

URSULINE HIGH SCHOOL
Wimbledon

Positive Mental Health Policy

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1. INTRODUCTION

Inspired by the life and work of St Angela Merici, our Ursuline school commits itself to education for tomorrow's world within the dynamic tradition of Catholic belief and practice. As a Christian community, characterised by a spirit of respect, trust and joy, we promote excellence in every aspect of life, thereby fully developing each individual.

This document has been prepared by drawing upon guidance from:

- Mental Health and Behaviour in Schools DfE Guidance November 2018
- Young Minds Charity
- Behaviour in Schools – Advice for Headteachers and school staff 2022
- Children and families Act 2014
- Keeping Children Safe in Education September 2022
- Supporting Young People Who Self-Harm or Experience Suicidal Ideation – Merton Safeguarding Children Partnership Protocol July 2022
- [Promoting and supporting mental health and wellbeing in schools and colleges](https://www.gov.uk/government/publications/promoting-and-supporting-mental-health-and-wellbeing-in-schools-and-colleges) - GOV.UK (www.gov.uk)
- NICE guidelines for educational settings supporting young people's self-harm: [Overview](#) | [Self-harm: assessment, management and preventing recurrence](#) | [Guidance](#) | NICE
- Mental health in children and young people data report: [mhcyf 2021 rep.pdf](https://digital.nhs.uk/data-and-information/publications/mental-health-in-children-and-young-people) (digital.nhs.uk)
- East Sussex County Council – Education Visits Information - [East Sussex Educational Visits: Useful Documents](#) (Emotional, Wellbeing and Mental Health Guidance for Safe Inclusion on School Trips)

Pink = updated

Yellow = new addition

Blue = East Sussex Education Visits guidance

2. VISION

In support of the school Mission Statement we aim to “build a caring and supportive Christian community”. As a school we recognise that we have a full and active part to play in protecting our students from issues which may arise surrounding mental health and self-injury. The Positive Mental Health Policy sets out our belief in creating a culture of support; using strategies and procedures to protect vulnerable individuals from potential harm, by identifying who they are and providing them with support.

As a school community we aim to:

- Build a caring and supportive Christian community where each individual is able to grow in their understanding of the faith and in their commitment to Christ.
- Develop personal qualities of understanding of self and others, self-discipline and motivation, responsible maturity, creative freedom and integrity.
- Foster an attitude of respect for all regardless of age, race, colour, creed or gender.
- Build peace, to promote justice, social concern and, through the celebration of difference, the equality of all peoples.
- Widen horizons, to encourage a sense of commitment and service to the wider world, and to enable each one to go on learning and changing all through life.

3. LINKS TO OTHER POLICIES

The Ursuline High School Positive Mental Health Policy links to the following school policies:

- Safeguarding and Child Protection Policy
- Behaviour Policy
- Equalities, Diversity, Cohesion Policy.
- Medical Policy
- SEN Policy
- Anti-bullying Policy
- School Journey Policy – Health and Safety UHS – May 2022
- Self-Harm and Suicidal Ideation Protocols

4. AIMS AND PRINCIPLES

The Ursuline High School is committed to providing a secure environment for students and all staff recognise that safeguarding and creating a safeguarding culture is the responsibility of everyone who works here.

The Ursuline High School seeks to:

- Increase the level of awareness and understanding amongst staff and parents/carers of issues involving the mental health of young people, in particular with self-harm, eating disorder, anxiety, depression, loss and bereavement.

- Detect and address problems in the earliest stages where they exist in thinking and attitudes to self/image, self-esteem and self-control.
- Offer the appropriate level of support available to students with mental health issues in partnership with outside health agencies and child support groups.
- Work collaboratively with the South West London Health and Care Partnership Cluster to improve our provision and support for students.
- Continue to promote positivity around Mental Well Being. To reduce the stigma associated with Mental Health.

4.1 The Ursuline High School Positive Mental Health Policy is intended to provide a framework for dealing with issues relating to mental health and self-harm. It clearly sets out how the school will work to prevent such incidents, deal with them and identify potential sources for support.

4.2 The objectives are that:

- All governors, teachers, learning support assistants and non-teaching staff will have an understanding of what good mental health is and why we need to be vigilant in school.
- All governors, teachers, learning support assistants and non-teaching staff will know what the school policy is on supporting positive mental health and will follow the policy when issues arise.
- All parents and students will know that the school has policies in place to keep students safe and that the school regularly reviews its systems to ensure they are appropriate and effective.

4.3 The main aims of this policy are to ensure that staff are fully engaged in being vigilant about mental health concerns; that they overcome professional disbelief that such issues will not happen here and ensure that we work alongside other professional bodies and agencies to ensure that our students are safe from harm.

5. DEFINITIONS AND INDICATORS

Students will be encouraged to view mental health on a spectrum and we will promote positive elements of mental health and use the terms positive mental health and mental wellbeing interchangeably.

Good mental health

5.1. Children who are mentally healthy have the ability to:

- develop psychologically, emotionally, intellectually and spiritually;
- initiate, develop and sustain mutually satisfying personal relationships;
- use and enjoy solitude;
- become aware of others and empathise with them;
- play and learn;
- develop a sense of right and wrong; and resolve (face) problems and setbacks and learn from them.
- Develop a sense of self and identity.

Mental health problems in children and young people

5.2. Some children experience a range of emotional and behavioural problems that are outside the normal range for their age or gender. These children and young people could be described as experiencing mental health problems or disorders.

5.3. Mental health professionals have defined these as:

- emotional disorders, e.g. phobias, anxiety states and depression;
- conduct disorders, e.g. stealing, defiance, fire-setting, aggression and anti- social behaviour;
- hyperkinetic disorders e.g. disturbance of activity and attention;
- developmental disorders e.g. delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
- attachment disorders, e.g. children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers; and other mental health problems include eating disorders, habit disorders, post- traumatic stress syndromes; somatic disorders; and psychotic disorders e.g. schizophrenia and manic depressive disorder.

5.4. Many of these problems will be experienced as mild and transitory challenges for the child and their family, whereas others will have serious and longer lasting effects. When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as having mental health disorders (see appendix 1).

6. PROMOTING POSITIVE MENTAL HEALTH

Factors that put students at risk

6.1 Typically, certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family, or to their community or life events. Risk factors are cumulative. Children exposed to multiple risks such as social disadvantage, family adversity and cognitive or attention problems are much more likely to develop behavioural problems. Mental health and issues leading to self-harm/self-injury can however affect anyone during what may be a vulnerable period.

Mental Health of Children and Young People in England, 2021:

- **Probable mental disorder:** Rates of probable mental disorder increased between 2017 and 2021; in 6 to 16 year olds from one in nine (11.6%) to one in six (17.4%), and in 17 to 19 year olds from one in ten (10.1%) to one in six (17.4%). Rates in both age groups remained similar between 2020 and 2021.
- **Change in mental health:** Looking at individual-level change, 39.2% of those aged 6 to 16 years in 2021 had experienced deterioration in mental health since 2017, and 21.8% experienced improvement. Among those aged 17 to 23 years in 2021, 52.5% experienced deterioration, and 15.2% experienced improvement.
- **Eating problems:** The proportion of children and young people with possible eating problems increased between 2017 and 2021, from 6.7% to 13.0% in 11 to 16 year olds and from 44.6% to 58.2% in 17 to 19 year olds.
- **Sleep problems:** In 2021, problems with sleep on three or more nights of the previous seven affected over a quarter (28.7%) of 6 to 10 year olds, over a third (38.4%) of 11 to 16 year olds, and over half (57.1%) of 17 to 23 year olds. Across all age groups figures were much higher in those with a probable mental disorder (59.5%, 74.2%, 86.7% respectively).

Factors that make children more resilient

6.2 Seemingly against all the odds, some children exposed to significant risk factors develop into competent, confident and caring adults. An important key to promoting children's mental health is therefore an understanding of the protective factors that enable children to be resilient when they encounter problems and challenges.

The role that the Ursuline plays in promoting the resilience of our students is important, particularly so for some children where their home life is complex. The Ursuline is a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems.

Our PSHE provision is embedded across the curriculum, and directs our assemblies and underpins the ethos of the school. It is recognised that young people may suffer from mental health issues and therefore we strive to equip our students with confidence, self-belief, respect and the knowledge of where to seek help if necessary.

Curriculum reference to Mental Health in PSHEC

We ensure mental health is explicitly discussed with each year group, covering a variety of areas within our PSHEC spiral curriculum.

Year group	Term with PSHEC topics covering Mental Health and Wellbeing
Year 7	Positive Mental Health, Emotional regulation, Anxiety, Body Image, Self-Esteem, Healthy eating and exercise, Mental Health week and activities
Year 8	Positive Mental Health, Emotional regulation, Anxiety, Self-Esteem, Body image, importance of sleep, Mental Health week and activities.
Year 9	Positive Mental Health, Emotional regulation, Anxiety, Self-Esteem, Body image influence, peer pressure, Mental Health week and activities, handling stress, coping with change
Year 10	Emotional Health Disorders (Anxiety and depression), Health Lifestyle (eating, exercise, sleep, relaxation) Dealing with stress, Emotional regulation, Mental Health week and activities
Year 11	Unhelpful thoughts and resilience, Managing Stress and exam pressures, Mental Health week and activities

Difficult events that may have an effect on students

6.3 Tutors and class teachers see their students' on a daily basis. They know them well and are well placed to spot changes in behaviour that might indicate a problem. The balance between the risk and protective factors set out above is most likely to be disrupted when difficult events happen in student's lives. These include:

- Loss or separation – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted;
- Life changes – such as the birth of a sibling, moving house or changing schools or during transition from primary to secondary school, or secondary school to sixth form, questions over sexuality or gender; and traumatic events such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.

The Ursuline aims to offer support to students at such times, intervening well before mental health problems develop.

Identifying and referring children with possible mental health problems

6.4 Behavioural difficulties do not necessarily mean that a child or young person has a possible mental health problem or a special educational need (SEND). Consistent disruptive or withdrawn behaviours can, however, be an indication of an underlying problem, and where there are concerns about behaviour there will be an assessment carried out by Special Educational Needs and/or Disabilities Coordinator (SENDSCO), the Designated Safeguarding Lead (DSL), the Assistant Lead Inclusion (ALI), the Senior Mental Health Lead (SMHL), the Social and Emotional Health Lead (SEMH) or the Designated Safeguarding Officers (DSOs). The assessment will cover all of the identified factors to determine whether there are any causal factors, such as undiagnosed learning difficulties, difficulties with speech and language or mental health issues. The Ursuline is well-placed to observe students day-to-day and identify those whose behaviour suggests that they may be suffering from a mental health problem or be at risk of developing one. This may include withdrawn students whose needs may otherwise go unrecognised.

6.5 There are often two key elements that the Ursuline to reliably identify children at risk of mental health problems; as well as symptoms (see appendix 1):

- Effective use of data so that changes in students' patterns of attainment, attendance or behaviour are noticed and can be acted upon. Monitored by tutors, Head of Year, the DSL and the Assistant Lead Inclusion.
- An effective pastoral system - that knows every student well and can spot where poor or unusual behaviour may have a root cause that needs addressing. This is developed at the Ursuline through the effective use of Pastoral Support Assistants (PSAs), tutors, a learning mentor and Head of Years. Where concerns arise staff should follow the procedure outlined in this policy.

6.6 Students who display the following concerns, will be assessed by the SENCO for possible SEN support, in conjunction with Assistant Lead Inclusion/Senior Mental Health Lead who will assess student progress data:

Students identified with mental health issues which impact on their learning as indicated by: a) requiring alternative location, long term use of the medical room, working in some lessons in Willow due to inability to access lessons in the classroom b) where attendance drops below 90% in line with government guidelines, due to ongoing mental health needs and external interventions c) progress does not remain in line with expectations for the individual student.

6.6 The Ursuline adopts a whole school approach to promoting positive mental health through a range of initiatives e.g. positive wellbeing targets set in conjunction with student and parent/carers at Academic Review Day, students to engage with the concept of 5 ways to wellbeing (Connect, Give, Be Active, Take Notice, Keep Learning) for mental well-being, assemblies, mental health week activities each term and form group activities. Student voice is gauged through a triannual Mental Health survey to include student views on whole the school approach and to shape the work we do with students.

7. PROCEDURES FOR REFERRALS

7.1 It is important for staff to be constantly vigilant and reminded to suspend any 'professional disbelief' that instances of mental health 'could not happen here' and to refer any concerns through the Assistant Lead Inclusion/ Senior Mental Health Lead (See Appendix 2 – Referrals)

7.2 Only medical professionals can make a formal diagnosis of a mental health condition. The DSL, ALI, SMHL, DSOs or Heads of Year will refer any students it feels may be at risk of mental health issues to Children's Services and/or CAMHS and/or advise parents to take their child to their GP or A&E where appropriate.

See appendix 1 for the main types of mental health needs as defined in the DfE Mental Health and Behaviour in Schools Advice November 2018

7.3 We believe that it is possible to intervene to protect people who are vulnerable. Early intervention is vital and staff must be aware of the established processes for front line professionals to refer concerns about individuals. We must have the confidence to intervene and ensure that we have strong safeguarding practices.

7.4 The Assistant Lead Inclusion or a Designated Safeguarding Team member will deal swiftly with any referrals made by staff or with concerns reported by staff.

7.5 The Assistant Lead Inclusion and Designated Safeguarding Lead will discuss the most appropriate course of action on a case-by-case basis and will decide when a referral to external agencies is needed (see Appendix 2 – Referrals). If a referral to CAMHS is required the school will do this through the Single Point of Access (SPA) for CAMHS.

7.6 The Roles and Responsibilities of staff

- The Ursuline will, where appropriate, make a referral to Children's Services or external support agencies, where it has concerns regarding a child's wellbeing/mental health. All members of staff should be familiar with the following information to support the identification of potential self-harm issues and the necessary steps to take where there are concerns (Appendix 2):
- The Ursuline will ensure that all staff, including teaching assistants, PSAs, lab technicians and other non-teaching staff are made aware of, and understand, the Positive Mental Health Policy.
- All staff must make records of students experiencing self-harm, incidents of self-harm and all other concerns surrounding the issue and report in person to the ASI, DSL/DSOs.
- All staff must ensure they are fully confident in your understanding of self-harm and seek additional information and / or training if necessary
- Follow the Ursuline's safeguarding procedures (see Safeguarding Policy)
- Be aware of communication processes with the ALI as primary contact in the school, followed by the DSL and DSO's as necessary.
- Remain calm and non-judgmental
- Avoid dismissing a students' reasons for distress as invalid
- Encourage students to be open with you and reassure them that they can get the help they need if they are willing to talk
- Don't make promises regarding confidentiality
- Avoid asking a student to show you their scars or describe their self- injury

- Avoid asking a student to stop self-harming - you may be removing the only coping mechanism they currently have
- Report the matter to a designated member of staff as soon as you become aware of the problem, and inform the student that you are doing this
- If a student discloses self-harm, report it immediately to the DSL or ALI.

7.7 Roles and responsibilities of Designated Safeguarding Team

- Assistant Lead Inclusion/Senior Mental Health Lead and the DSO team are the staff responsible for dealing with and keeping an up to date record of all incidents relating to self-harm/mental health.
- All designated staff, have received full and appropriate training surrounding self-harm and are fully confident with the procedures to follow
- DSL to keep the Head Teacher up to date on a regular basis of all incidents and developments, via meetings with Senior Mental Health Lead.
- The Safeguarding Team are aware of when it is essential for other professional bodies to be informed such as Children's services. As well as when to contact other organisations and external agencies including CAMHS, where appropriate
- The Safeguarding Team know when to inform the student's parents, if appropriate, and liaise with them as to how best manage the situation.
- In incidences of self-harm or suicidal ideation the Safeguarding Team will follow UHS Self-Harm protocol and Merton's Protocols of Supporting Young People Who Self-Harm or Experience Suicidal Ideation (see appendix 3)
- The ALI will liaise with Head of Year about special permissions for students who self-harm, for example time out of the classroom during emotional distress and permission to wear long sleeves for sports
- The Head Teacher, DSL, ALI and DSOs will be clear with students and parents about what behaviour will not be accepted (for example, self-injuring in front of others or using it as a threat)
- The Safeguarding Team will escalate any reports of suicidal feelings or behaviour as a matter of urgency to the Head Teacher/Targeted Advice Service/Children's Services
- The DSL or ALI/ Senior Mental Health Lead will seek advice for the Mental Health Teams in School Lead on complex cases.
- In cases of self-harm requiring hospital care, suicidal ideation with a plan or suicide attempt the DSL or ALI, Senior Mental Health Lead and Care Co-ordinator will liaise with CAMHS to obtain a fit for return to school confirmation and will organise a reintegration meeting with the parent and young person to ensure a school safety plan is in place before return to school.
- For students who are in mental distress and take flight from the school premises, staff should not pursue the student outside of the local vicinity of the school that being defined as not past the Art Block on The Downs and not past the bus stop at the bottom of Crescent Road. Should a student take flight from school this must be reported immediately to the Headteacher and DSL (if not available to ALI or any SLT member), the police informed and social care if there is social care involvement and parents/carers.

7.8 Roles and Responsibilities of Parents

- Understand and endorse the school's Positive Mental Health Policy .
- Engage with parent workshops for supporting wellbeing.
- Educate themselves regarding self-harm and discuss the subject with their child.

- If their child is self-harming, work closely with the school and take an active role in deciding the best course of action for their child, including taking their child to the GP or consenting to referrals to support services, when requested to do so.
- Keep the school informed of any incidents outside of school that they feel they should know about.
- Seek to take care of themselves and seek any emotional support that they may need in dealing with their child's self-injury; from external agencies (see appendix 4)

8. SUPPORTING CHILDREN AND YOUNG PEOPLE IN SCHOOL

8.1 Supporting children and young people with Mental Health issues at the Ursuline

- PSHEC Program on Mental Health
- Parent Workshops about Mental Health
- School based counselling
- Support and liaison through the SEND department.
- Access to Willow room for students with SEND-SEMH for respite and recharge as agreed by DSL following discussions with SENCO and SEMH Lead
- Inclusion support – anger management, social skills, restorative justice.
- Strengths and Difficulties Questionnaire (SDQ) to help judge whether individual students might be suffering from a diagnosable mental health problem as per DFE
- Mapping the Landscape assessment to help inform which parts of school life present a challenge for their wellbeing
- Mental Health and Behaviour in Schools guidance 2018
- Referral to Child and Adolescent Mental Health Services
- Weekly Vulnerable student meetings, to identify support strategies for students. Mental Health and Behaviour in Schools advice for schools
- Mental Health consultations, advice and support from Mental Health in Schools Team
- Early intervention, for students showing early signs of problems
- Continuous professional development for all staff
- Clear policies on behaviour and bullying
- Culture within the school that values all students, allows them a sense of belonging and makes it possible to talk about problems in a non-stigmatising way
- Working with outside agencies to provide interventions for students with mental health difficulties
- Referral to Education Wellbeing Practitioners to support students experiencing low to moderate low mood or anxiety
- A whole school approach to promoting the health and wellbeing of all students
- Peer mentoring
- Mentoring
- Nurture Groups
- Social skills groups
- Mental Health First Aiders

8.2 Evidence based intervention and support

Intervention and support will be decided in consultation with the Mental Health Lead, key members of staff, parents and students.

Level of Need	Evidence based intervention and support	Monitoring
Highest need	<p>Tier 3 CAMHS assessment followed by specialist CAMHS support. Decision for support made by CAMHS</p> <p>If the school, professionals and/or parents/carers conclude that a statutory education, health and care assessment is required, we refer to the SEND policy and SENCO</p>	<p>Information sharing between the Mental Health Lead, Care Co-ordinator and CAMHS specialist to ensure support in school is appropriate and to monitor impact. In cases of high risk, a risk assessment is written detailing early and proactive interventions. A safety plan is agreed with the student, school and parent with CAMHS input as needed co-ordinated by the Care-Co-ordinator. Support is reviewed and evaluated half-termly through discussions with the Mental Health Lead, Care Co-ordinator, Head of Year, Mental Health specialist, student and parents/carers. Information is recorded on the safeguarding file and shared with school staff as appropriate i.e. Head of Year</p> <p>Mental Health Lead consults with the Mental Health Team in Schools Lead for advice when needed.</p>
Some need	Tier 2 - early help and targeted services such as Off the Record, Well Centres, Education Wellbeing Practitioner, Jigsaw for you, community counselling, counselling or mentoring in school, education psychologists,	When available, information sharing between the Mental Health Lead and the outside agency to ensure support in school is appropriate and to monitor impact. Support is reviewed and evaluated through discussions with the Mental Health Lead,

	targeted youth support teams, family support work	specialist, student and parents/carers. Information is recorded on safeguarding file and shared with school staff as appropriate i.e. Head of Year. Record of support by school counsellor, Care Co-ordinator and Wellbeing Coordinator using school reporting systems.
Lowest need	Tier 1 – early intervention and prevention support in school e.g. School Nurse drop in, Wellbeing Co-ordinator, Education Wellbeing Practitioner, Mental Health First Aider, Head of Year, Form Tutor, Class Teacher, Teaching Assistant. Support via health visitors, GPs, appropriate websites for general emotional wellbeing	Records and monitoring of support by Nurse and Wellbeing Co-ordinator reviewed termly. If deeper concerns become apparent the supporting adult is to inform the Mental Health Lead and Safeguarding Team and they will reassess need and support.

Specialist Service	Referral Process
Child and Adolescent Mental Health Service (CAMHS)	Accessed through school, GP or self-referral
Off The Record	Accessed through CAMHS or self-referral
WISH	Accessed through CAMHS or self-referral
Education Wellbeing Practitioner	Accessed through the Mental Health Lead or DSL
Jigsaw for You	Accessed through the Mental Health Lead, DSL or self-referral
Community counselling	Accessed through GP or self-referral
School counsellor	Accessed through the Mental Health Lead or DSL
Educational Psychologist	Accessed through the Mental Health Lead, DSL or SENCO
Targeted Youth Support Teams (i.e. Catch 22, St Giles)	Accessed through social services, the Mental Health Lead or DSL
Family support work	Accessed through social services, CAMHS or GP
School Nurse	Accessed through the Mental Health Lead or DSL
Care Co-ordinator	Accessed through the Mental Health Lead or DSL
Wellbeing Co-ordinator	Accessed through the Mental Health Lead or DSL
Mental Health First Aiders	Accessed through self-referral

Kooth online	Accessed through self-referral
IAPT services for 17yrs 6 month and over	Accessed through self-referral

8.3 SEND-SEMH support

Willow room offers a space for respite and recharge for students on the SEND-SEMH register during times when they are facing challenges with their mental health which impacts on their attendance to school or attendance to lessons. The day-to-day provision is managed by the SEMH Lead. This is a temporary space to support students of SEND-SEMH and is not an alternative provision to education. The SEMH Lead will coordinate a reintegration program liaising with CAMHS as appropriate and if additional support is needed will escalate to the SENDCO and DSL for a referral to outside services.

8.4 Safety Planning and Risk Management

The Care-Coordinator meets with students who are referred to her for self-harm, suicidal ideation or suicide attempt to complete a safety plan for school which is shared with staff. If the young person has attended A&E for reasons of Mental Health the parent must inform the school and the Care Co-ordinator will liaise with A&E CAMHS to obtain a fit for return to school note and consult with CAMHS for the school safety plan. If the school directs a parent to attend A&E with their child, the same procedure of a fit for return to school and agreed safety plan is required. Depending on the level of risk identified, a risk assessment may also be completed. The Care-Coordinator meets with students to review safety plan on a 6-8 week basis and will liaise with CAMHS. The Care-Coordinator will coordinate Team Around the Child (TAC) meetings if there are ongoing difficulties or concerns noted. (Appendix 7 and 8)

8.5 Access to trips

The following section acts as guidance to help assess the risks and concerns when planning school trips that include students with known emotional, wellbeing or mental health illnesses, or concerns. It will be used to consider whether reasonable adjustments can be made so that the student can be included.

Outdoor learning, school trips and educational visits provide numerous benefits to young people, including improvements to mental health and wellbeing. It is important to remember 'Every young person is entitled to access the world beyond the classroom as an essential part of their learning and development regardless of age, ability and circumstance'. However, mental health is becoming an increasing reason for hospitalisation and repatriation from visits according to the Expeditions Providers Association (EPA).

8.5.1 Planning stage

At the initial planning stage the visit leader should liaise with the Designated Safeguard Lead and Mental Health Lead to check if there are any known additional needs, emotional wellbeing or mental health concerns affecting the intended group.

The visit leader needs a clear understanding of the students needs, triggers, behaviours and coping strategies used in school and at home.

A meeting to discuss the proposed visit and the student's needs should be arranged by the Visit Leader and/or EVC as soon as possible. People to include as appropriate :

- Visit Leader
- EVC
- DSL/MHL
- SENCO
- Parents/Carers
- Student (if relevant)
- 3rd Party tour/activity provider (if relevant)
- CAMHS professionals or private therapists (if relevant)

Points to discuss - signs, symptoms, triggers, behaviour, calming methods, medication, individual risk assessment/care plan, strengths and difficulties questionnaire (SDQ), reports from CAMHS/medical practitioner, recent episodes or changes in behaviour, risk reduction plan, details of the trip, travel, activities, expectations, accommodation, insurance.

Using 'reasonable adjustments' template (appendix 11) all options can be listed and consideration of the advantages and disadvantages of each will help identify if any of the options are feasible.

8.5.2 Reasonable Adjustments

By carefully working through each risk it may be possible to identify adjustments that can be put in place to include the student on the visit. For example, adjusting the itinerary to avoid a risk, or agreeing a clear procedure in order to avoid a trigger might be possible. Arranging for an additional member of staff to attend or asking a parent/carer to go on the trip might also be a solution.

The Mental Health Lead and Designated Safeguarding Lead will consider staff wellbeing in the delivery and management of the journey/trip and with this consideration, based on reasonable adjustments, will make recommendations to the Headteacher for the involvement of a student(s) with mental health concerns (ongoing or investigation) to attend the trip.

There will be some situations where the risks are too high despite reasonable adjustments and it is acceptable to rule out an adjustment on the grounds of it being too expensive. If this is the case, explain to the student and parent/carers that each trip is assessed individually and try to identify a potential trip for the future. If the visit is part of the curriculum, the students not attending the visit should be able to achieve the learning objectives that have been set for the visit.

It is important to note that every case should be treated individually; a reasonable adjustment for one student will not be the same for another.

Any agreed safety plan will be reviewed 1-2 weeks before the trip to ensure that the risks have not changed in a way that increases the risks. If the risks have increased there will be a review of the decision to allow the student to participate in the trip and the outcome communicated with parents/carers.

8.5.3 Evidence

All documentation to be recorded and retained as this evidences how the final decision was reached. All forms of communication should be logged. This information should be shared with the Head Teacher, who ultimately makes the final decision.

8.5.4 Other factors:

Disclosing Mental Health concerns (un/diagnosed)

If a member of staff has concerns for a student's mental health this should be discussed internally with the DSL and MHL. If there is a significant concern for the child's welfare then this can be disclosed to the parent/carers. If the individual is planning to attend an offsite visit any concerns should be discussed with the parent/carer and the child.

8.5.5 Insurance

Most insurance providers will not be liable for Bodily Injury loss or expense Due To:

- a) suicide, attempted suicide or deliberate self-inflicted injury by the Insured Person regardless of the state of their mental health

Therefore it is important that:

- insurance policy limitations are checked
- limitations are communicated to the Head Teacher, EVC, Visit Leader and Parent/Carer
- contingency plans are in place to manage the unlikely event of an uninsured injury.
- if there was an emergency whilst on the visit, or prior to the visit taking place it is important to inform the insurance provider on their emergency line. They will assess on a case by case basis if cover is provided.
- Parents/Carers agree to take responsibility for the payment of repatriation if required as a result of Mental Health difficulties.

Definitions:

Reasonable: Various factors influence whether a particular adjustment is considered reasonable:

- how effective the change will be in avoiding the disadvantage you would otherwise experience
- its practicality
- the cost
- their organisation's resources and size
- availability of financial support.

Self-inflicted injury: the act of intentionally hurting oneself.

8.5.6 Safety Plan management for trips and visits

In planning school trips, the Mental Health Lead will liaise with a medical health expert to have an agreed safety management plan in place for any student being treated for diagnosed mental health or wellbeing condition. This will need to be signed and agreed by parents prior to departure and a precondition for participation.

In the event of a student currently undergoing investigation for Mental Health or wellbeing concern, similar levels of control will be required as a prerequisite for involvement on the trip. This will require 3rd party approval and instruction/ plan by medical expert as a precondition for securing a final place on the visit. Without this place on the trip/journey will not be guaranteed.

Refer to School Journey Policy for full details on access to trips.

8.6 Supporting parents

We recognise the important role parents and carers play in promoting and supporting young people with their mental health and wellbeing. We ask that we are informed of any health needs on entry to the school and that mental health needs are discussed at admissions interview. For students who develop mental health concerns during their time at the Ursuline we ask that parents share information so that we can better support their child.

To support parents and carers we offer an information evening at the start of the school year for parents of all year groups. We also provide information through workshops on mental health and wellbeing which are open to all parents and we can signpost support for parents of young people who are suffering.

When a concern has been raised we will contact the parents/carers to share the concern unless the concern is a matter of child protection in which case we follow safeguarding protocols in the first instance.

The school will:

- Discuss the concern and suggest a plan of action including how the parent/carer can support their child
- Agree a plan of action
- Be available for follow up conversations and/or meetings
- Keep parents/carers up to date of decisions about support and interventions

Parents and carers will always be informed if their child is at risk of danger. Students may choose to tell their parents and carers themselves about their mental health need, we will follow up that this does happen or support the young person in having the conversation with their parent/carer.

In the case that the student is over 18 we will discuss the sharing of information with the young person and endeavour to respect their wishes where possible.

Our primary concern is the student, and in the rare event that parents and carers are not accessing services we will seek advice from the Local Authority. We will also provide information for parents and carers to access support for their own mental health needs if requested.

8.7 Supporting friends

We are aware that when a student is experiencing mental health problems it can be challenging for their friends. We will involve students and parents/carers in discussing what is helpful for friends to know, things they should avoid saying and how they would like details shared with friends. We will offer support for the emotional worries of friends and discuss with them how they can best support their friend who is experiencing mental health problems.

9.0 Supporting children and young people with Mental Health issues, through external services.

When further support is required beyond what is available at the Ursuline, staff will make contact with external agencies in order to access specialist support through the referral process (see appendices 2 and 3).

10. STAFF TRAINING

- a. Staff receive annual safeguarding training and as part of this training are given training on supporting positive mental health; and being able to identify concerns. Staff are trained in Mental Health First Aid with staff who have a specific responsibility having more specialised training as required. All staff are trained in how to use the referral process to support a young person in need.
- b. Staff are equipped with the skills, training and experience to best support children and young people's emotional and mental wellbeing. Staff are positive, open-minded, unprejudiced, and trustworthy. Staff

behaviour is characterised by fairness, and a willingness to listen to, trust and believe in the young person. Staff understand the role of CAMHS and are informed about supporting young people.

- c. The Ursuline has a staff wellbeing committee for staff to be able to work together in supporting and promoting the wellbeing of staff. There are opportunities for staff to discuss their wellbeing with the Human Resources Advisor and/or be referred to occupational health for support.

11. POLICY REVIEW

The Positive Mental Health Policy will be reviewed annually as part of the overall Safeguarding and Child Protection Policy review; and SEN policy review.

12. POLICY EVALUATION

This policy will be evaluated annually through the use of focus groups, which will include staff, parents and students. The school will also use student wellbeing surveys, external reviews and complete service evaluation reviews on a termly basis which are shared with the pastoral governors committee.

Date agreed:

Date to be reviewed:

ADDITIONAL MATERIALS

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416786/Mental Health and Behaviour - Information and Tools for Schools 240515.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416786/Mental_Health_and_Behaviour_-_Information_and_Tools_for_Schools_240515.pdf)

Appendix 1 - Mental health problems in children and young people

Some children experience a range of emotional and behavioural problems that are outside the normal range for their age or gender. These children and young people could be described as experiencing mental health problems or disorders.

Mental health professionals have defined these as:

- emotional disorders, e.g. phobias, anxiety states and depression;
- conduct disorders, e.g. stealing, defiance, fire-setting, aggression and anti- social behaviour;
- hyperkinetic disorders e.g. disturbance of activity and attention;
- developmental disorders e.g. delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
- attachment disorders, e.g. children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers;
- Trauma disorders, such as post-traumatic stress disorder, as a result of traumatic experiences or persistent periods of abuse and neglect;
- and other mental health problems include eating disorders, habit disorders, post- traumatic stress syndromes; somatic disorders; and psychotic disorders e.g. schizophrenia and manic depressive disorder.

Many of these problems will be experienced as mild and transitory challenges for the child and their family, whereas others will have serious and longer lasting effects. When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as having mental health disorders.

Self-Harm

Self-harm describes a wide range of behaviours that people use to cope with difficult feelings and distressing life experiences.

Some people have described self-harm as a way to express suicidal feelings and thoughts without taking their own life.

Examples (not exhaustive):

- Cutting
- Burning
- Severe scratching
- Biting
- Scalding
- Pulling out hair
- Picking at skin or re-opening wounds

It is estimated that 1 in 15 young people in the UK have deliberately self-harmed at some point and the most common age is between 11-25. Young people who have self-harmed have said they do it for a distraction, as self-punishment, as a way to symbolically cleanse themselves and to gain control, as a way to communicate without words, as a release of tension or as a form of comfort, to make themselves unattractive, to make them feel real or alive and because they may see it as a ritual or rite of passage into a group.

Eating disorders

While on the surface disordered eating appears to be all about food and weight it is often the outward expression of emotional problems. Eating disorders include but are not exclusive to Anorexia Nervosa, Bulimia Nervosa, and Binge -Eating Disorder. Disordered eating affects the physical and emotional well- being of an individual and also leads to changes in behaviour. Very often masked by the eating disorder there is usually an underlying reason this can be a coping mechanism and this is a way of gaining control.

Young people may display the following behaviours:

- Loss of concentration
- Skipping meals
- Disappearing to the toilet after meals
- Pre occupation with body Image, dieting.
- Excessive exercise
- Secretive behaviour
- Becoming irritable and withdrawing from social activities particularly those involving food.

Anxiety

Some people will experience levels of anxiety from time to time. Most people can relate to feeling tense, uncertain fearful for example before an exam. These in turn can lead to sleep, problems, loss of appetite and ability to concentrate. This kind of anxiety can be useful because it makes you more alert and enhance performance. However if anxiety overwhelms a child they may not be able to deal with daily activities. If the anxiety stays as a high level the young person may feel powerless, out of control and sometimes this can lead to a panic attack.

Examples: (not Exhaustive)

- Phobias

- Obsessive Compulsive disorder
- Generalised Anxiety disorder (GAD)
- Post-traumatic stress disorder (PTSD)
- Panic Disorder

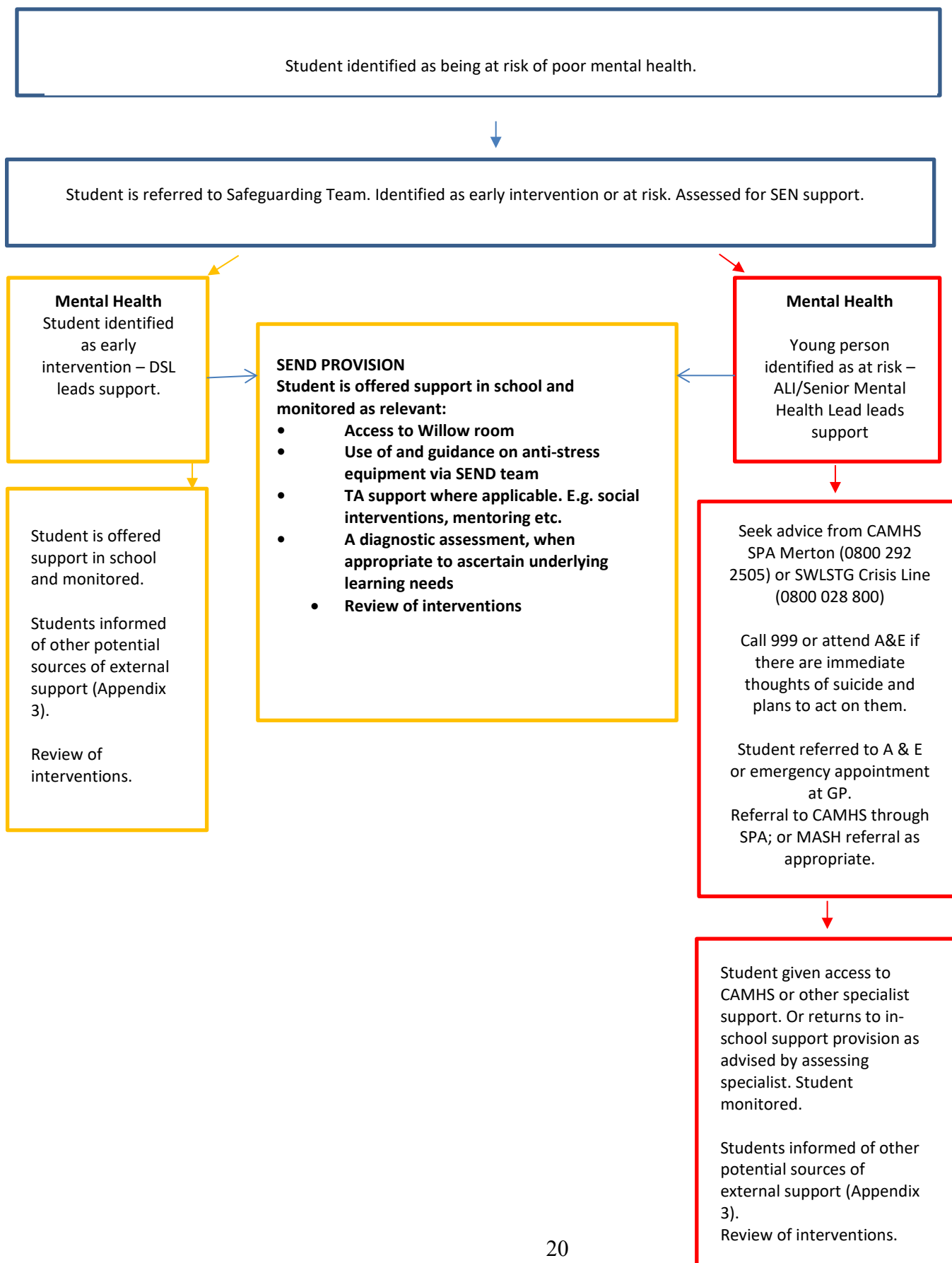
Depression

In its mildest form depression can be being in low spirits, it doesn't stop you leading a normal life but makes things harder to do and seem less worthwhile. At its most severe (Clinical Depression) can be life threatening. Some young people need medication to alleviate their symptoms.

Examples:

- Change in normal pattern of behaviour
- Withdrawal from institutions(school), social activities and friendship groups
- Seasonal Affective Disorder(SAD)
- Bi Polar disorder or Manic Depression.

Appendix 2 - Referral Process



Appendix 3 - MANAGING SELF-HARM AND SUICIDAL IDEATION FLOWCHART

Disclosure or concerns about a young person self-harming or suicidal ideation

- Worker reports, records and discusses information with line manager/ safeguarding lead/ named professional immediately;
- The appropriate worker assesses risk with the information available and makes a decision about relevant course of action which may include identifying the most appropriate trained adult to meet with the young person;

Low Risk (*Getting Advice/Getting Help*)
E.g. One-off incidents which caused no or minimal harm and without expression of further intent

Manage in-house
E.g. Targeted work with young person and signposting:

- Direct work with a young person
- Consider contacting CAMHS SPA or a MHST/MSWT Lead;
- Initiate an Early Help referral if appropriate;
- Signpost to appropriate support agencies and organisations, if necessary considering GP, School Nurses and the voluntary sector. If no referral to other services is made, please record reasons for not doing so

(Response is consent based)

Medium Risk (*Getting Help/Getting More Help*)
E.g. One off incidents that caused harm and/or expression of intent for further harm

Seek advice:
-Contact local CAMHS SPA first (Merton CAMHS SPA: 0800 292 2505); a MHST/MSWT Lead or SWLSTG Crisis Line on 0800 028 8000

If there are safeguarding concerns, where there are other factors around parenting capacity, environmental factors, and or/ developmental needs:

- Contact Merton Children and Families Hub: 020 8545 4226; or 020 8545 4227
- Speak to allocated Social Worker, if applicable

(Obtain consent where possible)

High Risk (*Getting More Help/Getting Risk Support*)
E.g. Significant, if one of the below applies:

- * The child's actions could result in their death, or serious injury requiring hospital admission;
- * Intervention and support work is failing to reduce the risk of self-harm or suicidal ideation;
- * Evidence and risk factors suggest that child protection and contextual safeguarding issues form part of motivation for self-harm or suicidal

Seek advice:
-Contact local CAMHS SPA first (Merton CAMHS SPA: 0800 292 2505) or SWLSTG Crisis Line on 0800 028 8000

For safeguarding concerns, where there are other factors around parenting capacity, environmental factors, and or/ developmental needs:

- Contact Merton Children and Families Hub: 020 8545 4226; or 020 8545 4227
- Speak to allocated Social Worker, if applicable

If you are unsure about referral pathway contact local CAMHS SPA Team (Merton 0800 292 2505), Merton MASH 020 8545 4226 or 020 8545 4227, or SWLSTG Crisis Line for advice 0800 028 8000

Always contact emergency services on 999/attend A&E if: * A young person is having immediate thoughts of suicide and making plans to act on them; * A significant injury has occurred e.g. overdose of medication/ chemical poisons, uncontrollable bleeding, threat of death

Appendix 4 – Merton Services

- ❑ **CAMHS SPA Merton**– Single Point of Access; telephone: 0203 513 5000
- ❑ **Sutton CAMHS SPA** – Single Point of Access (0203 513 3800, option 1)
- ❑ **Kingston and Richmond CAMHS SPA** - Single Point of Access (020 8547 6171)
- ❑ **Wandsworth CAMHS SPA** – Single Point of Access (0203 513 4644)

- ❑ **Merton Children and Family Services Hub** - 020 8545 4226; or 020 8545 4227, email: candfhub@merton.gov.uk

- ❑ **Off the Record Merton** – Free Emotional Support for Merton young people aged 11-25 & support for parents of young people who self-harm; telephone: 020 3984 4004, website: talkofftherecord.org/merton
- ❑ **Well Centre Merton** – Free Access to Health & Wellbeing Practitioners, Counselling Support and GPs for 11-20 year olds in Merton. Telephone: 0208 473 1581, website: www.thewellcentre.org
- ❑ **Kooth** – Free Online Wellbeing Support and Counselling Service for Young People aged 11-25 years in Merton. Website: www.kooth.com
- ❑ **Jigsaw4u** – Support for children and families in Merton around loss and bereavement; parenting; missing children; disabilities; and, general therapeutic support for young people. Telephone: 0208 687 1384, website: jigsaw4u.org.uk
- ❑ **Catch22 Risk and Resilience Service** – Support for young people aged 11-24 in Merton who are or have been using substances, are at risk of or experiencing exploitation and providing a sexual health provision. Telephone: 0203 701 8641, website: [Merton Substance Misuse Support - Catch22 \(catch-22.org.uk\)](http://Merton Substance Misuse Support - Catch22 (catch-22.org.uk))
- ❑ **Merton Young Carers** – Support for young people aged 5-17 with caring responsibilities at home; telephone 020 8646 7515, website: www.csmerton.org
- ❑ **Merton Uplift** – Community based mental health and wellbeing service for adults aged 18+ in Merton; telephone: 0203 513 5888, website: www.mertonuplift.nhs.uk
- ❑ **Rape Crisis South London** – Counselling for women aged 13 and above, who live and/or work in any of the South London boroughs; website: rasasc.org.uk

Appendix 5 – National Services

- ❑ **Papyrus** – Help and advice around suicide prevention for young people and anyone worried about a young person; telephone: 0800 068 4141, website: papyrus-uk.org
- ❑ **Childline** – Free confidential support, 24 hours a day for anyone under 19, online or on the phone; telephone: 0800 11 11, website: childline.org.uk
- ❑ **Samaritans** – Free confidential support, 24 hours a day, call free from any phone, any time; telephone: 116 123, website: samaritans.org
- ❑ **Young Minds** – Information for young people, parents, and professionals around the wellbeing and mental health of children and young people; parent's helpline: 0808 802 5544,

- **Alumnia** – Free online 7 week group program of self-harm support ran by professional counsellors for young people aged 14-19 via self-enrollment. Website: <https://alumina.selfharm.co.uk>
- **Beat eating disorders** – Working to beat eating disorders; youth helpline: 0808 801 0711, website: beateatingdisorders.org.uk
- **Mermaids** – Emotional support for transgender and gender diverse young people, their families and professionals working with them; helpline: 0808 801 0400, website: mermaidsuk.org.uk
- **Centrepont** – Support for ages 16-25 who are homeless, sofa surfing or at risk; helpline: 0845 466 3400, website: centrepont.org.uk
website: youngminds.org.uk
- **Rethink Mental Illness** – Advice service and online resources for people suffering with mental illness; advice service: 0300 5000 927, website: rethink.org

Urgent mental health support - 24/7 crisis lines

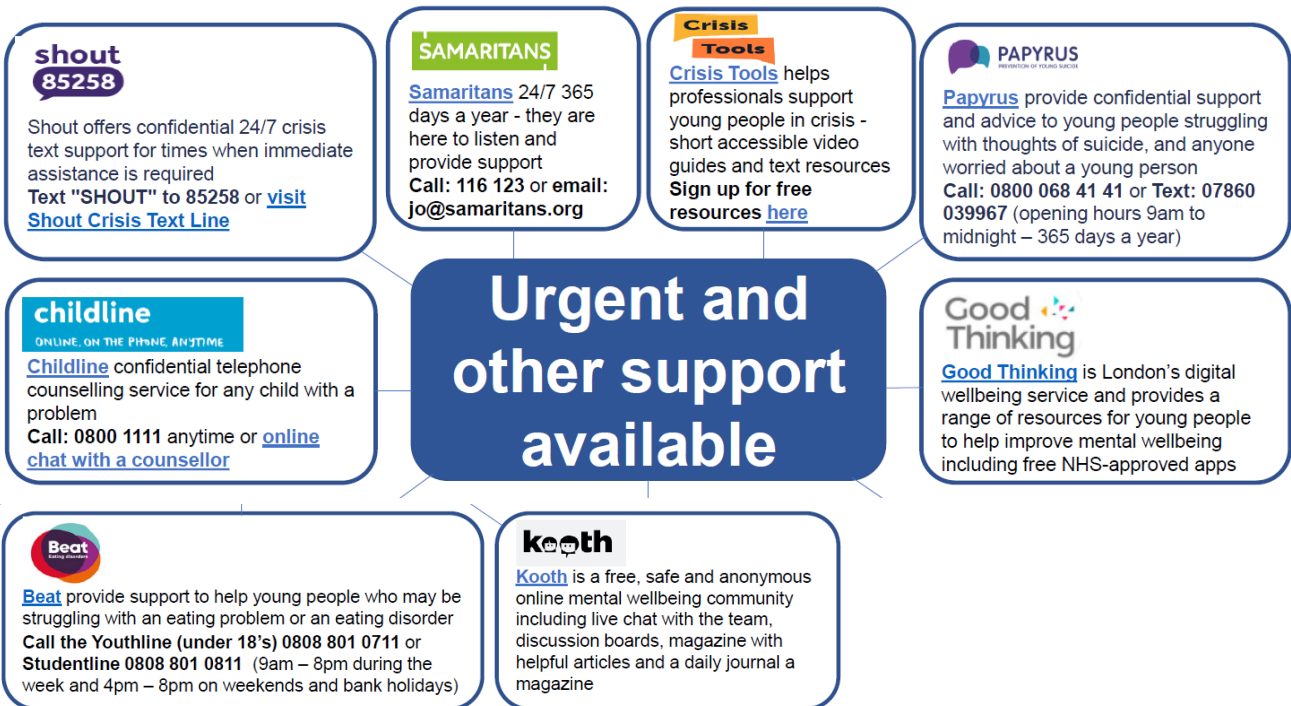
Every mental health trust in London has put in place a **24/7 crisis line** for people of all ages - children, young people and adults. The lines which are free to call can provide advice to those in a crisis. These crisis lines are supported by trained mental health advisors 365 days a year.

You can find the 24/7 crisis line numbers using the NHS Service Finder (link below) but the table provides all of the telephone numbers in London.

<https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline>



Area	Boroughs covered	24/7 crisis line number
North West London	Brent, Hillingdon, Harrow, Kensington & Chelsea and Westminster	0800 0234 650
	Ealing, Hounslow and Hammersmith & Fulham	0800 328 4444
North Central London	Barnet, Camden, Enfield, Haringey and Islington	0800 151 0023
North East London	City & Hackney	0800 073 0006
	Newham	0800 073 0066
	Tower Hamlets	0800 073 0003
	Barking & Dagenham, Havering, Redbridge and Waltham Forest	0300 555 1000
South West London	Kingston, Merton, Richmond, Sutton and Wandsworth	0800 028 8000
South East London	Croydon, Lambeth, Lewisham and Southwark	0800 731 2864
	Bexley, Bromley and Greenwich	0800 330 8590



Appendix 6 – Additional Resources for Young People, Parents and Carers

RESOURCES FOR YOUNG PEOPLE:

Management of Self-Harm Urges Phone App:

CALM HARM - <https://calmharm.co.uk/>

Description: Calm Harm is an award-winning app developed for teenage mental health charity stem4 by Dr Nihara Krause, Consultant Clinical Psychologist, using the basic principles of an evidence-based therapy called Dialectical Behavioural Therapy (DBT). Calm Harm provides tasks to help you resist or manage the urge to self-harm. You can make it private by setting a password, and personalise the app if you so wish. You will be able to track your progress and notice change.

Suicidal ideation support app for young people (and families):

STAY ALIVE APP - <https://www.stayalive.app/>

Consider encouraging the young person to download the Stay Alive app, developed by Grassroots Suicide Prevention, free from their phone's app store. The app is a pocket suicide prevention resource, packed full of useful information to help people stay safe. It can be used by the young person having thoughts of suicide or it can be used by someone who is concerned about someone else who may be considering suicide.

In addition to the resources, the app includes a safety plan, customizable reasons for living, and a life box where the young person can store photographs that are important to them.

Local advice and guidance for urgent support:

Talk Off the Record – Need help now? <https://www.talkofftherecord.org/need-help-now/>

Kooth – Urgent Support: <https://www.kooth.com/urgent-support>

National support numbers:

Text **YM to 85258** for free mental health crisis support, any time of the day.

YOUNGmINDS shout
Crisis Messenger

PAPYRUS
PREVENTION OF YOUNG SUICIDE
HOPELINEUK
0800 068 41 41



National websites:

<https://www.papyrus-uk.org/#> - advice and support for young people experiencing suicidal thoughts or concerned about others

<https://www.youngminds.org.uk/> - advice and support on a range of mental health issues

<https://www.selfharm.co.uk/> - free online self-harm support for 14-19 year olds

RESOURCES FOR PARENTS & CARERS:

Merton Talk Off The Record Parent Workshops – Including Understanding and Responding to self-harm <https://www.talkofftherecord.org/sutton/support-for-parents-carers/>

Self-Harm Series SWLSTG NHS Trust Self-Harm webinar parts 1-4 freely available for parents:

<https://www.youtube.com/watch?v=VH5fck0I1yM&t=1s>

Papyrus Hopeline Advice Line and Website for Parents – advice about having difficult conversations and supporting young people who are experiencing suicidal thoughts: 0800 068 4141 and www.papyrus-uk.org

Charlie Waller Coping with self-harm guide for parents and carers: <https://charliewaller.org/mental-health-resources/managing-difficult-feelings/coping-with-self-harm>

Young Minds Parent Guide including for supporting and talking about self-harm and suicidal thoughts: www.youngminds.org.uk/parent/a-z-guide and advice line information <https://www.youngminds.org.uk/parent/parents-helpline-and-webchat/>

Combined Minds App for family members by Stem4 is an app developed for teenage mental health charity stem4 to help families and friends support young people with their mental health. Combined Minds helps families and friends to find ways to provide the right environment to help the individuals they support affect their own change: <https://combinedminds.co.uk/>

Merton Health and Wellbeing Directory of services: <https://directories.merton.gov.uk/kb5/merton/directory/family.page?familychannel=5>

SWLSTG Crisis Line that parents can use in a mental health crisis: 0800 028 8000

In an immediate health emergency including risk of significant imminent harm, contact 999 or attend A&E.

Appendix 7 - Safety Plan for School Staff and Student

Exemplar CONFIDENTIAL Safety Plan

Student Name: X

Date: 20/10/22 in consultation with Y of Merton CAMHS

Reviewed / Updated 17/12/22

Areas of concern:

Medication :

Risk (actual or potential):

Triggers:

Plan to support (exemplar)

- Where possible travel to school with friends
- Sharps not to be brought into school
- Sharps in class to be monitored
- Art department to be particularly vigilant and ensure X is sat in a visible place, sharps are counted in and out and their use monitored. X not be allowed to sit on her own.
- Prefers to be seated so she can see the class (ie. Back row and the end)
- X to surround herself by people and not allow herself to be on her own
- If X asks for a few minutes out she needs to be accompanied by a peer
- Not to go off site/to hide away
- X to recognize with things are building up and let someone know
- To seek out a member of staff if feeling overwhelmed. She has identified A and B as key people she trusts but can also talk to C.
- Staff to immediately notify SLT and safeguarding officer if concerned
- A member of staff is available to talk to X when feeling v anxious or low
- Parents to be kept up to date with any issues and ensure they are keeping X safe at home
- Parents to collect from school if there are safeguarding concerns.

Appendix 8 - Interim Wellbeing and Safety Plan for Student

When I feel...

Or have thoughts like...

Others/I might notice signs that I am starting to struggle like...

I can... (distractions/coping strategies/what takes my mind off things?)

I am not alone and can contact my supporters who are...

Supporters can help me by...

Think about and remind myself of things I have got going for me, things I can enjoy, write 3 positives about me/my life (think about what others might say)...

Things I look forward to and why...

I would like this plan to be shared with...

Support for difficult times or a crisis:



Text **YM to 85258** for free mental health crisis support, any time of the day.



Apps: CALM HARM – this app helps discover coping strategies and manage self-harm urges

Apps: CLEAR FEAR – this app helps discover coping strategies and manage waves of anxiety and strong emotion

Websites: www.kooth.com – online mental wellbeing community and support with text based and online counselling

In South West London, you can call the Mental Health support line on 0800 028 8000

In an immediate health crisis – call 999 or attend A&E

Appendix 9

UHS Body Map

Body Map Guidance for Schools

Body Maps should be used to document and illustrate visible signs of harm and physical injuries.

Always use a black pen (never a pencil) and do not use correction fluid or any other eraser. Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment.

***At no time should an individual teacher/member of staff or school be asked to or consider taking photographic evidence of any injuries or marks to a child's person, this type of behaviour could lead to the staff member being taken into managing allegations procedures, the body map below should be used in accordance with recording guidance. Any concerns should be reported and recorded without delay to the appropriate safeguarding services, eg MASH or the child's social worker if already an open case to social care.**

When you notice an injury to a child, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds and burns:

- Exact site of injury on the body, e.g. upper outer arm/left cheek.
- Size of injury - in appropriate centimetres or inches.
- Approximate shape of injury, e.g. round/square or straight line.
- Colour of injury - if more than one colour, say so.
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff etc?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?
- Has the child's body shape changed/are they holding themselves differently?

Importantly the date and time of the recording must be stated as well as the name and designation of the person making the record. Add any further comments as required.

Ensure First Aid is provided where required and record

A copy of the body map should be kept on the child's concern/confidential file.

BODYMAP

(This must be completed at time of observation)

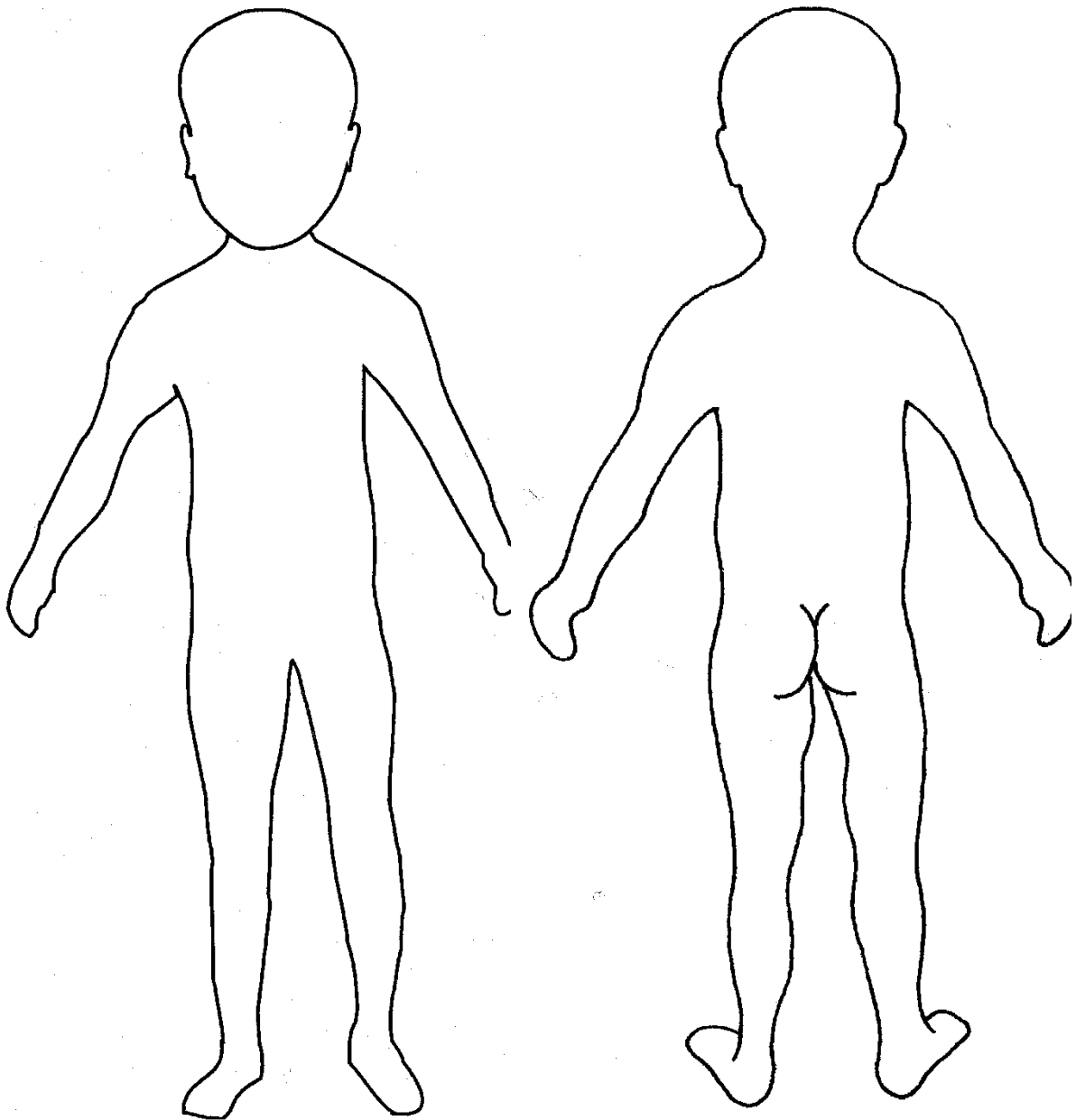
Names for Child: _____

Date of Birth: _____

Name of Worker: _____

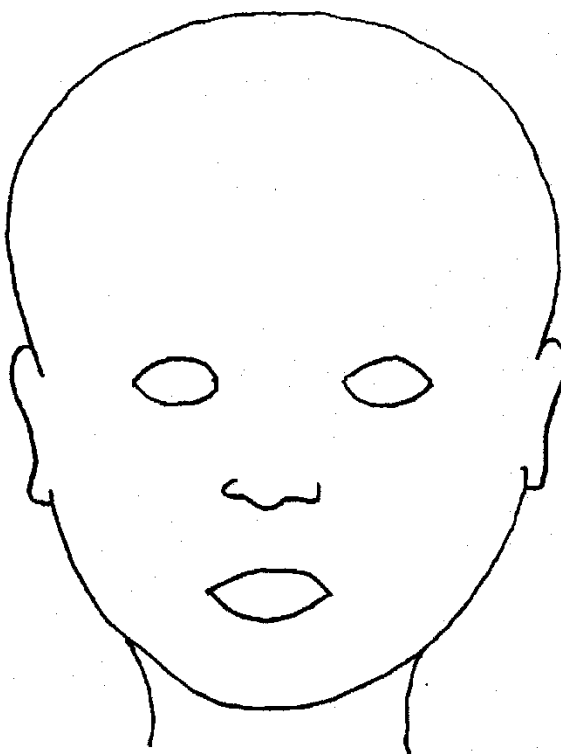
Agency: _____

Date and time of
observation: _____

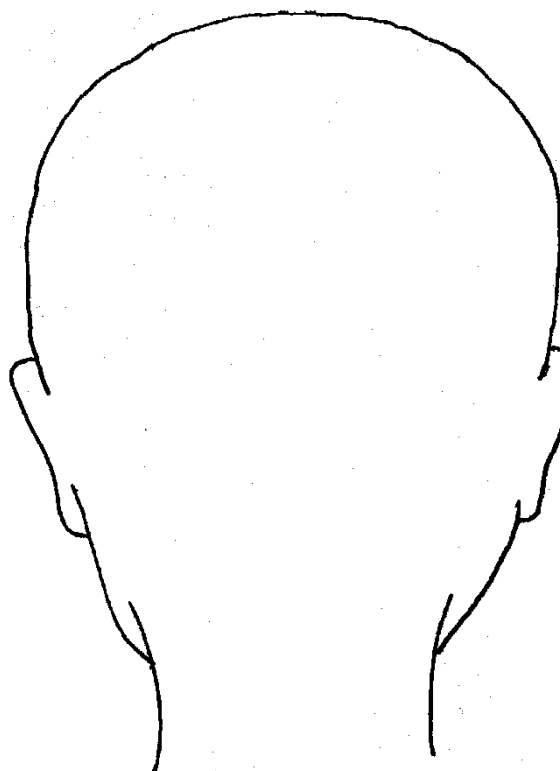


Name of
Child: _____

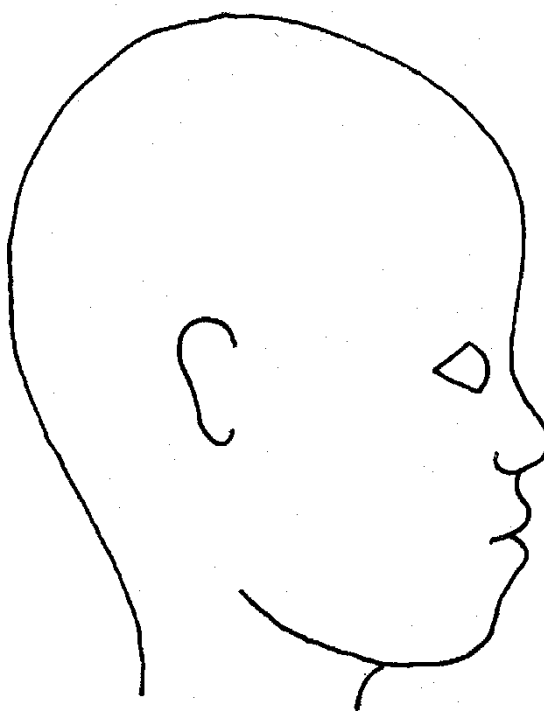
Date of
observation: _____



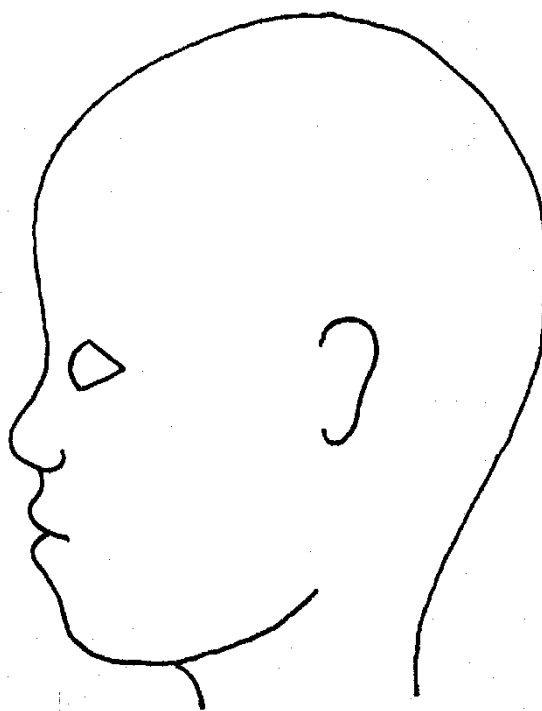
FRONT



BACK



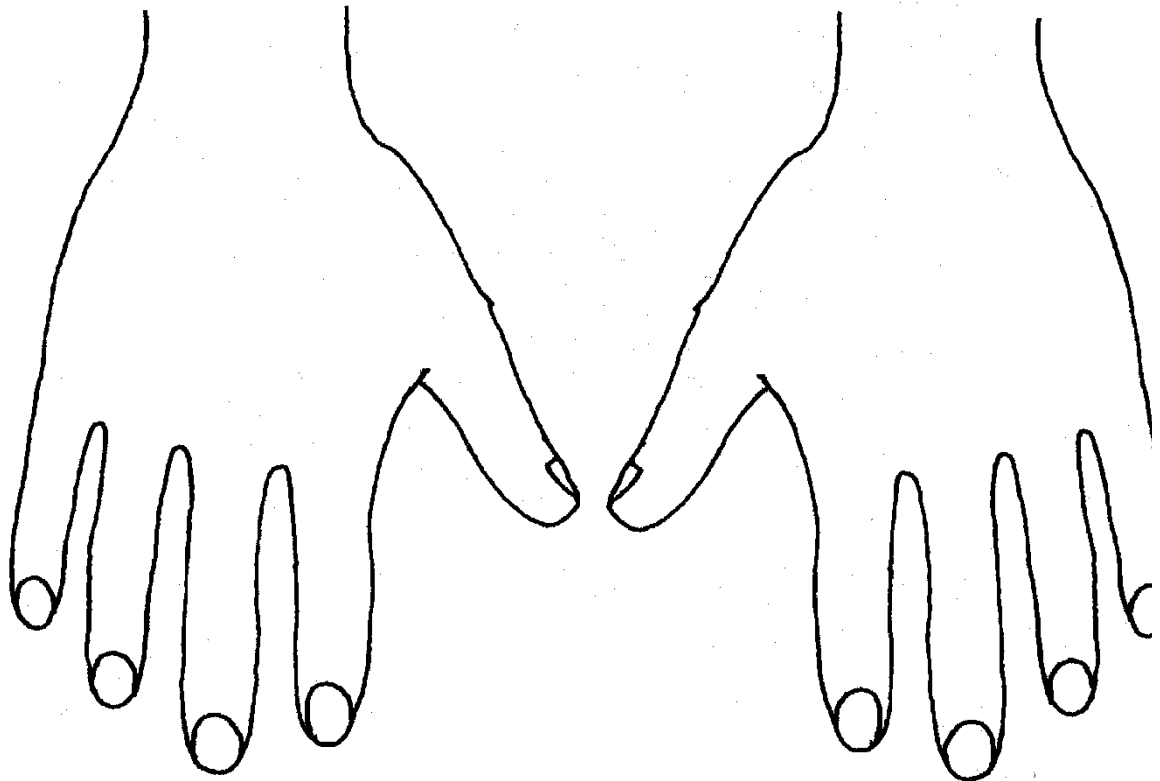
RIGHT



LEFT

Name of
Child: _____

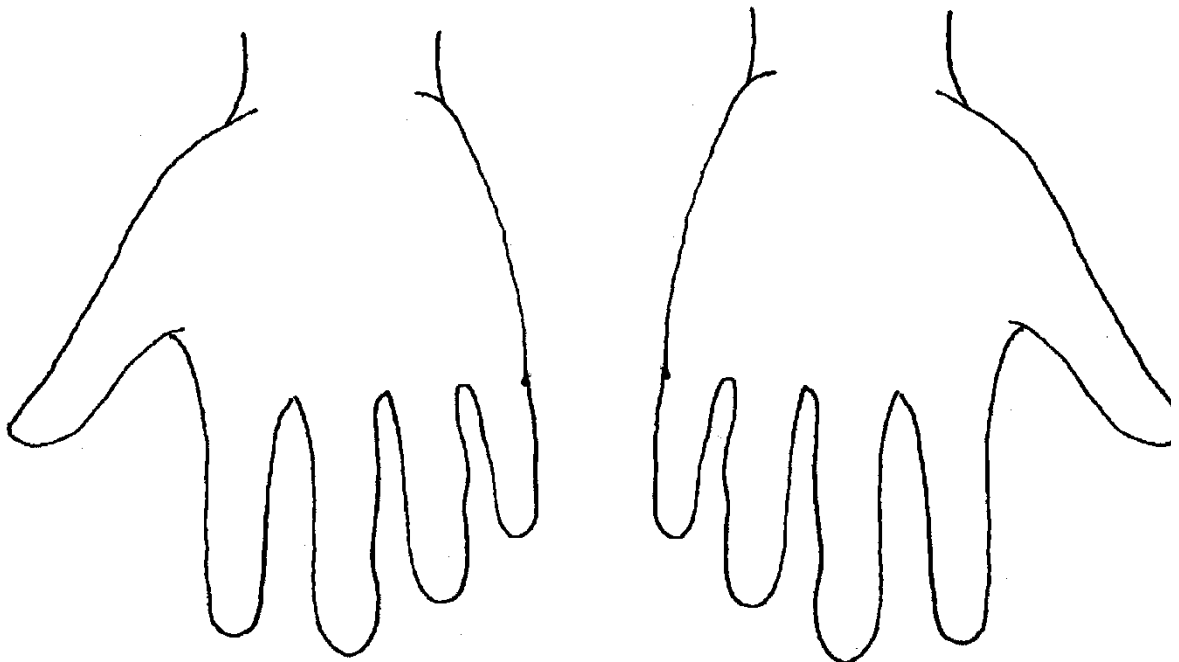
Date of
observation: _____



R

BACK

L



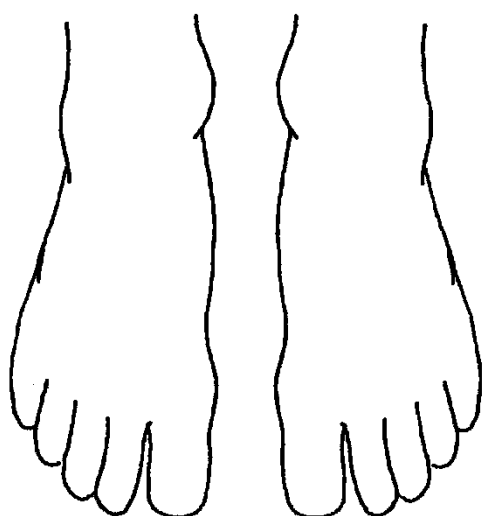
R

PALM

L

Name of
Child: _____

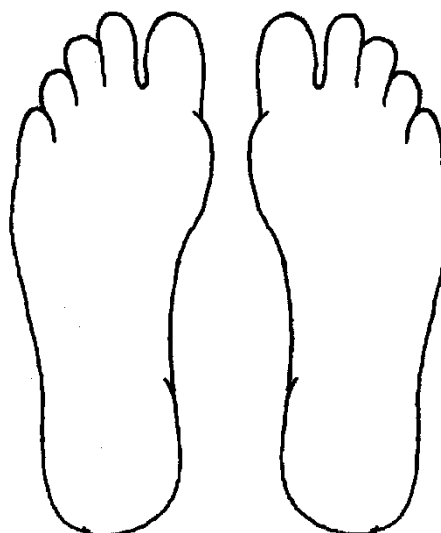
Date of
observation: _____



R

TOP

L



R

BOTTOM

L



R

INNER

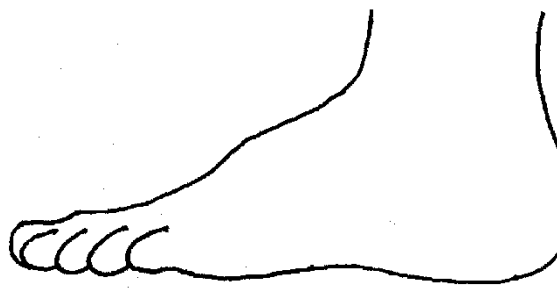


L



R

OUTER



L

Printed Name and
Signature of
worker: _____

Date:
Time: _____

Role of Worker _____

Other information: _____

Appendix 10 – Risk Assessment for Trips

Risk Assessment 2023

Number :

Establishment: UHS

Assessment Date:

Activity:

Completed by:

No of Students:

No of Staff:

Person in charge of the activity:

Hazard <i>List significant hazards which may result in serious harm or affect several people. Including medical/behavioural management of Students with diagnosed and current treatment for Mental Health conditions</i>	Who may be affected	Control Measures List existing controls or note where the information may be found. (e.g. Information, instruction, training, systems or procedures)	Any Further Action <i>List the risks which are not adequately controlled and proposed action where it is reasonably practicable to do more.</i>

What is your review procedure? Review if _____ does not feel this adequately reduces risk or supports young person

Appendix 11 – Reasonable Adjustment Record

Reasonable Adjustments Record

1. List all the options/adjustments to enable inclusion. (All options should be documented even if not feasible).
2. Benefits and Detriments of each option.
3. Decision of feasibility.
4. Discuss decision with the Head Teacher who will make the final decision based on the evidence.

Situation/ Concerns:

Option/Adjustments	Benefits of Option	Detriments of Option	Decision of Feasibility	Notes

Outcome:

Visit Leader Signature:

Date

Head Teacher Signature:

Date

Appendix 12 - Evaluation of support

Termly feedback from Assistant Lead Inclusion on impact of work with students to Head of Inclusion. All Tiers of support staff to feedback to ALI as part of annual review.

