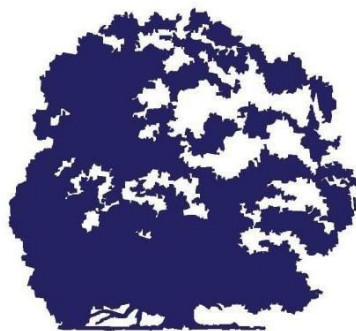




MUNTHAM HOUSE SCHOOL

**MENTAL HEALTH AND
WELLBEING
POLICY**

Mental Health and Wellbeing Policy

Muntham House School is a safe, caring and positive environment that supports individual needs and seeks effective change to send our Children and Young People into society.

Positive physical and mental wellness for young people

The Governors and senior management have invested heavily in developing safe and caring relationships between ourselves and the young people in our care by creating a safe, caring and happy environment in which to work. Moreover, these relationships must extend to all in the community here in Muntham. It is our first duty to care for those around us and be attentive to their physical wellness and good mental health. This policy seeks to set out this in practice and reflect our transactions with each other.

As such, this policy clarifies that we support positive physical and mental well-being in connection with our policies and actions.

Fundamental to this are, among others, the following policies:

- Safeguarding.
- Behaviour Plan.
- Health and Safety.
- Medication.
- Risk Assessment.
- Social, Moral, Spiritual, and Cultural curriculum.
- Disabilities and Discrimination.
- Equality.
- Curriculum and Care Policies.
- Staff handbook.

Government and Legislation Statutory Guidance and Advice Applicable:

- Mental health and wellbeing of looked-after children: Government response to the Committee's Fourth Report of Session 2015-16.
- Future in Mind Promoting, protecting and improving children's and young people's mental health and wellbeing. Dept. Health (2012).
- Children and Families Act (2014).
- No Health without Mental Health: a cross-government mental health strategy for people of all ages. Dept Health (2011).
- Mental Health and Behaviour in Schools. DfE (2014).
- Teacher Standards. DfE.
- Children's Act (1989, 2004).
- Keeping Children Safe in Schools DfE (2016).
- The Mental Health of children and young people in England. Public Health England (2016).

Resources and Organisations supported by Muntham House:

- Children and Young People's Mental Health Coalition. <http://www.cypmhc.org.uk/>.
- Mental Health and Wellbeing Policies for schools and colleges www.cwmt.org.uk.

- These are Our Children: A review by Dame Christine Lenehan. Council for Disabled Children.
- MindEd. <https://www.minded.org.uk/>.
- Mind: mental health at work <http://www.mind.org.uk/workplace/mental-health-at-work/>

Websites

- Young Minds: http://www.youngminds.org.uk/for_parents.
- b-eat: <http://www.b-eat.co.uk/> Mind: <http://www.mind.org.uk/>.
- NHS: <http://www.nhs.uk/livewell/mentalhealth/Pages/Mentalhealthhome.aspx> .
- Mental Health Foundation: <http://www.mentalhealth.org.uk/>.
- Stem4: <http://www.stem4.org.uk/>.
- Royal College of Psychiatrists:
<http://www.rcpsych.ac.uk/expertadvice/youthinfo/parentscarers.aspx>.
- Report of the children and young people's health outcome forum; mental health group.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216853/CYP-Mental-Health.pdf

Policy Statement on Good Mental Health and Wellbeing

The physical health of all at Muntham is of primary concern of the Governors and Senior Leadership team at Muntham. A fundamental part of this physical health is pupils' and staff's good mental health and wellbeing. As such, the school has developed robust safeguarding, behaviour, and anti-bullying policies and enacted a restorative justice approach to managing conflict resolution in its processes. These policies have evolved from a values and research base.

In particular, the Muntham community has identified, among others, 7 routines and 12 qualities we seek to encourage and that we VALUE, which we believe to be fundamental to good mental health and wellbeing:

Routines

1. Time for exercise
2. Eating healthily at regular times
3. Time to relax
4. Walking in fresh air
5. Proper sleep patterns
6. Random acts of kindness
7. Firm boundaries

Qualities or Values which Build Resilience:

- Humility.
- Generosity of Spirit.
- Perspective.
- Reflection.
- Emotional Growth.
- Courage.
- Equality.

- Charity.
- Responsibility.
- Integrity.
- Empathy.
- A sense of humour.

General Procedures to support and build wellness in others at Muntham

Ask, assess, act

When a young person is distressed, the staff member should ask them what support they need and want. Assess the risk of harm to self or others and try to reduce any risk that is present.

Listen non-judgementally

Give them time to talk and gain confidence to take the issue to someone who could help further.

Give reassurance and information.

Tell them how brave they have been. Gently explain that you would like to support them. Do not promise confidentiality - it could be a safeguarding matter.

Enable the young person to get help.

Work through the avenues of support. Explain that you would like to share their thoughts with someone else so that they can get the best help. (Inform tutors where appropriate).

Encourage them to speak to someone - offer to go with them.

Encourage self-help strategies

If a safeguarding issue is identified, immediately follow the safeguarding protocols.

Access support for yourself if you need it via a senior colleague, your line manager, or the Therapy Centre.

Record your conversation

The significant conversation should be recorded on CPOMS – senior management may need to take further action, including a discussion at the CORE group meeting. Alert the DSLs via email if you have recorded a significant conversation.

High Risk

If you consider the pupil at risk, you should follow safeguarding procedures and report your concerns directly to the DSL's.

Low Risk

If you feel the pupil needs a 'watchful waiting' period, communicate this to the tutor and keyworker. The tutor should pass on the information to the R2L/Therapy team, who will instigate the appropriate period of watchful waiting (up to 4 weeks).

R2L/Therapy will keep FIT, SMT and the medical centre informed.

The school aims to implement the following support structure:

Figure 1: Wellbeing support structure

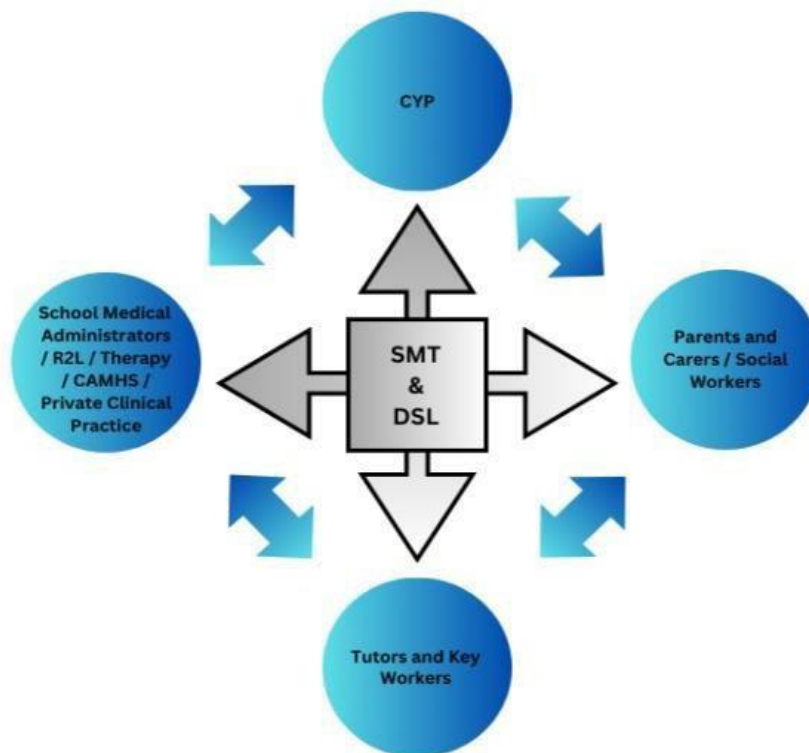


Figure 1: Wellbeing support structure

Other practical procedures available to staff

Individual Care Plans (ICPs)

Following consultation between the relevant Ready 2 Learn team members, an IBP would be agreed upon between the pastoral team, the tutors, the keyworkers, the pupil, and the pupil's parents (see intranet). This would be available to the relevant teaching or care staff (on the intranet) to provide the appropriate level of support for the pupil. The medical centre will agree to an enhanced care plan that may include confidential information.

Confidentiality and information sharing

Pupils may confide in a school staff member if they are concerned about their welfare or that of a peer. Pupils should be made aware that it may not be possible for staff to offer complete confidentiality. Confidentiality cannot be kept if a staff member considers a pupil at serious risk of causing harm. It is important not to make promises of confidentiality that cannot be kept even if a pupil pressures a staff member.

A pupil will likely present to the medical team. Young people with mental health problems typically visit the medical centre more than their peers, often presenting with a physical concern. This gives the medical team a key role in identifying mental health issues early. If a pupil confides in a member of the school medical team, then they should be encouraged to

speak to their therapist (if they have one), their tutor, or a member of the Ready to Learn team.

Parents must disclose to the Principal/FIT team any known mental health problem or any concerns they may have about a pupil's mental health or emotional well-being. This includes any changes in family circumstances that may impact the pupil's well-being.

Mental Health First Aid

To ensure adequate mental health first aid provision and awareness, it is our policy that:

- There are sufficient numbers of trained personnel to support those Children and Young People who are experiencing mental and emotional difficulties within the next school year, 2016-2017
- A qualified youth mental health first aider is always available during normal school hours
- Support will be provided by the Therapy Team

Responsibilities under the policy relating to mental health first aid will be developed within the school year as training is established and the practical benefits of training become apparent.

Therapy provides a confidential space unless there is a safety concern.

Staff Roles/Procedures

Absence from school

If a pupil is absent from school for any length of time as a result of a mental illness, then appropriate arrangements will be made to send work home. This may be in discussion with any medical professionals who may be treating a pupil.

Re-integration to school

Should a pupil require some time out of school, the school will be fully supportive of this, and every step will be taken to ensure a smooth reintegration back into school when they are ready.

The Headteacher or Head of Care will work alongside Ready2 Learn and Therapy, the tutor, the school medical administrator, the pupil and their parents/careers to draw up an appropriate individual behaviour plan (IBP). The CYP should have as much ownership of the IBP as possible to feel they have control over the situation. If a phased return to school is deemed appropriate, the parents/careers and Local Authority will agree on this.

The Wellbeing Core Group holds the role of the Coordinator.

The coordinators are The Principal, the nominated governor, the Therapy Lead, and the Medical Team.

- Lead the development of this policy throughout the school.
- Work closely with the Principal, designated persons and the nominated governor.
- Provide training for all staff on induction and when the need arises.
- Keep up to date with new developments and resources.
- Review and monitor.
- Annually report to the Governing Body on the success and development of this policy.
-

Role of the Nominated Governor

The Nominated Governor will:

- Work closely with the Principal and the coordinators.
- Ensure that everyone connected with the school is aware of this policy.
- Attend training related to this policy.
- Report to the Governing Body every term.

Role of School Personnel

School personnel will:

- Comply with all aspects of this policy.
- Implement the school's equality policy and schemes.
- Report and deal with all incidents of discrimination.
- Attend appropriate training sessions on equality and mental and physical wellbeing.
- Report any concerns they have on any aspect of the school community.

Role of Pupils

Pupils will:

- Be aware of and comply with this policy.
- Listen carefully to all instructions given by the responsible adult.
- Ask for further help if they do not understand.
- Support the school Code of Conduct and guidance necessary to ensure the smooth running of the school.
- Liaise with the school council.
- Take part in questionnaires and surveys

Role of Parents/Carers

Parents/carers will:

- Comply with all aspects of this policy and ensure that this policy is commonly applied throughout the school.
- Report any concerns they have on any aspect of the school community.

Role of the School Pupil Council

The School Pupil Council will be involved in:

- Discussing improvements to this policy during the school year.
- Organise surveys to gauge the thoughts of all Children and Young People.
- Reviewing the effectiveness of this policy with the Governing Body.

Raising Awareness of this Policy

We will raise awareness of this policy via:

- The school website.
- The Staff Handbook.
- Meetings with parents such as introductory, transition, parent-responsible adult consultations and periodic curriculum workshops.
- School events.
- Meetings with school personnel.
- Communications with home such as weekly newsletters and of end of half term newsletters.
- Reports such as annual reports to parents and Principal reports to the Governing Body.
- Information displays in the main school entrance.

Training

All school personnel:

- Have equal chances of training, career development and promotion.
- New staff will receive training related to this induction policy, which explicitly covers mental health and well-being.
- Staff will receive periodic training to keep updated with new information.
- Receive Equal opportunities training on induction

Equality Impact Assessment

Under the Equality Act 2010, we have a duty not to discriminate against people based on their age, disability, gender, gender identity, pregnancy or maternity, race, religion or belief, or sexual orientation.

This policy has been equality impact assessed and we believe that it is in line with the Equality Act 2010 as it is fair, it does not prioritise or disadvantage any pupil. It helps to promote equality at this school.

Monitoring the Effectiveness of the Policy

The practical application of this policy will be reviewed annually or when the need arises by the coordinator, the Principal and the nominated governor. A statement of the policy's effectiveness and the necessary recommendations for improvement will be presented to the Governing Body for further discussion and endorsement. (See Policy Evaluation)

Appendices

Identifiable mental health issues

- Anxiety and Depression
- Eating disorders
- Self-Harm

Signs and symptoms of mental or emotional concerns

These are outlined in Appendices I, II and III.

Appendix I

Anxiety and Depression

Anxiety disorders

Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack and complex PTSD. It can vary in how long it lasts, from a few moments to many years.

All children and young people sometimes get anxious; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with - some people are naturally more anxious than others and are quicker to get stressed or worried.

Concerns are raised when anxiety is getting in the way of a child's day-to-day life, slowing down their development or having a significant effect on their schooling or relationships with others. It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives.

Anxiety disorders include:

- Generalised anxiety disorder (GAD).
- Panic disorder and agoraphobia.
- Acute stress disorder (ASD).
- Separation anxiety.
- Post-traumatic stress disorder.
- Obsessive-compulsive disorder (OCD).
- Phobic disorders (including social phobia).
- Avoidant food restrictive intake disorder (AFRID)

Symptoms of an anxiety disorder

These can include:

Physical effects

- Cardiovascular – palpitations, chest pain, rapid heartbeat, flushing.
- Respiratory – hyperventilation, shortness of breath.
- Neurological – dizziness, headache, sweating, tingling and numbness.
- Gastrointestinal – choking, dry mouth, nausea, vomiting, diarrhoea.
- Musculoskeletal – muscle aches and pains, restlessness, tremors, and shaking.
- Psychological effects.
- Unrealistic and excessive fear and worry (about past or future events).
- Mind racing or going blank.
- Decreased concentration and memory.
- Difficulty making decisions.
- Irritability, impatience, anger.
- Confusion.
- Restlessness or feeling on edge, nervousness.
- Tiredness, sleep disturbances, vivid dreams.

- Unwanted, Unpleasant, repetitive thoughts.
- Behavioural effects.
- Avoidance of situations.
- Repetitive compulsive behaviour e.g. excessive checking.
- Distress In social situations.
- Urges to Escape situations that cause discomfort (phobic behaviour) .

First Aid for anxiety disorders

Follow the process in Figure 1

How to help a pupil having a panic attack

- If you are at all unsure whether the pupil is having a panic attack, a heart attack or an asthma attack, and the person is in distress, call an ambulance straight away.
- If you are sure that the pupil is having a panic attack, move them to a quiet, safe place if possible.
- Help to calm the pupil by encouraging slow, relaxed breathing in unison with your own.
- Encourage them to breathe in and hold for 3 seconds and then breathe out for 3 seconds.
- Be a good listener without judging.
- Explain To the pupil that they are experiencing a panic attack and not something life-threatening such as a heart attack.
- Explain that the attack will soon stop and that they will recover fully.
- Assure the pupils that someone will stay with them and keep them safe until the attack stops.

Many young people with anxiety problems do not fit neatly into a particular type of anxiety disorder. It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period will often lead to depression, and long periods of depression can provide symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

Depression

A clinical depression lasts for at least 2 weeks, affects behaviour and has physical, emotional and cognitive effects. It interferes with the ability to study, work and have satisfying relationships. Depression is a common but serious illness and can be recurrent. In England, it affects at least 5% of teenagers, although some estimates are higher. Rates of depression are higher in girls than in boys.

Depression in young people often occurs with other mental disorders, and recognition and diagnosis of the disorder may be more difficult in children because the way symptoms are expressed varies with the developmental age of the individual. In addition to this, the stigma associated with mental illness may obscure diagnosis.

Risk Factors

Experiencing other mental or emotional problems

Divorce of parents

Mental Health and Wellbeing Policy

Perceived poor achievement at school

Bullying

Developing a long-term physical illness

Death of someone close

Genetics

Break up of a relationship

Some people will develop depression in a distressing situation, whereas others in the same situation will not.

Symptoms

Effects on emotion: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness

Effects on thinking: frequent self-criticism, self-blame, worry, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see you in a negative light, thoughts of death or suicide

Effects on behaviour: crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation and engaging in risk-taking behaviours such as self-harm, misuse of alcohol and other substances and risk-taking sexual behaviour.

Physical effects: chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches and pains.

First Aid for anxiety and depression

Follow the process shown in Figure 1 of the main policy

The Most important role school staff can play is familiarising themselves with the risk factors and warning signs outlined above and making R2L/Therapy and DSL aware of any child-causing concerns.

Following the report, the therapist/tutors will decide on the appropriate action. This may include:

- Contacting parents/carers/social workers.
- Arranging professional assistance, e.g. doctor, nurse.
- Arranging an appointment with a counsellor or clinician.
- Arranging a referral to CAMHS – with parental consent.
- Advising parents, responsible adults and other pupils.

Pupils may confide in a school staff member if they are concerned about their welfare, or that of a peer. Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. Confidentiality cannot be kept if a pupil is at serious risk of causing harm. It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.

Appendix II

Eating Disorders

Definition of Eating Disorders

Anyone can get an eating disorder regardless of their age, gender or cultural background. People with eating disorders are preoccupied with food and their weight and body shape and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial. But may also be a result of sensory issues relating to ASC.

Anorexia nervosa and bulimia nervosa is the major eating disorder. People with anorexia live at low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have

intense food cravings, secretively overeating and then purging to prevent weight gain (by vomiting or use of laxatives, for example).

Risk Factors

The following risk factors, particularly in combination, may make a young person more vulnerable to developing an eating disorder:

Individual Factors

- Difficulty expressing feelings and emotions.
- A tendency to comply with other's demands.
- Very high expectations of achievement.
- Family Factors.
- A Home environment where food, eating, weight or appearance have a disproportionate significance.
- An over-protective or over-controlling home environment.
- Poor parental relationships and arguments.
- Neglect or physical, sexual or emotional abuse.
- Overly high family expectations of achievement.
- Social Factors.
- Being bullied, teased or ridiculed due to weight or appearance.
- Pressure to maintain a high level of fitness/low body weight, e.g., sport or dancing.
- Sensory processing issues often associated with Autism.

Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously, and staff observing any of these warning signs should seek further advice from the Principal or the medical centre. You may be required to keep a food diary on the staff intranet to monitor food intake closely. Any concerns regarding residential Children and Young People must be relayed to the Head of care and the pupil's key worker. Information should also be communicated to the Therapy team if the pupil is undergoing therapeutic intervention.

Physical Signs

- Weight loss.
- Dizziness, tiredness, fainting.
- Feeling cold.
- Hair becomes dull or lifeless.
- Swollen cheeks.
- Callused knuckles.
- Tension headaches.
- Sore throats/mouth ulcers.
- Tooth decay.

Behavioural Signs

- Restricted eating.
- Skipping meals.
- Scheduling activities during lunch.
- Strange behaviour around food.
- Wearing baggy clothes.
- Wearing several layers of clothing.
- Excessive chewing of gum/drinking of water.
- Increased conscientiousness.
- Increasing isolation/loss of friends.
- Believes he is fat when he is not.
- Secretive behaviour.
- Visits the toilet immediately after meals.
- Excessive exercise.
- Psychological Signs.
- Preoccupation with food.
- Sensitivity about eating.
- Denial of hunger despite lack of food.
- Feeling distressed or guilty after eating.
- Self-dislike.
- Fear of gaining weight.
- Moodiness.
- Excessive Perfectionism.

Staff Roles

Trained mental health practitioners and mental health first aiders are in place across the school. The most important role school staff can play is familiarising themselves with the risk factors and warning signs outlined above and making R2L, medical staff, and the DSLs aware of any child-causing concern.

Following the report, the CORE group will decide on the appropriate action. This may include:

- Contacting parents/carers/social workers.
- Arranging professional assistance, e.g. doctor, nurse.
- Arranging an appointment with a counsellor or clinician.
- Arranging a referral to CAMHS – with parental consent.
- Advising parents, responsible adults and other pupils.

Pupils may confide in a school staff member if they are concerned about their welfare or that of a peer. Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. Confidentiality cannot be kept if a pupil is at serious risk of causing harm. It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.

Management of eating disorders in school

Exercise and activity – PE and games

Taking part in sports, games, and activities is an essential part of school life for all Children and Young People. Excessive exercise, however, can be a behavioural sign of an eating disorder. If the tutor and medical team deem it appropriate, they may liaise with PE staff to monitor the amount of exercise a pupil does in school. They may also request that the PE staff advise parents/carers of a sensible exercise programme for outside school hours. All PE-responsible adults at the school will be made aware of which Children and Young People have a known eating disorder.

The school will not discriminate against children and young people with an eating disorder and will enable them to be involved in sports whenever appropriate. However, medical professionals will take advice, and the amount and type of exercise will be closely monitored.

When a pupil is falling behind in lessons

Suppose a pupil is missing a lot of time at school or is always tired because their eating disorder is disturbing their sleep at night. In that case, the form tutor and medical administrators will initially talk to the parents/carers to work out how to prevent their child from falling behind. If applicable, the school medical administrators will consult with the professional treating the pupil. This information will be shared with the relevant pastoral/ teaching staff on a need-to-know basis to inform the IBP.

Pupils Undergoing Treatment for/Recovering from Eating Disorders

The decision about how or if to proceed with a pupil's schooling while they are suffering from an eating disorder should be made on a case-by-case basis. Input for this decision should come from discussion with the pupil, their parents/carers, school staff and multi-disciplinary team members treating the pupil.

The reintegration of a pupil into school following a period of absence should be handled sensitively and carefully, and again, the pupil, their parents, school staff and members of the multi-disciplinary team treating the pupil should be consulted during both the planning and reintegration phase.

Further Considerations

Any meetings with pupils, their parents or their peers regarding eating disorders should be recorded in writing, including:

- Dates and times.
- An action plan.

- Concerns raised.
- Details of anyone else who has been informed.

This information should be stored in the pupil's safeguarding file held by the Designated Person.

Appendix III

Self Harm

Introduction

Recent research indicates that up to one in ten UK youth engage in self-harming behaviours. Girls are thought to be more likely to self-harm than boys. School staff can play an important role in preventing self-harm and also in supporting pupils, peers and parents of pupils currently engaging in self-harm.

Definition of Self-Harm

Self-harm is any behaviour where the intent is to cause harm to one's own body, for example, deliberately:

- Cutting, scratching, scraping or picking skin.
- Swallowing inedible objects.
- Taking an overdose of prescription or non-prescription drugs.
- Swallowing hazardous materials or substances.
- Burning or scalding.
- Hair-pulling.
- Banging or hitting the head or other parts of the body.
- Scouring or scrubbing the body excessively.

Risk Factors

The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

Individual Factors:

- Depression/anxiety.
- Poor communication skills.
- Low self-esteem.
- Poor problem-solving skills.
- Hopelessness.
- Impulsivity.
- Drug or alcohol abuse.
- Family Factors.
- Unreasonable expectations.
- Neglect or physical, sexual or emotional abuse.
- Poor parental relationships and arguments.
- Depression, self-harm or suicide in the family.
- Social Factors.
- Difficulty in making relationships/loneliness.

- Being bullied or rejected by peers.

Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the DSL's and the Therapy team.

Possible warning signs include:

- Changes in eating/sleeping habits (e.g. pupil may appear overly tired if not sleeping well).
- Increased isolation from friends or family, becoming socially withdrawn.
- Changes in activity and mood, e.g. more aggressive or introverted than usual.
- 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. always wearing long sleeves, even in hot weather.
- Unwillingness to participate in particular sports activities, e.g. swimming.

Staff Roles in working with pupils who self-harm

Pupils may confide in a school staff member if they are concerned about their welfare or that of a peer. School staff may experience a range of feelings in response to self-harm in a pupil, such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, to offer the best possible help to pupils, it is essential to maintain a supportive and open attitude – a pupil who has chosen to discuss their concerns with a school staff member shows considerable courage and trust.

The senior school counsellor is available to de-brief, support and guide staff should they have had to manage a pupil who has disclosed self-harm to them.

Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a pupil is at serious risk of harming themselves, then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.

Any member of staff who is aware of a pupil engaging in or suspected to be at risk of engaging in self-harm should consult the Principal, DSLs, and the Therapy team. Conversations must be recorded on CPOMS.

Following the Report, the Wellbeing CORE group will decide on the appropriate action. This may include:

- Contacting parents/carers/social workers.
- Arranging professional assistance, e.g. doctor, nurse, and social services.
- Arranging an appointment with a counsellor or clinician.
- Immediately removing the pupil from lessons if their remaining in class is likely to cause further distress to themselves or their peers.

- In the case of an acutely distressed pupil, the immediate safety of the pupil is paramount, and an adult should always remain with the pupil.
- If a pupil has self-harmed in school, a first aider should be called for immediate help.

Further Considerations

Any meetings with pupils, their parents/careers or their peers regarding self-harm should be recorded in writing, including:

- Dates and times.
- An action plan.
- Concerns raised.
- Details of anyone else who has been informed.

This information should be stored in the pupil's safeguarding file held by the Designated Person. It is important to encourage pupils to let staff know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidence, so they need to know that self-harm can be very dangerous and that by seeking help and advice from a friend, they are taking responsible action and being good friends. They should also be aware that their friend will be treated in a caring and supportive manner.

The peer group of a young person who self-harms may value talking to a staff member individually or in a small group. Any member of staff wishing for further advice on this should consult either the Principal or DSLs and take advice from the senior school Counsellor. When a young person is self-harming, it is essential to be vigilant in case close contact with the individual is also self-harming. Occasionally, schools discover that a number of pupils in the same peer group are harming themselves.

Last reviewed: September 2025

Next review due: September 2026