

# **East Midlands Academy Trust**

## **Pupil Mental Health and Wellbeing Policy**

**'Every child deserves to be the best they can be'**

<b>Scope: East Midlands Academy Trust &amp; Academies within the Trust</b>	
<b>Version:</b> V2	<b>Filename:</b> EMAT Pupil Mental Health and Wellbeing Policy
<b>Approval:</b> October 2025 <i>Approved by the Trust CEO</i>	<b>Next Review:</b> October 2027 This Policy will be reviewed every two years by the Owner and approved by the Trust CEO
<b>Owner:</b> Trust Safeguarding Lead	<b>Union Status:</b> Not Applicable

<b>Policy type:</b>	
Non-statutory	New guidance

#### Revision History

<b>RevisionDate</b>	<b>Revisor</b>	<b>Description of Revision</b>
October 2025- v2	Thompson Team	Amended to reflect any local and/or national changes. Moved ownership to Trust safeguarding lead
November 2023 - V1	Thompson Team and EMAT MH working Party	Introduction of Mental Health and Wellbeing Policy

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At Northampton International Academy the named personnel with designated responsibility for mental health and wellbeing are:

Senior Mental Health Lead	Other people with responsibility for Mental Health
<i>Matt Lee – Head of School Inclusion</i>	<i>Amanda Carrol – School Counsellor, Mental health lead.</i> <i>Lizanne Hudson – School Counsellor</i>

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## 2. Aim of policy

In 2017, the Government published its Green Paper for Transforming children and young people's mental health, which detailed proposals for expanding access to mental health care for children and young people, building on the national NHS transformation programme which was already underway. The proposals included a focus on providing additional support through schools.

Mental health difficulties in young people are becoming increasingly common. Mental health in adolescence is linked to educational success and young people with persistent mental health difficulties are at a greater risk of negative outcomes. It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning as well as their physical and social health and their mental wellbeing in adulthood.

Schools, in conjunction with other more specialist services, are well placed to provide effective support that enables young people to thrive. The school environment is not only a place of learning but also an important source of friends, social networks and adult role models, all of which can have a significant influence on young people's mental health and wellbeing.

Schools can best nurture young people's mental health by implementing a whole school approach to mental health and wellbeing.

The policy aims to:

- Promote positive wellbeing
- Ensure all staff understand their roles and responsibilities in supporting pupils' mental health and wellbeing
- Describe the school's approach to mental health issues
- Increase understanding and awareness of mental health issues so as to facilitate early intervention in the case of possible problems
- Alert staff to warning signs and risk factors
- Provide support and guidance to all staff, including non-teaching staff and governors, for working with and supporting pupils who suffer from mental health issues

## 3. Scope

This policy applies to all teaching, non-teaching, support, supply, peripatetic, contract staff, governors, volunteers and trustees working in or on behalf of the school. All references in this document to 'staff' or 'members of staff' should be interpreted as relating to the aforementioned unless otherwise stated.



## 4. Definitions

We use the World Health Organisation's definition of mental health and wellbeing

"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".

Mental health and wellbeing is not just the absence of mental health problems. We want all children/young people to:

- feel confident in themselves.
- be able to express a range of emotions appropriately.
- be able to make and maintain positive relationships with others.
- cope with the stresses of everyday life.
- manage times of stress and be able to deal with change.
- learn and achieve.

Mental health research suggests that mental illness is often the main focus in relation to mental health, whereas mental health gets less attention than it should. We acknowledge and promote the view that mental health and mental ill health are not the same thing but are at two ends of the mental health continuum.

## 5. Legislation and statutory guidance

This policy links with other school policies and procedures, including:

- Safeguarding and Child Protection Policy
- Behaviour Policy
- Staff Code of Conduct
- Health and safety policy
- Attendance policy
- Online safety policy
- SEND policy
- Equality policy
- Sex and relationship education policy
- First aid policy
- Antibullying policy
- IT acceptable use policy

## Guidance and legislation

- Mental health and behaviour in schools - departmental advice for school staff. Department for Education (November 2018)
- Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (February 2016)
- Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (March 2019, updated 2021). PSHE Association. Funded by the Department for Education (2015)
- Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (latest version)
- Future in mind – promoting, protecting and improving our children and young people's
- Promoting children and young people's mental health and wellbeing - A whole school or college approach
- NICE guidance on social and emotional wellbeing in primary education
- NICE guidance on social and emotional wellbeing in secondary education
- Reasonable adjustments for disabled pupils 2015

## 6. Inclusion and Diversity

The Trust recognises that some mental health problems will meet the definition of disability contained within the Equality Act 2010. The school will apply this policy and any related procedures in accordance with its duties under the Equality Act, including the duty to make reasonable adjustments.

## 7. Roles and Responsibilities

We believe that all staff have a responsibility to promote positive mental health, and to understand about risk factors and protective factors for mental health. Some children will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that children with mental health needs get early intervention and the support they need.

All staff should understand possible risk factors that might make some children more likely to experience problems, such as: physical long-term illness, having a parent who has a mental health problem, death and loss, including loss of friendships, family breakdown and bullying. They should also understand the factors that protect children from adversity as outlined in Appendix D.

## **EMAT Trustees and Local Advisory Boards**

EMAT's Trustees have a strategic leadership responsibility for the overview of mental health and wellbeing across the Trust. Trustees delegate the monitoring of mental health in schools to the Local Advisory Board (LAB). The LAB Governor acting as Safeguarding Lead will monitor the effectiveness of this policy in conjunction with the full Local Advisory Board.

## **The Headteacher**

The Executive Headteacher is responsible for the implementation of this policy. The Headteacher will:

- ensure that this policy is reviewed as required and ratified by the governing body;
- ensure that this policy and associated procedures are adhered to by all staff and take action as necessary if not;
- ensure that staff (including temporary staff) and volunteers are informed of our systems that support mental health, including this policy;
- ensure that the school works with external agencies where appropriate to support children with poor mental health and wellbeing.

## **Senior Mental Health Leads**

Our Senior Mental Health Leads (SMHL) have received training to fulfil their roles and responsibilities. SMHLs will work with other staff to:

- coordinate whole school activities to promote positive mental health and wellbeing.
- support teaching and learning about mental health.
- provide advice and support to staff and organise training and updates.
- be the first point of contact with mental health services, and makes individual referrals to them.

## **The Designated Safeguarding Lead**

We acknowledge the link between mental health and safeguarding. Mental ill health can be an indicator of abuse. Our SMHL and DSLs should work closely together to safeguard pupils under the same remit as outlined in the Safeguarding and Child Protection Policy.

## **The Special Educational Needs Coordinator**

Some mental health problems will meet the definition of disability contained within the Equality Act 2010.

The Special Educational Needs Coordinator (SENDCo) will:

- Act as a source of support and expertise on matters relating to mental health to ensure that other members of staff can carry out their safeguarding duty.
- Advise on the response to mental health concerns.
- Liaise with the agencies to support pupils' mental health and wellbeing.



- Identify if children may benefit from additional support including an early help assessment.
- Update their knowledge and skills regularly and keep up to date with any developments relevant to their role.
- Work closely with other relevant professionals to ensure children with additional vulnerabilities are safeguarded.
- Help to promote educational outcomes of children who have experienced or are experiencing mental health issues by sharing relevant information with teachers and the school leadership team.
- Provide relevant intervention for pupils with mental health concerns where appropriate.
- Keep accurate records for pupils with mental health concerns.

We recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals. Some children will need more intensive support at times, and there are a range of mental health professionals and organisations that provide support to children with mental health needs and their families.

### **Mental Health First Aiders**

Mental Health First Aiders have undertaken specialist training to enable them to fulfil the expectations of their role. Mental Health First Aiders will:

- Be available during school or college hours for staff to discuss any mental health concerns.
- Be available during the school day to support with mental health emergencies.
- Undertake training to equip them with the skills to carry out the role and update this regularly.

### **All staff**

Staff play an important role because they are in a position to identify concerns in order to provide help for children. All staff;

- have a responsibility to provide a safe environment, where children can learn
- will be trained so that they know what to do if a child tells them that they have a concern about their mental health and wellbeing
- will be able to identify indicators of poor mental health
- will be made aware of systems in the school that support pupils' mental health
- will be made aware of issues that put children at risk of poor mental health
- will receive and access directed updated training as appropriate
- should always seek advice from the SMHL or Mental Health First Aider if they are unsure

Although there are mechanisms in place to support staff understanding in relation to mental health and wellbeing, there is an expectation that if staff are unclear on any aspects of the school mental health policy or practice, they will speak to the Senior Mental Health Lead without delay, so that additional training can be put in place.

## 8. Supporting Pupils' Positive Mental Health

### Culture

We believe that mental health in our school is everyone's responsibility, and promoting mental health is embedded into everything we do. We strive to create a learning community with mental health at the core: educating staff, pupils and parents/carers about positive mental health and wellbeing and putting robust support in place for pupils struggling or in crisis. We work in tandem with health care professionals to ensure that the best quality of care is available for our young people. All EMAT schools have achieved or are working towards the St Andrews Lightbulb award for mental health and wellbeing.

### Environment

The whole school environment promotes both mental health education, support, and signposting.

- School displays signpost pupils to both in school and out of school support available.
- Pupils have access to a safe space where they can regulate their emotions and find support with their mental health.
- They can access therapy in a quiet and private space.
- Pupils in mental health crisis have a safe, private space where they can access support.
- Strategies are in place for pupils who, due to mental health issues:
  - need to remove themselves from class for emotional regulation.
  - need to avoid crowds and can leave class early.
  - need to avoid queues in the canteen.

### Pupil Voice

We listen to pupils and work alongside them to ensure that the mental health education and support we offer is relevant to them. Through regular pupil voice we collate data which informs our curriculum and approach.

### Parents and Carers



**Inclusion**



**Innovation**



**Impact**

As a whole school community, we work closely with the families of our young people. Alongside the safeguarding team we ensure that families are involved every step of the way when we are working with pupils who struggle with their mental health or who are in crisis.

With the attendance team we work to encourage and support pupils who have missed school due to mental health issues back into lessons, often by providing a graduated approach.

We recognise and respect how sensitive mental health is and we work with a holistic approach, recognising the need for flexibility, working with each pupil and each family in the way that best supports them.

## 9. Mental Health Education in School

### The pupil curriculum

The skills, knowledge and understanding needed by pupils to keep themselves and others physically and mentally healthy and safe is included as part of the PSHE (personal, social, health and economic education) curriculum in each year group. This includes the need to look out for the safety and wellbeing of others as part of a responsible community.

The specific content of lessons is determined by the specific needs of the cohort being taught but there is always an emphasis on enabling pupils to develop the skills, knowledge, understanding, language, and confidence to seek help, as needed, for themselves or others. The curriculum also aims to teach pupils how to manage their own mental health, building the need for resilience and recognition of individual mental health needs.

Teaching approaches and materials are guided by validated organisations such as the PSHE Association and Mind.

Parents/carers are informed of the topics being taught via the PSHE curriculum document and any concerns are addressed beforehand. The school will endeavour at all costs to teach health and emotional wellbeing topics in a sensitive and safe manner.

Teacher guidance is made available on teaching mental health topics. The school will teach and promote good mental health through the assembly structure and through the extended curriculum. These frequently come back to key messages about the importance of maintaining good mental health while knowing how and when to ask for help.

The school actively promotes participation in activities that encourage good mental health outside the classroom. This may be through extra-curricular activities at school, visits and fixtures, or through the celebration of pupils' achievements outside of school via diaries, displays, or any other means appropriate to the age and setting. Pupils are encouraged to record their activities in order to build their confidence and mental resilience.

Support is made available to pupils or staff who disclose concerns after these lessons. For pupils this is through discussion with their form/class teacher or pastoral staff in the first instance or the Senior Mental Health Lead. Teachers should approach the Senior Mental Health Lead or their line manager.

The teaching of mental health is reviewed regularly to ensure that it meets the changing needs of the pupils.

### **Training**

As a minimum, all staff receive regular training about recognising and responding to mental health issues as part of their regular safeguarding and child protection training in order to enable them to keep pupils safe. This is part of the safeguarding training given to all staff. In addition, there is learning and support that can be accessed on the school's website.

There will be regular training of staff on mental health issues and on active listening through INSET training.

The mental health lead in the school will be fully trained in the role and will maintain this training regularly to keep abreast of advances in the area. Key staff will undertake training in Mental Health First Aid.

We consider additional training opportunities for staff and we will support additional CPD throughout the year where it becomes appropriate to respond to developing situations with pupils.

The school will ensure that there are staff available at all times of the school day who are trained in mental health first aid and that this training is kept up to date.

## **10. Identification of Need**

### **Early Identification**

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these signs will communicate their concerns with the safeguarding team using My Concern.

Understanding common mental health problems can assist staff in recognising when a pupil may be in need of support. However, school staff should not act as mental health experts and should not try to diagnose conditions.

### **Risk Indicators and Vulnerabilities (see also Appendix D)**



General warning signs may include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Increased isolation from friends or family
- Social withdrawal
- Negative changes in activity and mood
- Lowering of academic achievement
- Talking about self-harm or suicide
- Misuse of drugs or alcohol
- Increased risky behaviour
- Expressing feelings of failure or loss of hope
- Repeated absence from school

### **Identifying Needs**

The school understands the important role it can play in identifying and supporting pupils with mental ill health or suspected mental ill health. Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Senior Mental Health Lead, the DSL (or DDSL) or a Mental health First Aider in the first instance. If there is a fear that the pupil is in danger of immediate harm, safeguarding and child protection procedures should be followed with an immediate referral to the DSL or the Headteacher. If the pupil presents a medical emergency, the usual procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

### **Risk Assessments**

Where a pupil has been identified as having a mental health problem or a suspected mental health problem, the school will establish a structured response designed to safeguard that pupil's health, safety and welfare, which will include carrying out and updating a risk assessment for pupil welfare (see Appendix E).

### **Support and Interventions**

The support and interventions provided will vary on an individual basis depending on the risk identified and any specific mental health problem identified.

The Mental Health Lead will display relevant sources of support such as:

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

Interventions may include, as appropriate:

- placing a pupil on an agreed 'in house' intervention.



- active monitoring.
- relevant conversations with the pupil and/or family.
- seeking appropriate medical assistance including, where necessary contacting the emergency services.
- making a referral to external services such as 'CAMHS'.
- referral to children's services.
- where the pupil has been absent from school, steps to support reintegration
- determining if it is in the best interests of the pupil to attend school or related activities.

## 11. Managing absence from school

### Managing absence from school

#### **Supporting pupils not in school**

If a pupil is absent from school for any length of time, then appropriate arrangements will be made to send work home. This may be in discussion with any medical professionals who may be treating a pupil. If a pupil is an inpatient, the Senior Leadership Team will liaise with the teachers at the hospital to ensure appropriate work is provided or that teachers are aware of how to help a pupil join a lesson in Microsoft Teams.

Procedures outlined in the school attendance policy to safeguard absent pupils will be followed.

We will work with professionals to ensure all pupils receive an appropriate full-time education. This may be in the form Alternative Provision for pupils experiencing mental ill health. Where pupils are placed at Alternative Provision, the DfE statutory guidance will be applied.

#### **Reintegration**

Should a pupil require some time out of school, the school will be fully supportive of this and every step will be taken in order to ensure a smooth reintegration back into school when they are ready. The school will work alongside any external agencies, the pupil and their parents/carers to draw up an appropriate risk assessment/safety plan (see Appendix E). The pupil should have as much ownership as possible with regards the plan so that they feel they have control over the situation. If a phased return to school is deemed appropriate, this will be agreed with the parents/carers.

## 12. Managing disclosures and reporting concerns

### Managing disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff. All staff will be briefed and have ongoing training on how to respond appropriately to a disclosure. This will be calm, supportive, and non-judgemental.

### Confidentiality and Information Sharing

The school will follow rules of confidentiality as within the EMAT Safeguarding Policy. The procedure in this school is that all staff are trained to make it clear to any pupil that they cannot keep a confidence if the pupil is in danger but will refer any information using the safeguarding procedures.

Pupils will be informed from the outset on who will be told of the information they disclose, what was going to be said, and why it needed to be said.

Parents/carers of pupils under the age of 16 will be informed routinely unless there is a safeguarding reason not to share this information in which case the reasons for this decision will be recorded on My Concern. Pupils over the age of 16 will be encouraged to tell their parents/carers themselves within an appropriate period of time subsequent to which the school will inform them. However, in all cases where the pupil can be considered competent, the school will follow advice from the NHS website about the sharing of medical information.

If a pupil gives us reason to believe that there may be underlying child protection issues, the DSL will be informed immediately who will implement safeguarding and child protection procedures.

### Recording and Reporting

MyConcern will be used to record all disclosures. Any disclosure made will be recorded on MyConcern and will be held on the identified pupil's safeguarding file.

The record should include:

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

The safeguarding team and Senior Mental Health Lead will offer support and advice about next steps.

## 13. Mental Health Emergencies

Mental Health First Aid is the help that a first aider gives to someone who is experiencing a mental health issue before professional help can be obtained.

The aim is to preserve life, provide help to prevent the emotional or mental health issue from escalating, promote the recovery of the person's mental health, provide comfort to the person, raise awareness of mental health issues and reduce stigma and discrimination.

Mental Health First Aiders have completed a specific course in this area and have therefore been trained to recognise mental ill health and help people to find the support that they need.

In the case of a medical emergency, the school will follow their first aid and medical emergency procedures.

## Appendix A: Conversations with parents

School staff may need to open up a conversation with a parent or carer about a range of topics that might be affecting their child's ability to flourish and achieve in school.

For example, concerns might arise about:

- a child or young person's mental health, wellbeing, progress in school or their safety
- factors in a child's family or community environment that may be affecting their wellbeing – e.g. risk factors such as family problems, being a young carer, or facing discrimination
- factors in school that might be affecting them – e.g. problems with peer relationships, bullying or academic stress
- a parent or carer's mental health and wellbeing

Whatever the concern, it is important that staff work in partnership with parents and carers to explore what might be challenging a child or young person's wellbeing, to help find solutions and to signpost them to help and specialist services where necessary.

### **Barriers to opening up a conversation with a parent/carer**

Typical barriers that prevent school staff from starting up conversations with parents/carers include:

- embarrassment
- stigma
- lack of confidence and feeling inadequate
- fears about making things worse
- concern about the response they will receive, especially when talking about sensitive issues.

## Appendix B: Procedure for Self-Harm

Self-harm is where someone does something to deliberately hurt themselves when they find things difficult to cope with.

It can include behaviours such as:

- Cutting
- Over-dosing
- Hitting (self and others)
- Burning or scalding
- Picking or scratching skin
- Pulling hair
- Ingesting toxic substances
- Eating disorders

### Context:

People self-harm for lots of different reasons. Sometimes this is because they feel bad about something that has happened to them but often there is no known cause. Self-harming behaviours may have the following functions:

- To communicate distress to others
- To relieve unbearable feelings
- To provide soothing and comfort by releasing tension and gaining care from others
- To feel alive if they feel numb due to life experiences
- To punish themselves as they feel shame and self-blame
- To control things in their life when everything feels out of control

### Guidance for teachers and support staff:

- Stay calm – try not to panic or show you feel shocked, even though you may be
- Ensure a first aider is available to treat any wounds or injuries
- Do not ignore, punish or criticise the behaviour
- You may want the young person to stop but telling them to stop is not helpful and can be dangerous as it takes away their coping strategy
- Listen to them non-judgmentally and try to understand
- Explain about duty of care and confidentiality
- Inform the DSL/DDSL by recording the concern on MyConcern
- Have an awareness of your own feelings and need for safe support
- Have an awareness of the feelings of peers and their need for safe support
- Be aware of 'social contagion' – self-harm spreading between members of a group

**If a child has self-harmed:**

- Do not leave the pupil alone; go together to see the Mental Health First Aider, Senior Mental Health Lead the DSL or DDSL. Or ask someone else to go for help
- If the pupil does not want to talk whilst waiting for assistance, reassure them that this is fine and that you will remain with them in supportive silence. Your reassurance will help the pupil to feel understood and safe
- Once the pupil is safe and with a fully trained member of staff, record the incident on MyConcern
- First aid treatment and procedures should be followed, if required
- Contact parents/carers and ask them to make a GP appointment (or go to A&E if there is an imminent threat to life)
- A risk assessment/safety plan should be put in place immediately to support the pupil and staff
- Referrals to appropriate professionals and agencies should be made as deemed appropriate
- Ensure records of all concerns, actions and referrals are logged on MyConcern
- Ensure support for staff is available, if required

## Appendix C: Procedure for Suicidal Ideation

Whilst suicide is a part of the broader topic of Mental Health, it is important to address it specifically. By doing so, the school seeks to protect the health and wellbeing of all pupils by having in place proactive and reactive procedures to assess the risk of, intervene in, respond to and, as much as possible, prevent suicide in our community.

### Context:

- Suicide is the leading cause of death in young people
- Schools play a vital role in helping to prevent young suicide

We recognise that:

- Suicidal ideation can be common amongst young people
- Stigma surrounding suicide and mental illness creates barriers to seeking or offering help. We will promote open, sensitive language that does not stigmatise or perpetuate taboos
- Talking responsibly about suicide does not create or worsen risk. We will provide pupils with opportunities to speak openly about their worries with people who are ready, willing and able to support them
- Suicide is part of the wider topic of Mental Health and prevention of suicide is part of the wider aim of safeguarding children through being alert to and supporting pupils' mental health

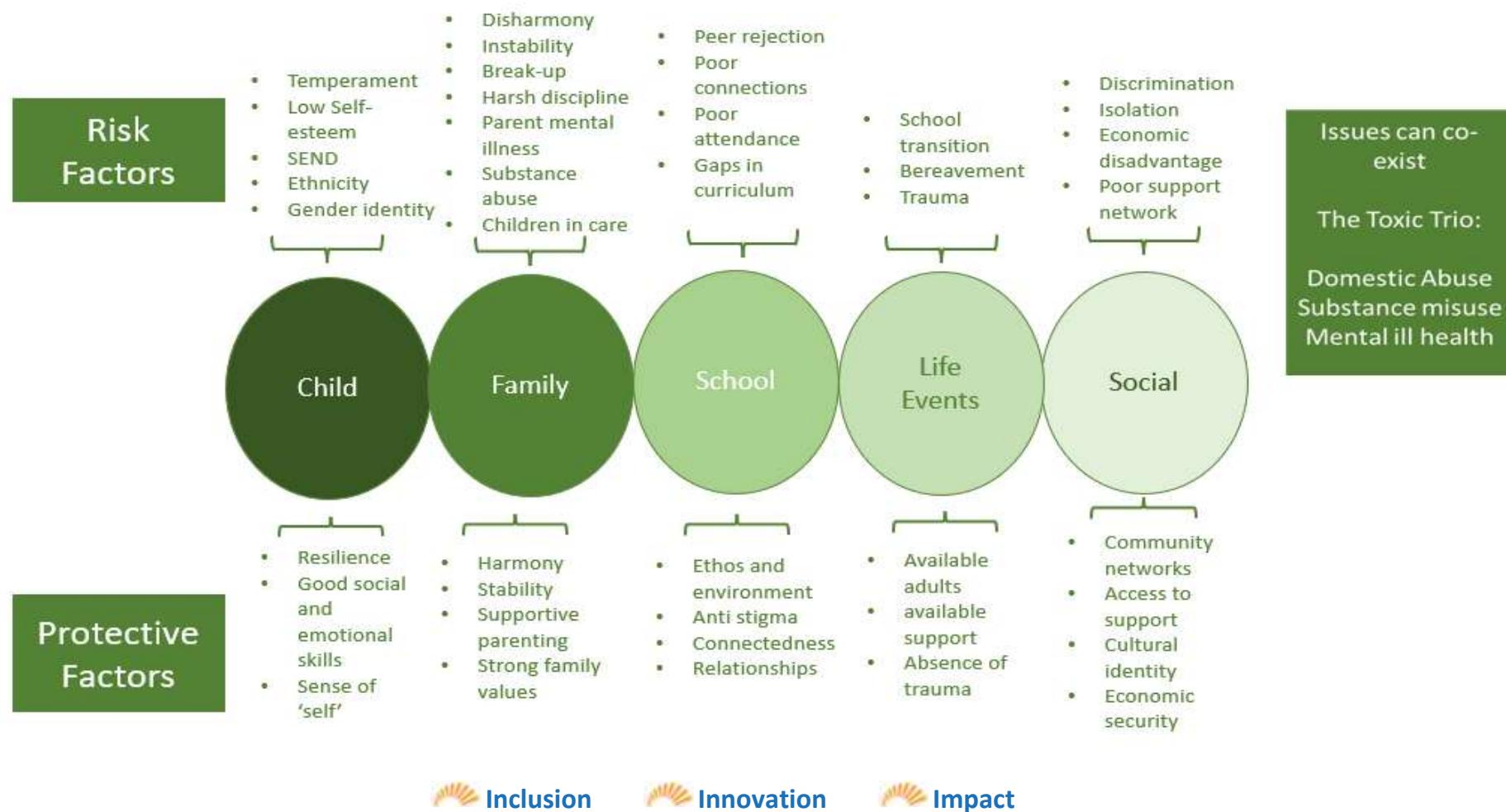
### Guidance for teachers and support staff during or following a disclosure:

- Stay calm and try not to appear shocked or make any sort of judgement
- Don't dismiss what they are saying; they are asking for help
- Recognise that a disclosure may not include the word 'suicide': phrases such as 'I just don't see the point anymore' or 'I just don't want to go on' should raise concern
- Reassure them that they are not alone; there is help and hope and you are going to help them get support
- Inform the pupil that you will need to share the information with others
- Have an awareness of your own feelings and need for safe support
- Have an awareness of the feelings of peers and their need for safe support

**If a child discloses thoughts of taking their own life:**

- Do not leave the pupil alone; go together to see the Mental Health First Aider, Senior Mental Health Lead the DSL or DDSL. Or ask someone else to go for help
- If the pupil does not want to talk whilst waiting for assistance, reassure them that this is fine and that you will remain with them in supportive silence. Your reassurance will help the pupil to feel understood and safe
- Once the pupil is safe and with a fully trained member of staff, record the incident on MyConcern
- First aid treatment and procedures should be followed, if required
- Contact parents/carers and ask them to make a GP appointment (or go to A&E if there is an imminent threat to life)
- A risk assessment/safety plan should be put in place immediately to support the pupil and staff
- Referrals to appropriate professionals and agencies should be made as deemed appropriate
- Ensure records of all concerns, actions and referrals are logged on MyConcern
- Ensure support for staff is available, if required

## Appendix D: Risk Factors and Protective Factors



## Appendix E: Risk Assessment Template

Name:	
DOB:	
Year Group:	
Date created:	
Completed by:	
Document review date:	

Type of risk assessment	Level of concern	
Safeguarding	Low	Green
Behaviour	Medium	Yellow
SEND	High	Red
Medical		
Overall level of risk		

Reason for introduction of risk assessment:	•	
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What are the concerns / identified possible risks?	Control measures and actions to mitigate risk	Who needs to carry out the action?	Level of concern
	•	•	
	•	•	
	•	•	
	•	•	
	•	•	
	•	•	
	•	•	
	•	•	
	•	•	
	•	•	

Parent/carer and pupil view of the plan:	
Parent/carer's signature:	Date:
Head of school signature:	Date:

Overall initial RAG rating:			
Date of risk assessment review:			
Overall RAG rating following review:			
Risk assessment to remain <u>open</u> ? (Y/N)			



**Inclusion**



**Innovation**



**Impact**