



LET'S TALK...

Managing Risk to Support Children and Young People's Mental Health in Education Settings

Guidance for professionals in education settings who are supporting children and young people who are exhibiting physical and/or psychological risk within their mental health presentation

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Please note that the terms 'school', 'pupil' and 'CYP' are used throughout this guidance for consistency. However, the content is relevant to all children, young people and staff within any educational setting, including early years, enhanced and alternative provision and further education.

Introduction

Schools/education settings staff are on the front-line supporting a child or young person (CYP) who may be exhibiting high levels of risk within their presentations. This can subsequently lead to the adults who are supporting these CYP feeling anxious and overwhelmed by having to assess and manage significant risk and uncertainty. These occasions can often be incredibly distressing and potentially traumatic for the CYP, and the adults involved.

Where there is uncertainty about the level of risk within a CYP's presentation, the response taken has often been to encourage CYP to attend A&E for a crisis assessment. However, this is not always appropriate, so this guidance has been developed by Essex County Council and partners to support settings in identifying, assessing, and responding to the risk associated with a CYP mental health presentation.

There are occasions where A&E is the most appropriate place for a CYP to be assessed by mental health professionals and access urgent medical attention if required. However, it is important that professionals and families know how to respond appropriately to concerns, to ensure CYP have the right help at the right time and avoid unnecessary attendance at A&E.

National Research tells us that:

- one in six children aged five to sixteen were identified as having a probable mental health problem in July 2021, a huge increase from one in nine in 2017 (five children in every classroom)
- the number of A&E attendances by young people aged 18 or under with a recorded diagnosis of a psychiatric condition more than tripled between 2010 and 2018-19
- 83% of young people with mental health needs agreed that the coronavirus pandemic had made their mental health worse
- in 2018-19, 24% of 17-year-olds reported having self-harmed in the previous year, and 7% reported having self-harmed with suicidal intent at some point in their lives - 16% reported high levels of psychological distress
- suicide was the leading cause of death for males and females aged between five to thirty-four in 2019
- almost half of 17-19-year-olds with a diagnosable mental health disorder has self-harmed or attempted suicide at some point, rising to 52.7% for young women ([Young Minds: Mental Health Statistics 2023](#))

Note: although this data is not current, the trend has continued to increase throughout this time.

This guidance supports situations where adults are concerned about the levels of 'risk to self' that a CYP is exhibiting. Where there are levels of 'risk to others' and/or levels of 'risk from others' identified, it is recommended that professionals follow their school/setting safeguarding policy.

Additional support and guidance can be found via:

- [Essex safeguarding page](#)
- [Essex SEMH pages](#)
- [SET CAMHS](#)
- [Essex Effective Support](#)

The guidance also aims to support settings in developing their own processes to manage various levels of risk that may present concerns for staff. In addition, it is hoped this document supports staff in knowing how to explore and support CYP with their mental health with confidence and when having challenging conversations.

It is recommended that settings offer a whole staff training/awareness session on the content of this guidance, so that all members are aware of how to effectively support a CYP or respond to a concern about their wellbeing or mental health.



Safeguarding and levels of risk

Setting staff can often be the people observing concerning behaviour or managing a disclosure (directly or indirectly) and therefore it is important that they feel equipped to assess the risk of a CYP's mental and/or physical health.

Regardless of where the concern/disclosure has come from, it is important to always take the CYP seriously and assess any risk to inform an appropriate response. This document is best practice guidance and should inform and be consistent with other related policies and procedures, particularly safeguarding which must always be followed.

When managing levels of risk with a CYP, it is important to gain the consent from the CYP wherever required and be explicit about the limits to confidentiality. There are times where the level of risk outweighs the level of consent:

“The Data Protection Act 2018 and UK GDPR do not prevent the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to safeguard and promote the welfare and protect the safety of children”

[Keeping Children Safe in Education 2024, Pg 34](#)

“Information sharing is essential for effective safeguarding and promoting the welfare of children and young people. It is a key factor identified in many serious case reviews (SCRs), where poor information sharing has resulted in missed opportunities to take action that keeps children and young people safe.”

[\(Information sharing, 2018, p.3\)](#)



The document has two sections for staff to use as appropriate:

- **Section 1: Responding to high level risk**
- **Section 2: Responding to medium and low level risk**

There are also additional resources available alongside this document, that staff can use to support them to assess, respond and monitor the levels of risk identified. These include:

- **Appendix 1: Mental health risk assessment**
- **Appendix 2: Template for assessing level of risk with a child or young person (CYP)**
- **Appendix 3: Model template for a planning meeting**
- **Appendix 4: Risk and protective factors**
- **Appendix 5: Useful guidance, resources and helplines for staff, families and CYP**
- **Appendix 6: Safety plan**
- **Appendix 7: Self-care plan**

This guidance focuses on managing mental health risk within a CYP's presentation. Risk management is defined by the Department of Health as follows:

'Risk management involves developing flexible strategies aimed at preventing any negative event from occurring or, if this is not possible, minimising the harm caused... Where suitable tools are available, risk management should be based on assessment... Risk assessment is integral to deciding on the most appropriate level of risk management and the right kind of intervention for a service user'

(DoH Best Practice Managing Risk 2009)



Defining risk levels

After identifying a concern with a CYP's mental health (including physical expressions such as self-harm), it is important to assess the level of risk. This should include the type of concern:

- risk to self (see below)
- risk to other(s) (please follow school/setting safeguarding procedures)
- risk from other(s) (please follow school/setting safeguarding procedures)

The levels of 'risk to self' are defined as:

High Risk - See section 1 (p.9)

- CYP is at immediate risk of significant harm to self: there is a risk to their life
- CYP has planned intention to act upon suicide
- CYP has self-harmed and requires urgent medical attention
- CYP is medically unresponsive
- CYP has no intention or ability to keep themselves safe

Medium risk - See section 2 (p.12)

- CYP is having thoughts and have a possible plan to harm themselves.
- CYP has no immediate intention to act upon the thoughts and/or plans
- CYP can keep themselves safe with the help from their support network, resources, strengths, and other protective factors

Lower risk - See section 2 (p.12)

- CYP is experiencing suicidal ideation (thoughts and feelings) without planned intent, or self-injury
- CYP self-harm is superficial and can be managed with first aid
- CYP has possible other needs which may include issues with physical health, medication management, sensory seeking behaviours, trauma responses or social, emotional, and mental health communicating behaviours

Assessing and responding to risk levels

Where concerns are identified (at any level), or following an incident, a risk assessment and plan should be written and implemented. It is important that all appropriate agencies are involved in this process and that the CYP and their parent/carer are also involved and given the opportunity to contribute to all personalised support documents.

Risk assessments and plans should be dynamic, in that they are regularly reviewed and updated, and reflect current levels of need.

The process of the risk assessment and plan, and any subsequent reviews, should be a multi-agency approach. This may take place in the context of either a Team Around the Family (TAF) meeting and/or the setting's 'assess, plan, do, review' cycle. Whatever approach is taken, the important factor is the multi-agency contribution and resulting plan.

Because the risk assessment and planning process is dynamic, the CYP may move up and down the levels of risk, and settings should respond accordingly, acting on the advice at the appropriate risk level. If unsure at any time of the level of risk, settings should contact the CAMHS Single Point of Access (SPA) for advice: 0800 953 0222 (9am to 5pm, Monday to Friday).



Section 1:

Responding to high levels of risk

When it has been identified that a CYP is at risk of significant harm from their communicating behaviours, actions or intentions, an adult should remain present in the same room until they have access to an appropriate emergency service. As far as possible, the adult should address any risk factors and/or hazards (including implements, medication etc). Ideally, there will be two adults involved to avoid one member of staff managing any risk in isolation. Best practice is that they will be known to and trusted by the CYP.

Option 1:

Call 999 if a CYP is medically unresponsive, has attempted ligature and has signs of damage to airways or is excessively bleeding (that cannot be managed with first aid). The ambulance or police will transport the CYP to hospital.

Ensure that the Designated Safeguarding Lead (or Deputy Safeguarding Lead) and Headteacher is made aware and kept fully informed of the concerns and events so that there is a coordinated safeguarding response from the setting.

If CYP attends A&E they will be triaged and receive medical intervention if required, and a referral to the SET-CAMHS Crisis Team will be considered by A&E. When/if a crisis assessment has been completed by a SET-CAMHS Crisis Practitioner a safety plan will be written and plans for discharge with the wider network will be discussed and shared. The crisis team will then provide support tailored to the young person. This may include onward referrals to the CAMHS locality teams or other services.

It is important to ensure the setting has appointed a designated person for the crisis team/CAMHS to liaise with and that these details are shared with SET CAMHS.

Option 2:

If unsure whether the 999 call is necessary, seek advice by contacting NHS 111 and/or the Police (depending on the nature of the concern or risk). Have the following information available:

- name of the CYP
- gender identity (if different to biological sex)
- date of Birth and age of the CYP
- address of the CYP

In the case of self-injury/harm:

- location of any wound
- how long the wound has been bleeding for
- any first aid that has been provided to try and stop the bleeding

In the case of an actual or suspected overdose:

- what medication (including the brand if possible) or substance(s) has been taken
- what quantity of the above (if known) has been taken
- what time did they take the substance(s)
- whether other medication been taken that day by the CYP (as part of usual routine or not)
- other medical factors (such as does the CYP has a heart condition, diabetes etc)

In the case of suicidal intent:**Information about the CYP's plans to act upon suicidal thoughts and feelings:**

- where
- when
- how
- on a scale of 1-10 of likely (1 being very unlikely and 10 being very highly likely)

If a CYP absconds

Where there is a high level of risk to the CYP, Essex Police (999) should be contacted immediately. It is important that the staff member who contacts the Police keeps a record of the Police incident number and details of the discussion.

The Police will need to know:

- name of CYP (including any nicknames or preferred names)
- date of birth and age of CYP
- gender identity (if different to biological sex)
- what the CYP is wearing
- the presenting risks

Following a high-risk incident

If there is a period that a CYP is not attending their school/setting following an incident, it is recommended that an agreed appropriate member(s) of staff:

- maintain regular contact with the CYP and their parents/carers
- consult with the SET CAMHS practitioner/team who will be involved in supporting the CYP following the incident
- assess whether the child's needs can be fully met and safeguarded in order that the CYP can be kept safe in school/setting and what is needed to enable this to be successful

Best practice for returning to school/education setting

There may be a period after an incident where a CYP may be absent. School can be a significant protective factor for many CYP, so it is recommended that they are welcomed back as soon as possible, provided an appropriate risk assessment and plan are in place.

The setting should:

- hold a multi-agency discussion (ideally through a meeting), to agree a plan and a risk assessment where all professionals involved should contribute. This must involve the Safety Plan that has been created by the Crisis Team with the CYP and their support network (See Appendix 6)
- if the CYP and their parent/carer were not involved in the multi-agency discussion, a separate reintegration meeting should be held with them so that the risk assessment and plan can be shared and arrangements made to provide regular check-ins with parent(s)/carer(s), such as daily or every 48hrs
- signpost CYP to appropriate helplines and resources (See Appendix 5)
- have arrangements in place to regularly review the risk assessments and the safety plan, ensuring that all the appropriate professionals, the CYP and their parent/carer are involved in any discussions and changes (this could be in the context of a TAF or an 'assess, plan, do, review' cycle meeting, according to need) - the intention is to review the needs and identify ongoing support/reasonable adjustments required to be made by the school/setting
- if the CYP has an identified learning disability and/or autism with increasing complex health and care needs, consider referring them to the [Dynamic Support Register](#) (DSR)

Ongoing monitoring and support when returning to the setting:

- agree with the CYP a time to conduct a bag search at the start of their day, if this is part of the agreed risk assessment and plan (looking for the potentially harmful items)
- agree with the CYP a suitable time to check in with them daily (explore to identify times when they might find it helpful to check in with a trusted member of staff during trigger times for example)
- maintain regular contact with the CYP's support network such as parents/carers and services already involved.
- create opportunities for the CYP to develop and maintain their sense of belonging

Section 2:

Responding to medium and low levels of risk

Where there are concerns, but no risk of immediate and/or significant harm, there should be a risk assessment and plan in place around the CYP (see appendix 1, 2 and 3). All appropriate agencies should be involved in this process, and it may take place through a TAF or a 'assess, plan, do, review' cycle. It is essential that the CYP and their parent/carer are also involved and have the opportunity to contribute to all personalised documents.

It is best practice to:

- provide the CYP with space to explore the concern/risk; find a private and quiet space to talk - be responsive not reactive, using validating language such as:
 - “I can tell this is really important to you.”
 - “what a frustrating/upsetting situation”
 - “I want to make sure I’m understanding correctly. What I’m hearing is...”
 - “I can see your efforts here”
 - “I appreciate your honesty here”
 - “what you’re saying makes sense”
 - “that must have been a horrible feeling”
- Ask direct questions if appropriate - when a CYP may not know how to disclose a direct question may be what is needed to help them to begin to disclose, such as:
 - “are you thinking of cutting yourself?”
 - “are you thinking of taking an overdose of pills?”
- discuss confidentiality before you explore the concern with the CYP for example, “If you are at risk and can’t keep yourself safe, we will have to share this information and get you the support you need” (the information would only be shared with people who need to know; it is important they know it is not shared with everyone but key staff/support who will help)
- ensure that the Designated Safeguarding Lead (or Deputy Safeguarding Lead) and Headteacher are made aware and kept fully informed of the concerns and events so that there is a coordinated safeguarding response from the setting

How to explore concerns

In the case of self-harm/injury

If self-harm has been identified (such as cutting face, deep cuts to other parts of the body, swallowing items, inserting items, ingesting chemicals, misusing prescribed medication, burning, affixation), the setting should request support from their allocated school nurse or first aider to assess whether the self-harm needs to be checked by a medical professional. Alternatively, medical advice could be sought by calling NHS 111.

Where medical attention is not required, the setting should seek support from relevant community services such as:

- [SET CAMHS SPA](#)
- [HCRG \(school nurses\)](#)

It can be helpful to gather the following information to help you seek appropriate support.

Possible questions to ask:

- how long have they been self-harming for?
- how often do they self-harm?
- do they use a clean blade?
- do they try to clean it up themselves?
- what are the triggers?
- where have they been self-harming? If cutting, how deep?
- what have they been using to self-harm?
- what are the benefits of self-harming for them?
- are there alternative strategies they use?
- who else knows?

In the case of suicidal thoughts/feelings/actions

Establish with the CYP whether the suicidal ideation are intrusive thoughts, or whether there has been any intention to act upon suicidal thoughts and feelings. Asking direct questions won't make things worse.

Possible questions to ask to help you assess the level of risk:

- how long have they had the thoughts and/or feelings for?
- have they had plans to act on those thoughts? (this could include preparing to take action such as storing equipment for example rope, identifying a location, writing a note) - if planned intent to act on the suicidal thoughts have been taken, see High Level of Risk section 1 (p.7)
- can they push the thoughts away? If so, how?
- what triggers them?

- do they think they will create a plan? Have they thought of a plan? Have they researched a plan? If so, what is the plan?
- have they ever been close to taking actions to act upon your suicidal thoughts and feelings? If so, what stopped them?
- who else knows?
- what resources/hobbies/distractions do you have available to help them push the thoughts away?

When there is a planned intent of suicide that has not been acted upon, or if the level of risk remains unclear, contact CAMHS SPA for advice and signposting – Call: 0800 953 0222 (9am to 5pm, Monday to Friday).

When there is a high level of risk, the setting should ensure the parent/carer has contact details for SET CAMHS out of hours and weekend Crisis Support Service, in case they be concerned about their child's level of risk at home: SET CAMHS Crisis Team (available 24/7 on 0800 995 1000).

Ongoing monitoring and support when returning to the setting

There may be a period after an incident where a CYP may be absent. School can be a significant protective factor for many CYP, so it is recommended that they are welcomed back as soon as possible, provided an appropriate risk assessment and plan are in place.

The educational setting should:

- hold a multi-agency discussion (ideally through a meeting), to agree a plan and a risk assessment. All professionals involved should contribute to the plan and the risk assessment – this must involve the Safety Plan that has been created by the Crisis Team with the CYP and their support network (See Appendix 6)
- if the CYP and their parent/carer were not involved in the multi-agency discussion, a separate reintegration meeting should be held with them so that the risk assessment and plan can be shared
- provide regular check-ins with parent(s)/carer(s) such as daily or every 48hrs
- signpost CYP to appropriate helplines and resources (See Appendix 5)
- have arrangements in place to regularly review the risk assessments and the safety plan, ensuring that all the appropriate professionals, the CYP and their parent/carer are involved in any discussions and changes - this could be in the context of a TAF or a One Plan meeting, according to need (the intention is to review the needs and identify ongoing support/reasonable adjustments required to be made by the school/setting)
- if the CYP has an identified learning disability and/or autistic with increasing complex health and care needs consider referring them to the [Dynamic Support Register](#) (DSR)

Best practice for ongoing monitoring when back in the educational setting

- agree with the CYP a time to conduct a bag search at the start of their day if this is part of the agreed risk assessment and plan (looking for the potentially harmful items)
- agree with the CYP a suitable time to check in with them daily (explore to identify times when they might find it helpful to check in with a trusted member of staff during trigger times for example)
- maintain the regular contact with the CYP's support network such as parents/carers and services already involved
- create opportunities for the CYP to develop their sense of belonging



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