includes activities developed by the College Sports Maker and choices available through the College Enrichment Scheme.
- 10.3. Support available is signposted in a group setting through the tutorial programme and individually during the monitoring process.
- 10.4. Whenever we highlight support, we will increase the chance of students seeking help by ensuring students understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

Section 3: Developing a Whole College Approach

11. Teaching about Mental Health

- 11.1. The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our A1 and A2 Tutorial Programme.
- 11.2. We ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms. Lesson plans and materials are written and produced in conjunction with the college Lead Counsellor.
- 11.3. The content of social, emotional and mental health tutorials are regularly reviewed and adapted to reflect the specific needs of the cohort, along with feedback from the Mental Health Working Party Group on current issues occurring across college.

12. The Mental Health Working Party Group

- 12.1. Meets every half term and consists of the following members of staff:

- John Clyde Evans (Chair) Mental Health Lead & Safeguarder
- Claire Berry Additional Learning Support Manager & Safeguarder
- Maureen Bunter Deputy Principal & Safeguarder
- Diane Beaven Senior Tutor & Safeguarder
- Anna Shaw Senior Tutor & Safeguarder
- Matthew Burrows Senior Tutor & Safeguarder
- Hannah Smith Deputy Head of Psychology
- Janine Roberts Teacher of Business & Economics
- Jessica Norcliffe Human Resources
- Marc Tomlinson Lead counsellor
- Kate Abel Assistant Principal & Deputy DSL
- Simon Lett Principal
- Mark Mitchell Assistant Principal
- Tom Rowley Assistant Principal
- Usman Anwar Assistant Principal & DSL

- 12.2. The aim of the working party is to drive forward the development of a whole college approach to mental wellbeing.

- 12.3. This includes identifying appropriate staff development and training, monitoring and promoting staff and student wellbeing, developing robust student referral systems and critically reviewing the implementation of mental health support.

13. Training

- 13.1. As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep students safe. All Personal Tutors and ALS staff hold a Mental Health First Aid Qualification approved by MHFA England. The [mindEd learning portal](#)¹ provides free online training suitable for staff wishing to know more about a specific issue.
- 13.2. Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year.
- 13.3. Suggestions for individual, group or whole college CPD should be discussed with Mark Mitchell or Tom Rowley.

Section 4: Guidance for College Staff

14. Signposting

- 14.1. Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the student's Personal Tutor in the first instance.
- 14.2. If there is a fear that the student is in danger of immediate harm, then a direct referral to a Safeguarding DSL would be appropriate.
- 14.3. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting a first aider and contacting the emergency service if necessary.
- 14.4. Any concerns about a student's wellbeing should be recorded on CPOMS, guidance on how to do this is provided in [Appendix A](#).
- 14.5. Where a referral to CAMHS is appropriate, and with the student's permission, this will be led and managed by the student's Personal Tutor or a Safeguarding DSL.
- 14.6. Students can also self refer to the college counsellors by following the links on the counselling page on the college website or completing a form which are available at reception.

15. Recognising warning signs

- 15.1. College staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should be taken seriously and staff observing any of these warning signs should communicate their concerns with the student's Personal Tutor, a College Counsellor or a Safeguarding DSL.
- 15.2. Possible warning signs include:
- Physical signs of harm that are repeated or appear non-accidental
 - Increased isolation from friends or becoming socially withdrawn
 - Changes in activity and mood
 - Lowering of academic achievement
 - Abusing drugs or alcohol
 - Talking or joking about self-harm or suicide
 - Expressing feelings of failure, uselessness, loss of hope or worthlessness
 - Secretive behaviour
 - Lateness or absence from college
 - Repeated physical pain or nausea with no evident cause

¹ www.minded.org.uk

- Insomnia, fatigue or trouble concentrating

16. Managing new disclosures

- 16.1. A student may choose to disclose concerns about themselves or a friend to any member of staff, so **all** staff need to know how to respond appropriately to a disclosure.
- 16.2. If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgmental.
- 16.3. Staff should listen, rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'why?'
- 16.4. For more information about how to handle mental health disclosures sensitively see [Appendix D](#), 'Talking to students when they make mental health disclosures' and [Appendix E](#) 'A short guide to having tricky conversations'.
- 16.5. All safeguarding disclosures should be recorded as soon as possible on CPOMS and shared with both the Personal Tutor and a Safeguarding DSL who can offer support and advice about the next steps.
- 16.6. If you have a general concern then contact the student's Personal Tutor or speak to one of the college counsellors.

17. Confidentiality

- 17.1. We must be honest with regards to the issue of confidentiality. If it is necessary for us to pass our concerns about a student on, then we must discuss with the student:
 - who we are going to talk to
 - what we are going to tell them
 - why we need to tell them
- 17.2. It is always advisable to share disclosures with a Safeguarding DSL/Personal Tutor, this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence and it provides an extra source of ideas and support.

18. Supporting Peers

- 18.1. When a student is suffering from mental health issues, it can be a difficult time for their friends. In order to keep peers safe, we will highlight the following:
 - Where and how to access support for themselves
 - Safe sources of further information about their friend's condition
 - Healthy ways of coping with the difficult emotions they may be feeling

19. Working with Parents/Guardians of students with Social, Emotional and Mental Health difficulties

- 19.1. Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. It can be shocking and upsetting for parents to learn of their son/daughter's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.
- 19.2. We should always highlight further sources of information including support aimed specifically at parents e.g. helplines and forums.
- 19.3. Parents are often very welcoming of support and information from the college about supporting their son/daughter's emotional and mental health. In order to support parents, we will:
 - Highlight sources of information and support on our college website
 - Ensure that all parents are aware of who to talk to in college

- Make our social, emotional and mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their son/daughter through our regular information evenings and news letters

20. Policy Review

This policy will be reviewed annually. Additionally, this policy will be reviewed and updated as appropriate to reflect personnel changes. If you have a question or a suggestion about improving this policy, this should be addressed to John Clyde-Evans (Mental Health Lead).

<i>Date drafted:</i>	<i>February 2018</i>
<i>Date accepted by Governors:</i>	<i>19 March 2018</i>
<i>Last Review:</i>	<i>September 2021</i>
<i>Next Review</i>	<i>September 2022</i>

Using CPOMS

Go to the VLE and to College links on the bar at the top. Click on this and then on CPOMS to open the resource.

Add your college email address to the space indicated. The first time you use this you will need to click on **Forgotten your password or using CPOMS for the first time?** below login. A long coded password will be sent via email. Carefully copy this into the password section of the CPOMS login page. You will be able to reset the password to one of your choice.

When you have logged in the next page will say **Login without Two Factor Authentication** in bold. Click on this and you will see the **alerts section**. If you have been sent any alerts you will get an email to tell you and a link to the login page for CPOMS so you can access them. Click on incident to view it. Once you have read it you can mark it as read to acknowledge that you have seen the incident. Once you have done this the alert will disappear and you will not be able to read it again so if you are required to add any actions make sure you do this before selecting 'mark as read'.

Adding an Incident Click on Add Incident.

- **Select the student** you want to add the incident for by beginning to type the name into the student box at the top of the page. It will filter through all the names on the system, select the name required and the box will turn grey, if you have selected the wrong name delete it and select an alternative.
- Fill in the **incident** box; be accurate and specific, once the incident has been submitted you cannot delete it.
- Select at least one **category** to assign it to. You can also link other students if more than one student is involved in the incident.
- You can then select a **time and date** for when the incident happened otherwise it will default to the current time and date.
- Please make sure you click on **Safeguarding** so all the Safeguarding Co-ordinators are alerted. Type in the names of any other members of **staff you wish to alert** (Note **other** will alert **all** 200+staff).
- Using the browse button, you can **upload any documents** as you would for an email.
- Lastly add any **agency** names involved such as CAMHS, Police or Kirklees Safeguarding Board.
- Finally select **Add Incident** button and submit.

After adding an incident please record on Cedar that there is information on CPOMS by using a confidential information thread in the student's pastoral log.

N.B. If you have made a significant mistake take note of the incident id and pass this on to one of the Safeguarding Team.

GREENHEAD COLLEGE COUNSELLING DEPARTMENT

Greenhead College has had an in house counselling service for over twenty years. The aims of counselling are to support students who are struggling with their emotional or mental health by:

- Exploring difficult personal issues in a confidential (with limits) relationship
- Understanding and validating feelings and experiences, “I was believed”
- Supporting retention and ability to engage with academic life
- Empowering to find solutions that work for each individual
- Offering emotional containment and building emotional resilience
- Developing resources to deal with difficulties more effectively
- Gaining new perspectives and insights in self
- Reconnecting with hope
- Reducing distress
- Reducing isolation
- Providing a place of safety
- Developing life skills, confidence and self-esteem

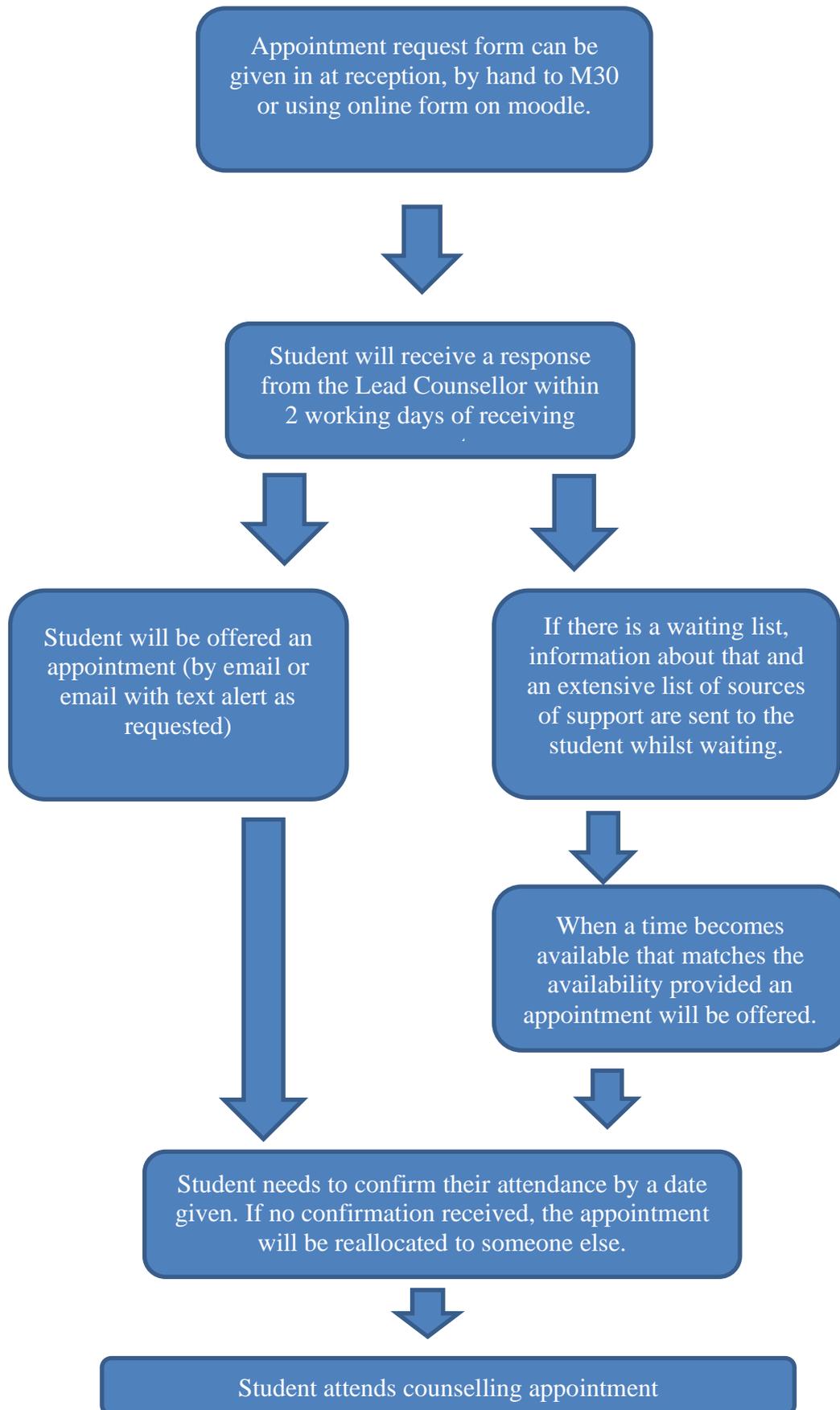
When considering suggesting counselling to a student, offer the idea as an option: “Do you know we have counsellors in college? / Have you thought about talking it through with a counsellor?” Give them thinking time and allow them to self-refer (but you can always offer to support them in completing the form.)

Remember not to force a referral or do it for them, counselling works best when it is voluntary. You may not be able to ‘fix’ the issue for the student, but talking to you may have been very helpful to them (and may be enough for them) and then they know they can trust you and can talk to you again in the future.

Although counselling is not an “emergency service”, in the context of working in college, there are occasions in which the counsellors can use their skills to assist the staff to respond in this type of situation. This does not replace the role of the 'Safeguarding DSL' who deals with child protection in college, rather it can offer support and expertise. If a member of staff has an immediate high risk concern about a student a 'Safeguarding DSL' should be contacted in the first instance.

The counsellors are also able to support staff in developing wellbeing initiatives, confidentiality dilemmas, safeguarding, staff counselling and guidance on supporting their students safely.

The Counselling Dept accepts self-referral only.
Please do not complete a form on behalf of a student.



* A student may wait longer if they have very limited availability and/or rejects first appointment offered in favour of waiting for a preferred timeslot. (Feb 18 MTO)

APPENDIX C

Social, Emotional and Mental Health Interventions Workshops or one to one sessions

- Coffee Club (Nurture group)
- Meditation (Quiet your mind and find your inner calm)
- Learning Mentor (timetabled sessions)
- Structured lunch/break time activities
- Let's talk life group (Sessions exploring how to deal with a variety of social scenarios)
- Study Centre safe base
- Preparation for Adulthood sessions. (Supported H.E. visits + transition work)
- LGBT (We are a confidential group of LGBTU (lesbian, gay, bisexual, transgender, unsure) minded friends who like to socialise!)
- Classroom Chair to 5k and beyond (if you are you looking to improve your fitness and relieve any stress then this is the activity for you) Enrichment Activity
- Fitness Room (Female only fitness room session. Come along and get fit in a fun and friendly environment. All abilities welcome) Enrichment Activity
- Practical Relaxation Techniques (muscular relaxing exercises and deep breathing exercises) Enrichment Activity
- Healthy Body, Healthy Mind. – Physical activity referral programme, students complete 6 weeks of physical activity or sport, which can be 1:1 or in a group setting.

(Example of activities available February 2020)

There are also many enrichment activities that are used for relaxation which are available to all students as an integral part of their programme of study.

Talking to students when they make mental health disclosures

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

“She listened, and I mean REALLY listened. She didn’t interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I’d chosen the right person to talk to and that it would be a turning point.”

If a student has come to you, it’s because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they’re thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don’t talk too much

“Sometimes it’s hard to explain what’s going on in my head – it doesn’t make a lot of sense and I’ve kind of gotten used to keeping myself to myself. But just ‘cos I’m struggling to find the right words doesn’t mean you should help me. Just keep quiet, I’ll get there in the end.”

The student should be talking at least three quarters of the time. If that’s not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they’ve touched on more deeply, or to show that you understand and are supportive. Don’t feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you’re listening!

Don’t pretend to understand

“I think that all teachers got taught on some course somewhere to say ‘I understand how that must feel’ the moment you open up. YOU DON’T – don’t even pretend to, it’s not helpful, it’s insulting.”

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you’ve never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don’t explore those feelings with the sufferer. Instead listen hard to what they’re saying and encourage them to talk and you’ll slowly start to understand what steps they might be ready to take in order to start making some changes. Be mindful of what you are saying as it is very easy to say things in autopilot mode, but don’t worry too much about saying the wrong thing, the fact that you are taking time to listen to the student is more important.

Don’t be afraid to make eye contact

“She was so disgusted by what I told her that she couldn’t bear to look at me.”

It’s important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn’t feel natural to you at all). If you make too much eye contact, the

student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a ‘freak’. On the other hand, if you don’t make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can’t bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

Offer support

“I was worried how she’d react, but my Mum just listened then said ‘How can I support you?’ – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming.”

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools’ policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you’re working with them to move things forward.

Acknowledge how hard it is to discuss these issues

“Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said ‘That must have been really tough’ – he was right, it was, but it meant so much that he realised what a big deal it was for me.”

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

Don’t assume that an apparently negative response is actually a negative response

“The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn’t say it out loud or else I’d have to punish myself.”

Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn’t mean they’ll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don’t be offended or upset if your offers of help are met with anger, indifference or insolence, it’s the illness talking, not the student.

Never break your promises

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

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can’t then you must be honest. Explain that, whilst you can’t keep it a secret, you can ensure that it is handled within the school’s policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don’t have all the answers or aren’t exactly sure what will happen next. Consider yourself the student’s ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

OPEN QUESTIONS

Open-ended questions typically begin with words such as "How", or phrases such as "Tell me about...". Often they are not technically a question, but a statement which offers the opportunity to say more than just yes or no

Tell me about...

What is it that....

How would you...

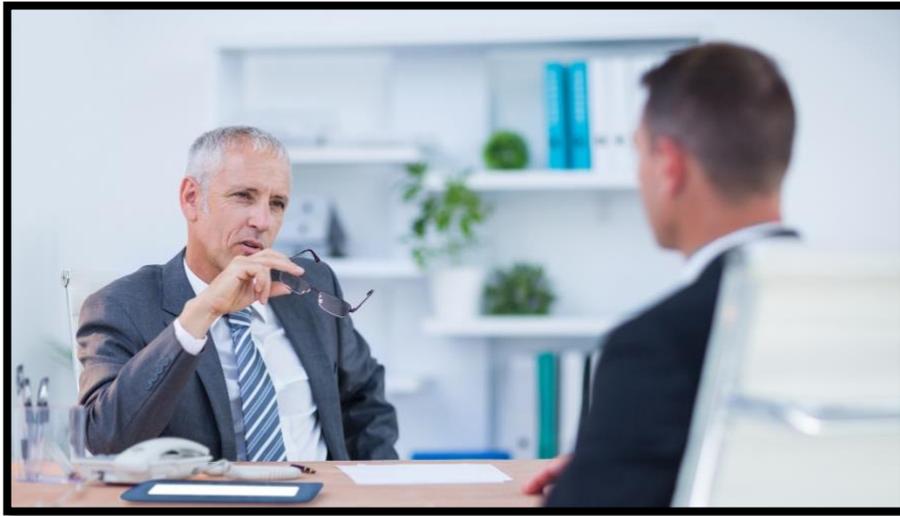
What do you think about...

How does that make you feel...? (or some variation may feel like a cliché but the reason it is so widely used is that it's so effective.)

Try to avoid using "why?" questions.

A short guide to having tricky conversations

The fact that a student has chosen to open up to you is very positive! Giving them 'permission' to talk without judgement can be incredibly powerful. It can be a tremendous relief to talk and so it is crucial not to avoid these tricky conversations.



LISTENING

Try to listen effectively e.g. open body language, putting aside distractions, (a good quality 10 minutes is better than 30 with interruptions/distractions) switching off your own beliefs and values, avoiding formulating an answer so that you are not really hearing what is being said.

Be mindful that you do not necessarily need to solve or 'fix' the student's problems.

Question gently and effectively:

Start with the how, what, where questions which will generate conversation but which are not as challenging as the why? So for example:

How are you?

How have you been feeling?

What happened?

Where were you when..?

How did you feel when..?

The following phrases may also be useful and will show that you are really listening:

Tell me a little more....

Help me to understand. So you are saying.....

Have I got this right? You said that....

A 'Why' question is instantly challenging and almost expects a solution that a young person may struggle to see in the moment.

If someone is struggling to 'say it' writing it down can sometimes be easier.

A good experience of being listened to makes the student more likely to ask for help in the future.

Suicide and Self-Harm

If you are worried that a student may have suicidal thoughts, it is OK to ask them about this. Asking about suicidal feelings does not encourage them to act. That said, it is fine to know your limits. Just listening can be very powerful, and be aware that sometimes asking too many searching questions about deeper emotional meanings may get you out of your depth. The important thing is to know how to make a 'good referral' to the college safeguarding team, counsellors and outside agencies.

If a student discloses that they have been self-harming, it is not necessary to see the cuts/burns, but do ask if they need medical attention. Do not try to get them to simply stop. Self-harming is a coping strategy. If you take that away, they may have nothing else.

Making referrals/recording conversations

If you are sufficiently worried to make a safeguarding referral, you MUST let the student know you are going to do this. Likewise, if you are going to record anything sensitive on CEDAR, you MUST share this with the student. Not doing so risks them finding out and you having broken trust. They will then be much less likely to come to you for help again.

College Counsellors

If you want to refer to the college counsellors, you could say:

Had you thought about chatting with a counsellor?

Are you aware that we have counsellors at college?

You have talked to me, how would it be to talk to a counsellor?

If they agree, it is fine to walk up with them to say hello to a counsellor (if anyone is available, please ring and check first). This can break the ice and make the student more likely to access counselling. It is fine to fill an appointment form in **with** them, but not **for** them. If they are not immediately interested, give them a form and let them think about it.

Finally, tricky conversations can be stressful. Look after yourself and seek support from colleagues. You can also access the college counselling service yourself!

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