SUZANNE CORY HIGH SCHOOL

Student Risk Management Policy

DRAFT

Context:

Students at Suzanne Cory High School experience a variety of issues that require support from a Student Wellbeing Counsellor (SWC) and certain procedures must be in place to ensure their health, wellbeing and safety whilst attending school.

These issues can include mental health issues with risks associated with self-harm, suicide ideation/risk and others such as eating disorders, risk taking behaviour and drug and alcohol use. Other issues can include experiences of violence within the family or community.

Whilst all staff members are responsible for ensuring student wellbeing, those who are members of the Principal Class and Wellbeing Team will be actively involved in developing and evaluating procedures that promote student wellbeing.

SWCs will be responsible for identifying and managing student risk on an individual level as it arises through their direct work with these students.

This policy will outline procedures to proactively manage student wellbeing, safety and risk with regards to significant issues as well as responding to situations as they arise.

Duty of Care:

All staff members have a Duty of Care to ensure the health, wellbeing and safety of every student whilst they attend SCHS. This extends in some cases to hours outside of school as well as students exiting the school. This policy covers Prevention, Early Intervention, Direct Intervention and Postvention.

Levels of Risk of Harm:

There are three levels of risk of harm for the purposes of this policy, each requiring different responses with regards to managing the risk of harm:

a. **High risk** – serious, urgent and/or immediate risk of harm
- Attempted suicide
- Suicide ideation with a plan and intent
- Suicide ideation with a plan
- Recently completed self-harm requiring medical attention
- Concerning levels of self-harm that without medical attention may cause accidental death
- Family violence – current/recurring
- Experiencing mental health issues (depression, anxiety, psychosis etc.)

b. **Medium risk** – significant risk of harm
- Suicide ideation with a plan
- Suicide ideation
- Self-harm
- History of family violence
- Experiencing mental health issues (depression, anxiety, psychosis etc.)

c. **Low risk** – possible risk of harm
- Possible indicators of underlying mental health issues
- History of mental health issues or risks to safety for which support has been received
- Withdrawal from family, friends, or school
- Recent dramatic changes in mood and/or presentation

Identifying Risk of Harm:

1. Student is identified as being at risk of harm by:
   - A student themselves
   - A member of staff
   - A Wellbeing Leader
   - A parent/guardian
   - A friend/peer
   - An SWC

2. Risk of harm is identified from:
   a. Students disclosing thoughts or experiences of harm
   b. Other students reporting concerns about friends and risk of harm
   c. Family members reporting risk of harm
   d. Teacher reporting concerns about risk of harm or disclosures from students, their peers or family members
   e. Physical indicators of risk of harm (evidence of self-harm, unusual bruising/injuries etc.)
   f. Significant changes in student behaviour at school and in the classroom
   g. Changes in a student's mood, motivation and energy levels
   h. Drop in school performance
   i. Increase in lateness to school and/or absenteeism.
   j. Student self-reporting.

Prevention:

Whole of school initiatives, professional learning for staff and specific programs for all students that support student wellbeing through promoting:

- Positive mental health
- Support seeking behaviours
- De-stigmatise mental health and support seeking
- Positive body image
- Coping skills and resilience
- Knowledge of rights and the law (e.g. relating to experiences of violence)
- Knowledge of risk factors and follow up procedures.

Early Intervention:

Where issues are identified for particular students or groups of students and measures put in place to manage these:

➢ Short term, individual support for students in the form of counselling and access to mental health services where required;
➢ Small group programs that aim to equip students with coping skills and foster resilience;
➢ Targeted professional learning for staff members or dissemination of materials that provide skills and knowledge specific to issues that are arising or likely to arise;
➢ Home Group or Year Level based presentations or workshops on issues that are arising or likely to arise.

Direct Intervention:

Targeted support plans and programs for those students who present serious risk of harm and measures put in place to manage these risks:

➢ Short and long term, individual support from an SWC in the form of regular appointments and follow up;
➢ Supported referrals to relevant mental health services where required and appropriate;
➢ Strong safety planning with individual students for during school hours whilst in attendance on school premises, as well as planning for outside of school hours and school holiday periods;
➢ Working closely with families/guardians where appropriate and when required by law;
➢ Secondary consultation with the SSSO, Orgyen Youth Mental Health, and/or the tertiary mental health service with whom a student is engaged where students present significant risk of harm.

Postvention:

Responses to crisis events that arise relating to students both during and outside of school hours:

➢ Management and containment of crisis situations by SWCs and other relevant staff members where appropriate, with the engagement of relevant external services where required;
➢ Immediate support provided for students, staff and family members affected by unexpected crisis events;
➢ Short term procedures and supports for managing the period post-crisis such as group/individual debriefing, individual support, and referral to appropriate external services and support;
➢ Longer term procedures and supports for managing the period post crisis such as individual support and counselling, and referral to appropriate external services and support.

Response Procedures: Risk to Self (Self-harm/Suicide)

If you suspect or know a child in your care has been a victim of abuse you must act. A mandatory reporter who fails to comply with reporting obligations may be committing a criminal offence. Failure to disclose abuse or belief of abuse is a criminal offence. Failure to Protect is a criminal offence.

If a staff member identifies a student as being at risk of harm, that staff member must:

1. Notify (As soon as practical after the disclosure, within the same school day)
     i. Principal
     ii. Assistant Principal
     iii. Head of School
     iv. School Counsellor

2. Any disclosure of suicidal thoughts or experiences of harm made by a student should be documented in the form of an email that is sent to all of the above key parties. Email should include a physical description of how the student is presenting (e.g. crying), and an accurate account of what was said by the student.

3. A thorough assessment must then be undertaken as soon as possible and practicable by one of:
     i. Student Counsellor
     ii. SSSO
     iii. External mental health professional (e.g. Orygen)
     iv. GP
     v. Hospital Emergency Department.

4. An assessment will identify:
     i. Level of risk of harm
     ii. History of wellbeing and mental health issues
     iii. Family supports
     iv. Supports already in place
     v. Referrals required
     vi. Safety planning needs
     vii. Further actions/follow up required.

a. **Response to High level risk**
   In urgent situation where student presents with suicide ideation, plan and intent or self-harm requiring medical attention, and there are concerns for immediate safety of student:
     I. Do not leave the student alone.
     II. If required, provide Medical First Aid if qualified or have a qualified person provide First Aid.
     III. In situations of immediate and/or occurring harm, call 000 for an ambulance or have someone else call one.
     IV. Inform member of Principal Class of situation as soon as is practicable.

V. If linked with an external mental health support agency, contact them urgently to inform of situation and obtain advice about next steps.

VI. Where required, if not linked to an external mental health support agency, obtain consent from member of Principal Class and parents to transport student to closest Emergency Department or contact parents/guardians to do this if possible and appropriate.

VII. Contact EM Phone (0477 374 192) for support and log an IRIS alert (9589 6266) where required.

VIII. When student returns to school, a strong safety plan must be put in place, preferably in consultation with an external mental health organisation with whom the student is engaged and it must include regular appointments with an SWC as well as regular external support with a mental health service.

b. **Response to Medium level risk**

In situations where there is no immediate risk of harm, but serious risk of harm exists (i.e. suicide ideation with a plan and possible intent, significant and concerning self-harm behaviours):

I. Completion of Student Risk Management Plan and Safety Plan documentation in collaboration with student and any identified support people.

II. Safety Plan information shared with relevant people (including staff members, external supports etc.) respecting confidentiality and considering Duty of Care requirements around disclosure of risk.

III. Immediate and supported referral to external mental health service provider.

IV. Contact with parents/guardians where possible and appropriate and required by law.

V. Provision of key contact numbers for student outside of school hours if they require support and also to their family if possible and appropriate.

VI. Secondary consultation with SSSO, Orygen YAT, mental health organisation in student's LGA or a student's mental health service provider.

VII. Regular, at least weekly, appointments with an SWC as well as a strong safety plan.

c. **Response to Low level risk**

Students who present with symptoms of depression, low mood etc.:

I. Completion of Student Risk Management Plan and Safety Plan documentation (where required) in collaboration with student and any identified support people.

II. Safety Plan information shared with relevant people (including members of Principal Class, staff members, external supports etc.) respecting confidentiality, factors that increase risk to self around disclosure and considering Duty of Care requirements around disclosure of risk.

III. Regular appointments with an SWC.

IV. Referral to external support agency if appropriate and necessary.

Response Procedures: Risk of harm from others (Violence/Sexual)

If a staff member identifies a student as being at risk of harm, that staff member must:

1. Notify (As soon as practical after the disclosure, within the same school day)
    - viii. Principal (Responsible for managing school's response to allegation or disclosure of abuse)
    - ix. Assistant Principal
    - x. Head of School
    - xi. School Counsellor (Responds appropriately to a child who makes or is affected by the allegation)

2. For any disclosure of family violence made by students 16 years of age and under, contact relevant Child Protection Office or call the outside of hours number and report concerns as per Mandatory Reporting guidelines. This report must be made by the staff member, and key parties should be informed as soon as possible. Key parties can support the staff member in making report.

3. If there is a disclosure or reasonable belief formed that a sexual offence has taken place, a report must be made to the child's local Sexual Offences and Child Abuse Investigation Team (SOCIT) and all key parties listed above.

Note: Fulfilling the rolls and responsibilities contained in this procedure does not displace or discharge any other obligations that arise if a person reasonably believes that a child is at risk of abuse.

a. **Response to High level risk of Violence/Sexual Abuse**

In situations where a student is at risk of immediate harm as a result of family violence:

I. For students 16 years of age and under, contact relevant Child Protection Office or call the outside of hours number and report concerns.

II. For students over the age of 16 years, contact the Police to report the violence with consent of student where possible or support student to do so themselves;

III. Depending on advice and potential action from Child Protection or Police, support could include:
    a. Waiting with a student for Child Protection workers or Police to arrive for immediate support;
    b. Supporting student to be transported to a safe place;
    c. Safety planning with a student around how to manage things if they arise at home;
    d. Supporting student to identify alternative places to stay until further support can be put in place or contacting relevant emergency housing agencies to secure safe place to stay overnight (*insert hyperlink to services list);
    e. Provision of key contact numbers for student outside of school hours if they require support and also to their family where appropriate.
    f. Liaising with Child Protection and/or Police as required to continue to manage the situation with the student.

b. Response to Medium level risk of Violence/Sexual Abuse

Students who present with significant risk of harm (as outlined above):

    I.   Completion of Student Risk Management Plan and Safety Plan documentation in collaboration with student and any identified support people.

    II.   Safety Plan information shared with relevant people (including members of Principal Class, staff members, external supports etc.) respecting confidentiality, factors that increase risk to self with regards to disclosure and considering Duty of Care requirements around disclosure of risk.

    III.   Supported referral to external mental health service provider.

    IV.   Contact with parents/guardians where possible and appropriate to advise of risks identified, strategies to manage it and respond if risk increases out of hours.

    V.   Provision of key contact numbers for student outside of school hours if they require support and also to their family if possible and appropriate.

    VI.   Regular appointments with an SWC for as long as required as part of a safety plan.

c. Post-intervention for risk of harm (from others)
1. Support team meeting
    - ii. Student
    - iii. Assistant Principal
    - iv. Head of School
    - v. Student Counsellor
    - vi. Advocate/guardian
2. Safety plan
3. Inform necessary staff
    - i. Safety plan
    - ii. Relevant provisions
4. Ongoing wellbeing support (To suit needs of student)
    - i. Wellbeing Counsellor/s
    - ii. Head of School

It is NOT the responsibility of staff members other than those appropriately trained, to investigate any claims of suicide ideation, self-harm, or abuse.

Further Resources

Responding to Suicide

[Department of Education and Early Childhood Development Guidelines to Assist in Responding to Attempted Suicide or Suicide by a Student](#)

Reporting Obligations

https://www.education.vic.gov.au/school/teachers/health/childprotection/Pages/reportobligations.aspx

Department of Education & Training PROTECT CHILDREN website

https://www.education.vic.gov.au/about/programs/health/protect/Pages/default.aspx

Reporting Child Abuse

https://www.education.vic.gov.au/school/teachers/health/childprotection/Pages/report.aspx