



Alsager School

## EMOTIONAL RESILIENCE, WELLBEING & MENTAL HEALTH POLICY

Prepared by Rob Pearce, Assistant Headteacher  
June 2024

Presented for approval  
at the Full Governing Body of Alsager School  
on June 26 2024  
and subsequently approved and adopted the following day,  
June 27<sup>th</sup> 2024.


Chair of governors: Mrs A Wheaver

Signature:

Date:

27/06/2024

## Emotional Resilience, Wellbeing and Mental Health Policy

Person responsible for the Policy:	Rob Pearce, Assistant Headteacher
Date Approved:	27/06/2024
Signed:	
Date for Review:	This policy will be reviewed every 3 years as a minimum. It is next due for review in May 2027. Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis.

### Definition of Mental Health

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

At Alsager we aim to promote positive mental health for every member of our school community including, staff, pupils and families. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils. In addition to promoting emotional resilience, wellbeing and positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils affected both directly and indirectly by mental ill health.

### Scope

This document describes the school’s approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.

This policy should be read in conjunction with our Safeguarding and Child Protection policy, behaviour policy, Medical policy in cases where a pupil’s mental health overlaps with or is linked to a medical issue and the SEND policy where a pupil has an identified special educational need.

### The Policy Aims to:

- Support and develop emotional resilience and wellbeing in staff and pupils
- Promote a positive outlook regarding mental health in all staff and pupils
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to pupils suffering mental ill health and their peers and parents or carers

## Legislation and guidance

This policy was written with regard to:

[The Equality Act 2010](#)

[The Data Protection Act 2018](#)

Articles 3 and 23 of the [UN Convention on the Rights of the Child](#)

## Lead Members of Staff

Whilst all staff have a responsibility to promote the emotional resilience, wellbeing and positive mental health of pupils, staff with a specific duty include:

- Designated Safeguarding Lead
- Mental health and wellbeing lead
- Deputy Designated Safeguarding Leads (Heads of College and 6<sup>th</sup> form pastoral Lead)
- School Counsellor
- SPIRIT Leads (Personal, social and health education curriculum leads)

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

Where a referral to CAMHS is appropriate, this will be led and managed by the Designated Safeguarding Lead, Deputy or Mental Health and Wellbeing lead.

## Teaching about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our PHSE Curriculum.

This will be delivered through our SPIRIT curriculum which is embedded throughout our curriculum.

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

We will follow the PSHE Association guidance to ensure that we teach the topics of mental health and emotional wellbeing in a safe and sensitive manner which helps rather than harms. Teaching staff who may have personal experiences which might be triggered by certain topics such as self-harm or suicide are given the opportunity to ask a colleague to deliver that lesson. Teaching staff will never discuss personal examples or experiences with pupils and will be

sensitive to pupils in their lesson who may have been or are going through difficulties with their mental health.

To create a supportive whole-school culture, senior leaders will clearly communicate their vision for good mental health and wellbeing with the whole school community.

### **Identifying the warning Signs**

School staff may become aware of warning signs which indicate a pupil's mental health or emotional wellbeing is deteriorating. The school is committed to identifying pupils with such difficulties at the earliest stage possible. Staff are trained to know how to identify these signs and what to do if they spot the signs of emerging difficulties. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with our mental health and emotional wellbeing lead, or one of our safeguarding leads.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism
- Angry/aggressive behaviour both verbal and physical
- Non-compliance
- Anxiety
- Being unable to make choices

It is important to note that any change in the usual emotional behaviour or presentation of a pupil may indicate poor mental health and this should be considered as a possible explanation. The school recognises that short-term stress and worry is a normal part of life and that most pupils will face mild or transitory changes that induce short-term mental health effects. Staff are encouraged to talk to lead members of staff such as the pupils Head of College or the mental health and well-being lead should they be unsure if the signs they have noticed are 'normal' stress or more persistent mental health problems.

## **Vulnerable groups**

Some pupils are particularly vulnerable to emotional resilience, wellbeing or mental health difficulties. These 'vulnerable groups' are more likely to experience a range of adverse circumstances that increase the risk of mental health difficulties. Staff are aware of these groups and remain vigilant to any signs of difficulty. Vulnerable groups include the following:

- Pupils who have experienced abuse, neglect, exploitation or other adverse contextual circumstances
- LAC and Previously LAC
- Pupils with SEND
- Children open to or previously open to children's social care
- Socio-economically disadvantaged pupils, including those in receipt of, or previously in receipt of, free school meals and the pupil premium

## **Managing disclosures**

A pupil may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.

If a pupil chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

Staff should listen rather than advise and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?'

For more information about how to handle mental health disclosures sensitively see Appendix B.

Should a parent inform a member of staff of a concern about their own or another child's emotional well being or mental health, the staff member should follow the guidance below immediately following that disclosure.

All disclosures should be passed on verbally to a member of the safeguarding team and then recorded in writing on CPOMs by adding a new incident which is then held on the pupil's confidential safeguarding file. (Example Appendix C). This written record should include:

- Date and time
- The full name of the member of staff to whom the disclosure was made and their role in school
- The full name of the pupil
- Any other person/s present
- Main points from the conversation
- Next steps taken to pass on the concern

When the school suspects that a pupil is experiencing mental health, emotional resilience or wellbeing difficulties, the following graduated response is employed (See Appendix D):

- An assessment is undertaken to establish a clear analysis of the pupils need
- A plan is set out to determine how to support the pupil
- Action is taken to provide that support
- Regular reviews are undertaken to assess the effectiveness of the provision, and changes made as necessary

An ORS (Outcome Rating Scale) is completed with the child (See appendix F). This includes gaining the views of a parent/carer and a staff member who knows the pupil well. The result of the assessment determines the next steps of support at Tier 1, 2 or 3. Should it be necessary, the school counsellor should be consulted on next steps.

### **Individual Care Plans**

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

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

### **Self-harm and/or suicidal thoughts**

Where a pupil discloses self-harm or suicidal thoughts staff should follow our safeguarding procedures and inform a safeguarding lead urgently. Before the end of the school day, a self harm and/or suicidal thoughts assessment should be completed and next steps to support the pupil agreed. (See appendix G) Medical professionals such as the pupils GP, are notified as needed.

The safeguarding lead or the school counsellor or mental health lead, alongside the pupil and their parents, work together to create a safety plan outlining how the pupil is kept safe and signposted to support available. (See appendix E) Depending on risk, a risk assessment may also be produced and shared with key staff and parents. (See appendix H) Risk will be assessed on a case-by-case basis.

### **Signposting**

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it is outlined in Appendix A.

We will display relevant sources of support in communal areas such as, corridors, class and form rooms display boards around the school and toilets. The posters will highlight sources of support to pupils within relevant parts of the curriculum.

Whenever we highlight sources of support, we will increase the chances of pupils seeking help by ensuring pupils understand:

- What help is available
- Who it is aimed at
- How to access it

- Why to access it
- What is likely to happen next

## **Confidentiality**

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

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

We should never share information about a pupil without first telling them. Ideally we would receive their consent, though there are certain situations when information must always be shared immediately with the safeguarding team (e.g. child protection concerns). This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil.

Parents must always be informed if there is considered to be a risk to the young person or others, in line with usual safeguarding procedures. Pupils may choose to tell their parents themselves.

## **Working with Parents/Carers**

When working with parents/carers, we need to be sensitive in our approach. Before talking to them we should consider the following questions (on a case-by-case basis):

- Can the meeting happen face to face? This is preferable.
- Who should be present? Consider parents/carers, the pupil, and other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's difficulties, and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information and give them information to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too, e.g. parent helplines and forums.

We should always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a record of the meeting on the child's confidential safeguarding file (CPOMs).

## **Working with All Parents**

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

- Highlight sources of information and support about common mental health issues on our school website

- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- Keep parents informed about the mental health topics their children are learning about in SPIRIT and share ideas for extending and exploring this learning at home

### **Supporting Peers**

When a pupil is suffering from mental health difficulties, it can be a challenging time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case-by-case basis which friends may need additional support.

### **Training**

As a minimum, all staff will receive regular training about recognising and responding to mental health issues in addition to their regular safeguarding child protection training to enable them to keep pupils safe and well. Training opportunities for staff who require more in depth knowledge will have access to relevant training. Additional training for staff will be also be supported throughout the year, where it becomes appropriate due developing situations with one or more pupils.

### **Policy Review**

This policy will be reviewed every 3 years as a minimum. It is next due for review in May 2027. Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to Rob Pearce, via phone 01270 871100 or email [r.pearce@alsagerschool.org](mailto:r.pearce@alsagerschool.org)

This policy will always be immediately updated to reflect personnel changes.



## Appendix A:

### FURTHER INFORMATION AND SOURCES OF SUPPORT ABOUT COMMON MENTAL HEALTH ISSUES

#### Prevalence of Mental Health and Emotional Wellbeing Issues

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

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

Support on all these issues can be accessed via [Young Minds](http://www.youngminds.org.uk) ([www.youngminds.org.uk](http://www.youngminds.org.uk)), [Mind](http://www.mind.org.uk) ([www.mind.org.uk](http://www.mind.org.uk)) and (for e-learning opportunities) [Minded](http://www.minded.org.uk) ([www.minded.org.uk](http://www.minded.org.uk)).

#### Self-harm

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

#### Online support

[SelfHarm.co.uk](http://www.selfharm.co.uk): [www.selfharm.co.uk](http://www.selfharm.co.uk)

[National Self-Harm Network](http://www.nshn.co.uk): [www.nshn.co.uk](http://www.nshn.co.uk)

#### Books

Pooky KnightSmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

## **Depression**

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

## **Online support**

Mind.or.uk: <https://www.mind.org.uk/>

## **Books**

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

## **Anxiety, panic attacks and phobias**

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

## **Online support**

Anxiety UK: [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

## **Books**

Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

## **Obsessions and compulsions**

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

## Online support

OCD UK: [www.ocduk.org/ocd](http://www.ocduk.org/ocd)

## Books

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

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

## Suicidal feelings

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

## Online support

Prevention of young suicide UK – PAPYRUS: [www.papyrus-uk.org](http://www.papyrus-uk.org)

Yisyon.org.uk: [www.visyon.org.uk](http://www.visyon.org.uk)

## Books

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

## Eating problems

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

## Online support

Beat – the eating disorders charity: <https://www.beateatingdisorders.org.uk/>

## Books

Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks

## **National Support**

*Young Minds:* a charity committed to improving the wellbeing and mental health of children and young people. [www.youngminds.org.uk](http://www.youngminds.org.uk)

*Kooth:* an online counselling and emotional well-being platform for young people. [www.Kooth.com](http://www.Kooth.com)

NSPCC: is the UK's leading children's charity, preventing abuse and helping those affected to recover. [www.nspcc.org.uk](http://www.nspcc.org.uk)

*Childline:* get help and advice about a wide range of issues, call us on 0800 1111, talk to a counsellor online, send an email or post on the message boards. [www.childline.org.uk](http://www.childline.org.uk)

*Samaritans:* a safe place for you to talk any time you like, in your own way – about whatever's getting to you. You don't have to be suicidal. Whatever you're going through, call us free any time, from any phone on 116 123. [www.samaritans.org](http://www.samaritans.org)

*Proud Trust:* is a life-saving and life enhancing organisation that helps young LGBT+ people empower themselves. [www.theproudtrust.org](http://www.theproudtrust.org)

*Charlie Waller Memorial Trust:* a good source of information about mental health, anxiety and depression. [www.cwmt.org.uk](http://www.cwmt.org.uk)

## **Appendix B:**

### **Talking to pupils when they make mental health disclosures**

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

Focus on listening

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

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

#### **Don’t talk too much**

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

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

#### **Don’t pretend to understand**

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

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you’ve never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don’t explore those feelings with the sufferer. Instead listen hard to what they’re saying and encourage them to talk and you’ll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don’t be afraid to make eye contact

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

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the pupil may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a pupil may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the pupil.

### **Offer support**

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

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

### **Acknowledge how hard it is to discuss these issues**

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

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

### **Don't assume that an apparently negative response is actually a negative response**

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

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

### **Never break your promises**

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

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

## Appendix C: Example of 'new incident form on CPOMS

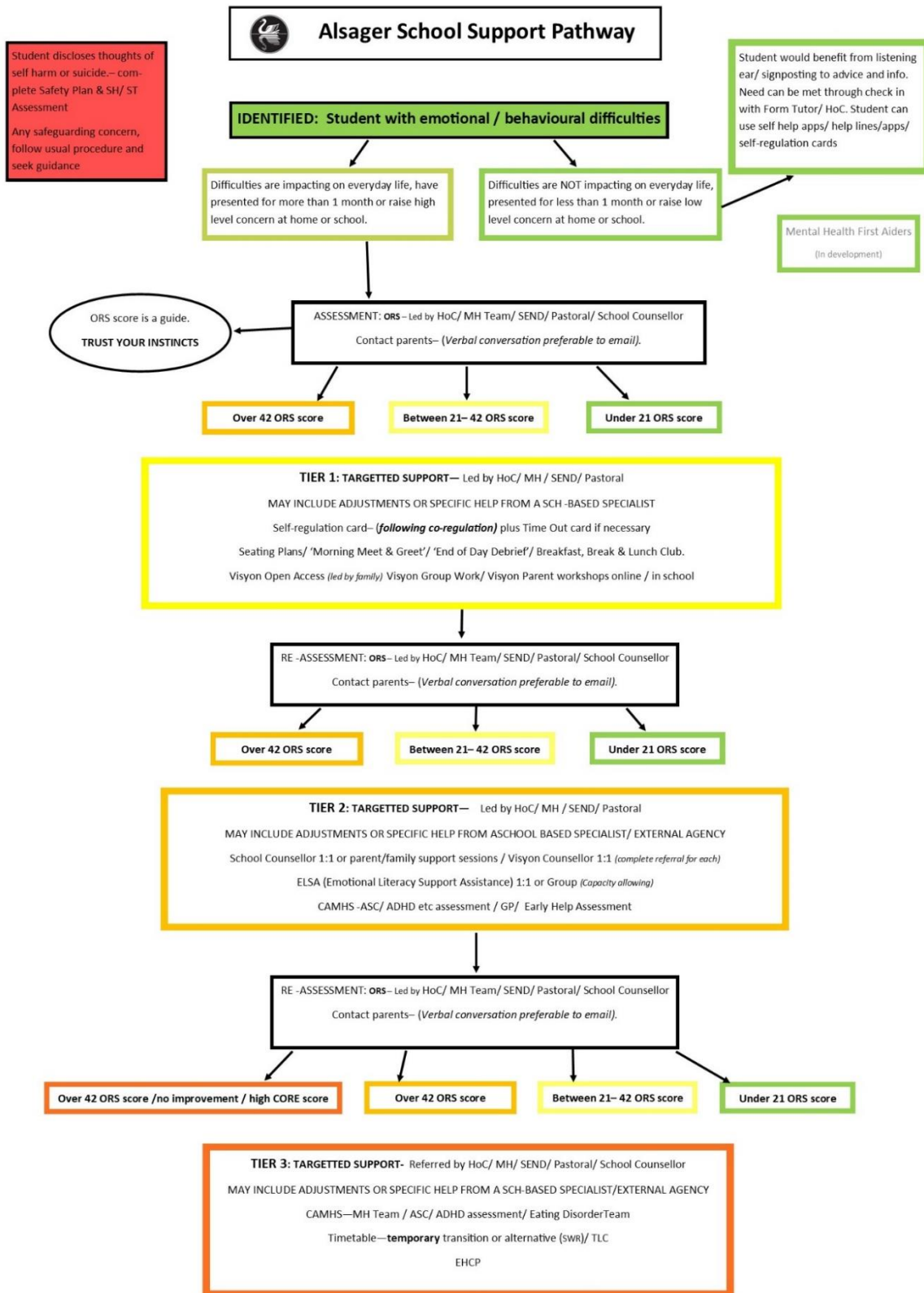
The screenshot shows the CPOMS 'New Incident' form. The interface includes a sidebar with navigation options: Dashboard, Account Settings, and Support (with a notification badge). The main form area is titled 'Alsager School' and contains the following fields:

- Student:** A dropdown menu with the placeholder text 'Begin typing a student's name'.
- Incident:** A large text area for describing the incident.
- Categories:** Two checkboxes for 'Behaviour' and 'Safeguarding'.
- Linked student(s):** A dropdown menu with the placeholder text 'Begin typing a student's name'. Below it is a note: 'Type a student's name to link them to this incident.'
- Maps:** An icon representing two people.
- Date/Time:** A date and time picker showing '02/05/2024 08:22'.
- Status:** A dropdown menu with 'Active' selected.
- Assign to:** A dropdown menu with the placeholder text 'Begin typing a staff member's name'.
- Files:** A file upload area with a button that says 'Click to browse or drag a file to upload'.
- Alert Staff Members:** A dropdown menu with the placeholder text 'Begin typing a staff member's name'. Below it are several buttons representing alert groups: 'Moreton College', 'Dod College', 'Lovell College', 'Royce College', and '6th form'. A note below these buttons states: 'Type a colleague's name or select an alert group to alert them to this incident. Colleagues highlighted in red would not normally be able to view this incident.'
- Agency Involved:** A text input field.

A 'Submit Incident' button is located at the bottom of the form.











## Appendix D: Alsager School Support Pathway:



## Appendix E: Pupil Safety Plan and Support Contact Information

<p><b><u>Struggling</u></b></p> <p>My thoughts are...</p> <p>My actions are...</p> <p>My feelings are...</p>	<p><b><u>Helps me right now</u></b></p> <p>To keep me safe...</p> <p>Then when I feel less overwhelmed I can...</p>	<p><b><u>People I can talk to</u></b></p> <p>At home...</p> <p>At school / work...</p>
<p><b><u>Coping</u></b></p> <p>What has helped before...</p> <p>What else I can do...</p>	<p><b><u>Services I can call / text</u></b></p>	<p><b><u>Emergency</u></b></p> <p>You should call 999 or go to A&amp;E if you have a life threatening emergency needing mental or physical health assistance</p>
<p><b><u>Good Websites for info</u></b></p> <p> fighting for young people's mental health youngminds.org.uk</p> <p> www.mymind.org.uk</p>	<p><b><u>Worries About Suicide</u></b></p> <p> PAPYRUS PREVENTION OF YOUNG SUICIDE</p> <p>0800 068 4141</p>	<p><b><u>LGBT+ Support</u></b></p> <p> Switchboard LGBT+ helpline</p> <p>0800 0119 100</p>
<p><b><u>Useful Apps</u></b></p> <p>Woebot listens and learns. Offers tools for coping with depression &amp; anxiety</p> <p></p> <p> <b>Calm Harm app helps resist / manage the urge to self-harm</b></p>	<p><b><u>Report Abuse</u></b></p> <p> NSPCC</p> <p>help@nspcc.org.uk</p> <p>0800 1111</p>	<p><b><u>Urgent</u></b></p> <p> CAMHS Crisis Line / NHS Urgent mental health helpline 0800 145 6485. Open 24 / 7 to all ages</p> <p>Text for help in a crisis</p> <p> shout 85258</p>

## Appendix F: Outcome of Rating Scale (ORS)

Outcome Rating Scale (ORS)	
Student's name	Staff name and role
<p><i>When discussing a student's difficulties with them, this form can help you to establish their level of functioning (and at which point they may access the Alsager School Support Pathway). Fill out this section with the student <b>before</b> completing the sections overleaf. <b>If 13 and over, check it is ok before informing parents that the student wishes to access Counselling.</b></i></p> <p>Looking back over the last 7 days, including today, let us know how are you feeling by putting a cross in the box which best represents where you are on each scale? The closer to the left, the better things are. The closer to the right, things are not so great.</p> <p style="text-align: center;"><b>Me</b> (How am I doing?)</p> <div style="display: flex; align-items: center; justify-content: space-between;"><div style="text-align: center;"> I'm doing ok</div><div style="flex-grow: 1; display: flex;"><div style="border: 1px solid black; width: 100%; height: 20px; background: linear-gradient(to right, white 25%, lightgray 25% 50%, gray 50% 75%, darkgray 75% 100%);"></div></div><div style="text-align: center;"> My problems feel too much for me</div></div> <p style="text-align: center;"><b>Family</b> (How are things in my family?)</p> <div style="display: flex; align-items: center; justify-content: space-between;"><div style="text-align: center;"></div><div style="flex-grow: 1; display: flex;"><div style="border: 1px solid black; width: 100%; height: 20px; background: linear-gradient(to right, white 25%, lightgray 25% 50%, gray 50% 75%, darkgray 75% 100%);"></div></div><div style="text-align: center;"></div></div> <p style="text-align: center;"><b>School</b> (How am I doing at school?)</p> <div style="display: flex; align-items: center; justify-content: space-between;"><div style="text-align: center;"></div><div style="flex-grow: 1; display: flex;"><div style="border: 1px solid black; width: 100%; height: 20px; background: linear-gradient(to right, white 25%, lightgray 25% 50%, gray 50% 75%, darkgray 75% 100%);"></div></div><div style="text-align: center;"></div></div> <p style="text-align: center;"><b>Everything</b> (How is everything going?)</p> <div style="display: flex; align-items: center; justify-content: space-between;"><div style="text-align: center;"></div><div style="flex-grow: 1; display: flex;"><div style="border: 1px solid black; width: 100%; height: 20px; background: linear-gradient(to right, white 25%, lightgray 25% 50%, gray 50% 75%, darkgray 75% 100%);"></div></div><div style="text-align: center;"></div></div>	

**Grading the student's ORS**

Overall, the 10 boxes between the two emojis equate to a scale of 1-10 (1 being "I'm doing ok"). Please add the scores indicated by the student, to give a subtotal out of 40.

Subtotal- / 40

**Perceptions from home**

When talking to parents/carers, do they say the student/family are experiencing difficulty with any of the following areas?

Emotions	<input type="radio"/>	Concentration	<input type="radio"/>	Behaviour	<input type="radio"/>	Relationships	<input type="radio"/>
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Ask parents to grade out of 10, how much they feel their child is in distress or unregulated at home. (with 1 being ok and 10 being in crisis.) Mark on the scale.

1	2	3	4	5	6	7	8	9	10
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**Perceptions in school**

Talk to a staff member who knows the student best. Do they say the student is experiencing difficulty with any of the following areas?

Emotions	<input type="radio"/>	Concentration	<input type="radio"/>	Behaviour	<input type="radio"/>	Relationships	<input type="radio"/>
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Ask them to grade out of 10, how much they feel the student is in distress or unregulated in school. (with 1 being ok and 10 being in crisis.) Mark the corresponding box on the scale.

1	2	3	4	5	6	7	8	9	10
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Add the student's scores together with scores from home and school, to give you a total out of 60.

Refer to the Alsager School Pathway for guidance on which support to offer.

**SCAN & UPLOAD TO CPOMS.**

Total- / 60

## Appendix G: Self Harm and/or suicidal thoughts assessment

### SELF HARM and/or SUICIDAL THOUGHTS ASSESSMENT Version Sept 2023

Student Name & <i>xx</i> group:	Staff Name:	Date:
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#### SELF- HARM:

1. Do you think you may be self-harming in **any way** or do you have thoughts about doing this?  
*Describe self-harm or thoughts of self-harm. (Scratching/ missing meals/ pulling hair...?)*
  - If student is **only having thoughts of self-harming**: omit question 2.
  - If student **is self-harming**: Offer Safety Plan and ask questions 1-7:

2. How are you doing this? *(Explore severity of self-harm- how deep/ meals missed, usual times and places/ which implements they tend to use.)*

3. How regularly is this? (Frequency per day/ week/ month)

4. How long has this been happening?

5. Who knows about this? *(Encourage student to **talk to someone when they have the thoughts**. "Darker" thoughts can grow when we keep them to ourselves; they have less power over us when we share them with someone else.)*

6. Do you consider yourself to be safe from harm? – when you leave today are you safe to go home? *If student answers "No," see Designated Safeguard Lead before student leaves premises.*

7. Have you had any thoughts about ending your life or not wanting to be here or do you sometimes think things like "It would be easier if I wasn't around?"
  - If student answers "NO," you don't need to use the Suicidal Thoughts section.
  - If student answers "Yes," continue to Suicidal Thoughts questions.

#### NEXT STEPS/ ACTIONS

Discuss the next steps for support **together** –safeguarding/ family/ mentoring / groups / counselling?

**SELF HARM and/or SUICIDAL THOUGHTS ASSESSMENT** Version Sept 2023

Student Name & yg group:	Staff Name	Date:
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- Upload form to CPOMS. Shred any paper copies.
- Complete safety Plan & share with parents
- ORS needed?

**SUICIDAL THOUGHTS:**

1. How long have you had these thoughts?

1. How regular are these thoughts?

2. Who knows about this? (Encourage student to **talk to someone when they have the thoughts**. "Darker" thoughts can grow when we keep them to ourselves; they have less power over us when we share them with someone else.)

3. Have you started to work out or already worked out how you may end your life? (Method or writing goodbye notes etc.) *If student answers "YES," complete question 4.*

4. 0 being not at all and 10 meaning definitely – How likely are you to go ahead with this plan? (If you feel worried or student has a score of 6+ speak to your DSL).

0	1	2	3	4	5	6	7	8	9	10
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**NEXT STEPS/ ACTIONS**

Discuss the next steps for support **together** –safeguarding/ family/ mentoring / groups / counselling?

- Upload form to CPOMS. Shred any paper copies.
- Complete safety Plan & share with parents
- ORS needed?

## Appendix H: Safety Plan and Risk Assessment



Alsager School

# Safety Plan and Risk Assessment

	Form:
Date Started:	Frequency of review: Fortnightly
<u>Nature of Potential Risk</u>	<u>Who is at Risk of Harm?</u>
<u>Examples</u>	Details of pupil and or other people if appropriate
<ol style="list-style-type: none"> <li>1. Self-harm or attempted suicide on school site. Using implements found in school, or bringing them from home such as sharpener blades etc.</li> <li>2. Sourcing items on school site to use for self-harm. Staff will remain vigilant of material and items; however, school cannot remove all items and therefore xxx will not seek to source items on the school site to use for self-harm.</li> </ol>	
Likelihood of harm based on past history/current issues ( <u>WITHOUT</u> additional control measures in place).	<b>Likelihood of harm based on past history/current issues</b> (WITH additional control measures in place).

<p><b>What measures can control the risk? At home, on the way to school, in lessons, walking between lessons, free time, leaving school.</b></p> <p>Parents to check that.....</p> <p>Pre-school arrangements e.g. Parents to alert us immediately if.....</p> <p>Parents will confirm at drop off that xxxx has been searched (person/bag/blazer)</p> <p>If xxxxx arrives at school unaccompanied, parents to be contacted and search completed by school staff</p> <p>Description of timetable arrangements e.g. Reduced timetable with specialist provision and accompany xxxx to and from lessons/toilet.</p> <p>Description of free time arrangements and toilet use</p> <p>How will staff be informed and what to look for e.g. Staff who teach xxxxx in the afternoons, will be spoken to and</p> <p>‘Eyes on’ xxxxx at all times.</p> <p>Other helpful strategies /specific arrangements</p> <p>How will the child get home? e.g. Parents to collect xxxxx at 3pm directly from the care of a named staff member.</p>	<p><b>Review 1:</b> (Date) Persons present at the meeting and description of review meeting with child and parents</p>
<p><b>Who will be responsible for checking control measures?</b></p> <p>Parents will be in charge of searching xxxx,</p> <p>School staff (who) will be responsible for...</p> <p>Risk assessment and safety plan to be reviewed by Rob Pearce, DSL and name DDSL every 2/4 weeks</p> <p>Xxxxx named member of staff or should she be absent, xxxxx member of staff to be in charge of supervision of xxxxx when not in lessons.</p>	<p><b>Review 2:</b> (Date)</p>
<p>I accept that I have a responsibility to follow the rules and safety plan. I understand that if I do not, there will be consequences for my behaviour.</p> <p>Signed _____ (student)</p> <p>Signed _____ (staff)</p> <p>Seen by parents _____</p> <p>Date:</p>	<p><b>Review 3:</b> (Date)</p>