



Positive Mental Health and Wellbeing Policy

Contents

1 Policy Statement	2
2 Lead Members of Staff	4
3 Flowchart for reporting concerns	6
4 Teaching about Mental Health and Wellbeing	7
5 Signposting	8
6 Warning Signs	8
7 Managing disclosures	13
9 Working with Parents	14
10 Supporting pupils' peers	15
11 Supporting Staff	16
Appendix A: Further information and sources of support about common mental health issues	18
Appendix B: Staff and pupil support documents	23
Document Information	26



1 Policy Statement

‘Mental health is defined as a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn and work well, and contribute to their community’¹.

‘Wellbeing is being well, thriving and having the ability to bounce back from setbacks’².

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel and act. However, it is important to recognise that whilst there is some overlap, low wellbeing and poor mental health should be treated as separate concerns; ‘Mental illness and wellbeing are independent dimensions; mental health is not simply the opposite of mental illness. It is possible for someone to have a mental disorder and high levels of wellbeing. It is also possible for someone to have low levels of wellbeing without having a mental disorder.’³

‘Everyone has ‘mental health’, and this can be thought of in terms of:

- how we feel about ourselves and the people around us
- our ability to make and keep friends and relationships
- our ability to learn from others and to develop psychologically and emotionally

Being mentally healthy is also about having the strength to overcome the difficulties and challenges we can all face at times in our lives. Mental wellbeing is more than just the absence of mental illness. It enables and supports good relationships, improves resilience, meaning, purpose and control.’⁴

Therefore, as a school, we aim to look at each and every member of our community individually. We aim to promote positive mental health and wellbeing. We aim for all to thrive: to feel like they are succeeding even when experiencing challenges. We aim to provide the best environment for everyone within our community to thrive. We pursue this aim through universal, whole school approaches alongside tailored, targeted support for more vulnerable individuals.

We are proud of the individual care, support, and mentoring each pupil receives. We provide an education which meets the individual needs of each pupil, alongside co-curricular opportunities to provide the breadth of experiences required to ensure they develop into well-rounded and grounded 21st century learners.



We are acutely aware of the additional pressures young people face, and we are resolved to be a school driven by empathy, where pupils and staff are self-aware, and know how to cope with both internal and external pressures.

Key to our promotion of positive mental health is our own recognition and understanding of what mental ill health and poor wellbeing look like and how best we can work to prevent them. With an estimated 1 in every 5 children having a diagnosable mental health problem⁵, our proactive approach to well-being is vital to the future success of all.

Embley is proud to be part of United Learning and the United Church School's Trust. Their Framework for Excellence sits at the heart of everything we do as a collegiate of schools, and we share its core mission statement "to bring out the best in everyone".

The Policy Aims to:

- Promote positive mental health and wellbeing in all staff and students
- Increase understanding and awareness of common mental health issues thereby removing stigma
- Alert staff to early warning signs of mental ill health and poor wellbeing
- Promote safe, physical environments essential to the support of positive mental health and wellbeing
- Provide support to students suffering mental ill health and their peers and parents/carers
- Provide support to staff working with young people with mental health issues

This policy applies to all members of our school community, including staff and those in our EYFS setting.

Embley is fully committed to ensuring that the application of this Positive Mental Health & Wellbeing policy is non-discriminatory in line with the UK Equality Act (2010). Further details are available in the school's Equal Opportunity Policy document.

Embley seeks to implement this policy through adherence to the procedures set out in the rest of this document.

In line with our Provision of Information policy, this document is available to all interested parties on our website and on request from the Headmaster's office and should be read in conjunction with the following documents:

- Child Protection (Safeguarding) Policy
- Health and Safety Policy



- PSHE and RSE Policies
- Attendance Policy
- Anti-Bullying Policy
- Behaviour and Discipline Policy
- ICT Policy / ICT Responsible Use for pupils
- ICT Acceptable Use Agreement
- Staff Recruitment Procedures
- e-Safety Policy
- Social Media Policy

¹World Health Organization (2022) Mental Health: Strengthening our response [online]
Available at [Mental health](#)

²Seldon, A. (2018) The Ultimate Well-being in Education Conference, University of Buckingham

³Department for Health (2014) The Relationship Between Wellbeing and Health
Available at: [The relationship between wellbeing and health](#)

⁴Rethink (2018) What is Mental Health and Mental Illness? Available at:
<https://www.rethink.org/living-with-mental-illness/young-people/what-is-mental-health>

⁵NHS (2023) Mental health of children and young people in England, 2023 Available at [NHS England » One in five children and young people had a probable mental disorder in 2023](#)

2 Lead Members of Staff

All staff members have a responsibility to promote positive mental health amongst themselves, their peers and their students. Staff with specific, relevant remits include:

2.1 Whole-School

- Designated Safeguarding Lead - Leah Goodey
- Deputy Designated Safeguarding Leads – Rebecca Clayton, Johnathon McCredie, Yasmin Farley, Sheina Gibb, Rosie High



- Named Governor for mental health of pupils & staff – Lucy Sharpe
- Mental Health Lead – Yasmin Farley
- School Counsellor – Kate Rodgers

2.2 Senior School

- Matron – Helen Gale
- Head of PSHE – Yasmin Farley
- Head of Learning Support – Katie Viola

2.3 Boarding

- Head of Boarding and Deputy Designated Safeguarding Lead – Johnathon McCredie
- Head of Boarding – Izzy McCredie

2.4 Prep School

- Head of Learning Support – Dee Griffiths
- PSHE Lead- Emily Yates
- Emotional Literacy Support Assistants – Sarah King, Judith Smith

2.5 Nursery

Manager and Designated Safeguarding Lead for EYFS – Rosie High

2.6 Youth Mental Health First Aiders

Leah Goodey

Laura Greenwood

Olivia Williams

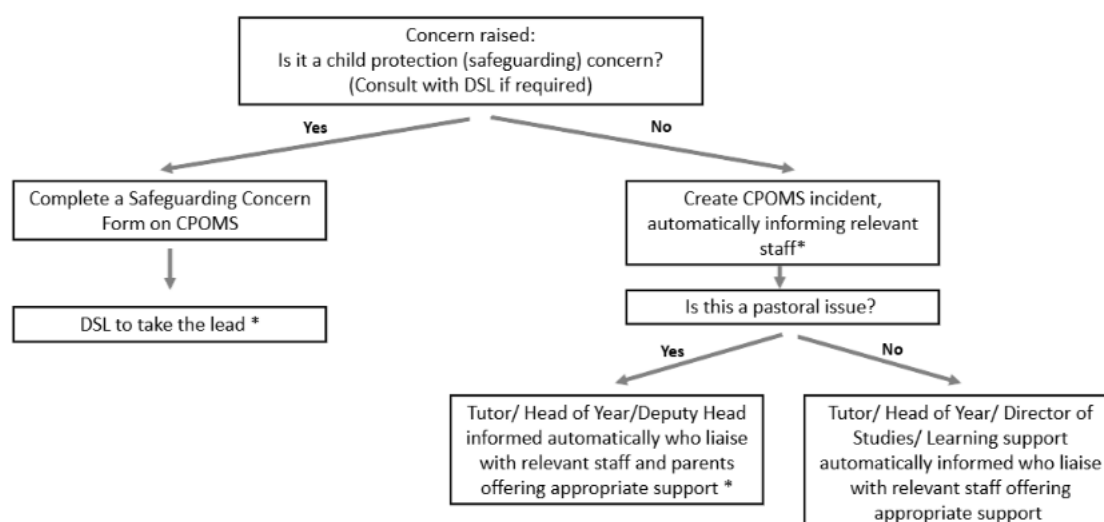
Yasmin Farley

3 Flowchart for reporting concerns

If any staff member is concerned about the mental health or wellbeing of a student, they should follow the relevant flowchart below, taking into account the immediacy of the situation and the level of risk. If first aid is required, this should initially be administered as laid out in the First Aid policy.

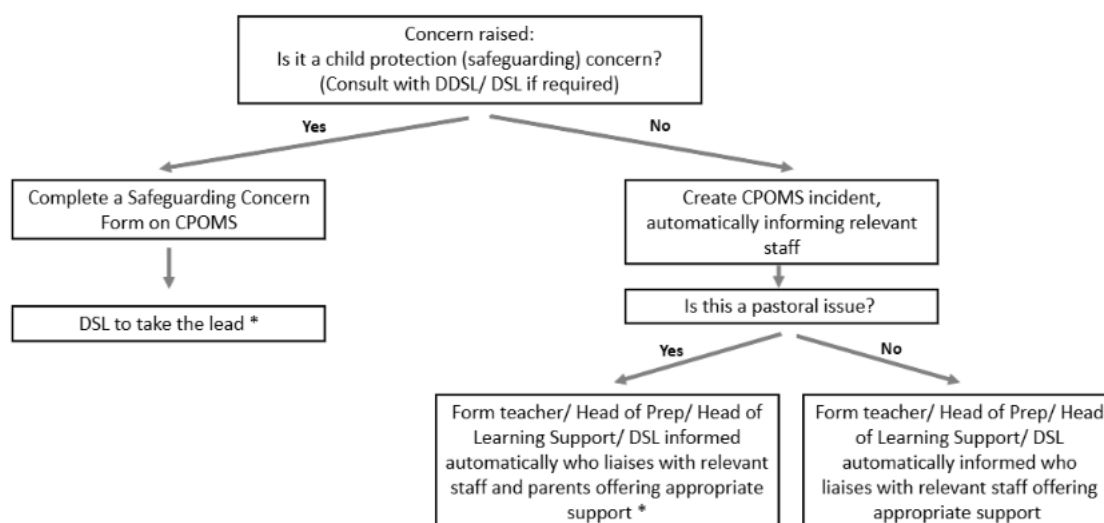
Where a referral to CAMHS is required, this will be led and managed by senior pastoral staff such as the Head of Year, school counsellor, Deputy Head/Designated Safeguarding Lead in the Senior School, or the Head of Prep School/DDSL and school counsellor in the Prep School.

3.1 Senior School Pathway 1: Pupil Support – Staff Referral



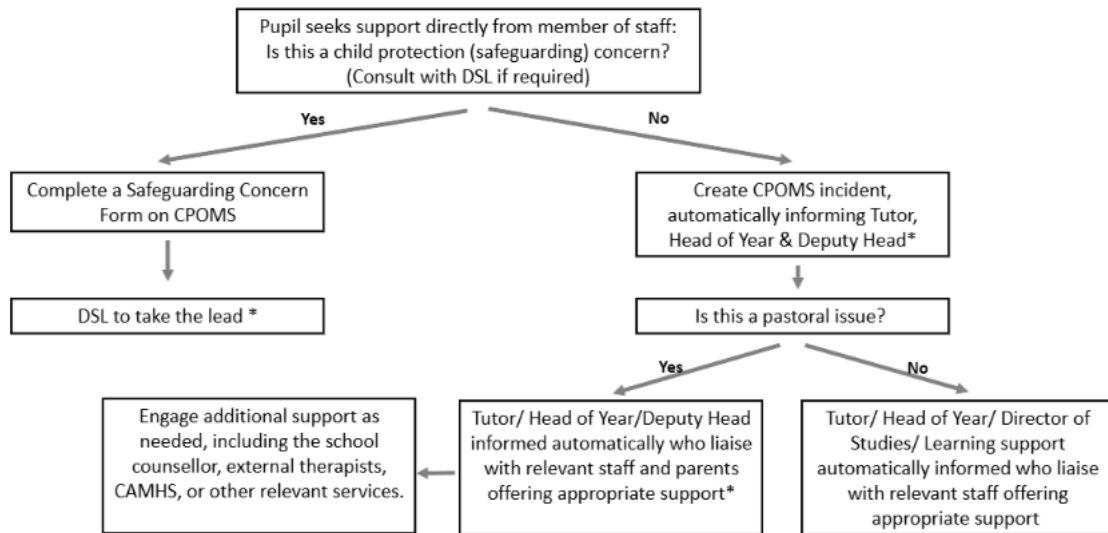
* You may want to include the School Counsellor at these stages

3.2 Prep School Pathway 1: Pupil Support – Staff and Parent Referral



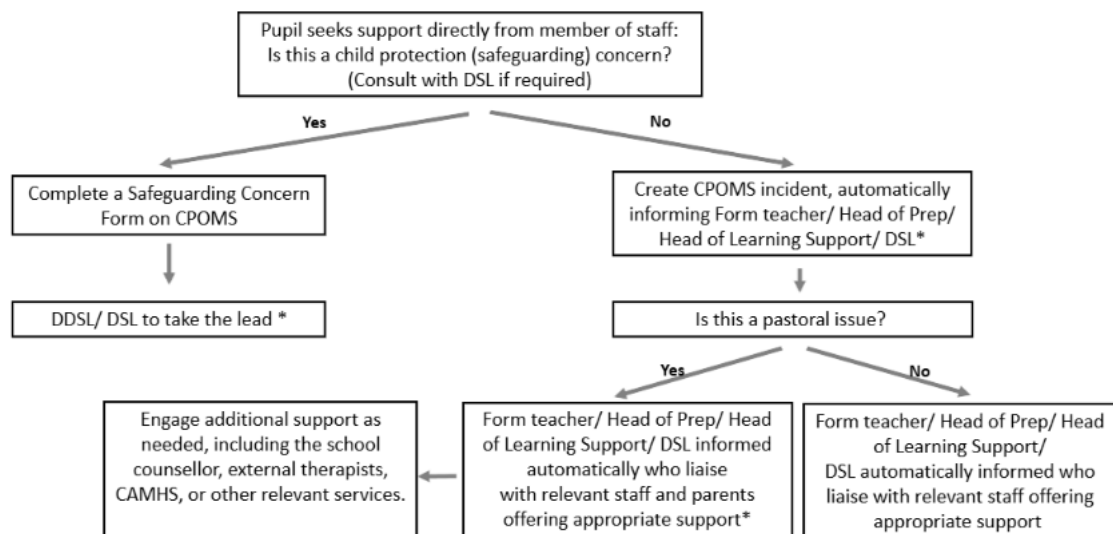
* You may want to include ELSA support or the School Counsellor at these stages

3.3 Senior School Pathway 2: Pupil Support – Self-referral



* You may want to include the School Counsellor at these stages

3.4 Prep School Pathway 2: Pupil Support – Self-referral



* You may want to include ELSA support or the School Counsellor at these stages

4 Teaching about Mental Health and Wellbeing

4.1 The skills, knowledge and understanding needed by our students 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 is determined by the specific needs of the cohort we are teaching but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language, and confidence to seek help, as needed, for themselves or others.

We follow PSHE Association (Senior School) and Jigsaw PSHE (Prep School) to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

See the PSHE Policy for curriculum maps.

5 Signposting

5.1 We ensure that staff, students, and parents are aware of sources of support within School and in the local community.

We display relevant sources of support, such as the Pupil Support Poster (Appendix B) in communal areas such as common rooms and toilets and regularly highlight these to students within relevant parts of the curriculum.

5.2 We subscribe to the Wellbeing Hub, an expert-led, virtual platform designed to support the mental health and emotional needs of children and young people. It provides evidence-based resources, including webinars, podcasts, and articles, for parents, staff, and pupils to navigate wellbeing and mental health challenges.

5.3 Whenever we highlight sources of support, we will increase the chances of students seeking support by ensuring that they understand:

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

6 Warning Signs

6.1 Where children experience a range of emotional and behaviour problems that are outside the normal range of their age, they might be described as experiencing mental health problems or disorders.

Mental health professionals have classified these as:



- Emotional disorders, for example phobias, anxiety states and depression;
- Conduct disorders, for example stealing, defiance, fire-setting, aggression and antisocial behaviour;
- Hyperkinetic disorders, for example disturbance of activity and attention;
- Developmental disorders, for example delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
- Attachment disorders, for example children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers;
- Trauma disorders, such as post-traumatic stress disorder, as a result of traumatic experiences or persistent periods of abuse and neglect; and
- Other mental health problems including eating disorders, habit disorders, somatic disorders, and psychotic disorders such as schizophrenia and bipolar disorder.

6.2 School staff may become aware of warning signs which indicate a student (or staff member) 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 (if not an immediate safeguarding concern) create an incident on CPOMS, thus automatically alerting the tutor, Head of Year and Deputy Head. In the case of a staff member, they should seek consultation with their line manager.

Possible 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, 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

6.3 Risk and protective factors

6.3.1 Factors that put children at risk

Certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family, or to the community of life events. These risk factors are listed in table 1 below.

6.3.2 Factors that make children more resilient

In order to promote positive mental health, it is important that schools have an understanding of protective factors that can enable students to be resilient when they encounter problems and challenges. The role that school plays in promoting the resilience of their students is particularly important for children with less supportive home lives, who may not have a trusted adult they can talk to. Schools should be a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems. These resilience factors are listed beside the risk factors on table one.

6.3.3 Table 1: Risk and protective factors that are believed to be associated with mental health outcomes

	Risk Factors	Protective factors
In the child	• Genetic influences • Low IQ and Learning disabilities • Specific development delay or neurodiversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self esteem	• Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • A positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect

	Risk Factors	Protective factors
In the family	• Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse or neglect • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death or loss - including loss of friendship	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long-term relationship or the absence of severe discord

	Risk Factors	Protective factors
In the school	• Bullying including online • Discrimination • Breakdown or lack of positive friendships • Deviant peer influences	• Clear policies on behaviour and bullying • Staff Code of conduct • Open door policy for children to raise problems

	• Peer pressure • Child on child abuse • Poor pupil to teacher/school staff relationship	• A whole school approach to promoting good mental health • Good pupil to teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences • Positive friendships • Effective safeguarding and child protection policies • An effective early help process • Understanding their role in and be part of effective multi agency working • Appropriate procedures to ensure staff are confident to raise concerns about policies and processes, and know they will be dealt with fairly and effectively
--	--	--

	Risk Factors	Protective factors
In the community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the	• Wider support network • Good housing • High standards of living • High morale school with positive policies for behaviour, attitudes and antibullying • Opportunities for valued social roles

	influences of extremism leading to radicalisation • Other significant life events	• Range of sport/leisure activities
--	--	-------------------------------------

7 Managing disclosures

7.1 A student 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. Please refer to the Child Protection (Safeguarding) Policy for a detailed explanation, the flowchart for reporting a concern and the Safeguarding Information poster and aide-memoire card. (See Appendix B).

7.2 If a student 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 nonjudgemental.

Staff should listen, rather than advise and our first thoughts should be for the student's emotional and physical safety rather than of exploring 'why?'. See Appendix B Safeguarding Information - How to deal with a disclosure .

7.3 Record keeping

All disclosures should be recorded on CPOMS and include:

- Date and time of the conversation, or date and time of the first concern
- Name/s of anyone else present during the conversation
- The name of the complainant and, where different, the name of the child who has been raised as a concern
- Main points from the conversation
- Any agreed next steps

This information will automatically be shared with relevant pastoral and safeguarding staff, who will offer support and advice about next steps.

7.4 Confidentiality

Pupils often wish for conversations with someone they trust to remain confidential and may not want anything to be followed up, however, we can never guarantee confidentiality. It must be explained to the pupil that the matter might need to be followed up by another member of staff such as the Designated Safeguarding Lead.



Pupils may be worried about their parents being informed of their disclosure. We should always explain to pupils that parents and the school work together to keep them safe. We should discuss with pupils how they would feel comfortable about their parents being informed, and give them the option of a member of staff informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the DSL must be informed immediately.

8 Initial Response

Following a disclosure, it is important to carefully consider the appropriate action, taking into consideration the pupil's individual circumstances and needs. A typical initial response would include:

- Immediate medical support if required
- Risk assessment and immediate plan for support
- Informing parents (unless it would place the pupil at risk of significant harm to do so)
- Advice on further action such as a visit to the GP, attendance at A&E, a referral to CAMHS etc.

9 Working with Parents

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

- Does the pupil have Gillick competence: do they have the maturity to make their own decisions and understand the implications of those decisions?
- Can the meeting happen face to face? This is preferable.
- Who should be present? Consider parents, the student, other members of staff.
- What are the aims of the meeting?

9.2 It can be shocking and upsetting for parents to learn of their child's issues 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 support and follow this up in written correspondence following the meeting.



We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call straight away as parents often have many questions as they process the information. Each meeting should finish with the agreed next steps and a record of the discussion should be entered onto CPOMS.

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

- Highlight sources of information and support about common mental health issues through this policy
- Ensure that all parents are aware of who to talk to if they have concerns about their own child or a friend of their child
- Share ideas about how parents can support positive mental health in their children through information evenings, parent talks and letters.
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.

10 Supporting pupils' peers

When a student is suffering from mental health issues, it can also 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 peers 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 may be guided by conversations by the student who is suffering and/or their parents 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 / saying which may inadvertently cause upset
- Warning signs that their friend needs help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

11 Supporting Staff

The wellbeing and mental health of our staff is critical to the delivery of a positive and safe educational environment. It is statistically recognised that the wellbeing of staff members directly leads to better pupil outcomes, both attainment and value added⁷. However, more importantly, ‘good staff wellbeing is essential for cultivating a mentally healthy school, for retaining and motivating staff and for promoting pupil wellbeing’⁸

11.1 At Embley we value our staff for we recognise that it is their dedication to pastoral and educational excellence that gives our pupils the very best opportunities. Our staff make the difference. They are interested in our pupils’ lives, taking the time to notice where things may not be necessarily going so well. This level of care takes time and energy which our staff give willingly but we recognise the need to protect and support them (with their own mental health and wellbeing, time management and training). Therefore, it is our aim to foster a culture of trust, wherein colleagues can be open about their needs and concerns. We ensure that alongside the fostering of good working relationships, we offer our staff several avenues of support, if they so require it.

11.2 The first port of call for most staff will be their immediate colleagues, closely followed by line managers. Senior Leaders ensure their availability and visibility throughout the school.

Most importantly, however, we promote a culture and a desire to ensure that opinions and thoughts are shared and discussed, where gripes and negativities are opportunities to make marginal gains. The annual Staff Survey, along with the Staff Mental Health and Wellbeing Action Group, provide a valuable platform for staff voices to be heard, for insights to be gathered, and for meaningful positive change to be driven forward.

11.3 We also understand that receiving a disclosure about difficult mental health issues from a pupil can be upsetting and traumatic for staff. Members of staff involved will be offered support.

Where staff may begin to feel more overwhelmed with things and more specialised support may be required, the following can be accessed:

- Our School Counsellor is available to meet with members of staff in crisis and to help them think through options for further support and signpost as required.
- The United Learning Employee Assistance Programme (well-online.co.uk), is a free and confidential information, support and counselling service available 24 hours a day (0800 085 1376)

11.4 Training

All members of staff receive training on how to manage a disclosure and active listening skills.



Mental Health and Wellbeing training is available to all staff through TES EduCare courses.

Key members of staff such as the safeguarding officers, Heads of Year and Matron undertake suicide awareness training: <https://zerosuicidealliance.com/suicide-awareness-training>

⁷ Briner, R & Dewberry, C. (2004) Staff well-being is the key to school success, Available at: <https://www.teachertoolkit.co.uk/wp-content/uploads/2014/07/5902birkbeckwbperfsummaryfinal.pdf>

⁸ Heads Together, (2018) Supporting staff well-being, Available at: <https://www.mentallyhealthyschools.org.uk/whole-school-approach/supporting-staff-wellbeing/>



Appendix A: Further information and sources of support about common mental health issues

Below, we have signposted 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.

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.

www.mind.org.uk

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.

www.anxietyuk.org.uk

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 do not 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.

www.ocduk.org

Eating problems

Disordered eating behaviour can be used as a way to cope with difficult situations or feelings. This behaviour can include limiting the amount of food eaten, eating very large quantities of food at once, getting rid of food eaten through unhealthy means (e.g.



making themselves sick, misusing laxatives, fasting, or excessive exercise), or a combination of these behaviours. 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.

It's important to remember that eating disorders are not all about food itself, but about feelings. The way the person treats food may make them feel more able to cope, or may make them feel in control, though they might not be aware of the purpose this behaviour is serving.

Beat – The Eating Disorders Charity www.beateatingdisorders.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 are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Action to be taken when suspicion or evidence of self-harm

1. If a fresh injury that needs medical attention or any concerns about suicide risk, the student should be escorted as discreetly as possible to Matron or the Prep School Office for evaluation and not left alone.
2. The incident should be added to CPOMS under the category of Safeguarding Concern Form thus automatically alerting the safeguarding officers, and other sources of help may be called upon e.g. the Head of Year or counsellor.
3. Information should be gathered from various sources as necessary in order to gain a complete pastoral picture (e.g. the pupil's Form Tutor, Head of Year or Head of Boarding).
4. A support structure is prepared by the Deputy Head or a deputy designated safeguarding lead in conjunction with the Head of Year.
5. Parents/guardians are informed, unless, in exceptional circumstances, there are sound, documented reasons for not doing so.
6. With parental consent, a referral may be made by the school to the pupil's local authority, or via the family GP, or to CAMHS.
7. Pupils are encouraged to:
 - not display open wounds/injuries (these must be dressed appropriately);



- talk to an appropriate staff member if they are in emotional distress;
- alert a teacher if they suspect a fellow pupil of self-harming, or at serious risk of harm to themselves, and know when confidentiality must be broken.

www.selfharm.co.uk

National Self-Harm Network www.nshn.co.uk

Suicidal feelings

If someone is having suicidal feelings it means that they are thinking about suicide or could be making a plan to take their own life. This can range from a passing thought to a detailed plan. 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 tragically other young people take their own lives without prior warning.

Action to be taken when a pupil is having suicidal feelings:

1. The pupil should be escorted as discreetly as possible and without delay to the Deputy Head, school counsellor or a designated safeguarding lead for immediate evaluation. Under no circumstances should the pupil be left alone.
2. An evaluation will be undertaken to understand the meaning behind the pupil's expression of suicidal feelings enabling a risk assessment and informing next steps.
3. Parents/guardians will be informed and may be required to attend the school to collect their child. Where the pupil is a boarder, the Head of Boarding will collect the pupil and notify the parents/guardians accordingly.
4. It may be appropriate for the pupil to be taken to A&E or attend a same-day GP appointment for urgent assessment. A referral to CAMHS (Child and Adolescent Mental Health Services) may also be made if deemed necessary.
5. Relevant information should be gathered from various sources as necessary in order to gain a complete pastoral picture (e.g. the pupil's tutor, Head of Year or Head of Boarding).
6. Following hospital discharge, parents/guardians must accompany their child for a meeting with the Deputy Head or a Deputy Designated Safeguarding Lead. A medical letter confirming that the pupil is safe to return to school is required.
7. A support structure is prepared by the Deputy Head or a Deputy Designated Safeguarding Lead and a personalised safety plan will be developed with and for the pupil to follow upon their return to the school.



8. Pupils are encouraged to:

- talk to an appropriate staff member if they are having suicidal feelings
- alert a teacher if they suspect a fellow pupil of having suicidal feelings or at serious risk of harm to themselves, and understand when it is necessary to break confidentiality.

www.samaritans.org – Samaritans

Suicide

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 tragically other young people attempt to, or take their own lives without prior warning.

Action to be taken when a pupil is actively suicidal:

1. If there are any concerns regarding a pupil at risk of suicide, the pupil should be escorted as discreetly as possible and without delay to the Deputy Head, school counsellor or a designated safeguarding lead for immediate evaluation. Under no circumstances should the pupil be left alone.
2. Parents/guardians will be informed and required to attend the school to collect their child. Where the pupil is a boarder, the Head of Boarding will collect the pupil and notify the parents/guardians accordingly.
3. The pupil should be taken to A&E or attend a same-day GP appointment for urgent assessment. A referral to CAMHS (Child and Adolescent Mental Health Services) may also be made if deemed necessary.
4. Relevant information should be gathered from various sources as necessary in order to gain a complete pastoral picture (e.g. the pupil's tutor, Head of Year or Head of Boarding).
5. Following hospital discharge, parents/guardians must accompany their child for a meeting with the Deputy Head or a Deputy Designated Safeguarding Lead. A medical letter confirming that the pupil is safe to return to school is required.
6. A support structure is prepared by the Deputy Head or a Deputy Designated Safeguarding Lead and a personalised safety plan will be developed for the pupil to follow upon their return to the school.
7. Pupils are encouraged to:
 - not to speak to other pupils about their thoughts of suicide
 - talk to an appropriate staff member if they are having thoughts of suicide;



- alert a teacher if they suspect a fellow pupil of having thoughts of suicide or at serious risk of harm to themselves, and understand when it is necessary to break confidentiality

In the event of a suicide of a pupil or member of staff, Embley will use the [Hampshire County Council Suicide Prevention and Postvention Protocol](#)

Further websites for information and support:

www.samaritans.org – Samaritans

<https://www.youngminds.org.uk/> - Young Minds

<https://www.childline.org.uk/> - Childline

Appendix B: Staff and pupil support documents

Safeguarding Information document (for staff)



EMBLEY HAMPSHIRE SAFEGUARDING INFORMATION

SAFEGUARDING TEAM



Leah Goodey
Deputy Head
DSL (ext. 407)



Rebecca Clayton
Assistant Head
DDSL (ext. 395)



Johnathan McCredie
Head of Boarding
DDSL (ext. 345)



Sheina Gibb
Head of Prep
DDSL (ext. 373)



Yasmin Farley
SMH-L
DDSL (ext. 317)



Rosie High
Head of Early Years
DSL for EYFS (ext. 382)

Contact our safeguarding team
☎ 01794 512206 (plus extension)
✉ firstname.surname@embley.org.uk

HOW TO DEAL WITH A DISCLOSURE

RECOGNISE

- It is important to **recognise the signs and symptoms of abuse**.
- Knowing your pupils well** means you will be able to recognise changes in their behaviour, attitude or circumstances.

RESPOND

- Safeguarding is **everyone's responsibility**, so do not ignore.
- Stay calm and **listen carefully**, allow the pupil to speak at their own pace.
- Ask questions for clarification only - it is not your duty to investigate.
- Do not** promise confidentiality but **reassure the child** that you want to help and they are **doing the right thing** speaking to an adult.

RECORD

- Record the conversation using the pupil's own words.
- As soon as possible**, and certainly within 24 hours record the concern on CPOMS, using the **Safeguarding Concern Form** category.

REPORT

- Speak to the **DSL or DDSL**.
- Do not** discuss with colleagues other than the DSL or DDSL.
- Do not** phone home.
- The DSL/DDSL will consider the **next course of action**.

WHAT TO LOOK FOR

- Physical signs** - unexplained bruises, cuts, injuries, self-harm, tiredness
- Change in behaviour**, mood, attitude,
- Unexpected reactions**, fear, wariness
- Withdrawn, anxious behaviour or demanding/attention seeking behaviour
- Dirty, scruffy, **unsuitable clothes**

TAKE AN INTEREST

- Have **professional curiosity**, think about context, ongoing versus one-off situations
- Consider the **age of the child**
- Keep an open mind**, consider all possible explanations to concerns
- Pass on concerns, **no matter how small**

KEY LOCAL CONTACTS

Hampshire Children's Services
☎ 0300 555 1384

Local Authority Designated Officer
📱 Scan the QR code for more information
✉ lado@hants.gov.uk

POLICIES & PROCEDURES

Embley's safeguarding procedures are created in accordance with **Keeping Children Safe in Education (KCSIE)**.

Pupil Support Poster



EMBLEY HAMPSHIRE PUPIL SUPPORT

ACADEMIC AND PASTORAL MATTERS



Ms Williams
HEAD OF YEAR 7



Miss Greenwood
HEAD OF YEAR 8



Mrs Smyth
HEAD OF YEAR 9



Miss Stuart
HEAD OF YEAR 10



Mrs Farley
HEAD OF YEAR 11



Mr Cherry
DIRECTOR OF 6TH FORM

YOUR TUTOR



Form Tutor

SCHOOL COUNSELLOR



Kate Rodgers

CAREERS, UNIVERSITY & UCAS



Mrs Hampstead



Mr Cherry

MEDICAL MATTERS



Mrs Gale

LEARNING SUPPORT



Mrs Viola

SAFEGUARDING MATTERS



Mrs Goodey
SENIOR SCHOOL



Mrs Clayton
SENIOR SCHOOL



Mrs Farley
SENIOR SCHOOL



Mr McCredie
BOARDING



Mrs Gibb
PREP SCHOOL



Mrs High
EARLY YEARS

OTHER SUPPORT

The Wellbeing Hub
— Right-Track Type —



DIGITAL LEARNING SPACE
WELLBEING



Planning and Managing Sensitive Conversations with Vulnerable Pupils (for staff)

Planning & managing sensitive conversations with vulnerable pupils

Pupils who are vulnerable or at risk must be clearly identified on the **Pastoral Memo under Safeguarding**.

All relevant staff **must have access to up-to-date information** regarding the pupil's health, wellbeing, behaviour and safeguarding needs. This includes critical alerts (e.g. Missing Person procedures) to ensure immediate action can be taken should the pupil leave the classroom or activity.

When working with vulnerable pupils, **staff must carefully consider their approach**. Such pupils may not respond in a typical or expected manner, or may mask their true feelings, particularly during sensitive or disciplinary conversations.

The safeguarding and wellbeing of both the pupil and the member of staff must remain the **primary consideration at all times**.

Key considerations when planning sensitive conversations

Discuss and plan in advance with a fellow Head of Year, the counsellor, or Deputy Head:

1 STAFF MEMBER RESPONSIBLE

- Identify the most appropriate member(s) of staff to lead the conversation.
- Would it be helpful to have a second member of staff to support only or take notes.



5 SUPPORT FOR STAFF

- Alert a colleague who can remain nearby during the conversation.
- Arrange follow-up with the Deputy Head if required.



2 THINK ABOUT LOCATION

- Choose a private space that maintains dignity for the pupil.
- Ensure appropriate support is nearby and accessible if needed.



6 POST-CONVERSATION SAFEGUARDING

- Ensure a clear "handover" to the next responsible staff member to maintain oversight and safety.
- Work with the pupil to identify coping strategies and trusted adults, ensuring they leave with a clear support plan.



3 CONSIDER YOUR TIMING

- Consider if the conversation is best held near the end of the day.
- Avoid immediately before or in the middle of unstructured time where appropriate.



7 COMMUNICATIONS WITH STAFF

- Inform relevant staff members without delay.
- Ensure information is clearly and securely communicated to those who need to know.



4 COMMUNICATION APPROACH

- Carefully consider wording, tone of voice and body language.
- Prepare a script or outline if appropriate to ensure clarity and consistency.

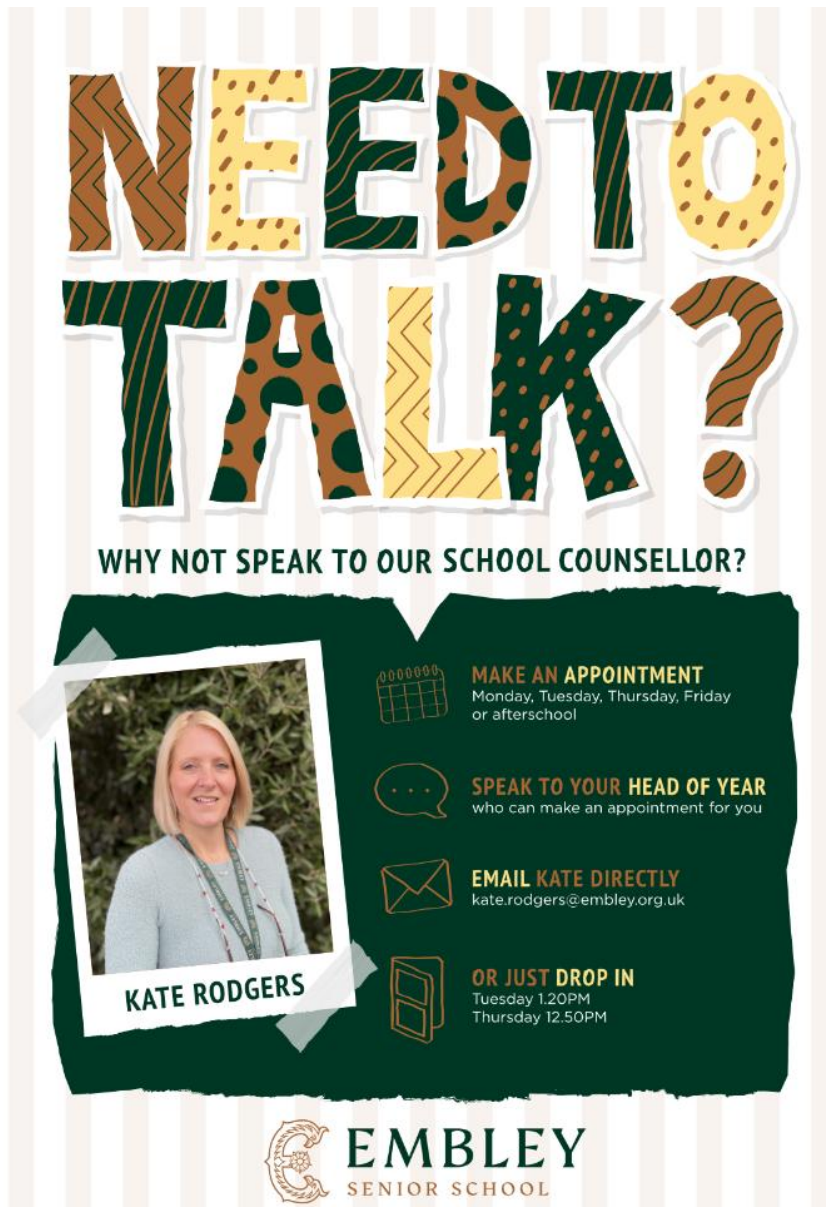


8 COMMUNICATIONS WITH PARENTS

- Decide how communication will take place (e.g. face-to-face meeting or telephone call).
- Ensure this happens without delay, at an appropriate time, and where possible in agreement with the pupil.



Need to Talk poster (for pupils)



The poster features a background of vertical stripes in light beige and cream. At the top, the words "NEED TO TALK?" are written in large, bold, block letters. Each letter is filled with a different pattern: brown zig-zag, yellow polka dots, green wavy lines, brown polka dots, yellow wavy lines, green polka dots, and a brown question mark. Below this, the text "WHY NOT SPEAK TO OUR SCHOOL COUNSELLOR?" is written in a smaller, bold, sans-serif font. The main body of the poster is a dark green, torn-edge shape. On the left side of this shape is a white-bordered photo of a woman with blonde hair, wearing a grey cardigan over a patterned top. Below the photo, the name "KATE RODGERS" is written in bold, black, sans-serif font. To the right of the photo, there are four sections, each with an icon and text:

-  **MAKE AN APPOINTMENT**
Monday, Tuesday, Thursday, Friday
or afterschool
-  **SPEAK TO YOUR HEAD OF YEAR**
who can make an appointment for you
-  **EMAIL KATE DIRECTLY**
kate.rodgers@embley.org.uk
-  **OR JUST DROP IN**
Tuesday 1.20PM
Thursday 12.50PM

At the bottom of the poster, the "EMBLEY SENIOR SCHOOL" logo is displayed, featuring a stylized 'E' with a crest and the text "EMBLEY SENIOR SCHOOL" in a serif font.

Document Information

Version number	1
Reason for version change	New policy
Name of owner/ author	Leah Goodey
Name of individual/ department responsible	Leah Goodey, Yasmin Farley
Target audience	Public
Date issued	September 2026
Where available	Website
Review date	September 2027