Safeguarding Scenario 23 - I’m just tired

🚨 “I'm just tired. I don't want to play anymore.”

Over the past few weeks, staff have noticed a significant change in the behaviour of Oliver, a Year 5 pupil who has always been cheerful, sociable and enthusiastic about school.

Oliver has become increasingly withdrawn. He no longer wants to play football with his friends, an activity he previously enjoyed, and frequently asks to remain inside during breaktimes. His class teacher has also noticed that Oliver appears tired, struggles to concentrate and has occasionally become upset or angry over relatively minor incidents.



When asked whether everything is okay, Oliver replies: “I'm just tired. I don't really sleep anymore. I don't want to play football. I just want everyone to leave me alone.”

A few days later, a teaching assistant notices that Oliver has been wearing the same clothes on several occasions and appears less interested in his personal appearance. During a quiet conversation, Oliver says: “Sometimes I wish I could just disappear. Everyone would be better off without me.”

When the teaching assistant gently asks what he means, Oliver looks down and says: “It doesn't matter. Please don't tell Mum. She's got enough to worry about.” The teaching assistant knows that Oliver's parents separated recently and that he has been arriving late to school more frequently.

Would your team know what to do?



KCSIE 2026 highlights that potential warning signs of mental health concerns may include:

- Significant changes in behaviour.
- Ongoing difficulties sleeping.
- Withdrawal from social situations.
- Losing interest in activities previously enjoyed.
- Physical signs of self-harm or neglecting personal care.

Importantly, these signs do not automatically mean a child has a mental health condition or is experiencing suicidal thoughts.

However, they should prompt professional curiosity, sensitive conversations and appropriate safeguarding action. Mental health difficulties can sometimes indicate that a child has experienced, or is at risk of experiencing, abuse, neglect or exploitation. They may also develop into safeguarding concerns involving self-harm, suicidal ideation or risk of suicide.

🔍 The Safeguarding Question

“What is happening in Oliver's life, what might his behaviour be telling us, and what support does he need to be safe?”



❌ DON'T DISMISS CHANGES IN BEHAVIOUR

It would be inappropriate to assume that Oliver's behaviour is simply a consequence of his parents separating. Staff should not dismiss the concerns as:

- “He's just going through a difficult time at home.”
- “Lots of children struggle when their parents separate.”
- “He's probably just tired.”
- “He'll start playing football again when he feels better.”
- “He hasn't actually said he wants to hurt himself.”
- “We should wait and see whether things improve.”

Although changes in behaviour may have several explanations, staff must not overlook the possibility that they indicate an emerging mental health or safeguarding concern. Oliver's comments about disappearing and everyone being better off without him require particular attention. The absence of an explicit statement about suicide does not mean there is no risk.

✅ LISTEN, REASSURE AND TAKE THE CONCERN SERIOUSLY

The teaching assistant should respond calmly, sensitively and without judgement. For example: “Thank you for telling me, Oliver. I'm glad you've spoken to me. It sounds as though things have been really difficult for you recently. I want to make sure you're safe and that you get the help you need. I can't promise to keep this a secret, but I will only share it with the people who need to help.” Give Oliver time to speak and avoid making assumptions about what he is experiencing.

Staff should not:

- Suggest that Oliver is overreacting.
- Tell him that everyone feels sad sometimes.
- Assume his parents' separation explains everything.
- Promise not to tell anyone.
- Suggest that he should try harder to join in.
- Reassure him that everything will be fine without understanding the concerns.

Listen carefully, but do not attempt to diagnose a mental health condition.

🚨 RECOGNISE AND RESPOND TO POSSIBLE SUICIDAL IDEATION

Oliver's statement, “Everyone would be better off without me”, must be taken seriously. Although it does not necessarily mean Oliver is suicidal, it may indicate feelings of hopelessness, worthlessness or thoughts about death.

Staff should not avoid discussing suicide because they are uncomfortable with the subject.

Where there are concerns about possible suicidal thoughts, it is appropriate to ask calm, direct and age-appropriate questions to establish immediate safety. For example:

- “When you say you wish you could disappear, can you tell me what you mean?”
- “Have you been thinking about hurting yourself?”
- “Have you had thoughts about ending your life?”
- “Have you done anything to hurt yourself or thought about how you might do that?”

Asking directly about suicide does not put the idea into a child's head.

The purpose is not to conduct a detailed assessment or investigation, but to identify whether Oliver may be at immediate risk and ensure that appropriate help is obtained.

If Oliver indicates that he may harm himself, has already done so, or there is uncertainty about his immediate safety, staff must seek urgent support in accordance with the school's safeguarding and emergency procedures. **Do not leave a child alone where there is an immediate concern about their safety.**

🔍 THINK SAFEGUARDING, NOT SIMPLY MENTAL HEALTH

KCSIE 2026 reinforces the relationship between mental health and safeguarding. Mental health concerns may arise from a range of experiences, including family difficulties, bullying, abuse, neglect, exploitation, trauma or other circumstances.

Equally, deteriorating mental health may itself create additional safeguarding risks. Consider:

- What has changed in Oliver's behaviour, and when did these changes begin?
- Is he experiencing difficulties at home, at school or online?
- Has he experienced bullying, discrimination or social exclusion?
- Are there concerns about domestic abuse, neglect or other adverse experiences?
- Is Oliver taking on responsibilities at home that may be affecting his wellbeing?
- Have staff noticed changes in his friendships, attendance or academic progress?
- Has Oliver previously expressed feelings of hopelessness or worthlessness?
- Could there be signs of self-harm or suicidal ideation?
- Are there additional communication, SEND or neurodevelopmental needs that should inform how he is supported?
- What protective relationships and sources of support does Oliver have?

Professional curiosity means considering the wider picture without jumping to conclusions. Staff should not assume that Oliver's family circumstances are the cause of his difficulties or that a mental health concern automatically indicates abuse or neglect.

✅ SHARE THE CONCERN WITHOUT DELAY

KCSIE 2026 is clear that staff must act on safeguarding concerns and follow their school's child protection procedures.

The teaching assistant must share Oliver's comments and the changes observed with the Designated Safeguarding Lead (DSL) or deputy without delay.

Do not wait for Oliver to make a more explicit disclosure or for further warning signs to emerge. The DSL should consider:

- Oliver's immediate safety and whether urgent action is required.
- Whether there are indications of self-harm or suicidal ideation.
- Whether urgent medical or specialist mental health assessment is needed.
- Whether a referral to children's social care is appropriate.
- Whether consultation with local safeguarding partners or specialist services is necessary.
- What immediate support and supervision Oliver needs during the school day.
- How his emotional wellbeing and safety will be monitored.
- Whether a coordinated plan involving school, family and other professionals is required.

Where there is an immediate risk to life or serious harm, emergency services should be contacted. Schools should not delay necessary safeguarding action while waiting for access to mental health services.

Mental health support and safeguarding intervention are not mutually exclusive. Both may be needed.

🔐 CONSIDER CAREFULLY HOW AND WHEN TO INVOLVE PARENTS

Parents and carers will ordinarily play an important role in supporting a child's mental health and wellbeing.

However, Oliver has specifically asked the teaching assistant not to tell his mother.

This does not mean his request should automatically prevent information being shared. The DSL should consider:

- Why Oliver is worried about his mother being informed.
- Whether involving his parents could increase any safeguarding risk.
- Whether there are concerns about abuse, neglect or domestic abuse.
- Whether advice is needed from children's social care or another appropriate professional before contacting home.
- How to involve Oliver in decisions about sharing information, wherever appropriate.
- How parents can be supported to respond sensitively and access appropriate help.



If there is no safeguarding reason to delay parental involvement, the DSL should consider how to engage Oliver's family constructively. **The child's safety and welfare must remain the priority.**

📝 RECORD ACCURATELY

The teaching assistant should make an accurate safeguarding record as soon as possible. Include:

- Oliver's comments, using his exact words wherever possible.
- The date, time and location of the conversation.
- Observations about changes in his behaviour and presentation.
- Relevant information about sleep, friendships and personal care.
- Any questions asked and Oliver's responses.
- Any immediate actions taken to establish his safety.
- Who the concern was reported to and when.
- Decisions made, actions taken and the reasons for them.
- Any subsequent concerns, referrals or outcomes.

Avoid unsupported conclusions such as “Oliver is depressed” or “Oliver is suicidal”. Instead, record the specific observations and statements that have prompted concern. **Staff should record what they have seen, heard and done, distinguishing facts from professional concerns or interpretations.**



🔍 LOOK AT THE WHOLE PICTURE

When the DSL reviews Oliver's safeguarding chronology, several earlier concerns become apparent:

- Three occasions when Oliver asked to stay inside during breaktimes.
- Repeated reports that he appeared exhausted in lessons.
- A recent decline in concentration and completion of schoolwork.
- Two occasions when he became unusually upset following minor disagreements.
- Several late arrivals without a clear explanation.
- A previous comment to another member of staff that “nothing is fun anymore”.
- A recent conversation in which Oliver said he was worried about his mother being unhappy.

Individually, these observations might not have appeared particularly significant. However, when **considered collectively, they suggest a pattern of deteriorating emotional wellbeing that requires further assessment and support.**

The DSL also recognises that Oliver's comments about disappearing and others being better off without him introduce a possible risk that cannot safely be dismissed. This highlights why safeguarding records should be reviewed as a chronology rather than treating each concern as an isolated incident. A pattern may only become apparent when information is brought together.

🔍 The Safeguarding Question

Later, another member of staff comments: “He's only nine. Surely children that young don't really think about suicide? He's probably just upset about his parents separating.”



This is a dangerous assumption. Children of primary school age can experience significant mental health difficulties, self-harm and suicidal thoughts.

Although suicide is rare in younger children, their age must never be used as a reason to dismiss concerning statements. KCSIE 2026 makes clear that warning signs should be recognised while also emphasising that not every child displaying them has a mental health condition or is suicidal.

The responsibility of school staff is not to diagnose, but to notice, listen, respond, record and share concerns appropriately.

Oliver's behaviour could have several explanations. However, the combination of withdrawal, sleep difficulties, loss of interest in activities, changes in personal care and comments suggesting hopelessness warrants a timely safeguarding response.

The DSL must consider both Oliver's emotional wellbeing and any possible risks to his safety, ensuring that appropriate support is provided. Safeguarding is not simply about responding when a child makes a clear disclosure of abuse or explicitly states an intention to harm themselves. It is also about recognising when changes in behaviour, presentation or emotional wellbeing may be communicating that something is wrong.

Sometimes the most important question isn't: “Does Oliver have a diagnosed mental health condition?”

It is: “What might Oliver be trying to tell us through his words and behaviour, is he safe, and what do we need to do to support and protect him?”

Notice the signs. Stay professionally curious. Listen. Take concerns seriously. Record. Share. Assess the risk. Act.