



MANAGING PUPILS AT RISK POLICY

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Related External Documents	

From time to time, pupils become a risk to themselves and/or their peers and the School. When this happens, good communication is essential for the appropriate help and support to be made available for the pupil.

Roles and responsibilities

The Sub-Warden is responsible for creating, implementing and maintaining this policy, as well as being responsible for all of the operational matters associated with this policy. The Sub-Warden and Deputy Head Pastoral ensure that all of the teaching staff and Support Staff understand the policy and their responsibilities within it and that the policy is consistently implemented in all departments, including identifying training needs. All staff must understand their responsibilities defined in the policy and seek to carry out the requirements, seeking support from the Sub-Warden or the Deputy Head Pastoral where needed.

The Warden approves this policy.

Managing anorexia and other eating disorders

Anorexia is a potentially fatal condition, but recent evidence suggests that early intervention can prevent the problem becoming serious.

Early signs of an eating problem are most likely to be detected by the HM or Matron who will see the pupils regularly and at different times of the day. The Matrons will also be in regular contact with the cleaners who may also have seen evidence of vomiting or other behaviour. The HM and Matron will also chat regularly with other pupils in the House; this can be a valuable source of information.

The School Doctor, Health Centre nurses, School Psychologist and Counsellor also have a key role in the early detection of an eating problem. Pupils may well give clues to a problem while discussing other issues. At the same time, there may be academic indicators, which teachers may detect, that are indicative of an eating problem.

Given the serious nature of the disease, the speed with which it can develop and the possible long-lasting physical and psychological damage, it is vital that the medical services are informed as soon as possible. In the first instance the HM or Matron should address their concerns with the pupil and parents involved. At the same time the HM or Matron should discuss the pupil's problems with the Senior Nurse Manager in the Health Centre. The sharing of such information with the Senior Nurse should not be seen as a breach of confidentiality and it enables the School to fulfil its obligations to promote and safeguard the health and welfare of its pupils. If the Senior Nurse is not on duty, then please inform the Deputy. Such discussions with the Health Centre must not be delayed – any concerns must be discussed as soon as possible.

HMs are encouraged to bring their concerns to the Pastoral Steering Group for discussion in its regular meetings.

The Senior Nurse Manager with the HM will take responsibility for managing the situation. As soon as concerns have been raised, there should be a meeting with the Deputy Head Pastoral, HM, Matron and Senior Nurse where the following decisions should be made:

1. Should the child remain in school.
2. Who needs to be informed.
3. The details of a care protocol for the pupil.
4. The involvement of outside agencies.

Efficient notes and records should be kept at all times, particularly the reasons for making various decisions about a pupil's care. The pupil's health and welfare should come first in any decision-making procedure.

At the same time the impact on other pupils should not be overlooked and must be taken into consideration. This may include a referral to the School Counselling team. Prompt and thoughtful communication to parents is very important to allay fears and concerns. Finally, the needs of the institution, in terms of its moral and legal duties and its reputation should not be ignored.

Dealing with low mood, general anxiety or presenting long-term concerns

Low Mood

Most people experience ups and downs in their life, and during the difficult times can feel unhappy, depressed, stressed or anxious. This is a normal part of life. Many difficult events and experiences can leave us in low spirits or cause depression – relationship problems, bereavement, sleep problems, stress at work, bullying, illness, and pain being just a few. However, sometimes it's possible to feel down, without there being an obvious reason.

A general low mood can include:

- sadness
- an anxious feeling
- worry
- tiredness
- low self-esteem
- frustration
- anger

Symptoms of depression can include the following:

- continuous low mood or sadness
- feeling hopeless and helpless
- having low self-esteem
- feeling tearful
- feeling guilt-ridden
- feeling irritable and intolerant of others
- having no motivation or interest in things
- finding it difficult to make decisions
- not getting any enjoyment out of life
- having suicidal thoughts or thoughts of harming yourself
- feeling anxious or worried
- changes in concentration, appetite and sleep patterns

Pupils with low mood may be identified in a number of ways:

- conversations with the pupil
- changes in appearance, behaviour or academic performance
- information from teachers and other pupils
- pupil self-refers to the counsellors who then become aware of the pupil's low mood
- conversations with parents

Anxiety

Anxiety is often the body's natural response to stress, although some people are more prone to anxiety than others. It's best described as the fear you feel when you're in a challenging or difficult situation. It keeps us alert and ready to deal with difficult and dangerous situations. It is often described as part of our 'fight or flight' response. Anxiety is part of our day-to-day lives. Nearly all of

us will experience anxiety at some point in our lives. Anxiety can be unpleasant, but it is our body's normal response to threat, fear or danger, and it is not dangerous.

Anxiety can become a problem when it:

- Is severe and unpleasant
- Goes on for a long time
- Happens too often
- Creates worry that makes you think something is seriously wrong
- Stops you carrying out your day-to-day tasks

Causes of Anxiety

There are many different causes of anxiety; the major causes are as follows:

- Genetic – some people are more prone to anxiety than others and are said to be 'born worriers'.
- Life events and circumstances – difficult events or a major change in your life can be a cause for worry and anxiety. Often when the issue causing the anxiety has gone, the symptoms will fade away. However, sometimes after a very traumatic or serious life event, anxiety may go on for many months or years.
- Caffeine – sometimes caffeine found in coffee, and energy and fizzy drinks can aggravate anxiety.
- Recreational drugs – drugs such as amphetamines (speed), ecstasy and LSD can cause anxiety.

Physical symptoms of anxiety can include:

- Feeling tired
- Having difficulty sleeping, or waking up in the night and not being able to sleep again.
- Having a racing heartbeat
- Sweating or shaking
- Aches and pains in your muscles
- Changes to your breathing, for example, breathing heavily
- Feeling dizzy or faint
- Feeling on edge or jittery
- Indigestion or diarrhoea
- Nausea (feeling sick)

Psychological and emotional symptoms of anxiety can include:

- Feeling worried and anxious all the time (sometimes for no reason)
- Being irritable
- Difficulty concentrating

Procedure

It is important that the HM is informed of any concerns. The HM will discuss the pupil at the weekly meeting with Matron and named nurse.

The HM, in consultation with the Senior Nurse, will decide if the pupil needs to be referred to a GP for an assessment.

The pupil may also be discussed at the Pastoral Steering Group meeting, which will consider the welfare and safety of the child. Following discussions at the Pastoral Steering Group, it may be decided that the pupil should be helped by other professionals employed by the School, for example the counsellor or clinical psychologist.

Pupils with long-term concerns

Linked to the problem of low mood is the issue surrounding any pupil with long-term concerns and decisions about their care and safety.

School procedure:

1. The School Psychologist will maintain a confidential list of pupils seen by the School Counsellor and School Psychologist. This will be viewed periodically by the Sub-Warden and Deputy Head Pastoral.
2. If a pupil is referred to a counsellor or School Psychologist by an HM or the Pastoral Steering Group, then the pupil's care should be reviewed by the HM or Pastoral Steering Group after an agreed number of sessions.
3. If a pupil is referred to a counsellor or School Psychologist by the School Doctor or Health Centre, then the pupil's care should be reviewed by the School Doctor/HC after an agreed number of sessions visits
4. Pupils who self-refer to the counselling service should have their care reviewed after an agreed number of sessions visits with the Senior Nurse or by the Pastoral Steering Group.

Dealing with potential suicidal pupils – guidance for staff

- 1) In the event that any member of staff becomes aware that a child is having thoughts about suicide or that there is a risk of a child acting out suicidal thoughts, whether that threat is spoken or unspoken, the HM or, in the case of his or her unavailability, the Deputy Head Pastoral, Deputy Head Safeguarding or Sub-Warden must be immediately contacted. Any pupil in immediate danger will be taken to the John Radcliffe hospital.
- 2) The following steps should be taken:
 - a. The HM will contact the Health Centre who will assess the pupil for low mood or depression. The HM will also inform parents of our concerns.

- b. The School Doctor will see the pupil and assess if she or he is safe to be in school
 - c. The School Doctor will also decide on the appropriate level of support and intervention for the pupil concerned; for example, it may be appropriate for the pupil to see the counsellors who can manage the risks involved or a clinical psychologist who can provide sessions of CBT.
 - d. The Deputy Head Pastoral must be informed so that steps can be taken to ensure the safety of the pupil.
- 3) Efficient notes and records should be kept at all times (particularly the reasons for making various decisions about a pupil's care) and these will be recorded on CPOMS.
- 4) At all times, the pupil's health and welfare should come first in any decision-making procedure. At the same time the impact on other pupils or friends should not be overlooked and must be taken into consideration. Prompt and thoughtful communication to parents is very important to allay fears and concerns. Finally, the needs of the institution, in terms of its moral and legal duties and its reputation should not be ignored.

Confidentiality

Clearly this is a difficult area for all those involved in the care of young people. The right of a pupil to confidentiality should always be respected except when it is clear that they are at risk from serious harm. Obvious examples are:

- a. Eating disorder
- b. Self-harm
- c. Serious drug use
- d. Suicidal thoughts

In such incidents, the Deputy Head Pastoral or Deputy Head Safeguarding, and, directly or through, them, the Sub-Warden should all be informed. This will enable a risk assessment to be drawn up and a welfare plan or protocol to be put in place.

Dealing with a pupil following a serious incident

There will be times when a pupil is involved in a serious incident which will have a profound impact on their own welfare as well as others in the School.

Such incidents would include:

- a. Taking a drug overdose
- b. Serious self-harm
- c. Repeated drunkenness

At such times, it is sensible for the pupil concerned to spend time at home with his or her family. This will provide all those concerned with some breathing space, allowing a sense of calm to return to the boarding house.

Before re-admitting the pupil back into the school community, the following steps must have taken place:

- a. The pupil should see the School Doctor for a medical assessment.
- b. A Residency Board will be convened to discuss the case. This would usually include: Deputy Head Pastoral, Deputy Head Safeguarding, Senior Nurse, School Doctor and the Sub-Warden. This will discuss if the pupil can return to school as a boarder or as a day pupil. The pupil will not be readmitted until this meeting has taken place and its outcome confirmed to the pupil's parents in writing.
- c. If the Residency Board deems it appropriate for the pupil to return to school in any capacity, the Deputy Head Pastoral or Deputy Head Safeguarding should meet with the relevant HM and Senior Nurse. This group will also produce a care plan for the pupil. The care plan will not only include the protocols for the pupil's care but also the terms and conditions the pupil and the parents must agree to, for that pupil's return to school. The meeting will also consider the impact of the pupil's return on other pupils in the School.
- d. The care plan and adherence to it by the pupil and by the School will be subject to regular review by the Pastoral Steering Group or a subset of those involved in its work, led by the Sub-Warden.