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NCBIS

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NEW CAIRO BRITISH INTERNATIONAL SCHOOL



Name of Policy:	Mental Health And Wellbeing
Applicable to:	Whole School
Effective date:	February 2019 Amended March 2021
Date of next review:	March 2023

Mental Health And Wellbeing Policy

NCBIS Mission Statement

To provide a learning environment that supports academic achievement whilst promoting personal growth through the attributes of the IB Learner profile, within a caring international community committed to the traditional values of honesty, courtesy, respect, integrity and fair play.

Purpose and Scope of Policy

Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (World Health Organisation)

At NCBIS, we aim to promote positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly, and indirectly by mental ill health.

Aims of the policy

- To develop a healthy, motivated workforce who are able to deliver a high-standard of education to pupils.
- To help ensure that our school promotes the health and wellbeing of all staff members, recognising the impact work can have on employees' stress levels, mental and physical health.
- To recognise that excessive hours of work can be detrimental to staff health and effectiveness and to agree on flexible working practices where possible without damaging opportunities for pupils to succeed.
- To communicate the importance of a work-life balance to all staff, and to ensure that all policy updates are communicated regularly.
- To respond sensitively to external pressures which affect the lives of staff members.
- To provide staff with training to deal positively with stressful incidents, and provide them with a sense of confidence to deal with emergencies via training.
- To improve staff development, cooperation and teamwork by creating effective leaders.
- To make staff members aware of the channels which can be used to manage and deal with stress or work related health and wellbeing issues.

Links to other relevant school policies

- Anti Bullying
- Child Protection and Safeguarding
- Child Protection Raising Concerns
- Staff Code of Conduct

Lead Members of Staff

- Kevin Rossall - **Designated safeguarding Lead (DSL)**
- Rachael Small - **Deputy DSL**
- Dr Noha - **Lead first aider**
- Rahael Small and Kevin Rossall - **Pastoral leads - (Linking to Primary and Secondary Mental Health respectively)**
- Thomas Bradshaw (KS3), Claudia LoPresti (KS4) Susie Belal (KS5) - **Secondary Heads of Key Stage**
- Vinton Renkin and Gini Marshall - **School Counselors**
- Nelly Arabeen and Lizzie Dunn - **Primary Mentors**

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the mental health leads in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated safeguard lead. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting emergency services if necessary.

Individual Care Plans:

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

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

Teaching about Mental Health

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE / LifeSkills curriculum.

The specific content of lessons will be determined by the specific needs of the cohort being taught but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow and update annually the school PSHE / LifeSkills curricula to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner. In terms of signposting, we will ensure that staff, students and parents are aware of sources of support within school (and where necessary in the local community). What support is available within our school and local community, who it is aimed at and how to access it is outlined in Appendix D.

We will display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

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

Warning Signs

School staff may become aware of the warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the designated safeguarding lead and report those concerns on the SafeGuard platform.

Possible warning signs include, but are not limited to:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather

- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

Managing disclosures

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. This will be covered in annual Safeguarding training and in refresher sessions during the year, for all staff.

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-judgemental.

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?' For more information about how to handle mental health disclosures sensitively see appendix E.

All disclosures should be recorded in writing in a sealed envelope marked confidential or preferably disclosed digitally on the SafeGuard platform. All records will be kept confidentially. This written record should include:

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

This information should be shared with the designated safeguarding lead, who will store the record appropriately and offer support and advice about next steps.

Confidentiality

We should be honest with regards to the issue of confidentiality. If we think it is necessary for us to pass our concerns about a student on then we should discuss with the student:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We should never share information about a student without first telling them. Ideally we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent. For example students up to the age of 16 who are in danger of harm.

It is always advisable to share disclosures with a colleague, usually the designated safeguarding lead, 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. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed if there is a risk of significant harm to the student and students may choose to tell their parents themselves. If this is the case, the student should be given 24 hours to share this information before the school contacts parents. We should always give students the option of us informing parents for them or with them. If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the designated safeguard lead must be informed immediately.

Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the student, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child'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.

We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums. We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record.

Working with All Parents

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents we will:

- Highlight sources of information and support about common mental health issues in school materials
- Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular information evenings / events

- Keep parents informed about the mental health topics their children are learning about in PSHE / LifeSkills and share ideas for extending and exploring this learning at home

Supporting Peers

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

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- 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

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep students safe.

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

Where the need to do so becomes evident, we will host training sessions in staff meetings for all staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group or whole school CPD should be discussed with David Mate, Olga Kes or Matt Walsh as Heads of School and CPD Leads, who can also highlight sources of relevant training and support for individuals as needed.

Policy Review

This policy will be reviewed every 3 years as a minimum. It is next due for review in March 2021

Appendix A: Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too. Support on all of these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

Self-harm

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

Online support

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

National Self-Harm Network: www.nshn.co.uk

Books

- Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers
- Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

Depression

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

Online support

Depression Alliance: www.depressionalliance.org/information/what-depression

Books

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

Anxiety, panic attacks and phobias

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

Online support

Anxiety UK: www.anxietyuk.org.uk

Books

- Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

Obsessions and compulsions

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

Online support

OCD UK: www.ocduk.org/ocd

Books

- Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

- Susan Connors (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Online support

Prevention of young suicide UK – POPYRUS: www.papyrus-uk.org

On the edge: ChildLine spotlight report on suicide:

www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Books

- Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers
- Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support

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

Eating Difficulties in Younger Children and when to worry:

www.inourhands.com/eating-difficulties-in-younger-children

Books

- 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*. Teachers' Pocketbooks

Appendix B: Guidance and advice documents

1. Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2014)
2. Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2015)
3. Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (2014)
4. Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)
5. Healthy child programme from 5 to 19 years old is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)
6. Future in mind – promoting, protecting and improving our children and young people’s mental health and wellbeing - a report produced by the Children and Young People’s Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)
7. NICE guidance on social and emotional wellbeing in primary education
8. NICE guidance on social and emotional wellbeing in secondary education
9. What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework documents written by Professor Katherine Weare. National Children’s Bureau (2015)

Appendix C: Data Sources

Children and young people's mental health and wellbeing profiling tool collates and analyses a wide range of publicly available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It enables benchmarking of data between areas

ChiMat school health hub provides access to resources relating to the commissioning and delivery of health services for school children and young people and its associated good practice, including the new service offer for school nursing

Health behaviour of school age children is an international cross-sectional study that takes place in 43 countries and is concerned with the determinants of young people's health and wellbeing.

Appendix D: Sources or support at school and in the local community

School Based Support

Primary Pastoral Care:

- Class teachers and Teaching Assistants: Ensure the pastoral care of the children in their class and year group. Students can report / disclose any matters to their teachers which is communicated to students through the PSPE lessons and through the day to day contact with the children.
- Year Group Leaders: Oversee the teaching teams within their year group and deal with more serious / escalated issues relating to pastoral care. Children can report / disclose any matters to their Year Group Leader Stage at any time.
- Deputy Head (Pastoral) and Designated Safeguarding Lead: Oversees the Year Group Team pastoral care as a whole. Deals with very serious / escalated issues relating to pastoral care and any disclosures relating to safeguarding of staff and students. Children can report / disclose any matters to the Deputy Head which is communicated to students through assemblies, posters and PSPE lessons.
- Primary Mentoring Team: By student request or teacher referral our mentoring team will see individual students on a one-to-one basis, or as part of a group intervention, who are experiencing specific, often ongoing, difficulties that are affecting their social, emotional or mental health and wellbeing.
- Learning Support: Oversee the academic and pastoral care of specific students on the learning support register. They also monitor behaviour and safety of students through the deployment of Learning Support Assistants in lessons. Staff can refer students for this.

Secondary Pastoral Care:

- Tutors & Co-tutors: Ensure the pastoral care of their tutees (by year group) in school and mentor them regularly throughout the year. Students can report / disclose any matters to their tutors which are communicated to students through the parent-student handbook, planners and instructions at the beginning of the year.
- Heads of Key Stage: Oversee the tutors within each key stage and deal with more serious / escalated issues relating to pastoral care. Students can report / disclose any matters to their Head of Key Stage which is communicated to students through the parent-student handbook, planners and instructions at the beginning of the year.
- Deputy Head (Student Welfare) and Designated Safeguarding Lead: Oversees the heads of key stage and tutoring / mentoring system as a whole. Deals with very serious / escalated issues relating to pastoral care and any disclosures relating to safeguarding of staff and students. Students can report / disclose any matters to the Deputy Head which is communicated to students through the parent-student handbook, planners and instructions at the beginning of the year.
- School Counsellor: By student request or teacher referral our counsellor will see individual students on a one-to-one basis who are experiencing specific, often ongoing, difficulties that are affecting their mental health and wellbeing. Students know about this referral process through the tutor programme.



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- Learning Support: Oversee the academic and pastoral care of specific students on the learning support register. They also monitor behaviour and safety of students through the deployment of Learning Support Assistants in lessons. Staff can refer students for this.

Local Support

List any local support services or charities that might be accessed by students or their families.

- Maadi Psychology Centre:
 - Maadi Branch - 16 Oraby, Maadi as Sarayat Al Gharbeyah, Al Maadi, Cairo Governorate 11431 Tel: 02 23592278
 - New Cairo Branch -
- Nine Psychology - Rd 9, 86 Al Maadi, floor 2, Cairo Governorate 11742 Tel: 0120 088 5123
- The Behman Hospital Helwan (24h Emergency Support) - 32 El-Marsad St. Helwan Sharkeya, Qism Helwan, Cairo Governorate. Tel: 02 28166610

Appendix E: Talking to students when they make mental health disclosures

The advice below is from the 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 students 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 listeners. 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.

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 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.

Roles

The Board

- Will take overall responsibility for implementing this policy, ensuring staff enjoy a reasonable work-life balance and fair / reasonable treatment in all sections of the school.
- Will adopt the appropriate policies in respect of 'family friendly' employment, including consideration of part-time working, flexible working patterns etc., where this can be implemented without detriment to the operational requirements of the school.
- Will ensure that clear procedures are in place that will minimise the levels of stress caused to staff when following formal procedures such as the Capability or Disciplinary Policy.
- Will provide a range of strategies for involving staff in the school decision making processes.
- Will review the demands on staff, and seek practical solutions wherever possible.
- Will support the governing body in ensuring that strategies are implemented to effectively manage and, where necessary, reduce employee stress. This includes preventing unnecessary stress and ensuring that any work-based stress employees experience is at a productive, healthy level.
- Will adopt school policies and provide clear guidance regarding time-off for public or trade union duties, or for personal reasons. For further information refer to our school's Absence Management Policy.
- Will ensure that there is clear communication between staff and management with regards to all areas of school life.
- Will create reasonable opportunities for employees to discuss concerns, and will enable staff to do so in an environment where stress is not considered a weakness.
- Will ensure that all staff are aware of and trained in-line with the school's priorities and offered opportunities for development.
- Will monitor and review any measures that are planned, and assess their effectiveness.
- Will conduct a risk assessment for work-related stress in consultation with senior staff.
- Will make individual interventions such as short-term rehabilitation and return to work plans, and longer-term reasonable adjustments to work.

Staff members

- Will make themselves aware of the school's policies on Capability, Grievance, Code of Conduct and Attendance etc.
- Will assist in the development of good practice and ensure that they do not, through their actions or omissions, create unnecessary work for themselves or their colleagues.
- Will ask their Line Manager for help or support if required. This includes understanding that a good relationship requires communication from both parties and so it's important that issues are raised at the earliest possible moment so that effective strategies can be put in place to manage workloads.
- Will identify opportunities for development and take advantage of those offered by the school.

- Will apply for any requests for a leave of absence in advance and be honest about sickness absence leaves.
- Will share their views, ideas and feelings about all issues concerning the school at formal meetings and informal gatherings.

Actions to support new staff

Practical actions to support new staff

All staff will be given a school orientation by the Headteacher. All new staff will receive the staff induction pack/staff handbook. This will continue to include all important policies, or their location, and will include this policy on health and wellbeing. All staff will be made to feel welcome and given as much support as required. All staff are to be issued with a name badge on arrival on their first day. At the end of the first week of employment, new staff will have a review with a senior member of staff. All new staff will have a 3-month review interview with their Line Manager. Additional reviews may be scheduled at 6-months and/or a year.

Practical actions to support new roles

Decide who will be the supporting person for the new role. Hold an initial discussion of roles. Hold visits to school/class or environment of new role. Establish a pattern of coaching. Hold an end-of-first-week review with supporting person. Provide 1:1 support for new tasks. Hold a 3-month review interview with supporting person.

Procedures for handling issues of wellbeing

The Senior Leadership Team (Principal, Headteachers, Deputy Head Teachers, and other managers) must encourage the creation and maintenance of an atmosphere where all staff members feel comfortable asking for help or raising concerns. The Senior Leadership Team should be sensitive to any problems which may cause the employee stress-related issues and should act in a professional, fair, consistent and timely manner when a concern arises. Where additional, professional advice is required, the school has contacts with Occupational Health Professionals and Human Resource experts and these avenues should be utilised.

Where necessary, staff should be encouraged to use the confidential counselling service listed in The Staff Handbook. This service provides staff with serious concerns to obtain advice and support outside of the workplace. The school will provide support to any employees facing high-levels of stress in the workplace, as well as other work-related issues which are having/have the potential to have negative impacts on the staff member's health and wellbeing. The various options for dealing with such issues should be discussed with staff members where appropriate. In some cases, this may include external support such as the teacher helpline or support from the Local Authority e.g. counselling. During this time, the school will ensure that at all times the staff member's privacy and dignity is respected. This means maintaining confidentiality, upholding the employee's rights and dealing with the employee with tact and Sensitivity.

Procedures to promote staff wellbeing

Twice weekly communication via morning staff emails only / Daily briefing in Secondary and once a week morning briefing and weekly after school staff meetings as time to be used to check in on staff and support / plan together.. Continuing professional development for all staff. Quarterly social events. Performance



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management. Annual job description meetings. All staff are encouraged to contribute to the School Development Plan. All staff invited to INSET days. Recognition on staff birthdays/special occasions. Team rooms for each faculty to relax, work and support colleagues. Administrative staff are to support the wider workforce. Consultative staff meetings held once a term to give staff the opportunity to voice concerns and to have their views sought. The Headteacher responds to these through the morning briefings.

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