



Sidcot
Live Adventurously

Mental Health and Wellbeing Policy

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1. Introduction

The Governing Body and Senior Leadership Team of Sidcot School fully recognise their responsibilities to protect the mental health and wellbeing of students.

This policy sets out to identify area of mental health and wellbeing concerns that young people may face, and clarify the management and support given to students who experience mental health and wellbeing challenges.

Mental health includes our emotional, psychological, and social state. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices.

Mental wellbeing describes that **mental** state, identifying how we are feeling and how well we can cope with day-to-day life.

2. Aims

In keeping with the Quaker ethos and philosophy and our obligations as a responsible educational establishment, we aim to foster an environment that supports the mental health and wellbeing of the whole school population at Sidcot.

This policy aims to:

- describe the School's approach to mental health issues
- increase understanding and awareness of mental health issues in order to facilitate early intervention
- alert staff to warning signs and risk factors
- provide support and guidance to all staff dealing with students who suffer from mental health problems
- provide support to students who suffer from mental health issues, their peers and family

3. Objectives

- To promote a positive approach to the mental health and wellbeing of children.
- To ensure that all staff are aware of the necessary protocols and can quickly find the emergency information that they may need
- To treat all students as individuals – and ensure that students are always be fully consulted and informed about their care and treatment
- To respect a student's rights and confidentiality wherever possible
- To ensure that safeguarding remains at the forefront of our minds and to ensure that we always work in the best interests of every child
- To de-stigmatise mental health by educating students, staff and parents/guardians. This is done through PSHE and teaching with students, good communication with parents/guardians and effective staff training.

4. Scope

This policy applies to all children receiving education at Sidcot School, the Junior School (including EYFS) and senior school (including sixth form and boarding).

This policy applies wherever staff or volunteers are working with students, even where this is away from the school, for example on an educational visit.

The terms 'child', 'children', and 'student' may be used interchangeably to refer to all those in our care.

This policy is available on the school website, a hard copy can be provided free of charge from Sidcot School.

5. Safeguarding Responsibilities

Sidcot School is committed to safeguarding and promoting the welfare of children and young people, including their mental health and emotional wellbeing, and expects the whole community to share this commitment.

We recognise that children have a fundamental right to be protected from harm and that students cannot learn effectively unless they feel secure. We therefore aim to provide a school environment which promotes self-confidence, a feeling of self-worth and the reassurance that students' concerns will be listened to and acted upon.

In addition to the child protection measures outlined in the School's safeguarding policy, the School has a duty of care to protect and promote a child or young person's mental or emotional wellbeing.

The School is aware of the potential risk of harm through extremism and will identify any students at risk of this and will act appropriately in accordance with the safeguarding policy.

Safeguarding procedures will be followed (see safeguarding policy) if a student is at risk of suffering significant harm or presents a risk of harm to others.

6. Confidentiality and information sharing

Students may choose to confide in a member of school staff if they are concerned about their own mental or emotional health, or that of a peer. In such cases, staff must make students aware that it may not be possible for staff to offer complete confidentiality. If a member of staff considers a student is at risk of causing themselves or someone else serious harm then confidentiality cannot be maintained.

It is essential that staff do not make promises of confidentiality, even if a student puts pressure on a member of staff to do so (Please refer to guidance in safeguarding policy 2.1).

7. Background to the Policy

Recent research confirms that the number of young people in the UK suffering from mental health disorders of one form or another has increased considerably, It is therefore important that as a school we understand, and seek to support young people who experience mental health conditions, as far as possible.

The most common mental health conditions in children and young people are:

- Anxiety and Depression
- Eating disorders
- Self-Harm

8. Parents/Carers/Guardians

Parents must disclose to the school, on the school medical card, annual consent form or directly to the School Nurse, any known mental health problem or any concerns they may have about their child's mental health or emotional wellbeing.

It is helpful for parents, and guardians (in appropriate circumstances) to notify the School of any changes in family circumstances that may impact the student's mental, emotional wellbeing, such as illness, separation/divorce or bereavement.

9. School Services

The School Nurses are available to support students who are experiencing mental health issues, with one registered mental health nurse as part of the Health Centre team.

The School offers opportunities to talk and avenues of support to students and signposting services through:

- **Talking Sticks:** Talking Sticks is a weekly lunchtime session for all junior school children. Students can choose to go along to the session whenever they like, it is an opportunity for them to talk about something that might be bothering them. Whatever the concerns are raised, staff are able to assess and offer follow on support when children share their worries. Some children come as a one off, others come for a few weeks. Children are able to relax and feel safe in the session, where they play the 'Ask It Tell It' game. Supporting and safeguarding children is integral to Talking Sticks.

- **Take 10:** Take 10 is a drop in session for students in all senior school year groups to spend time talking through any concerns they may have, this can include anything from personal issues, friendships and relationships, pressure and exam stress, or an opportunity just to take 10 minutes out of the day to relax and have an informal chat. Staff running Take 10 offer a safe haven, supports and safeguards children and young people.
- Sidcot School has a School Counsellor, Chris Rowntree who is part of the wider pastoral team. Chris holds individual sessions on a Tuesday as well as leading group session for students and staff. Chris feeds into the PSHE programme and works closely with the Assistant Head Pastoral and the Deputy Head. The cost of individual session is borne by the school and referrals may come from a variety of sources – tutors, Heads of Year, Health Centre and parents..
- Sidcot School has two independent school listeners available to all students. This is a free service and contact details are readily available throughout school.
- Displaying information leaflets and posters throughout the School, the School Health Centre and boarding houses, which signpost students to organisations specialising in supporting the needs of young people.
- Inviting organisations specialising in young people’s mental health and wellbeing into School to speak to groups of students, and conduct school assemblies.
- For boarding students, the School Doctor is available to support mental health and wellbeing issues and offer medical interventions and referral to other services if the mental health needs meet the NHS threshold.

Students are also made aware of whom they can turn to when they feel distressed through the ‘Are You Happy’ Poster. Please refer to [Appendix 1](#).

10. [School Procedures](#)

Procedures for dealing with specific mental health issues are outlined as follows:

- anxiety and depression ([Appendix 2](#))
- eating disorders ([Appendix 3](#))
- self-harm ([Appendix 4](#))

School staff are fully aware of the importance of mental health awareness and are familiar with the risk factors and warning signs outlined at Appendices 2, 3 and 4.

As with physical health conditions, the school nurses will seek information from parents and healthcare professionals to support a student with a diagnosed mental health condition. Relevant (need to know) staff will be made aware of an individual student’s mental health diagnosis with consent, and in line with their individual healthcare plan (see 11.) Staff involved in the provision of care and support to students with a mental health diagnosis will receive full training from a School Nurse, School Counsellor or other healthcare professional in order to support the student’s current needs.

If the School considers that the presence of a student in the School is having a detrimental effect on the wellbeing and safety of other members of the community, or that a student’s mental health concerns cannot be managed effectively and safely within the School, the Headmaster and Deputy Head reserve the right to request that parents/withdraw their child temporarily until appropriate reassurances have been given.

Where a student is not well enough to attend school but is able to continue studies at home, under parent/guardian supervision, teaching staff will provide resources and work to support the student’s ongoing studies.

The School will work with parents/guardians and mental health practitioners to support a smooth reintegration back into school when students are ready to return; this may include a well-planned, supportive phased return.

11. Mental Health Care Plan

Students experiencing severe mental un-wellness will have an individual healthcare plan in place to support management in school, including what to do in an emergency.

The School Nurses will work with the student, parents/guardians, School Counsellor and mental health practitioners (where appropriate) to draw up a care plan to support the student's mental health needs. Students should have as much ownership as possible in developing their individual care plan; the School's aim is always to keep the student at the centre of the arrangements to support wellbeing. Just as every child is different, so too are their mental health needs, and this must be reflected in the individual approach to managing mental health care and provision within School.

12. Medication

Parents are required to inform the School Nurses if their son/daughter is on any medication as part of their therapeutic treatment plan. Please refer to the school medical policy for procedures for the management of medication in school.

13. Advice to parents

Parents should not feel isolated if they know or suspect that their child (or one of their child's friends) is displaying signs of anxiety or depression, an eating disorder, is at risk of self-harm or is actually self-harming, or is otherwise affected by mental health issues. The advice contained within this policy provides a first source of useful information and guidance. If a parent has any concerns, they should contact the school immediately for help, advice and support.

14. Complaints

Should parents or students be dissatisfied with the support provided they may discuss their concerns directly with the Assistant Head Pastoral, Health Centre, Head of year, or Form Tutor.

In addition; the School has a complaints policy (2.6) which is available on the internet and in hard copy format.

15. Review

This policy will be reviewed every year or sooner if practice or changes to legislation or policy so require by the School Nurse in conjunction with the Deputy Head and by the Governors at their Annual Safeguarding Review

16. Useful Resources and Helplines

Childline – 24/7 helpline for children and young people. 0800 1111 (free phone from landlines) or 0800 400 222 – text phone. www.childline.org.uk

Young Minds – national charity committed to improving the mental health of children and young people. Interactive website for advice and information. www.youngminds.org.uk

Recover Your Life – Self-harm support community providing support and advice to those seeking to recover from self-harm. www.recoveryourlife.com

National self-harm network – support for individuals who self-harm, friends and family.

0800 622 6000 (Thursday – Saturday 7 p.m. – 11 p.m., Sunday 6.30 p.m. – 10.30 p.m.) www.nshn.co.uk

Substance Advice Service (SAS) – provides confidential advice and support to young people who are concerned about their alcohol or drug use.

Tel: 01275 888 360 or 01275 888 361

Email: sas@n-somerset.gov.uk

This is not a drop in service, address will be given at point of contact.

17. Glossary

Mental health and behaviour in Schools

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416786/Mental_Health_and_Behaviour - Information and Tools for Schools 240515.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416786/Mental_Health_and_Behaviour_-_Information_and_Tools_for_Schools_240515.pdf)

Mental health behaviour guidance to be issued to schools <https://www.gov.uk/government/news/mental-health-behaviour-guidance-to-be-issued-to-schools>

Counselling in Schools; a blue print for the future (March 2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416326/Counselling_in_schools_-240315.pdf

Mind <https://www.mind.org.uk/>

[Independent Schools Standards Regulations](#)

[The Regulatory Handbook for the Inspection of Schools \(a commentary\) September 2017](#)

Send code of practice 2014

National minimum standards for Boarding Schools 2015

Keeping Children Safe in Education (September 2016)

What to do if you are worried a child is being abused

The Children's Act 2004

Reasonable adjustments for disabled pupils 2015

Prevent Duty Guidance for England and Wales (March 2015)

The Prevent Duty – Departmental advice for schools and childminders (June 2015)

The use of social media for on-line radicalisation (July 2015)

Preventing and tackling bullying (October 2014)

18. Supporting Policies

2.1 Safeguarding and child protection Policy

2.6 Complaints procedure

2.11 Equal Opportunities Policy

3.1 Admissions Policy

4.1 Medical Policy

4.2 Supporting Students with medical conditions, disabilities [4.3 Asthma policy

5.6 Smoking Drugs and Alcohol

8.1 Health and safety Policy incorporating first aid policy

Document Change History – document any changes since policy drafted on 6 June 2016.

Date of change	Detail significant changes and any new legislation / guidance taken into account
03.12.2016	Minor grammatical changes – Adopted by Board
07.10.2017	Reviewed and adopted by the Board.

Appendix 1

Feeling Happy?

YES!



NO!



Fantastic news!

You can talk to:

- Any member of Sidcot staff
(For example, your tutor or year head, your house parents, your head of house, or someone else you trust).
- A member of the Health Centre Staff
① **01934 845263** (or just visit when they are open)
- One of the School Doctors
① **01934 842211** (you can make an appointment)
- Childline
① **0800 11 11** (call free from landlines) – there to listen to and help any young person
- Malcolm and Di Litten- The School's Independent Listeners
① **01934 744772** If there is no reply on the number above, please leave a message and they will get back to you when they can.
- The Samaritans.
① **01934 632555** (local office)
or **08457 909090** (national call centre, open 24 hours). They are volunteers who are there to listen to problems you may have that are causing you distress.

Appendix 2

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. It can vary in how long it lasts, from a few moments to many years.

All children and young people get anxious at times; 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 just 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.

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)

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, tremor and shaking

Psychological effects

- Unrealistic and/or 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

How to help a student having a panic attack

If you are unsure whether the student is having a panic attack, a heart attack or an asthma attack, and/or the person is in distress, call an ambulance straight away. Once the ambulance has been called, call the School Nurse during Health Centre opening hours. Do not leave the student.

If you are sure that the student is having a panic attack, move them to a quiet safe place if possible and call the School Nurse if you are able to do so.

Help to calm the student 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 student 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.
- Reassure the student that someone will stay with them and keep them safe until the attack stops.
- Accompany the student to the Health Centre when they are well enough to be moved.

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 is one that 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.

Depression in young people often occurs with other mental health 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, stigma associated with mental illness may obscure diagnosis.

Risk Factors

- Experiencing other mental or emotional problems
- Separation or divorce of parents
- Perceived poor achievement at school
- Bullying
- Developing a long term physical illness
- Death of someone close
- 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, engaging in risk taking behaviours such as self-harm, substance misuse, 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

Be familiar with the risk factors and warning signs outlined above and make the designated safeguarding lead aware of any child causing significant concern.

Course of action may include:

- Contacting parents/carers
- Arranging professional assessment and help e.g. doctor, nurse
- Arranging an appointment with a counsellor
- Referral to CAMHS – with parental consent
- Giving advice to parents, teachers and other students - with appropriate consent.

Appendix 3

Eating Disorders

School staff can play an important role in preventing eating disorders and also in supporting students, peers and parents/guardians of students currently suffering from or recovering from 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/or 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.

Anorexia: People with anorexia live at a 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.

Bulimia: People with bulimia have intense cravings for food, secretively overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

Binge Eating Disorder: People experiencing Binge Eating Disorder have recurrent episodes of binge eating with feelings of loss of control.

Risk Factors

The following risk factors are only a guide and not necessary present, however, they are factors that may make a young person more vulnerable to developing an eating disorder:

Individual Factors:

- Difficulty expressing feelings and emotions
- A tendency to comply with others' 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 expectations of achievement

Social Factors:

- Being bullied, teased or ridiculed due to weight or appearance
- Pressure to maintain a high level of fitness requiring low body weight

Warning Signs

Physical Signs (not exclusively associated with eating disorders)

- 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 s/he is fat when s/he is not
- Secretive behaviour
- Visits the toilet immediately after meals

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

School staff may become aware of warning signs which indicate a student 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 report concerns to the Health Centre nurses immediately as early treatment is vital.

The School Nurses will liaise with the designated safeguarding lead, parents, school counsellor and healthcare professionals (as agreed). Other staff members will be informed on a 'need to know' basis and subject to confidentiality obligations.

Students with eating disorders/suspected eating disorders should NOT be weighed by any member of staff, houseparent, academic or sporting. They should only be weighed by the School Nurse or School Doctor.

Counselling, dietary and exercise advice will be managed by School Nurses and other healthcare professionals in consultation with parents/guardians.

When an Eating Disorder is suspected:

Students will be encouraged to speak to parents/guardians about any issues or concerns that have arisen. It is important that students understand the benefit of Health Centre staff speaking with parents in order to maintain continuity and support between home and school.

Parents of day students will be advised to arrange an initial individual assessment with their GP.

With permission from the student/parents, Health Centre staff may liaise with the student's GP to develop a treatment plan that will support the student both at home and school.

Boarding students will be seen by the School Doctor, who will support the development of a treatment plan alongside the School Nurse. The school doctor will refer students to Child and Adolescent Mental Health services (CAMHS) where further treatment is needed.

If the student refuses any parental notification/involvement, the on-going well-being of that student will be closely monitored and supported by Health Centre staff in school. However, if a developing eating disorder is clearly identified, this puts the student at risk and parents/guardians will almost certainly be informed. Students are encouraged to be a part of this process.

When a student or parents are uncooperative and the school is unable to ensure the dietary health of the student whilst in school, the Health Centre staff and the safeguarding lead will meet to discuss future management.

Full responsibility for the student's diet, health and well-being may fall to the parents, who will need to make satisfactory provision for that student's well-being.

If provision is not made and deterioration is noted, safeguarding procedure will be followed.

Appendix 4

Self-Harm

Sidcot School is committed to supporting the mental and emotional wellbeing of students who self-harm, recognising that self-harm is almost always a symptom of some underlying emotional or psychological issue.

What is self-harm?

Self-harm is any deliberate behaviour that inflicts physical harm on someone's own body and is aimed at relieving emotional distress. Self-harm may include:

- cutting themselves
- scratching themselves
- burning or scalding their body
- banging and bruising themselves
- scrubbing or scouring their body
- deliberate bone-breaking
- punching themselves
- sticking things into their body
- swallowing inappropriate objects or liquids
- taking too many tablets (overdose)
- biting themselves
- pulling their hair or eye lashes out
- attempting to terminate an unwanted pregnancy

Less obvious self-harm behaviours also include:

- controlled eating patterns – anorexia, bulimia, over-eating
- indulging in risky behaviour / risky sexual behaviour, destructive use of drugs or alcohol
- an unhealthy lifestyle
- getting into fights

Warning signs

Self-harm may present as visible or invisible signs. The latter can include ingested materials or cuts/ bruises under the clothing.

Warning signs may include:

- visible signs of injury (e.g. scarring)
- a change in dress habit that may be intended to disguise injuries (e.g. an unexpected / sudden change to wearing long sleeved tops)
- changes in eating or sleeping habits
- increased isolation from friends or family; becoming socially withdrawn
- changes in activity or mood (e.g. becoming more introverted or withdrawn)
- 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 / image

Links to emotional distress (including abuse)

Those who self-harm are usually suffering emotional or psychological distress and it is vital that all such distress is taken seriously to assist in alleviating that distress or to minimise the risk of increasing distress and potential suicide.

Any young person who suggests they are experiencing suicidal feelings must be taken seriously and safeguarding procedures put in place immediately; a young person showing this level of distress must NOT be left unattended.

Emotional/psychological risk factors associated with self-harm can include:

- recent trauma e.g. death of a friend or relative, parental divorce
- negative thought patterns and low self-esteem
- bullying
- abuse – sexual, physical, emotional or through neglect
- sudden changes in behaviour and/or academic performance
- relationship difficulties (with family or friends)
- learning difficulties
- pressure to achieve (from teachers or parents)
- substance abuse (including tobacco, alcohol or drugs)
- issues around sexuality

Other causes or risk factors:

- inappropriate advice or encouragement from internet websites or chat-rooms
- experimentation, 'dares' or bravado, 'copycat behaviour'
- concerns by a girl that she may be pregnant (including an attempt to terminate this)
- a history of abuse of self-harming in the family
- parental separation
- domestic abuse and/or substance misuse in the home
- media influence
- issues surrounding religious or cultural identity

Staff, parents and fellow students may become aware of warning signs that might indicate that a student is experiencing difficulties that may lead to self-harm or suicide. Within Sidcot School, the Health Centre nurses, School Counsellor and the Designated Safeguarding Lead work in partnership when managing self-harm matters. Anybody concerned about a student must liaise with the Health Centre or Designated Safeguarding Lead (or a deputy in his absence) who will follow up with sensitivity, discretion and in line with the Safeguarding Policy.

Prevention

The risk of self-harm can be significantly reduced by the creation of a supportive environment in which the individual's self-esteem is raised and healthy peer relationships are fostered. Sidcot School aims to achieve this through the development of good relationships by all members of the school community, effectively managing student issues and concerns, and through a PHSE programme that fosters positive direction for students.

School Procedures for dealing with self-harm / mutilation

If there is concern that a student may be self-harming or is thinking of self-harming, this should be reported to the school nurses, Designated Safeguarding Lead or Deputy Safeguarding Lead, in person or via Flag it. The Designated Safeguarding Lead will liaise with the safeguarding team, and a plan put in place in line with school self-harm and safeguarding policy and procedures.

If physical harm has occurred the student should be taken to the Health Centre or to A&E for medical assessment and care. (In an emergency an ambulance must be called). Parents will be notified and will attend as soon as able.

Students must not display open wounds/injuries in school - these must be dressed appropriately.

The School Nurses will monitor the young person and put a framework of intervention in place. This may include organising counselling for the student within School or supporting the student and their family by signposting or making contact with appropriate support agencies or organisations.

In some cases self-harm may raise safeguarding issues, in which case the procedures laid down in the school's Safeguarding Policy must be followed.

Where a student does not want parents informed, the decision about involving parents/guardians will be taken in consultation with the Designated Safeguarding Lead, School Nurses and School Doctor (Boarding students)

Where the student is judged not to be Gillick competent, is considered to be at severe risk of harming themselves, or where severe self-harm requires medical intervention/A&E, parents/guardians will be informed directly. This will be discussed with the student beforehand. It is always better for the student to

share information with parents/guardians so they can be at the centre of their care. Parents and guardians are encouraged to work in partnership with the school to support the student. If any member of staff has any concerns about confidentiality issues they should take advice from the safeguarding lead. Staff must not promise confidentiality, but reassure the student that only those people who need to know will be informed for their safety (See Safeguarding Policy).

If a member of staff becomes aware of or is alerted to a self-harming issue, or a student discloses self-harm, s/he is advised to treat the matter as a safeguarding issue in the first instance and follow the procedures set out in the Safeguarding Policy. It is safer to do this, even if the incident eventually turns out to be an isolated one that was not indicative of a serious underlying cause.

If a student suggests that there is evidence of self-harm beneath his/her clothing, a member of staff should accept such statements and not ask the pupil to remove clothing to reveal wounds/bruises etc. A School Nurse may investigate such evidence in a sensitive and appropriate manner in the Health Centre.

Where a student who is self-harming is adversely affecting other students, they may be required to go home temporarily.