



Dacorum Education  
Support Centre

# Mental Health & Wellbeing Policy

## **Policy Statement**

DESC values the mental health and wellbeing of every member of its community.

Our policies reflect the core values of respect and support for each other in every aspect of life. Our aim is that all in our community, through working together, feel safe and secure in an environment, which enables and equips every individual to thrive and be respectful of each other's strengths and differences.

# **MENTAL HEALTH AND WELLBEING POLICY**

**Dacorum Education Support Centre**

## **Policy Review**

This policy will be reviewed in full by the Management Committee annually.

The policy was last reviewed and agreed by the Management Committee on 29/11/2022.

It is due for review 29/11/2023.

Signature .....

Date .....

Head Teacher

Signature .....

Date .....

Chair of Management Committee

## Contents

1. Scope and Definition	Page 4
2. Lead members of staff	Page 5-6
3. Staff wellbeing and training	Page 6
4. Learner wellbeing	Pages 7-8
5. What to look out for and how to manage conversations regarding poor mental health	Pages 8-9
6. Working with parent/carers	Page 10
7. Signposting	Pages 10-11
Appendix 1: Mental Health Team Structure	Page 12
Appendix 2: Talking to learners when they make mental health disclosures	Pages 13-15
Appendix 3: Whole Centre Provision Map for Mental Health and Wellbeing	Pages 16-19

## **1. Scope and Definition**

At our Centre, we aim to promote positive mental health for every member of our whole DESC community; learners, staff, parents and carers, and recognise how important mental health and emotional well-being is to our lives in just the same way as physical health. We pursue this aim using both universal, whole Centre approaches and specialised, targeted approaches. By developing and by implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for every member of our Centre community affected both directly and indirectly by mental ill health.

### **Scope**

This document describes the Centre's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and the Management Committee. This policy should be read in conjunction with our medical policy in cases where a learner's mental health overlaps with or is linked to a medical issue and the SEND policy where a learner has an identified special educational need.

The Policy Aims to:

- Promote positive mental health in all staff, learners and the DESC community
- 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 learners experiencing mental ill health and their peers and parents/carers or carers

### **Definition of Mental Health and Wellbeing**

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 and young people to:

- be 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

## **2. Lead Members of Staff**

Whilst all staff have a responsibility to promote the mental health of learners, staff with a specific, relevant remit include:

- Dan Griggs – Designated Safeguarding Lead
- Emma McKenna – Designated Deputy Safeguarding Lead
- Clare Deacon – Senior Mental Health Lead, Mental Health Youth First Aid, ELSA (Emotional Literacy Support Assistant)
- Jacqui Lee – Deputy Mental Health Lead, Mental Health Youth First Aid, ELSA (Emotional Literacy Support Assistant)
- Kane Beere – Deputy Mental Health Lead, Mental Health Youth First Aid
- Kathryn Girdlestone – Therapeutic Services Lead
- Karen Rackley – Mental Health Champion
- Amanda Bright – Drawing and Talking practitioner
- Charlie Dawson – ELSA (Emotional Literacy Support Assistant)
- Jacky Webby – Chair of Management Committee

Any member of staff who is concerned about the mental health or wellbeing of a learner should speak to the Senior Mental Health Lead/Deputy in the first instance. If there is a concern that the learner is in danger of immediate harm, then safeguarding procedures should be followed with an immediate referral to the designated safeguarding lead or deputies. If the learner presents with a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the relevant first aid staff and contacting the emergency services if necessary.

You can also access toolkits and advice forums here;

<https://www.healthyyoungmindsinherts.org.uk/young-people>

Where a referral to CAMHS is appropriate, this will be led and managed by the Senior Mental Health Lead/Deputy or other relevant staff.

See Appendix 1 for the Mental Health team structure.

### **Role of Mental Health Lead**

- Promoting a positive ethos around emotional wellbeing and ensure this is embedded throughout DESC
- Strategically implement an effective whole Centre approach to mental health and wellbeing, alongside SLT (Senior Leadership Team)
- Lead the Mental Health Team to support the provision of Mental Health Services for learners, parents, carers, and staff
- To raise awareness of the importance of positive Mental Health and Wellbeing for all in the DESC community.

## **Mental Health Champion**

- All staff are Mental Health Level 1 trained, and are all mental health champions, but it is important for the staff to have a named person to uphold the importance of mental health issues and to promote their interest.
- The purpose of this role is to champion mental health for the DESC community, not to be directly responsible for it.
- The role will include promotion of well-being materials; being a 'listening ear'; acting as a signpost for other services or professionals; relaying ideas and information to senior staff that could further improve wellbeing in Centre; having oversight of Centre improvement plans to ensure that mental health promotion has a key place; help to reduce barriers to mental health in Centre by promoting positive language in relation to mental health.

## **3. Staff Wellbeing and Training**

In order to ensure that we support our staff to fulfil their roles, at DESC we offer the following:

- Briefing and debriefing
- Termly Wellbeing Wednesdays
- Open door policy to peers, line managers and SLT
- Informal opportunities for peer support
- Mutual Healthcare membership – offering free wellbeing mentoring/counselling for staff
- CPD offered to all staff
- Social events
- Professional Growth
- Fortnightly line management meetings

Staff can also access this website for quick tips on looking after themselves.

<https://www.annafreud.org/schools-and-colleges/resources/supporting-staff-wellbeing-in-schools/>

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep learners safe. Some useful websites for staff who wish to learn more about mental health are: <https://www.minded.org.uk/>

<https://www.mentallyhealthyschools.org.uk/>

<https://www.annafreud.org/training/>

<https://www.cwmt.org.uk/>

<https://www.rcpsych.ac.uk/mental-health/parents-and-young-people>

<https://www.place2be.org.uk/>

<https://www.healthyyoungmindsinherts.org.uk/>

Training opportunities for staff who require more in-depth knowledge will be considered as part of our professional growth process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more learners. Where the need to do so becomes evident, we will host training sessions for all staff to promote learning or understanding about specific issues related to mental health. Suggestions for individual, group or whole Centre CPD should be discussed with your line manager, who can also highlight sources of relevant training and support for individuals as needed.

#### **4. Learner Wellbeing**

To promote healthy learner wellbeing, we have a number of positive approaches across Centre, including:

- Referrals to external agencies
- Well planned Pod and Hub programmes from KS1-4
- Trips & visits
- Enrichment opportunities
- Learning Outside the Classroom
- Breakfast, Lunch time food and snacks provided for all learners
- Support & work with families
- Parental involvement – celebration of achievement at end of the Hub programmes or termly, regular KS4 parent meetings
- Learner voice
- Points system at KS4
- A therapeutic approach to behaviour within the STEPs ethos

#### **Individual Care Plans**

Where required it is helpful to draw up an individual care plan for learners for whom we are concerned or who receive a diagnosis pertaining to their mental health.

This should be drawn up involving the learner, parent/carer and relevant health professionals and be logged on CPOMS.

This can include:

- Details of a learner's condition
- Special requirements and precautions
- Advice for staff on managing any associated behaviours
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the Centre can play

## **Teaching about Mental Health**

The skills, knowledge and understanding needed by our learners to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum. The specific content of lessons will be determined by the specific needs of the cohort we are teaching but there will always be an emphasis on enabling learners to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. We will use guidance and resources from Heads Together; Mentally Healthy Schools website <https://www.mentallyhealthyschools.org.uk/> to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms. Resources such as Anna Freud Centre are recommended <https://www.annafreud.org/schools-and-colleges/resources/>

## **Supporting other Learners**

When a learner is experiencing mental health issues, it can be a difficult 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 other learners safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations with the learner who is suffering and their parents/carers with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing or saying which may inadvertently cause upset
- Warning signs that their friend may need help
- Where and how to access support for themselves

## **5. What to look out for and how to manage conversations regarding poor mental health**

### **Warning Signs**

Centre staff may become aware of warning signs which indicate a learner, or a parent/carer is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns to the DSL's, the Senior Mental Health Lead or Deputy Mental Health Lead.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / 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
- Use of or increased use of drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Lateness to or absence from Centre
- Repeated physical pain or nausea with no evident cause

### **Managing Conversations**

A learner may choose to discuss concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure. All staff at the Centre are expected to complete Level 1 Mental Health training awareness course. If a learner chooses to discuss 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 learner's emotional and physical safety rather than of exploring 'Why?'.

For more information about how to handle mental health disclosures please see <https://www.annafreud.org/schools-and-colleges/resources/talking-mental-health-animation-teacher-toolkit/> or see appendix.

All conversations should be recorded on CPOMS. This written record should include:

- Date
- The name of the member of staff to whom the conversation was had with
- Main points from the conversation
- Agreed next steps. This information should be shared with the Mental Health Lead and Therapeutic Services Lead, who will store the record appropriately and offer support and advice about next steps. Staff can also refer learners to DESC Therapeutic Services.

### **Confidentiality**

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

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them - If a learner gives us reason to believe that there may be underlying child protection issues, parents/carers should not be informed, but the DSP must be informed immediately

## **Concerns for immediate welfare of a parent and/or learner**

- If you have any serious concerns about a child, another learner or a member of staff at DESC please do not hesitate to contact Dan Griggs (DSL) or a member of the Safeguarding Team.
- If the Centre's DSL's are unavailable then please call Hertfordshire Children's Services on **0300 123 4043**.
- **999 for immediate emergency services**

## **6. Working with Parents/carers**

Where it is deemed appropriate to inform parents/carers, we need to be sensitive in our approach. Before disclosing to parents/carers we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At Centre, at their home or somewhere neutral?
- Who should be present? Consider parents/carers, the learner, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents/carers to learn of their child's issues and some 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 leaflets to take away where possible to allow them time to digest. Sharing sources of further support aimed specifically at parents/carers 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/carers often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the learner's confidential record.

## **7. Signposting**

We will ensure that staff, learners and parent/carers are aware of sources of support within DESC and in the local community, who the support is aimed at and how to access it. We will display relevant sources of support in communal areas such as noticeboards around Centre and will regularly highlight sources of support to learners within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of learner help-seeking by ensuring learners understand:

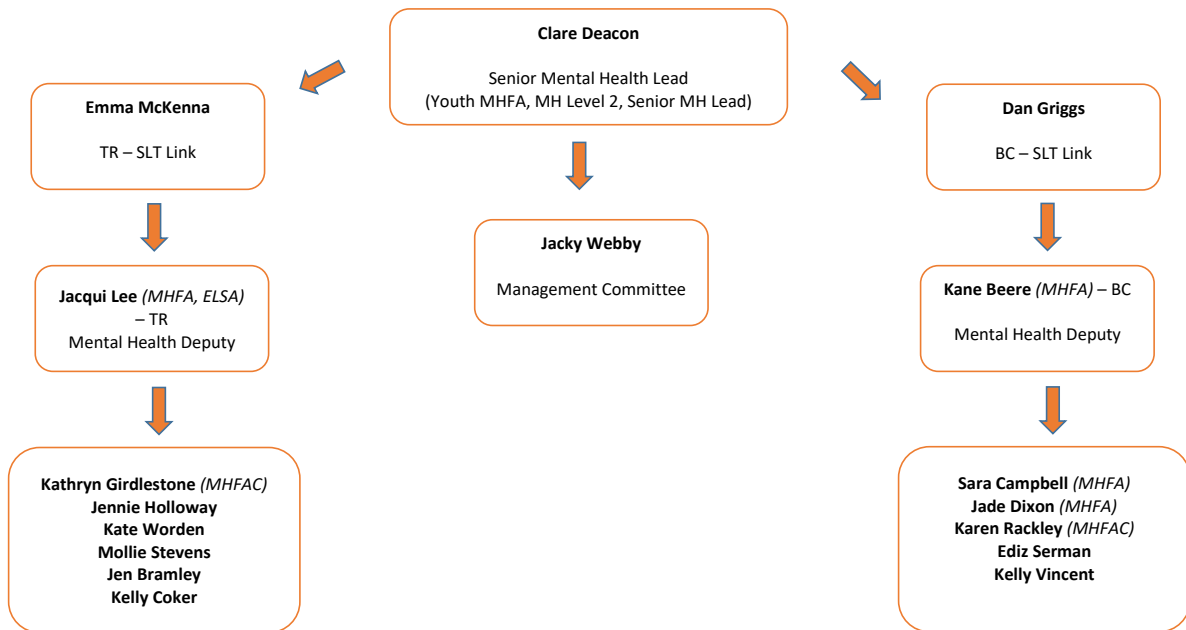
- What help is available
- Who it is aimed at

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

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

- Highlight sources of information and support about common mental health issues on our Centre website
- Ensure that all parents/carers 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/carers
- Share ideas about how parents/carers can support positive mental health in their children through our regular contact
- Keep parents/carers informed about the mental health topics their children are learning about in PSHE

## **Appendix 1: Mental Health Team Structure**



## **Appendix 2**

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

(Adopted from Charlie Waller Memorial Trust, aimed at learners and young people, but useful insights for talking with parents and learners)

The advice below is from learners themselves, in their own words, together with some additional ideas to help you in initial conversations with learners when they disclose mental health concerns. This advice should be considered alongside relevant Centre 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 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 learner 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 learner 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 learner does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the learner 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 overanalyse 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 learner 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 learner 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 learner.

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 Centres' 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 learner 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 learner 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 learner.

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 learner 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 learner.

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 learner 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 Centre'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 learner'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 colleagues.

### Appendix 3: Whole Centre Provision Map for Mental Health and Wellbeing

#### Tier 1 – Universal Offer

Universal offer is available to all learners to promote good mental health and wellbeing

- Daily check-ins with link tutors
- Meet and greet including check-in and check-out
- Support from the pastoral team
- Access to Therapeutic Services Lead and Therapeutic Support Worker
- Advice and signposting from the DESC mental health team appropriate to key stage
- PSHE curriculum in daily POD time and in hubs
- 5 ways to wellbeing imbedded in all lessons

<https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/five-steps-to-mental-wellbeing/>

- Access to healthy Young Minds in Herts resources

<https://www.healthyyoungmindsinherts.org.uk/>

- Mindfulness sessions
- Zones of Regulation to support understanding feelings
- Notes and phone calls home to praise positive behaviour choices
- Signposting to information on DESC website:

<https://www.desc.herts.sch.uk/page/?title=Mental+Health+%26amp%3B+Wellbeing&pid=113>

- Signposting on learner noticeboards in Centre
- Celebrating awareness days for example, Anti-bullying week, Feeling Good Week

#### Tier 2 – Universal Plus

Advice & Signposting – These concerns are categorised as short periods of feeling like they are not able to cope. These incidents which can cause a child distress but do not seem to have a long term or lasting impact on wellbeing

What are the concerns?	Interventions & Responses
Examples include: Minor illness such as headaches, feeling sick Friendship problems Conflict with peers	<ul style="list-style-type: none"> <li>➤ Daily check-ins with link staff – listen and reassure the learner</li> <li>➤ Pastoral support (SENCo where necessary)</li> <li>➤ Log any concerns on CPOMS</li> <li>➤ DESC Outreach, including advice and guidance</li> </ul>



<p>Arguments with parents/carers  Family breakdowns and conflicts  Low self-esteem  Pet bereavement  Low level worry which needs reassurance such as before change, transitions, exams  Short term academic stress  There is a history of Mental Health concerns and learner requires monitoring</p>	<ul style="list-style-type: none"> <li>➤ Seek advice from relevant support agencies such as Communication and Autism team, advice from school nursing service, Educational Psychologists</li> <li>➤ 6-12 ELSA sessions (Emotional Literacy Support Assistant)</li> <li>➤ Drawing and Talking sessions</li> <li>➤ Access to in-house Family Adolescent Practitioner at KS4</li> <li>➤ Access to DESC Therapeutic Services Lead &amp; Therapeutic Support Worker</li> <li>➤ Family Support Workers</li> <li>➤ Referrals to school nursing team or Children &amp; Wellbeing Practitioners (CWP)</li> <li>➤ Referral to ESMA</li> <li>➤ ISL support – SASS team etc</li> <li>➤ Signposting to DSPL8 resources and programmes  <a href="https://dacorumspl.org.uk/dspl-news-and-resources/">https://dacorumspl.org.uk/dspl-news-and-resources/</a></li> <li>➤ Signposting and referring to relevant agencies including Herts Young Homeless, local community counselling services (e.g. Kooth)</li> </ul>
--	--

**Tier 3 – Getting help**  
Targeted – These concerns are categorised as those which are longer term and are beginning to impact on the welfare and academic progress of the learner

What are the concerns?	Interventions & Responses
<p>Examples include:  Sustained periods (or a series of short periods) of not feeling able to cope/low mood  Long term and repetitive friendship problems  More significant anxiety in Centre/lessons or surrounding a specific element of attending Centre or home life despite support of link tutor, therapeutic services team, pastoral support  Divorce of parents  Bereavement of extended family member (not parent/guardian/sibling)  Emotional response to an upsetting event which causes a period of distress but does not cause a specific safeguarding concern</p>	<ul style="list-style-type: none"> <li>➤ Log concerns on CPOMS</li> <li>➤ Intensive Outreach support (3 or more sessions a week)</li> <li>➤ In-reach (Hub placement)</li> <li>➤ Referral to SASH</li> <li>➤ Referral to CAMHS</li> <li>➤ Referral to ESMA</li> <li>➤ ISL Local offer <a href="#">Hertfordshire SEND Local Offer   DSPL (dacorumspl.org.uk)</a></li> <li>➤ SPLD/SCLN referrals made/resources used</li> <li>➤ IFST</li> <li>➤ Counselling, play therapy, art therapy</li> <li>➤ Counselling via DESC Therapeutic Services</li> <li>➤ Referral to Children and Wellbeing Practitioners</li> <li>➤ Drug and alcohol support services (CGL)</li> <li>➤ Referral to Step2</li> <li>➤ Professionals meeting held</li> </ul>

#### Tier 4 – Getting more help

Targeted Plus – A sustained concern which is affecting the wellbeing and possibly the academic progress of the learner. These could be long term concerns over anxiety, mental health or depression or a response to an incident graded at tier 3

What are the concerns?	Interventions & Responses
<p>Examples include:</p> <p>Persistent low mood/ongoing emotional regulation difficulties/anxiety</p> <p>Attachment difficulties</p> <p>Bereavement of close family member (parent/carer/sibling)</p> <p>Historic abuse which causes legacy mental health distress</p> <p>Self-harm</p> <p>Suspected eating disorder</p> <p>Risky behaviour</p> <p>Questioning gender identity or sexual orientation leading to any of the above (Questioning gender identity/sexual orientation itself is not a mental health difficulty)</p>	<ul style="list-style-type: none"> <li>➤ Link tutor to monitor and report any concerns immediately via CPOMS</li> <li>➤ Link tutor, pastoral lead or SLT to contact parents</li> <li>➤ Staff to liaise with SLT Mental Health Links and Mental Health Lead</li> <li>➤ All staff to log concerns on CPOMS</li> <li>➤ FFA</li> <li>➤ Specialist CAMHS via SPA (including eating disorders team, Forest House, Targeted Teams)</li> <li>➤ ESMA</li> <li>➤ PALMS</li> <li>➤ DESC Outreach and In-reach</li> <li>➤ 0-25 Together Team (SEND)</li> <li>➤ Integration Team</li> </ul>

#### Tier 5 – Getting Risk Support

Specialist – professional referral to high level mental health concerns  
 Serious and possibly life-threatening incidents which require professional intervention outside of Centre

What are the concerns?	Interventions & Responses
<p>Examples include:</p> <p>Centre/school refusal because of persistent low mood/ongoing emotional regulation difficulties/anxiety</p> <p>Diagnosed anxiety disorder or depression</p> <p>Disclosure of incident of witnessed Domestic Abuse (Physical, Emotional, Sexual abuse or Neglect)</p> <p>Disclosure of direct abuse (Physical, Emotional, Sexual abuse or Neglect)</p> <p>Sustained self-harm</p> <p>Suicide ideation or attempts</p>	<ul style="list-style-type: none"> <li>➤ Direct and immediate support from link tutor, pastoral team member, Mental Health Lead, Therapeutic Services Lead or SLT if a concern is becoming apparent in Centre. Learner to be taken to safe space in Centre to talk to an adult. DSL to consider appropriacy of contacting parents/carers as soon as possible if the incident occurs during the day (not waiting to the end of the day)</li> <li>➤ If a disclosure is made staff to follow safeguarding policy and log on CPOMS</li> <li>➤ Support from specialist agencies –            Forest House            CAMHS Crisis Team            MASH</li> </ul>

Children's Services multi-agency support

- Work in tandem with external professionals to support the learner through Centre-based interventions detailed in tier 1
- Integration Team