



Students at risk policy at...

MOUNT CLEAR COLLEGE/GPLACE

Policy Statement

Mount Clear College aims to create a caring community, and an environment that is safe and facilitates learning for young people.

Rationale:

School administrators are required to provide the best possible learning environment for their students. This includes catering for those young people whose emotional distress may lead to less than expected educational achievement. This will vary from mild distress, which may occur for a short period of time in a significant number of young people, to distress which may lead to the young person engaging in risk-taking actions/behaviours. Schools are sometimes the only place where someone will notice young people in distress, and where caring adults can act to assist a young person.

How do you tell a young person may be at risk?

Behaviours that may indicate distress and students at risk:

- Unexpected reduction of academic performance
- Ideas and themes of depression, death and suicide
- Change in mood
- Grief about a significant loss
- Withdrawal from relationships
- Physical symptoms with emotional cause
- High-risk behaviours

(The decision to refer a young person is based on the overall severity of the symptoms and intuition about the degree of risk, rather than the number of symptoms).

Who is involved?

Principal - Ms Lynita Taylor

Assistant Principal Class – Ms Nicole Quinney, Ms Jenny Bromley, Mr Alan Archbold & Mr David Stuchbery.

Student Well-Being Coordinator – Ms Fionna Wooller

SHAAC (Student Health, Advice and Careers) Team – Ms Jodie Handley, Mr Gavin Stevenson, Ms Emma Hampson, Secondary School Nurse Melanie Alford.

Department of Education & Early Childhood Development School Nurse —Jodie Clack

Principal

The Principal has a “designated person” to act on her/his behalf – the Coordinator of Student Welfare. The overall management responsibility lies with the Coordinator of Student Welfare who reports directly to the Principal.

Coordinator of Student Welfare

The Coordinator of Student Welfare is the manager of the SHAAC Team. The Coordinator of Student Welfare:

- Identifies level of risk/initial assessment of students
- Liaises with the SHAAC Team and also Principal Class Officers
- Refers to appropriate professional support e.g. psychologist, psychiatrist, health agency
- Co-ordinates the SHAAC Team, including communications within school and family
- Provides counselling and ongoing support to students “at risk” as appropriate
- Manages follow-up support and monitoring for “at risk” students returning to school settings

Staff

- Provide assistance in recognition of “emotional distress” and “at risk” factors within students
- Refer “at risk” students to Coordinator of Student Welfare immediately
- Provide ongoing support and assistance to students/families as part of the management plan, through the Team

External Health Professionals

- Provide specialist intervention and support to students “at risk”
- Co-ordinate management plan/ongoing intervention for high-risk students
- School, through the Coordinator of Student Welfare, establishes links/networks with experienced health professionals

Parents and Family

- Parents and family are integral to the school management plan, hence it is important that the school maintain close liaison with the family, via co-ordination from the Team.

Recognition of Young People at Risk

Common signs of distress which school staff may notice and which should lead to referral to the Coordinator of Student Welfare for clarification and identification of risk:

- **Unexpected reduction of academic performance**

Unusual failure to complete assignments, apathetic in class, has recently received a much lower than expected grade, extremely disappointed at being rejected for a course or demonstrates abrupt changes in attendance, such as increased absences, tardiness, or truancy.

- **Ideas and themes of depression, death and suicide**

Reading selections, written essays, conversation, and artwork containing themes of depression, death and suicide. Statements or suggestions that she/he would not be missed if she/he was gone. Appears to collect and discuss information on suicide methods. Begins giving away prized possessions (possibly with some elevation in mood) and has demonstrated previous direct or indirect suicide threats or attempts.

- **Change in mood**

Withdrawal, sudden tearfulness, and remarks, which indicate profound unhappiness, despair, hopelessness, helplessness. Anger at self, increased irritability, moodiness and aggressiveness. Lack of interest in surroundings and activities and marked emotional instability. New involvement in high risk activities.

- **Grief about a significant loss**

Stress due to the recent disintegration of the family or has had a recent death or suicide in the family or has lost a friend through death or suicide or a break up with a boyfriend/girlfriend.

- **Withdrawal from relationships**

Change in relationships with friends and classmates. Loses interest in extra-curricular activities and may drop out of sports and other clubs. Begins to spend long periods of time alone.

- **Physical symptoms with emotional cause**

Eating disturbances or chronic physical complaints, such as headaches, stomach aches, fatigue, body aches, scratching or marking of the body, or other self-destructive acts. Reduced personal hygiene and self care.

- **High risk behaviours**

Increased use of alcohol and drugs to the point of intoxication. Engages in other risky behaviours (e.g. dangerous driving, vandalism etc.).

The significance of the risk factors above may be accentuated in young people who lack parental warmth, for example, their parents appear uninvolved, unsupportive, and demonstrate denial of the student's problems. They appear angry, threatened and defensive or there is evidence of a long history of home problems, such as physical and/or sexual abuse.

Once a staff member has identified a student who is considered to have a number of these symptoms, who is likely to be distressed, and where the staff member judges there to be some risk (no matter how small), then the staff member must make a referral to the Director of Student Welfare or other designated person. The staff member should decide to refer a young person based on the overall severity of the symptoms and their intuition, rather than the number of symptoms. The staff member should continue to support the young person, especially while the referral to the Director of Student Welfare is being arranged.

Consideration should be given to arranging for an appropriate support person (i.e. family, responsible friend) for the young person, during this process.

A recent article Dr Michael Carr-Gregg wrote on assessing young people at risk:

Dr Michael Carr-Gregg, PhD MAPS, Consultant Adolescent Psychologist.

One of the great US experts on suicide, Professor Kay Redfield Jamison, in her brilliant book "Night Falls Fast" – wrote that the causes of suicide, "lie for the most part in an individual's predisposing temperament and genetic vulnerabilities, in severe psychiatric illness and in acute psychological stress". The problem for those of us looking for a simple preventative strategy, is that these contributing factors carry unequal weights and no single factor has been demonstrated to be necessary or sufficient to cause suicide. While some young people who take their lives, explicitly and repeatedly communicate their intentions to others, many young people never do, instead acting on impulse, sometimes fuelled by drugs, disguising their plans and affording themselves and their loved ones no opportunity to intervene. The excruciating fact, for so many families – is that there is no stereotypical young person who is a candidate for suicide, and that outwardly normal young people, experiencing what seems like a relatively minor life event, can be a candidate for suicide. What we do know is that over 70% to 90% of young people engaging in suicidal behaviour suffer from some form of mental illness, very often depression – which along with other risk factors create a potentially lethal combination.

These risk factors include:

- a) Experiencing an underlying mental illness or psychological problem
- b) Antisocial behaviour (sometimes known as conduct disorders) and/or alcohol or other drug misuse
- c) A past history of suicide attempts
- d) A disturbed or unhappy family background
- e) History of abuse
- f) Poverty, school failure
- g) Knowing people who have committed suicide (especially family members or friends)
- h) Access to means of committing suicide (i.e. guns, drugs etc.)

Psychological research suggests that the more risk factors present, the more-at-risk that person becomes. The complexity stems from the fact that most young people with one or more risk factors present will not attempt suicide and some people with minimal risk factors will attempt or complete suicide. This means it can be very difficult to accurately identify young people who may attempt suicide. As Dr Michael Dudley one of Australia's leading psychiatrists wrote some years ago in Australian Medicine "The prediction of suicides is impossible, even if high risk populations are considered, since the risk factors listed are overly sensitive and non specific".

Observable Warning Signs

Individual Changes

- *Increased alcohol or other drug consumption*
- *Disinterest in possessions – giving away prized belongings*
- *Withdrawing from friends and social involvement*
- *Sleeping pattern changes. May have difficulties in getting off to sleep, have interrupted sleep, early morning awakening, feeling tired after sleep, sleeping too much*
- *Self-mutilation behaviours e.g. cutting/gouging*
- *Sudden and striking personality changes and changes in mood*
- *Risk-taking and careless behaviour*
- *Noticeable increase in compulsive behaviour*
- *Sudden happiness after a prolonged period of depression*
- *Apathetic, may stay indoors, stare at the TV, loss of interest in previously pleasurable activities*
- *Repetitive medical conditions – feeling nauseous, frequent headaches, injuries*
- *Death or suicide themes dominate written, artistic or creative work*
- *Unrealistic expectations held of self*
- *Overly dependent, clinging behaviour*
- *Changes in eating patterns – not eating, over eating, change in weight*
- *Verbal expression of suicidal intent or depression*
- *Direct statements: for example, "I wish I were dead", "I'm going to end it all"*
- *Indirect statements such as, "No one cares if I live or die", "Does it hurt to die"*

Lifestyle Changes that may impact on an 'at risk' student

- *Loss of an important person, for example, break-up of a relationship, death, divorce*
- *Recent suicide of friend or relative*
- *Exposure to violence, incest or rape*
- *Major disappointment or humiliation*
- *"Coming out" and associated issues re sexuality and identity*
- *Dispute with parents/family/friends*
- *Serious physical illness*
- *Sudden loneliness/isolation/change of environment*
- *Anniversary of death*
- *Emotionally charged festivals (Christmas, birthdays, etc.)*

Changes in Behaviour

- Loss of interest in work, hobbies or activities which were once enjoyed
- Discussion on excessive drinking of alcohol or drug taking
- Finds decisions really difficult to make and is unable to address issues like the reality of financial problems
- Has real difficulty in staying still or conversely is really lethargic and unable to get motivated
- Sets self up for rejection by family, friends or work-mates, takes on role of victim
- Projects personal difficulties onto others e.g. bullying/aggressive behaviours/irritable and snapping for no apparent reason
- Excessive risk taking

Changes in Relationships

- Stops going out with friends, shows no interest in being in group/social settings
- Expresses negativity about family/friends and has more than usual conflicts or problems relating with family or friends
- Traumatic relationship loss or break-up

Changes in Thinking, Feeling and Perception

- Expresses inappropriate guilt about things
- Expressing hopelessness – nothing to look forward to/no point in carrying on
- Preoccupied with self, withdrawn, feelings of not being good enough
- Cries easily, looks sad, feels alone or isolated
- Fears about having to be perfect, fearful about doing something bad

Physical Changes

- Appetite has changed considerably – lost or gained a substantial amount of weight
- Restlessness, agitated (pacing, wringing hands) or has really slowed down (spends hours staring in front, finds it hard to move)
- Lots of constant minor physical ailments with no apparent cause

Mount Clear College Action Plan for ‘students at risk’

- Student suspected at risk
- Immediate referral to the SHAAC Team
- The SHAAC Team assesses level of risk (low, moderate, high)
- The SHAAC Team informs parents/family and Principal
- Inform relevant staff
- If level of risk is considered High – the SHAAC Team and Principal class informed
- The SHAAC Team, coordinated by the Coordinator of Student Welfare, will manage necessary communications, monitoring and care within school, including communication with family of student, and liaison with outside professional carers. It is critical that co-ordination of response and care of the student be actioned through the SHAAC Team.

Guidelines for Management Responsibility of SHAAC

The SHAAC in conjunction with the Principal Class Officer will:

- Find out the facts – collect any information
- Convene a meeting
- Organise support and counselling for those needed
- Consider role and level of involvement of school resources
- Identify students/families/staff most affected to provide support and counselling
- Allocate tasks to team members
- Decide if a space is needed and where
- Plan communication to staff, families and students as appropriate
- Enlist extra support as needed
- Debriefing for SHAAC or other staff Team after initial critical situation has abated
- Support other Team members and other staff

Coordinator of Student Welfare has management responsibility for the SHAAC Team

The Coordinator of Student Welfare will

- Identify which staff members have positive connection with student
- Staff member/s close to student (Primary Pastoral Carer or other staff)
- Other staff as needed
- Coordinator of Student Welfare has responsibility for communication with Principal and/or Executive
- SHAAC team in conjunction with the Principal Class Officers will work out what communications need to occur, within school and outside of school
- The Principal or their Principal Class Officer delegate will communicate with others in the school
- The Principal is responsible for any/all media communications
- Support for staff close to student, so they are able to provide for others

As there will be differing needs depending on the student and situation, the detail of responses will be handled by the SHAAC Team.

Guidelines for Response to Student's Family

- Parents/family informed (unless this places the child at further risk)
- Parents are informed of actions
- Referral to external professional for assistance – depending on level of risk
- If risk is high, referral must be immediate, the student must not return to school until professional assessment (external expert and Coordinator of Student Welfare) assess a safe return to school can be made. If a reasonable belief has been formed by the SHAAC Team member that a student will be at risk by returning home, a report should be made to DHHS Child Protection who will guide the next step in this process.
- If student risk level is high, and parents are unable to take care of their child – hospitalisation or a suitable alternative must be found
- Ongoing communication with family
- Request for family to feedback to school (SHAAC Team to nominate person)
- External medical specialist must liaise with Coordinator of Student Welfare before return of student to school
- Family informed of support available and school requirements – psychiatric assessment before child's return to school
- Coordinator of Student Welfare must be contacted by treating psychiatrist before child's return to school – with written OK from Doctor before child's return
- Parents to have contact with Coordinator of Student Welfare
- Communication will be maintained by school with affected families involving them in decisions as appropriate
- Primary pastoral carer (LINKS teacher) to remain in contact with parents
- Depending on level of risk – written communication to parents outlining need for removal of child from school for medical assessment and communication to occur before the student's return to school

Guidelines for Response to Other Students

- Staff to maintain awareness of any other students that may be aware and affected by event (including siblings, friends, classmates etc)
- Identify any other students who have knowledge and/or may be affected
- All staff to assist these students to Coordinator of Student Welfare
- Ongoing monitoring of such students by SHAAC Team and other staff as appropriate
- Mini School Managers of such students to be informed
- Guidelines for staff about how to respond to be provided by the Principal class and SHAAC Teams

Guidelines for When a Student Returns to School, After Being at Risk

- Parents must inform SHAAC Team or a member of the Principal Class of return of student before this occurs
- Communication between treating psychiatrist and Coordinator of Student Welfare to occur before student returns. Written confirmation of the assessment that the student is fit to return to school, along with any recommendations of how the school can assist
- If student is withdrawn from school to be assessed or for treatment – on student's return to school, there needs to be ongoing monitoring initially, and follow up for a period of 6-12 months.
- SHAAC Team to decide process in relation to each individual student

- Primary pastoral carer (LINKS Teacher) to request immediate notification from student's teacher of student's absences from any classes
- Communications and monitoring of previously at risk student and any other students involved to occur

Guidelines for Response by and to Staff

- Necessary staff will be informed and/or involved, and will have input into decision-making process as appropriate via the SHAAC or Principal Class Officer.
- It is critical that co-ordination of response and care of the student be actioned through the SHAAC team
- Adequate documentation and records maintained at all stages of the management plan
- Support for staff involved is important, and debriefing after at risk situation is in abeyance
- Staff working intensively with students should be provided with support (individual or group) throughout the critical time, and debriefing afterwards

Confidentiality

Confidentiality issues arise when the trust relationship between the student and school personnel comes into conflict with the need to ensure the safety of the student and/or others. Ideally every effort should be made to encourage the young person to share their concerns with others, however decisions must be made in terms of the best interest of the young person, e.g. individual rights/privacy vs immediate risk/safety.

This is where a relationship of trust needs to exist between staff members and those who have the confidential information in the school (generally the Coordinator of Student Welfare and Principal class). That is, that staff will act on advice or instruction from the Coordinator of Student Welfare and/or a Principal Class Officer – even if they are unable to be supplied with full information and/or disagree with the Principal class or Coordinator of Student Welfare's assessment.

Staff disagreeing with the Coordinator of Student Welfare/Principal Class Officer assessment and decision must provide that information and/or opinion to the Coordinator of Student Welfare and the Principal Class Officer. If the staff member still disagrees with the Coordinator of Student Welfare or Principal Class Officer's assessment and decision, the staff must still act in support of such. Independent actions by staff members may place the student at further risk.

Within the School

Principal Class Officers, comprising:

Principal and Assistant Principals

Who should be informed?

The following people will either need to be informed, or will consider they need to be informed. The Principal Class in conjunction with the SHAAC Team has the role of deciding who needs to be informed at what level. The Principal Class/SHAAC Team manages who and how these communications occur. Training for staff to make such communications will be provided by SHAAC / Principal Class as needed.

Within the school

Principal

Assistant Principals

SHAAC Team

Links teachers

Teachers and general staff

Mini-school leaders

Friends of student at risk, who are impacted by the situation

Outside of School

Family

External specialists/agencies

Clear communication is vital when dealing with a young person at risk. Communications of initial information must be immediate, accurate and sensitive to the needs of family and friends. Consideration to be given to what communications must be given to which staff, and any other students involved. Staff (as assessed appropriate by SHAAC Team/Principal class) must be kept up-to-date with plans and developments.

Necessary staff will be informed and/or involved, and will have input into decision-making process as appropriate via SHAAC Team/Principal class. It is critical that co-ordination of response and care of the student be actioned through the SHAAC Team/Principal class.

Whilst it is recognised that most staff have a desire to be informed, and assist, the sensitivity of the situation, and recognition of confidentiality and respect for those most vulnerable in the situation (the student) – may mean that not all staff will be briefed, and/or that briefing information will be minimal (e.g. particular noting of absenteeism). Co-operation from staff, even if not given confidential personal information and/or involved, is critical. All concerns and information are to go through to the SHAAC Team/Principal class. Our main concern is the wellbeing of the student.

Evaluation

Date Implemented	March 2016
Author	Fionna Wooller
Approved By	School Council /Policies sub-committee
Approval Authority (Signature & Date)	
Date Reviewed	25 February 2016
Responsible for Review	Student Welfare Coordinator
Review Date	February 2017
References	Victorian Government Schools Policy and Advisory Guide