ELLA MCCRYSTAL

THE NEUROLECTRICS METHOD™



THE PARENT EDITION

PARENT SELF-GUIDED PROGRAMME

Bullying • SEN & SEND • Emotional Safety

Trauma-informed support for children, young people & families

Ages 0–21

STABILISE • DEEP REWIRING • INTEGRATION

ELLA MCCRYSTAL

PSYCHOTHERAPIST & TRAUMA SPECIALIST

WELCOME | A NOTE TO PARENTS AND CARERS

You may be reading this because your child has been hurt, because you've discovered that your child has hurt somebody else, or because home or school has become a place of conflict. You may feel frightened, furious, exhausted or unsure of whom to trust. This manual gives you a way to organise the next steps without asking you to become a therapist.

Through the Neurolectrics lens, we look beyond the visible behaviour: What happened? What meaning might the child have made of it? What does their nervous system anticipate now? What would help them feel safer, communicate more freely and regain a sense of choice? These are questions to explore, not diagnoses to impose.

Work in the order that fits your family. Start with safeguarding and stabilisation. Use one activity at a time. Offer choice and stop whenever a child becomes overwhelmed. A child's refusal to complete a worksheet is information, not failure. The 16–21 age group includes young adults whose consent, confidentiality and independence must be respected.

Your three promises to your child

1. I'll listen without making you responsible for my feelings. 2. I'll act to protect you rather than expecting you to tolerate harm. 3. I'll involve you in decisions wherever it's safe and appropriate.

Safety and professional boundaries

This is an educational, trauma-informed, CBT-informed programme. It isn't a substitute for trauma-focused CBT, EMDR, a safeguarding investigation or medical assessment. Don't use timelines, stories or tapping to make a child relive abuse. If a child discloses abuse, listen, avoid leading questions, record their words as accurately as possible and seek safeguarding advice. If there's immediate danger, call 999. In England, NHS 111 can direct families to urgent mental health support; contact the child's GP or local crisis service for non-emergency concerns.

For England-specific school law, this manual discusses the Equality Act 2010 and SEND processes. Legal routes and support services vary across the UK and by educational setting. Check current local guidance before sending formal letters.

How to use the activities

For ages 0–7, prioritise safety, play, simple choices and caregiver observation. For ages 7–11, use pictures, characters and short collaborative activities. For ages 11–16, invite privacy, control over language and collaborative problem-solving. For ages 16–21, seek consent, respect independence and agree together what parents may share with services.

Before you begin

This manual supports parents, carers and young adults to understand distress, respond to bullying and build safer relationships. It uses the Neurolectrics Method™ as an organising lens alongside trauma-informed and CBT-informed coping tools. It is educational, not a diagnosis, an individual treatment plan or a substitute for trauma-focused CBT delivered by a qualified clinician.

Safety always comes first. If a child is being abused, threatened, coerced or bullied, change the environment and seek appropriate safeguarding support. Do not use thought-challenging exercises to persuade a child that an ongoing threat is harmless. Do not encourage children to relive traumatic memories, provide detailed accounts for therapeutic purposes or undertake exposure to unsafe people or places.

In England, if someone is in immediate danger call 999. For urgent mental health help use NHS 111 and select the mental health option where available. For safeguarding concerns contact the local authority children's services, the school's designated safeguarding lead or the NSPCC. A young person aged 16–21 may need adult services or a different safeguarding pathway depending on their age and circumstances.

How to use this manual

- Start with the safety triage, then read the chapters that fit your family's situation. You don't need to complete every activity.
- Offer choices. A child's refusal to do an exercise is information, not non-compliance.
- Use the developmental bands as flexible guides, not fixed measures of ability. Adapt for language, sensory profile, disability, intellectual development and preference.
- Keep worksheets private and child-led. Share information only as needed for protection, assessment or agreed support.
- Review whether changes are happening in the child's environment as well as in their emotions.

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1 | The Neurolectrics lens and SEND

The Neurolectrics lens asks five connected questions: What happened? What meaning did the child make of it? What did their mind and body anticipate? What protective response followed? What did the response lead to? These questions are hypotheses, not a test that proves a particular nervous system state. They help parents replace blame with curiosity while keeping responsibility for harmful actions clear.

Children with SEN or SEND may have different communication styles, sensory needs, attention profiles, learning needs or ways of expressing distress. Never assume that a change in behaviour is caused by a diagnosis. Consider pain, illness, sleep, sensory load, social exclusion, bullying, unmet adjustments and the child's own account.

Neurolectrics uses Stabilise, Deep Rewiring and Integration as a practical sequence. Stabilise means protection and access to support. Deep Rewiring means gently exploring learned expectations and offering experiences that contradict shame or helplessness. Integration means rebuilding participation, agency and belonging. These phases overlap and are not a validated standalone treatment protocol.

Experience	Possible meaning	Protective response	Adult action
Mocked for stimming	Being myself is unsafe	Masking, exhaustion	Stop mocking; affirm regulation needs
Racist insults followed by an outburst	Nobody protects me	Anger or avoidance	Investigate racism and the outburst fairly
Repeatedly ignored when reporting	Adults won't help	Silence	Create an accessible reporting route and follow through
Sibling intimidation at home	Home isn't predictable	Withdrawal, appeasing	Separate children; supervise; safeguard

PRACTICE | The five-link map

Purpose: Understand patterns without reducing a child to their behaviour.

1. Choose one recent, non-graphic incident. Write only observable facts.
2. Ask what the child thought or feared might happen. Allow "I don't know".
3. Notice possible body or emotional signs without assuming their meaning.
4. Identify what the child did to cope. Ask whether it helped in the short term.
5. Decide one change adults can make to improve safety and one choice the child can have.

Adaptations by developmental stage

Age	Practical adaptation
0–7	Use play figures and parent observation; no interrogation.
7–11	Use simple comic boxes with one sentence per box.

11–16	Invite the young person to correct your interpretation.
16–21	Ask permission to map the pattern together; respect independence.

Safety check: Stop if your child becomes more distressed, overwhelmed or disengaged. Return to safety and choice.

PRINTABLE WORKSHEET | The five-link formulation

What happened, in the child's words?

_____

_____

What did they expect or believe?

_____

_____

What emotions or body cues were noticed?

_____

_____

What did they do to protect themselves?

_____

_____

What needs to change around them?

_____

_____

2 | Recognising bullying, masking and distress

Bullying generally involves repeated harmful behaviour and an imbalance of power. A single serious incident can still require urgent intervention. Harm can be physical, verbal, relational, sexual, racist, disablist, homophobic, biphobic, transphobic or online. Adults should document behaviour rather than arguing over labels before taking protective action.

Watch for changed sleep, stomach aches, headaches, school distress, withdrawal, unexplained injuries, missing possessions, increased masking, shutdown, meltdowns or a sudden need to avoid particular spaces. None proves bullying. Look for patterns, listen and check for other explanations.

Parent language that opens rather than closes conversation

- "I've noticed you're finding mornings harder. What's the hardest part?"
- "Would it be easier to show me, draw it, type it or tell me later?"
- "I'm not going to guess what you feel. I want to understand it from your point of view."
- "You won't get into trouble for telling me somebody's hurt you."

PRACTICE | The ten-minute curiosity check-in

Purpose: Make space for disclosure without pressuring the child.

6. Pick a calm time, not immediately after an incident.
7. Offer two ways to communicate: talk, draw, type, walk or play.
8. Ask one open question and wait.
9. Reflect the child's meaning without adding a theory.
10. Ask what they want you to do, then explain any safety action you must take.

Adaptations by developmental stage

Age	Practical adaptation
0–7	Observe play and use one short question.
7–11	Use a simple feelings or places chart.
11–16	Offer private writing or a walk with no eye-contact demand.
16–21	Agree confidentiality limits and ask how they want to be involved.

Safety check: Stop if your child becomes more distressed, overwhelmed or disengaged. Return to safety and choice.

PRINTABLE WORKSHEET | Pattern and incident log

Date, time, place and people involved

_____

_____

Exact words or behaviours reported

_____

_____

Child's words and any communication adjustments

_____

_____

Immediate safety action and who was told

_____

_____

School or service response and review date

_____

_____

3 | STABILISE: safety, SAFE and co-regulation

Stabilisation is not simply calming the child. It means stopping or reducing the source of harm, establishing predictable adult responses, adapting communication and ensuring access to trusted support. Do not send a child back into a known unsafe situation with only a breathing exercise.

The SAFE conversation

SPEAK | "You can tell me in whatever way works for you." Ask open, non-leading questions.

ANCHOR | "I'm listening. We'll take this one step at a time." Reduce sensory and verbal demands.

FRAME | "What happened matters, and it isn't your responsibility to make somebody stop bullying you."

EMPOWER | "Here are the next two steps. Which part would you like to help decide?"

PRACTICE | Neural Grounding: a choice-based approach

Purpose: Offer a manageable point of attention, not compulsory calm.

11. Ask permission: "Would you like to try something to help right now?"
12. Offer a familiar object, looking for one colour, feeling feet supported or moving to a quieter space.
13. Allow eyes open and natural breathing.
14. Stop after 20–60 seconds or sooner if unwanted.
15. Ask "Did that help, make no difference or make things worse?"

Adaptations by developmental stage

Age	Practical adaptation
0–7	Offer comfort objects, movement or proximity.
7–11	Choose a colour or a sensory-friendly object.
11–16	Let the young person choose music, movement or orientation.
16–21	Invite self-directed choices, including opting out.

Safety check: Stop if your child becomes more distressed, overwhelmed or disengaged. Return to safety and choice.

PRACTICE | Co-regulation menu

Purpose: Match support to the individual nervous system and sensory profile.

16. Notice whether words, touch, light or noise are adding demands.
17. Offer a low-demand choice: quiet room, movement, water, trusted adult or distance.
18. Keep language short and predictable.
19. Once settled, ask what worked and what should be different next time.

Adaptations by developmental stage

Age	Practical adaptation

0–7	Use familiar routine and caregiver proximity if welcomed.
7–11	Create a picture-based menu.
11–16	Agree a discreet signal for needing space.
16–21	Co-design a written plan respecting autonomy.

Safety check: Stop if your child becomes more distressed, overwhelmed or disengaged. Return to safety and choice.

PRINTABLE WORKSHEET | My child's stabilisation plan

Places or people that feel unsafe

_____

_____

Who can help immediately at home and at school

_____

_____

How the child signals "I need help"

_____

_____

What helps; what makes distress worse

_____

_____

Actions adults will take and review date

_____

_____

4 | When your child bullies somebody else

"Hurt people hurt people" can open a useful question, but it isn't a universal explanation and it never excuses bullying. Some children attack first because they fear becoming the target. Others copy behaviour they've witnessed, seek status, struggle with impulse control, misread social cues or participate in group cruelty. Some understand exactly what they're doing. Assess the behaviour rather than assuming a trauma history.

Start by stopping the harm, protecting the other child and separating immediate accountability from a later exploration of motives. Avoid shaming labels such as "You're a bully"; describe specific behaviour and its impact. Do not require the harmed child to forgive, meet or reconcile.

An accountability conversation parents can use

"I'm going to understand what happened, and I'm also going to be clear. Calling somebody names, threatening them or excluding them on purpose isn't acceptable. I want to know what you were feeling and what you wanted to happen. We'll work out how you can respond differently, and we'll make sure the other child's safety comes first."

PRACTICE | The control-to-choice map

Purpose: Understand the function of aggression while building responsibility.

20. Write what happened without excuses.
21. Ask what the child wanted: safety, attention, control, belonging, revenge or something else.
22. Ask what the other child may have experienced, without forcing an apology.
23. Practise two non-harming alternatives, including getting adult support.
24. Agree a repair action only if safe and appropriate; monitor for recurrence.

Adaptations by developmental stage

Age	Practical adaptation
0–7	Use puppets to model "stop, help, repair".
7–11	Use a comic showing two possible endings.
11–16	Discuss group pressure, online audiences and bystander choices.
16–21	Develop a collaborative accountability plan with consent and autonomy.

Safety check: Stop if your child becomes more distressed, overwhelmed or disengaged. Return to safety and choice.

When the child was bullied first

A previous experience of victimisation can contribute to fear, anger and defensive control-seeking. It does not make later bullying inevitable. Work on both tracks: protect the child from any ongoing victimisation and require them to stop harming others. The child's need for safety and the other child's right to safety are equally real.

PRINTABLE WORKSHEET | Responsibility and repair plan

What I did and who was affected

_____

_____

What I was trying to achieve or avoid

_____

_____

How I'll recognise the warning signs next time

_____

_____

Two safer responses I'll practise

_____

_____

What adults will monitor and when we'll review

_____

_____

5 | Bullying within families

Sibling conflict and sibling bullying are not interchangeable. Repeated intimidation, humiliation, threats, coercion, sexual harm or a power imbalance call for protective action. Do not dismiss repeated abuse as ordinary sibling rivalry. Separate children when needed, increase supervision, document concerns and seek safeguarding advice where appropriate.

When a parent or carer is the source of intimidation, emotional abuse or coercive control, the child's safety takes precedence over family reconciliation. Do not ask the child to confront the adult, participate in joint therapeutic exercises with them or keep disclosures secret. Seek advice from children's services or a safeguarding professional. The non-abusive adult should avoid promising absolute confidentiality.

When a parent or caregiver is the source of harm

Bullying or emotional abuse by a parent may involve repeated humiliation, threats, intimidation, coercive control, rejection, discriminatory language, blame, isolation, frightening outbursts or making affection conditional on obedience. A child may still love that parent, seek their approval and blame themselves. The adult's stress, trauma or difficulties with regulation may help explain some behaviour, but never transfer responsibility for the harm to the child.

First decision: is the child safe?

If there's immediate danger, call 999. Where a parent's behaviour may amount to abuse, contact children's social care, the school designated safeguarding lead or the NSPCC for advice. If the child lives with the person causing harm, don't arrange a confrontation or joint family exercise that could increase retaliation. A protective adult should seek confidential safeguarding advice and plan where the child can go, whom they can contact and how they can communicate safely. A child shouldn't be tasked with changing an abusive adult.

The difficult conversation: a script for an older child

"I've noticed how [specific behaviour] affects you, and I want to understand it without putting words in your mouth. You might love your parent and still feel hurt or frightened by how they treat you. Both feelings can exist together. You haven't caused their choice to shout, threaten or humiliate you. Adults are responsible for how they behave. You don't have to make yourself smaller, agree with unfair things or pretend you're fine to deserve care. What do you want me to understand? What would help you feel safer? We can work out what needs to happen next together."

If the young person asks, “Why does my parent treat me like this?”, answer without diagnosing the parent: “I can’t know exactly why they behave that way. Adults sometimes repeat patterns they’ve learned or respond badly when they’re stressed, but those reasons don’t make it acceptable. Their behaviour belongs to them, not you.”

Narrative reframing without minimising the harm

Use three columns: “What happened”, “What I started believing about myself” and “A fairer, more accurate meaning”. Example: “Dad called me stupid when I made a mistake” → “I’m stupid and I make everyone angry” → “I made a mistake. Calling me names was his choice. I deserve to be spoken to respectfully.” Don’t replace the child’s feelings with forced positive statements; let them choose language that feels credible.

Storytelling exercise: the character who carries somebody else’s storm

Invite the child to invent a character whose home sometimes has unpredictable storms. Ask: “How does the character know a storm’s coming? What does the character think it means about them? Who helps them? What would a wise, kind narrator say?” Follow the child’s lead. The goal is to give language to fear, anger, love, loyalty and confusion without requiring a direct disclosure. If the child describes abuse, respond as a disclosure and follow safeguarding procedures rather than probing for more details.

Emotional permission: the both-and conversation

Try: “You can miss your parent and feel angry with them. You can love them and still want distance. You can be upset without being disloyal. You don’t have to protect my feelings by pretending everything’s all right.” Ask whether the child wants listening, practical help, quiet company or support contacting somebody else. Don’t demand forgiveness or reconciliation.

Preventing self-abandonment

Help the child notice moments when they silence themselves to avoid conflict. Ask: “What did you want to say? What stopped you? What would you say if you knew you’d be safe?” Practise an internal boundary: “My feelings matter, even if I can’t safely say them out loud.” For unsafe homes, private journalling may be discovered; choose safe storage, discreet creative methods or trusted external support instead.

Age-specific support

0–7: Offer predictable care, name emotions simply, use play and safe adults; don’t ask the child to explain a parent’s motives. 7–11: Use characters, feeling cards and clear statements such as “Grown-ups are responsible for their words.” 11–16: Explore loyalty conflicts, boundaries and confidential support; make a safe contact plan. 16–21: Discuss independent support, housing or domestic abuse services where relevant, confidentiality and choices about contact. Never pressure a young adult into a family meeting.

TEMPLATE J | Safeguarding advice about harm within the family

Subject: Confidential safeguarding advice requested regarding [child’s name]

Dear [Designated Safeguarding Lead / Children’s Social Care], I’m concerned about repeated behaviour by a parent or caregiver towards [child’s name], including [factual examples, dates,

child's own words]. I'm worried about the impact on their emotional safety and whether raising concerns directly could increase the risk. Please advise on a confidential safeguarding assessment, immediate protective steps and how information will be shared. I'd like the child's communication and SEND needs considered throughout. Please contact me safely via [method]. Kind regards, [name].

A safe response to a disclosure at home

"Thank you for telling me. I believe this matters. You haven't caused this. I'm going to help keep you safe. I might need to tell somebody whose job it is to help, and I'll explain what I can."

PRACTICE | The third-person story

Purpose: Offer indirect expression without asking for detailed traumatic disclosure.

25. Invite a fictional character who has a problem with somebody at home.
26. Ask what the character wants adults to notice.
27. Ask what a safe helper would do.
28. Do not interpret fictional details as factual disclosures.
29. If the child describes actual harm, stop the exercise and respond through safeguarding procedures.

Adaptations by developmental stage

Age	Practical adaptation
0–7	Use dolls or picture books; follow the child's lead.
7–11	Draw a helper character and safe places.
11–16	Write a short scene with a protective adult.
16–21	Use poetry, fiction or digital storytelling with privacy choices.

Safety check: Stop if your child becomes more distressed, overwhelmed or disengaged. Return to safety and choice.

PRINTABLE WORKSHEET | Family safety and support check

Who is making home feel unsafe and how?

_____

_____

Where can the child go immediately?

_____

_____

Which safe adult can respond without escalating danger?

_____

_____

What supervision or separation is needed?

_____

_____

Which safeguarding service or professional has been contacted?

_____

_____

6 | Emotional communication through creativity

Creativity can provide distance from feelings that are difficult to name. It can help parents listen without demanding a direct account. A story, drawing or poem is not a diagnostic test. Never decode colours, characters or images as proof of abuse. Ask the child what their creation means to them.

PRACTICE | Feelings weather report

Purpose: Build emotional vocabulary without requiring precise labels.

30. Invite the child to choose weather for today: sunshine, fog, thunder, rain or something else.
31. Ask what the weather needs: shelter, space, a friend, a break.
32. Reflect their answer without correcting it.
33. Offer one supportive action.

Adaptations by developmental stage

Age	Practical adaptation
0–7	Use picture cards and play.
7–11	Draw a weather map with one helpful action.
11–16	Use metaphor in music or digital art.
16–21	Use journalling or voice notes if preferred.

Safety check: Stop if your child becomes more distressed, overwhelmed or disengaged. Return to safety and choice.

PRACTICE | Two-panel comic

Purpose: Connect experience and needs in a manageable form.

34. Panel one: “What was hard?”
35. Panel two: “What would have helped?”
36. Allow the child to leave either panel blank.
37. Ask which helpful action an adult could actually do.

Adaptations by developmental stage

Age	Practical adaptation
0–7	Draw faces or use stickers.

7–11	Use speech bubbles and symbols.
11–16	Create a short graphic scene.
16–21	Use a private storyboard or typed reflection.

Safety check: Stop if your child becomes more distressed, overwhelmed or disengaged. Return to safety and choice.

PRACTICE | The character who finds a helper

Purpose: Practise help-seeking and agency through narrative.

38. Invent a character facing an unfair situation.
39. Ask who notices and what the helper says.
40. Write a scene where the helper takes effective action.
41. Invite the child to choose whether any part feels useful in real life.

Adaptations by developmental stage

Age	Practical adaptation
0–7	Use toy figures.
7–11	Make a four-picture story.
11–16	Write a dialogue or comic strip.
16–21	Create fiction, poetry or a short film concept.

Safety check: Stop if your child becomes more distressed, overwhelmed or disengaged. Return to safety and choice.

PRINTABLE WORKSHEET | My story, my meaning

What did I make or choose to share?

_____

_____

What does it mean to me?

_____

_____

What would I like adults to understand?

_____

_____

What would help this week?

_____

_____

7 | DEEP REWIRING: CBT-informed parent tools

CBT-informed skills can help children notice links between events, interpretations, feelings and actions. Parents can support coping and flexible thinking, but shouldn't conduct trauma memory processing or ask children to revisit frightening experiences in detail. First check whether a feared event is actually still happening. If it is, protective action comes before challenging thoughts.

PRACTICE | The thought detective

Purpose: Separate an understandable fear from an absolute prediction.

42. Choose a mild, current example, not the worst incident.
43. Write the thought: "Nobody will help me."
44. Ask what experiences make that thought understandable.
45. Ask whether there's any reliable evidence of a different outcome.
46. Create a balanced statement: "Some adults haven't helped yet. We're finding one who will act."
47. Agree an adult action that makes the balanced thought credible.

Adaptations by developmental stage

Age	Practical adaptation
0–7	Parents model language; no disputing a young child's feelings.
7–11	Use two magnifying glasses: evidence and help.
11–16	Let the young person choose their own wording.
16–21	Use collaborative thought records only if wanted.

Safety check: Stop if your child becomes more distressed, overwhelmed or disengaged. Return to safety and choice.

PRACTICE | The support timeline

Purpose: Map help and safety over time without revisiting traumatic detail.

48. Draw a line labelled before, now and next.
49. Mark supportive people, moments of courage and actions adults have taken.
50. Do not request graphic memories, sensory detail or prolonged retelling.
51. Ask what one safe next step might be.

Adaptations by developmental stage

Age	Practical adaptation
0–7	Use three pictures.
7–11	Use three boxes and stickers.
11–16	Use a timeline with protective events.
16–21	Use a private timeline with explicit consent.

Safety check: Stop if the activity triggers intrusive memories, dissociation, panic or worsening distress. Seek a qualified clinician for trauma processing.

PRACTICE | Small supported steps

Purpose: Rebuild participation only when the environment is demonstrably safe.

52. Agree a valued goal chosen by the child.
53. Check that bullying and access barriers have been addressed.
54. Choose a small step that feels manageable.
55. Provide support and an exit option.
56. Review whether the step felt safe and meaningful.

Adaptations by developmental stage

Age	Practical adaptation
0–7	Return to a favourite safe play activity.
7–11	Practise a short, supported activity.
11–16	Choose a trusted group or interest-based club.
16–21	Set self-directed goals and review accommodations.

Safety check: Stop if your child becomes more distressed, overwhelmed or disengaged. Return to safety and choice.

PRINTABLE WORKSHEET | Thoughts, feelings and safer choices

Situation, in one sentence

_____

_____

My first thought or prediction

_____

_____

What I felt or noticed

_____

_____

What's a fairer, kinder and realistic thought?

_____

_____

What support needs to change in the real world?

_____

_____

8 | Tapping, relaxation and meditation

These are optional self-soothing activities, not treatments for PTSD or bullying. Evidence for EFT tapping in children and for trauma-related outcomes is limited and variable; avoid claims that tapping clears trauma or rewires the brain. Never require a child to close their eyes, focus on their body or use touch. Do not use tapping to make a child tolerate abuse.

EFT-style tapping: a step-by-step parent guide

Emotional Freedom Techniques (EFT) uses gentle fingertip tapping on selected body points while naming a feeling and pairing it with an accepting statement. Evidence for EFT in children, particularly for trauma treatment, is limited and mixed. Present it as an optional comfort or attention exercise, not as a proven way to process trauma or a replacement for evidence-based care. Children can decline or stop at any point.

Before you begin: consent, sensory needs and safety

Ask: “Would you like to try a little tapping with me, or would you rather draw, move or sit quietly?” Let the child tap their own body; don’t tap them without explicit permission. Avoid any sore, injured or medically sensitive area. For children with tactile sensitivity, tapping may be unpleasant; they can tap a cushion, press their palms together or skip it entirely. Never insist on eye closure, breathing changes or speaking about distressing memories.

A simple 2–4 minute sequence

Step 1. Check in: “What’s the feeling right now?” Accept a word, a colour, a picture or no answer. Optionally ask for a 0–10 intensity rating, but don’t require a number.

Step 2. Choose a gentle phrase: “Even though I’m feeling worried, I can be kind to myself right now.” For younger children: “This feels hard, and I’m here.” Avoid statements that deny the harm, such as “I’m completely safe”, when safety hasn’t been established.

Step 3. With two or three fingertips, gently tap the fleshy outer edge of one hand below the little finger for around 5–7 taps while saying the phrase once. This is sometimes called the side-of-hand point.

Step 4. Tap each optional point gently for roughly 5–7 taps: inner end of eyebrow; outer corner of eye on the bony area; under the eye on the cheekbone; under the nose; centre of chin; just below the collarbone; side of torso beneath the armpit; and crown of head. Tap lightly, not on the eyeball. Skip any point that feels uncomfortable, awkward or intrusive. A child can choose only one or two points.

Step 5. At each point, use a short reminder: “This worried feeling”, “I’m noticing it”, or “I can take my time.” Parents can model tapping on themselves rather than instructing the child to copy.

Step 6. Pause. Ask: “Would you like to carry on, switch activities or finish?” If the child feels more distressed, dizzy, disconnected or upset, stop. Reorient to the room, offer water or a familiar activity and check whether additional support is needed.

A complete parent-and-child example

Parent: “Your tummy seems tight before school. Would you like to try tapping, or shall we just sit together?” Child: “Tapping.” Parent: “We can say, ‘I’m worried about break time, and I deserve help.’” They each tap their own hand, then two or three comfortable points. Parent: “What would help after this? Shall we write down who you can go to at break time?” The tapping supports a pause; the school safety plan addresses the cause.

Age and developmental adaptations

0–7: Use 20–60 seconds, model tapping on your own hands, or tap a soft toy with the child’s permission. No distress ratings or detailed memory discussion. 7–11: Let the child pick a colour for their feeling and choose two or three points. 11–16: Offer a private self-guided version and phrases they write themselves; avoid making it feel childish. 16–21: Explain the limited evidence, offer a written sequence and respect their decision not to use it.

Do not use tapping as a substitute for protection

If the child is being threatened, harmed, coerced or discriminated against, take protective action. Never imply that a child must regulate away an understandable response to an unsafe environment. Avoid using tapping to deliberately activate traumatic memories outside specialist treatment.

PRACTICE | Gentle optional self-tapping

Purpose: Offer rhythmic, predictable sensation as a grounding option.

57. Ask permission and offer an alternative.
58. Invite the child to tap lightly on their own knees or hands at a comfortable pace.
59. Keep eyes open if preferred and allow natural breathing.
60. Try 15–30 seconds, then ask whether it helped.
61. Stop immediately if it feels unpleasant or activating.

Adaptations by developmental stage

Age	Practical adaptation
0–7	Use a rhythm game with toys instead of body tapping.
7–11	Tap fingers on a table or drum.
11–16	Offer self-selected rhythm or music.
16–21	Use privately if helpful, with full control over duration.

Safety check: Stop if your child becomes more distressed, overwhelmed or disengaged. Return to safety and choice.

PRACTICE | A place of comfort

Purpose: Practise imagery without insisting that everyone has a “safe place”.

62. Ask whether the child wants to imagine or describe a comfortable place, real or fictional.

63. Let them choose sensory details or skip them.
64. Invite a helpful character or familiar object.
65. Return attention to the room and check how they feel.

Adaptations by developmental stage

Age	Practical adaptation
0–7	Describe a favourite play corner.
7–11	Draw a cosy place.
11–16	Create a scene or playlist.
16–21	Use personally chosen imagery or decline.

Safety check: Stop if your child becomes more distressed, overwhelmed or disengaged. Return to safety and choice.

PRACTICE | One-minute noticing

Purpose: Build flexible attention without performance pressure.

66. Choose one neutral sound or object.
67. Notice it briefly; no need to change breathing.
68. If attention wanders, gently return or stop.
69. Ask whether it felt useful.

Adaptations by developmental stage

Age	Practical adaptation
0–7	Notice a toy or sound for ten seconds.
7–11	Notice one object for 20 seconds.
11–16	Try 30–60 seconds with eyes open.
16–21	Choose an independent sensory practice.

Safety check: Stop if your child becomes more distressed, overwhelmed or disengaged. Return to safety and choice.

9 | LGBTQIA+ identity, discrimination and self-harm

A child's sexual orientation or gender identity isn't a disorder or a problem to be corrected. Rejection, bullying, discrimination and isolation can contribute to distress. Ask what name and pronouns the young person wants used in each setting, how information should be shared and what safety concerns they have. Do not disclose identity information to others without considering consent, confidentiality and safeguarding obligations.

When a school dismisses identity-based bullying, record exact incidents, request safeguarding and anti-bullying action, and ask how relevant policies and Equality Act protections are being applied. Legal protections vary by age, setting and protected characteristic; do not assume every issue is covered by the same statutory duty.

When bullying targets sexual orientation or gender identity

Homophobic, biphobic and transphobic bullying may include slurs, threats, deliberate humiliation, rumours, outing without consent, repeated mocking of a child's name or identity, online harassment and exclusion. Some incidents may also be hate crimes. Listen to the child's description of what happened rather than deciding in advance what it means.

What to say to the child

"I'm glad you told me. Nobody deserves to be threatened or humiliated because of who they are or who they might love. You don't have to explain or prove your identity to deserve protection. What would help you feel safer today? Who do you want to know, and what would you prefer to keep private?"

Avoid pressuring a child to disclose their sexuality or gender identity to relatives, teachers or peers. Explain confidentiality honestly, including when a safeguarding concern means information may need to be shared. Don't promise secrecy you can't keep. A child's exploration of identity shouldn't be treated as the cause of the bullying.

How to approach the school: practical sequence

1. Record dates, locations, exact words, screenshots and witnesses where appropriate. 2. Ask for the school's anti-bullying and safeguarding procedures, and identify the designated safeguarding lead. 3. Request immediate protection, including supervision, a trusted reporting route and action on online abuse. 4. Ask what staff will do to challenge discriminatory language and educate pupils without identifying or outing your child. 5. Agree what information may be shared, by whom, and how the child's privacy will be protected. 6. Set a written review date and ask how the school will measure whether the child feels safer.

In England, the Equality Act 2010 protects pupils against unlawful discrimination on relevant protected grounds, including sexual orientation and gender reassignment, subject to the law's specific provisions. The school also has safeguarding and anti-bullying responsibilities. Whether a particular incident meets the legal test depends on the facts; seek specialist advice if needed.

When to contact the police

Call 999 if there's immediate danger, serious violence, a credible imminent threat or an emergency. For non-emergency suspected crimes, including threats, assault, stalking, hate-related harassment or criminal online abuse, contact police on 101 or through the local force's reporting service. Preserve evidence safely; don't confront alleged perpetrators or circulate harmful content. For intimate images involving minors, don't download, forward or redistribute them. Seek guidance from the police, school safeguarding lead or appropriate reporting service. Report suspected child abuse to children's services as well as considering police involvement.

Finding local and specialist support

Start with the child's school safeguarding lead, local authority SEND Local Offer, local NHS children and young people's mental health services, GP and community youth services. Search the local authority website for "LGBTQ+ youth group", "SEND youth support" and "family support". Ask about age limits, referral routes, accessibility, safeguarding arrangements and whether groups are confidential or require parental involvement.

National starting points include Stonewall (stonewall.org.uk), LGBT Foundation (lgbt.foundation), Galop for anti-LGBT+ abuse (galop.org.uk), Mermaids for trans, non-binary and gender-diverse young people and families (mermaidsuk.org.uk), and Childline (childline.org.uk). Service eligibility and availability can change; check each provider's current remit and local coverage.

When identity-based bullying and self-harm overlap

Ask directly and calmly about self-harm and suicidal thoughts: "Sometimes when things feel unbearable, people think about hurting themselves. Has that happened for you?" Take any disclosure seriously. Ask about immediate safety and seek urgent assessment when indicated. Reduce access to means where safely possible, remain with a child in immediate danger and use emergency services where necessary. Avoid punishment, shame, threats of outing or making support conditional on identity-related decisions.

Age-specific adaptations

0–7: Use simple language about kindness, privacy and safety; don't force identity labels. 7–11: Practise a brief reporting phrase and identify safe adults. 11–16: Discuss digital privacy, group chats, outing and consent before contacting school. 16–21: Respect the young adult's control over disclosure and involvement, unless there's a lawful safeguarding reason to act.

TEMPLATE I | Homophobic or transphobic bullying: school safeguarding request

Subject: Urgent safeguarding concern: identity-based bullying affecting [child's name]

Dear [Headteacher / Designated Safeguarding Lead], I'm writing to report repeated incidents involving [brief factual account, dates and locations]. These incidents appear to involve homophobic / biphobic / transphobic language or conduct and are affecting [child's name]'s safety and access to education. I'm requesting immediate protective measures, an investigation under the school's safeguarding and anti-bullying procedures, and a named contact for reporting further incidents. Please confirm how staff will address discriminatory conduct without unnecessarily disclosing my child's personal information. Please also explain what reasonable adjustments or additional support may be appropriate given [relevant needs], and propose a review meeting within [timeframe]. I'd appreciate a written response setting out actions, responsibilities and dates. Yours sincerely, [name].

When a child self-harms

Self-harm can serve different functions, including reducing unbearable tension, communicating distress or coping with numbness. It can also co-occur with suicidal thoughts. Ask calmly and directly about current injuries, thoughts of suicide, intent, plans and access to means. Seek urgent assessment where risk is present. Avoid punishment, secrecy agreements or making the child responsible for a parent's emotional reaction.

Parent language: "I'm glad you told me. I'm going to take this seriously. Are you hurt right now? Have you thought about ending your life? We'll get the support you need, and I'll stay with you while we work out the next step."

PRACTICE | The urge-before-after map

Purpose: Notice warning signs and identify safer immediate support, without treating self-harm as a home-only issue.

70. Only use when the child is currently safe and professional advice is being sought as appropriate.
71. Ask what happened shortly before the urge, without requesting graphic details.
72. Ask what feelings or sensations were present.
73. Ask what changed afterwards and whether any need remained unmet.
74. Identify a trusted person, immediate support action and urgent-care route.

Adaptations by developmental stage

Age	Practical adaptation
0–7	Parents focus on observable cues and seek clinical support.
7–11	Use simple emotion and help cards with professional input.
11–16	Use a brief, collaborative coping plan.
16–21	Co-design a plan respecting autonomy and clinical advice.

Safety check: Do not use this exercise instead of urgent risk assessment or care when there's suicidal intent, serious injury or escalating risk.

PRINTABLE WORKSHEET | Safety and support plan

Early warning signs

_____

_____

People I can tell and how I can reach them

_____

_____

What helps me get through the next ten minutes

_____

_____

How adults can reduce access to things I might use to hurt myself, following professional advice

_____

_____

Emergency contact and clinical follow-up

_____

_____

10 | INTEGRATION: rebuilding confidence and belonging

Integration isn't making a child tolerate the environment that harmed them. It means rebuilding valued participation in settings that are safer and more accessible. Progress might include being able to say no, reconnecting with a hobby, finding an affirming peer group or asking for help before distress escalates.

PRACTICE | The belonging map

Purpose: Identify relationships and spaces that support identity.

75. Draw three circles: people, places and activities.
76. Add what feels accepting, neutral or unsafe.
77. Choose one connection to strengthen.
78. Ask what adults need to do to make that possible.

Adaptations by developmental stage

Age	Practical adaptation
0–7	Use photos of familiar safe people.
7–11	Use stickers and pictures.
11–16	Use a digital mind map.
16–21	Use a self-directed support network map.

Safety check: Stop if your child becomes more distressed, overwhelmed or disengaged. Return to safety and choice.

PRACTICE | Boundary rehearsal

Purpose: Practise simple choices and help-seeking without making the child responsible for stopping abuse.

79. Choose a low-stakes situation.
80. Offer a short phrase: "Stop", "I don't like that" or "I need help".
81. Practise with a supportive adult, if the child agrees.
82. Identify the adult who'll intervene if the boundary isn't respected.

Adaptations by developmental stage

Age	Practical adaptation
0–7	Use puppet modelling.
7–11	Use a card or gesture.
11–16	Practise a text or exit phrase.
16–21	Choose assertive language and institutional support.

Safety check: Stop if your child becomes more distressed, overwhelmed or disengaged. Return to safety and choice.

PRINTABLE WORKSHEET | My integration plan

One thing I want to enjoy again

_____

_____

One person or group that feels accepting

_____

_____

One boundary or preference I want respected

_____

_____

One adult action that would help

_____

_____

How we'll know this week was a little better

_____

_____

11 | Supporting the parent and co-producing decisions

Parents who advocate persistently for a child may be described as overprotective, angry or difficult. Those labels don't determine whether their concerns are valid. At the same time, intense parental distress can make conversations harder. The aim is to regulate enough to remain effective, not to silence justified anger.

The parent pause

83. Notice: "What's happening in my body and what am I afraid might happen?"
84. Name the task: "What decision or protection does my child need right now?"
85. Choose the channel: "Would a written, factual request be more effective than an argument today?"

Ask the child what advocacy they actually want

"I want to help, but I don't want to take over. What would you like me to do? What would you rather do yourself? Is there anything you definitely don't want me to share? If I'm worried somebody's unsafe, I may need to act, but I'll explain why."

PRACTICE | The parent response rehearsal

Purpose: Prepare for a difficult meeting without making the child manage adult emotions.

86. Write the concern in one factual sentence.

87. Write the change you want in one actionable sentence.
88. Practise a calm but firm opening statement.
89. Agree how you'll take a pause if activated.
90. After the meeting, check with your child what felt helpful.

Adaptations by developmental stage

Age	Practical adaptation
0–7	Parents make decisions while offering simple choices.
7–11	Offer a short child preference checklist.
11–16	Ask how the young person wants to be represented.
16–21	Support direct participation and consent.

Safety check: Stop if your child becomes more distressed, overwhelmed or disengaged. Return to safety and choice.

PRINTABLE WORKSHEET | Parent advocacy reflection

What I know as fact

_____

_____

What I'm worried might happen

_____

_____

What my child wants me to do

_____

_____

What I must do for safety regardless of preference

_____

_____

My next calm, specific request

_____

_____

12 | School, SEND and Equality Act advocacy

In England, the Equality Act 2010 can require schools to make reasonable adjustments for disabled pupils. The Children and Families Act 2014 and SEND Code of Practice set out important SEN duties, including the "best endeavours" duty for mainstream schools. Not every pupil with SEN meets the

Equality Act definition of disability, and the legal route depends on the setting and circumstances. State the actual barrier, requested adjustment and impact rather than relying on a diagnosis alone.

School policies, complaint procedures, governing bodies or academy trusts, local authority SEND services, mediation and the First-tier Tribunal (Special Educational Needs and Disability) may all be relevant, but their roles and deadlines differ. For disability discrimination claims to the SEND Tribunal in England, a six-month limit generally applies, subject to applicable rules and exceptions. Obtain current advice before relying on a deadline.

A clear evidence pack

- Chronology of incidents with dates, locations, exact words and witnesses where known.
- Impact on attendance, wellbeing, learning and access, with relevant records.
- Copies of reports and the school's responses.
- Requested immediate safeguarding steps and reasonable adjustments.
- Named contact, agreed timescale and written review outcome.

TEMPLATE A | Initial bullying and SEND concern

To: School headteacher and designated safeguarding lead
Subject: [Insert clear subject]

Dear [name],

I'm writing to report repeated incidents affecting [child] on [dates]. The reported behaviour includes [facts]. The impact has been [attendance, wellbeing, learning or safety]. I'm requesting immediate protective steps, an accessible reporting route, a named adult and a written plan with a review date. Please also confirm which reasonable adjustments and SEN support arrangements are being considered, including relevant duties under the Equality Act 2010 and Children and Families Act 2014 where applicable. Please respond by [reasonable date].

Please confirm receipt and provide a written response. Kind regards, [name and contact details]

Before sending: replace every bracketed field, verify facts, check who has legal authority to act and use the correct recipient and current procedure.

TEMPLATE B | Escalation after an inadequate response

To: Headteacher, governors or academy trust
Subject: [Insert clear subject]

Dear [name],

I raised concerns on [dates], but the agreed actions [describe] haven't been implemented or haven't resolved the risk. The continuing impact is [facts]. I'm requesting the school's formal complaints procedure, immediate interim safeguards, the reasons for any decision not to make requested adjustments and a meeting with a decision-maker. Please preserve the incident records and provide a written response by [date].

Please confirm receipt and provide a written response. Kind regards, [name and contact details]

Before sending: replace every bracketed field, verify facts, check who has legal authority to act and use the correct recipient and current procedure.

TEMPLATE C | Identity-based bullying and confidentiality

To: School safeguarding lead
Subject: [Insert clear subject]

Dear [name],

I'm concerned about [specific racist, disablist, homophobic, biphobic or transphobic behaviour] involving [child]. Please investigate the conduct, record the discriminatory element and provide immediate protection. My child's preferences about their name, pronouns and disclosure are [details], and I'm requesting a confidential discussion about how information will be handled consistently with safeguarding and applicable law. Please confirm the action plan and review date.

Please confirm receipt and provide a written response. Kind regards, [name and contact details]

Before sending: replace every bracketed field, verify facts, check who has legal authority to act and use the correct recipient and current procedure.

TEMPLATE D | Reasonable adjustments request

To: School SENCO and headteacher
Subject: [Insert clear subject]

Dear [name],

[Child] experiences substantial difficulties with [specific access barrier], which affect [education or participation]. I'm requesting the following adjustments: [list]. Please explain how the school has considered its reasonable adjustment duties under the Equality Act 2010, where applicable, and the SEN support arrangements needed. I'd like a written decision, implementation date and review meeting.

Please confirm receipt and provide a written response. Kind regards, [name and contact details]

Before sending: replace every bracketed field, verify facts, check who has legal authority to act and use the correct recipient and current procedure.

TEMPLATE E | Request for an EHC needs assessment

To: Local authority SEND assessment team
Subject: [Insert clear subject]

Dear [name],

I'm requesting an education, health and care needs assessment for [child] under section 36 of the Children and Families Act 2014. [Child] has or may have special educational needs, and I believe it may be necessary for special educational provision to be made through an EHC plan because [evidence]. Please acknowledge this request and provide the statutory decision within the applicable timescale.

Please confirm receipt and provide a written response. Kind regards, [name and contact details]

Before sending: replace every bracketed field, verify facts, check who has legal authority to act and use the correct recipient and current procedure.

TEMPLATE F | GP / NHS mental health assessment request

To: GP or relevant NHS service
Subject: [Insert clear subject]

Dear [name],

I'm requesting assessment for [child] because of [symptoms, duration, impact and any risks]. Relevant factors include [bullying, SEND, sleep, attendance, self-harm or trauma symptoms]. Please consider physical and mental health causes, communication adjustments, risk assessment and referral to appropriate children's or adult mental health services. Please tell us what to do if symptoms worsen while we're waiting.

Please confirm receipt and provide a written response. Kind regards, [name and contact details]

Before sending: replace every bracketed field, verify facts, check who has legal authority to act and use the correct recipient and current procedure.

TEMPLATE G | Children's services safeguarding concern

To: Local authority children's services
Subject: [Insert clear subject]

Dear [name],

I'm raising a safeguarding concern about [child] involving [specific threats, abuse, coercion or neglect]. The known incidents are [facts and dates]. Current safety concerns are [details]. Please advise on immediate protection, record this referral and confirm how the concern will be assessed and who'll contact us. If there's immediate danger, emergency services will be contacted.

Please confirm receipt and provide a written response. Kind regards, [name and contact details]

Before sending: replace every bracketed field, verify facts, check who has legal authority to act and use the correct recipient and current procedure.

TEMPLATE H | College, university or training provider

To: Safeguarding or disability support lead
Subject: [Insert clear subject]

Dear [name],

I'm contacting you with [young adult's name]'s knowledge and consent where appropriate about [bullying, harassment or access barrier]. The impact is [facts]. We're requesting [safeguarding action, reasonable adjustment, accessible reporting route, named contact] and a written response by [date]. Please confirm how confidentiality, student autonomy and relevant Equality Act duties will be considered.

Please confirm receipt and provide a written response. Kind regards, [name and contact details]

Before sending: replace every bracketed field, verify facts, check who has legal authority to act and use the correct recipient and current procedure.

13 | Health, mental health and safeguarding pathways

If therapy isn't accessible because of cost or waiting times, parents can still provide predictable routines, practical protection, emotional validation, creative expression and supported coping. They can request school-based adjustments, GP review, NHS referral, community services and local SEND information, advice and support. These are meaningful supports, but they aren't substitutes for urgent assessment when risk is high.

What to tell a clinician

- Presenting symptoms, onset, frequency and functional impact.
- Any self-harm, suicidal thoughts, injuries, threats or safeguarding concerns.
- Child's communication profile and sensory needs.
- Current bullying or family harm and steps taken to stop it.
- What has helped, what has worsened things and what support is being requested.

If there's a wait

Ask the referring service how risk will be reviewed, what interim support is available and what should trigger urgent reassessment. Keep the child informed about what's happening. Never promise a date you can't guarantee. Consider SENDIASS, school nursing, a trusted school professional and reputable voluntary services while waiting.

PRINTABLE WORKSHEET | Referral and correspondence tracker

Date and service contacted

_____

_____

Who received the concern

_____

_____

What was requested

_____

_____

Response, decision and next review

_____

_____

Escalation or urgent action needed

_____

_____

14 | Eight-week learning and review plan

Week	Focus	Parent action	Child choice
1	Safety and listening	Identify threats and trusted adults	Choose how to communicate
2	Patterns	Complete a five-link map	Correct or decline the map
3	Regulation	Create a co-regulation menu	Choose one preferred option
4	Meaning	Try a mild thought detective exercise	Choose a helpful statement
5	Expression	Offer story, comic or weather exercise	Choose the medium
6	Relationships	Review boundaries, accountability and repair	Choose a safe social goal
7	Advocacy	Review school or service action plan	Say what adult action helped
8	Integration	Review belonging, participation and next needs	Choose the next meaningful step

This is a flexible learning sequence, not a deadline for recovery. Pause or reorder it when safety concerns, developmental needs or clinical care require it.

PRINTABLE WORKSHEET | Weekly family review

What became safer this week?

_____

_____

What's still happening that adults need to change?

_____

_____

What did the child choose or communicate?

_____

_____

What support was helpful or unhelpful?

_____

_____

What's the next realistic action?

_____

15 | Reference library, glossary and practice boundaries

Practice boundaries

- Do not use these exercises to investigate suspected abuse or elicit detailed disclosures. Follow safeguarding pathways.
- Do not encourage children to revisit traumatic memories, practise exposure to unsafe settings or undertake parent-led EMDR.
- Do not force tapping, touch, meditation, breathing, storytelling, apologies or reconciliation.
- Do not assume bullying behaviour always reflects prior trauma, or that a neurodivergent child's behaviour is explained by their diagnosis.
- Do not promise confidentiality where a child may be at risk. Explain what must be shared and why.

Key terms

Co-regulation: Responsive support that helps a child manage distress through an attuned relationship and environment.

Masking: Concealing or suppressing natural behaviours or needs to fit expectations or avoid negative responses.

Diagnostic overshadowing: Mistaking a new difficulty for an existing diagnosis without sufficient assessment.

Trauma-focused CBT: A structured, clinician-delivered evidence-based treatment for trauma-related problems, not simply a collection of home worksheets.

Integration: In this manual, reconnecting with identity, agency, valued activities and supportive relationships.

Reasonable adjustment: A change required in relevant circumstances to avoid substantial disadvantage for a disabled person.

Sources for further reading and legal verification

- NICE NG116: Post-traumatic stress disorder, including recommendations for children and young people. https://www.nice.org.uk/guidance/ng116
- NICE NG225: Self-harm: assessment, management and preventing recurrence. https://www.nice.org.uk/guidance/ng225
- Equality Act 2010, legislation.gov.uk/ukpga/2010/15/contents
- Children and Families Act 2014, legislation.gov.uk/ukpga/2014/6/contents
- SEND Code of Practice: 0 to 25 years, GOV.UK publication.
- Anti-Bullying Alliance, anti-bullyingalliance.org.uk
- NSPCC, nspcc.org.uk; NHS 111, 111.nhs.uk; Childline, childline.org.uk
- IPSEA, ipsea.org.uk, for England-specific SEND legal information and current routes.

Legal and clinical information should be checked against current guidance before publication or formal use. Rights and pathways vary across England, Wales, Scotland and Northern Ireland, and the 16–21 age band includes young adults with different consent and safeguarding arrangements.

Final Neurolectrics reflection

A child's behaviour can tell us that something needs understanding. It cannot tell us everything about what happened or who is responsible. Our task is to listen, protect, investigate, support accountability where harm has occurred, and offer repeated experiences of reliable care. We don't ask children to change who they are in order to deserve safety.

ADDITIONAL PRINTABLES | FAMILY CONVERSATION & ACTION SHEETS

Worksheet A | What my child wants me to do

What happened (their words): _____

What they want adults to understand: _____

What they want me to do now: ☐ Listen ☐ Speak to school ☐ Help me write ☐ Stay nearby ☐ Something else: _____

What they don't want me to do (and why): _____

What I must do to keep them safe, even if they disagree: _____

What I'll explain before sharing information: _____

Worksheet B | The story, the belief and the kinder truth

What happened: _____

The story I started telling myself: _____

What I felt: _____

What responsibility belongs to the adult or person causing harm: _____

A fairer meaning I can try: _____

Who can help me remember this: _____

Worksheet C | Identity-based bullying response tracker

Date and incident: _____ Evidence stored safely: _____

School contact / safeguarding lead: _____ Immediate action: _____

Child's confidentiality preferences: _____

Police / support service contacted, if appropriate: _____

Review date and child's own safety rating: _____

Worksheet D | Gentle tapping choice card

I can choose: ☐ Tap my own hand ☐ Tap a cushion ☐ Press palms together ☐ Skip tapping. My phrase: _____. Comfortable points: _____. After I finish I'd like: _____.

APPENDIX | Ready-to-use conversation cards

When a child is being bullied

- "I believe this matters."
- "You can tell me in your own way."

- “What would help you feel safer today?”
- “Here’s what I’m going to do next.”

When a child has bullied somebody

- “I’m listening, and the harm needs to stop.”
- “What were you hoping would happen?”
- “What might the other child have experienced?”
- “What will you do differently, and what help do you need?”

When a child is struggling with identity-based rejection

- “You don’t need to justify who you are to me.”
- “What name or words would you like me to use?”
- “Who knows, and who do you want to know?”
- “What would make school or home feel safer?”

When a parent feels overwhelmed

- “I can care deeply and still respond effectively.”
- “What do I know, and what do I need to check?”
- “What action will protect my child today?”
- “How can I involve my child without placing responsibility on them?”

ADDITIONAL CHAPTER

Equality Act 2010: Disability, Trauma & Reasonable Adjustments

A practical guide for parents and carers in England

A child with lasting mental health difficulties, whether associated with trauma, autism, ADHD or another impairment, may be protected under the Equality Act 2010. A formal diagnosis isn't essential. Equally, experiencing difficulties for 12 months doesn't automatically establish a disability. Their effect on everyday life matters.

This chapter focuses on schools in England. The Equality Act 2010 applies across England, Scotland and Wales, but education procedures differ. It doesn't apply in Northern Ireland.

1. What counts as a disability?

Section 6 of the Equality Act 2010 describes disability as a physical or mental impairment that has a substantial and long-term adverse effect on normal day-to-day activities.

Legal requirement	What it means for your child
Physical or mental impairment	Can include mental health difficulties and neurodevelopmental conditions.
Substantial effect	More than minor or trivial. It doesn't need to be extreme.
Long-term effect	Effects have lasted, or are likely to last, at least 12 months, or are likely to last for life.
Normal day-to-day activities	Consider communication, concentration, sleep, dressing, relationships and everyday routines, in the context of the child's age.

Parents don't need to wait for 12 months to pass if the substantial effects are already likely to last that long. Recurring or fluctuating effects can qualify.

2. Trauma and undiagnosed neurodevelopmental conditions

The cause of an impairment doesn't always have to be established. The key question is how it affects everyday functioning. Trauma-related mental health difficulties may qualify independently of autism or ADHD. An undiagnosed neurodevelopmental impairment may also qualify where the impact and duration criteria are met. Ordinary distress or a difficult experience alone doesn't automatically satisfy the legal definition.

3. What schools must do

Sections 20 and 85 and Schedule 13 of the Equality Act 2010 underpin schools' reasonable adjustment duties. Where a school's practices or a lack of auxiliary aids and services place a

disabled pupil at a substantial disadvantage, it must make adjustments that are reasonable. Parents can't be charged for adjustments the school is legally required to make.

The duty applies to state schools, academies and independent schools, and includes anticipating barriers. Whether an adjustment is reasonable depends on its effectiveness, practicality, resources, cost and safety. Not every suggested adjustment is an automatic entitlement.

4. Examples of adjustments to discuss

Difficulty or barrier	Possible adjustment
Panic on arrival	Quieter entrance, predictable arrival routine and a trusted adult.
Sensory overload	Quieter workspace, suitable ear protection, seating or uniform adjustments.
Overwhelmed during lessons	Planned breaks, discreet exit signal and supervised calm space.
Processing instructions	Short written steps, manageable tasks and extra processing time.
Unexpected changes	Advance notice, visual timetables and preparation for changes.
Speaking when distressed	Help card, written communication or another agreed reporting route.
Distress treated as misconduct	Private conversations, adapted behaviour responses and an individual support plan.
Homework or deadlines	Adjusted workload, staged deadlines and planning support.
Tests and assessments	Consider quieter rooms or rest breaks; formal examination access arrangements have separate eligibility rules.

5. Attendance, SEN support and EHCPs

Where mental health affects attendance, parents can request an individual support plan and consideration of a phased return. A temporary reduced timetable needs careful agreement, a clear purpose and regular review. Support shouldn't depend entirely on a formal diagnosis or an established Equality Act disability status.

Parents can request reasonable adjustments without an Education, Health and Care Plan (EHCP). Reasonable adjustments and special educational provision are related but distinct routes. Neither automatically replaces the other.

6. How to make a strong request

91. Describe the difficulty and its duration, including fluctuating symptoms and likely continuation.
92. Explain the functional impact at home and school, including after-school exhaustion or recovery.
93. Identify the specific rule, practice or environment creating a disadvantage.

94. Propose a practical adjustment and explain how it would remove or reduce the barrier.
95. Ask for a named responsible person, a written response and a review date.

Evidence can include parent observations, attendance and incident records, school communications, and relevant GP, psychologist, psychotherapist or other professional reports. Focus on the functional impact, not just diagnostic labels.

7. If the school refuses

Ask the school to explain its reasons in writing and identify what effective alternative it proposes. Consider the school's complaints procedure and seek independent advice from your local SENDIASS. In England, school disability discrimination claims generally have a tribunal deadline of six months minus one day, subject to specific rules. Don't assume that making an internal complaint pauses that deadline. Seek prompt specialist advice if you're considering a claim.

Neurolectrics parent exercise: The Barrier-to-Adjustment Map

Use this worksheet to move from a description of behaviour to a concrete, evidence-led request. The goal is to make the child's experience visible without expecting them to prove their distress through escalation.

- What does my child find difficult? _____
- What does this look like during an ordinary day?
  _____
- What's happening in the environment just before the difficulty?
  _____
- What adjustment might reduce the disadvantage?
  _____
- How will my child tell us whether it's helping?
  _____
- Who'll implement it and when will we review?
  _____

Editable template: Request for reasonable adjustments

Subject: Request for reasonable adjustments under the Equality Act 2010 for [Child's name]

Dear [SENCO/Headteacher],

I'm writing to request a meeting and a written plan addressing the barriers [Child's name] is experiencing at school. I'm concerned that [describe impairment or difficulties] are having a substantial and long-term effect on their everyday activities, including [specific examples]. A formal diagnosis [is pending/is not currently available], but I understand that diagnosis alone isn't the test under section 6 of the Equality Act 2010.

The current barriers include [describe specific school rules, environments or practices]. Their impact includes [attendance, communication, sensory distress, concentration, sleep, recovery after school or other examples].

I'm asking the school to consider its reasonable adjustment duties under sections 20 and 85 and Schedule 13 of the Equality Act 2010, and to discuss the following proposed adjustments: [list each adjustment and why it's needed].

Please confirm who'll coordinate the plan, what interim support can begin immediately and a date for reviewing whether the adjustments are effective. If any request is declined, please explain the reasons in writing and what effective alternative the school proposes.

I'd appreciate a written response by [date]. I'm happy to share relevant observations and professional information to help the school understand the functional impact.

Kind regards,

[Parent or carer's name]

Editable template: Follow-up where adjustments haven't been implemented

Subject: Follow-up and escalation: unmet reasonable adjustments for [Child's name]

Dear [Headteacher/SENCO],

I'm following up on my request dated [date] and the agreed measures discussed on [date]. My understanding was that [list actions] would be implemented by [date].

These measures [haven't been put in place/haven't been effective], and [Child's name] continues to experience [specific disadvantage and examples]. I'm requesting immediate clarification of the interim protection and support that'll be provided, the reasons for the delay or refusal, and an updated written implementation and review plan.

Please also confirm the school's complaints procedure if this can't be resolved promptly. I'm seeking advice about my child's rights and the appropriate next steps.

Kind regards,

[Parent or carer's name]

Sources and verification notes

- Equality Act 2010: sections 6, 20 and 85; Schedule 13 (legislation.gov.uk).
- Equality and Human Rights Commission: Technical Guidance for Schools in England.
- Department for Education: Working together to improve school attendance (including mental health-related attendance barriers).
- SENDIASS: Local impartial special educational needs and disability information, advice and support.
- Legal and educational guidance is jurisdiction-specific and may change. Check the current statutory guidance and seek specialist legal advice about tribunal deadlines or contested disability discrimination.