

Self-Harm and SEMH Policy 2026



Achievement Beyond Expectation

Policy Ratified on	19/01/2026
Signed Chair of Governors	N/A
Signed Headteacher	

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Statement of intent

This policy outlines the framework for Sidestrand Hall School to meet its duty in providing and ensuring a high quality of education to all of its pupils, including pupils with social, emotional and mental health (SEMH) difficulties, and to do everything it can to meet the needs of pupils with SEMH difficulties.

Through the successful implementation of this policy, we aim to:

- Promote a positive outlook regarding pupils with SEMH difficulties.
- Eliminate prejudice towards pupils with SEMH difficulties.
- Promote equal opportunities for pupils with SEMH difficulties.
- Ensure all pupils with SEMH difficulties are identified and appropriately supported – minimising the risk of SEMH difficulties escalating into physical harm.

We will work with the LA with regards to the following:

- The involvement of pupils and their parents in decision-making
- The early identification of pupils' needs
- Collaboration between education, health and social care services to provide support when required
- Greater choice and control for pupils and their parents over their support

1. Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Health and Social Care Act 2012
- Equality Act 2010
- Education Act 2002
- Mental Capacity Act 2005
- Children Act 1989

This policy has been created with regard to the following DfE guidance:

- DfE 'Keeping children safe in education 2025'
- DfE 'Mental health and behaviour in schools'
- DfE 'Counselling in schools: a blueprint for the future'
- DfE 'Special educational needs and disabilities code of practice: 0 to 25'

This policy also has due regard to the school's policies including, but not limited to, the following:

- Child Protection and Safeguarding Policy
- Behaviour Policy
- Supporting Pupils with Medical Conditions Policy
- Staff Code of Conduct
- Administering Medication Policy
- Suspension and Exclusion Policy
- Self-Harm Policy

2. Roles and responsibilities

The school's leadership as a whole is responsible for:

- Using a preventative approach to create a safe and calm environment where mental health problems are less likely to occur, in order to improve the mental health and wellbeing of the

school community and instil resilience in pupils. A preventative approach includes teaching pupils about mental wellbeing through the curriculum and reinforcing these messages in our activities and ethos.

- Ensuring that only appropriately trained professionals should attempt to make a diagnosis of a mental health problem.
- Ensuring that staff are aware of how potentially traumatic adverse childhood experiences (ACE), including abuse and neglect, can impact on a pupil's mental health, behaviour and education.
- Equipping staff with the knowledge required to identify pupils whose behaviour suggests they may be experiencing a mental health problem or be at risk of developing one.
- Raising awareness and employing efficient referral processes in order to help pupils' access evidence-based early support and interventions.
- Working effectively with external agencies to ensure the school can provide swift access or referrals to specialist support and treatment.
- Identifying where wellbeing concerns represent safeguarding concerns, and ensuring that appropriate safeguarding referrals are made in line with the Child Protection and Safeguarding Policy.

The Governing Body is responsible for:

- Ensuring provision is in place for all pupils with SEMH difficulties
- Designating an appropriate member of staff to coordinate provisions for pupils with SEMH difficulties.
- Taking all necessary steps to ensure that pupils with SEMH difficulties are not discriminated against, harassed or victimised.
- Ensuring arrangements are in place to support pupils with SEMH difficulties.
- Identifying an appropriate staff member to act as the senior mental health lead, with sufficient authority to develop and oversee the school's approach to mental health and wellbeing.

The Headteacher is responsible for:

- Creating a culture where calmness, dignity and structure encompass every space and activity.
- Ensuring that those teaching or working with pupils with SEMH difficulties are aware of their needs and have arrangements in place to meet them.

- Ensuring that teachers monitor and review pupils' academic and emotional progress during the course of the academic year.
- Promoting CPD to ensure that staff are aware of common symptoms of mental health problems.
- Ensuring that staff members understand the strategies used to identify and support pupils with SEMH difficulties.
- Establishing and maintaining a culture of high expectations and including pupils with SEMH difficulties in all opportunities that are available to other pupils.
- Consulting health and social care professionals, pupils and parents to ensure the needs of pupils with SEMH difficulties are effectively supported.
- Keeping parents and relevant staff up-to-date with any changes or concerns involving pupils with SEMH difficulties.
- Ensuring staff members have a good understanding of the mental health support services that are available in their local area, both through the NHS and voluntary sector organisations.

The senior mental health lead is responsible for:

- Overseeing the whole-school approach to mental health, including how this is reflected in policies, the curriculum and pastoral support, how staff are supported with their own mental health, and how the school engages pupils and parents with regards to pupils' mental health and awareness.
- Collaborating with the Senior Lead for Complex Needs, Headteacher and Governing body, as part of the SLT, to outline and strategically develop SEMH policies and provisions for the school.
- Coordinating with the Senior Lead for Complex Needs and mental health support teams to provide a high standard of care to pupils who have SEMH difficulties.
- Advising on the deployment of the school's budget and other resources in order to effectively meet the needs of pupils with SEMH difficulties.
- Being a key point of contact with external agencies, especially the mental health support services, LA support services and mental health support teams.
- Providing professional guidance to colleagues about mental health and working closely with staff members, parents and other agencies, including SEMH charities.
- Referring pupils with SEMH difficulties to external services, e.g. specialist children and young people's mental health services (CYPMHS), to receive additional support where required.

- Overseeing the outcomes of interventions on pupils' education and wellbeing.
- Liaising with parents of pupils with SEMH difficulties, where appropriate.
- Liaising with other schools, educational psychologists, health and social care professionals, and independent or voluntary bodies.
- Liaising with the potential future providers of education, such as Local Colleges, to ensure that pupils and their parents are informed about options and a smooth transition is planned.
- Leading mental health CPD.
- Undertaking senior mental health lead training.

The Senior Teacher Complex Needs is responsible for:

- Collaborating with the governing board, Headteacher and the senior mental health lead, as part of the SLT, to determine the strategic development of SEMH policies and provisions in the school.
- Supporting the subject teachers in the further assessment of a pupil's particular strengths and areas for improvement, and advising on the effective implementation of support.

The DSL is responsible for:

- Acting as a source of support, advice and expertise for all staff.
- Liaising with staff on matters of safety, safeguarding and welfare.
- Liaising with the senior mental health lead and, where available, the Mental Health Support Team, where safeguarding concerns are linked to mental health.

All staff are responsible for:

- Being aware of the signs of SEMH difficulties.
- Being aware that mental health problems can, in some cases, be an indicator that a pupil has suffered or is at risk of suffering abuse, neglect or exploitation.
- Understanding how potentially traumatic adverse childhood experiences can impact a pupil's mental health, behaviour and education.
- Being aware of the needs, outcomes sought and support provided to any pupils with SEMH difficulties.
- Keeping Phase Leaders, and relevant figures of authority up-to-date with any changes in behaviour, academic developments and causes of concern.

Teaching staff are responsible for:

- Planning and reviewing support for their pupils with SEMH difficulties in collaboration with parents, the Senior Teacher for Complex Needs and Mental Health Lead and, where appropriate, the pupils themselves.
- Setting high expectations for every pupil and aiming to teach them the full curriculum, whatever their prior attainment.
- Planning lessons to address potential areas of difficulty to ensure that there are no barriers to every pupil achieving their full potential, and that every pupil with SEMH difficulties will be able to study the full national curriculum.
- Being responsible and accountable for the progress and development of the pupils in their class.

The school will work in collaboration with mental health support workers who are trained professionals who act as a bridge between schools and mental health agencies.

3. Creating a supportive whole-school culture

The school's approach to supporting and promoting mental health and wellbeing will be as follows:

- **Prevention:** creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to manage the normal stress of life effectively.
- **Identification:** recognising emerging issues as early and accurately as possible.
- **Early support:** helping pupils to access evidence based early support and interventions.
- **Access to specialist support:** working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

Senior leaders will clearly communicate their vision for good mental health and wellbeing with the whole school community.

The school will utilise various strategies to support pupils who are experiencing high levels of psychological stress, or who are at risk of developing SEMH problems, including:

- Teaching about mental health and wellbeing through curriculum subjects such as:
 - PSHE.
 - RSHE.
- Drop in Sessions to Discuss Mental Health / students of concern.

- Positive classroom management.
- Developing pupils' social skills.
- Working with parents.
- Peer support.

The school's Behaviour Policy will include measures to prevent and tackle bullying, and contains an individualised, graduated response when behaviour may be the result of mental health needs or other vulnerabilities.

The SLT will ensure that there are clear policies and processes in place to reduce stigma and make pupils feel comfortable enough to discuss mental health concerns.

Pupils will know where to go for further information and support should they wish to talk about their mental health needs or concerns over a peer's or family member's mental health or wellbeing.

4. Staff training

The SLT will ensure that all teachers have a clear understanding of the needs of all pupils, including those with SEMH needs.

The SLT will promote CPD to ensure that staff can recognise common symptoms of mental health problems, understand what represents a concern, and know what to do if they believe they have spotted a developing problem.

Clear processes will be in place to help staff who identify SEMH problems in pupils escalate issues through clear referral and accountability systems.

Staff will receive training to ensure they:

- Promote good mental health and wellbeing throughout the school.
- Can quickly identify individual pupils who need support with their mental health.
- Understand what to do if they have concerns about a pupil demonstrating suicidal behaviour.
- Know what support is available for pupils and how to refer pupils to such support where needed.
- Are aware of how abuse, neglect, and/or other traumatic adverse childhood experiences can have a lasting impact on a pupil's mental health, behaviour and education.

5. Identifying signs of SEMH difficulties

The school is committed to identifying pupils with SEMH difficulties at the earliest stage possible.

Staff are trained to know how to identify possible mental health problems and understand what to do if they spot signs of emerging difficulties.

Staff members are aware of the signs that may indicate if a pupil is struggling with their SEMH. The signs of SEMH difficulties may include, but are not limited to, the following list:

- Anxiety
- Low mood
- Being withdrawn
- Avoiding risks
- Unable to make choices
- Low self-worth
- Isolating themselves
- Refusing to accept praise
- Failure to engage
- Poor personal presentation
- Lethargy/apathy
- Daydreaming
- Unable to make and maintain friendships
- Speech anxiety/reluctance to speak
- Task avoidance
- Challenging behaviour
- Restlessness/over-activity
- Habitual body rocking
- Non-compliance
- Mood swings
- Indiscriminate contact or affection seeking, over-friendliness or excessive clinginess
- Demonstrating excessively 'good' behaviour to prevent disapproval

- Failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed
- Coercive controlling behaviour
- Lack of ability to understand and recognise emotions
- Impulsivity
- Physical aggression
- Verbal aggression
- Perceived injustices
- Disproportionate reactions to situations
- Difficulties with change/transitions
- Absconding
- Eating issues
- Lack of empathy
- Lack of personal boundaries
- Poor awareness of personal space

When the school suspects that a pupil is experiencing mental health difficulties, the following graduated response is employed:

- An assessment is undertaken to establish a clear analysis of the pupil's needs
- A plan is set out to determine how the pupil will be supported
- Action is taken to provide that support
- Regular reviews are undertaken to assess the effectiveness of the provision, and changes are made as necessary

A strengths and difficulties questionnaire (SDQ) will be utilised when a pupil is suspected of having SEMH difficulties. An SDQ can assist staff members in creating an overview of the pupil's mental health and making a judgement about whether the pupil is likely to be suffering from any SEMH difficulties. Tutors will also be responsible for completing a Boxall Profile for their students which is an assessment tool designed to evaluate the social, emotional and behaviour development of

children. This will help to identify SEMH needs and help to support and improve student well-being and support academic success by early identification and intervention.

Where appropriate, the Headteacher asks parents to give consent to their child's GP to share relevant information regarding SEMH with the school.

Where possible, the school is aware of any support programmes GPs are offering to pupils who are diagnosed with SEMH difficulties, especially when these may impact the pupil's behaviour and attainment at school.

Staff members will discuss concerns regarding SEMH difficulties with the parents of pupils who have SEMH difficulties, and take any concerns expressed by parents, other pupils, colleagues and the pupil in question seriously. Staff will consider all previous assessments and progress over time, and then refer the pupil to the appropriate services.

The assessment, intervention and support processes available from the LA are in line with the local offer. All assessments are in line with the provisions outlined in the school's SEND Policy.

Staff members are aware of the following:

- Factors that put pupils at risk of SEMH difficulties, such as low self-esteem, physical illnesses, academic difficulties and family problems
- The fact that risks are cumulative and that exposure to multiple risk factors can increase the risk of SEMH difficulties

Staff members understand the following:

- Familial loss or separation, significant changes in a pupil's life or traumatic events are likely to cause SEMH difficulties
- What indicators they should be aware of that may point to SEMH difficulties, such as behavioural problems, pupils distancing themselves from other pupils or changes in attitude

The school will promote resilience to help encourage positive SEMH. Poor behaviour is managed in line with the school's Behaviour Policy. Staff members will observe, identify and monitor the behaviour of pupils potentially displaying signs of SEMH difficulties; however, only medical professionals will make a diagnosis of a mental health condition.

Pupils' data is reviewed on a termly basis by the SLT so that patterns of attainment, attendance or behaviour are noticed and can be acted upon if necessary.

An effective pastoral system is in place so that every pupil is well known by at least one member of staff, most commonly this will be their form tutor, who can spot where disruptive or unusual behaviour may need investigating and addressing.

Staff members are mindful that as our students all have SEND they are more vulnerable to experience some mental health difficulties, along with potentially having a further vulnerability as they are LAC, or are from disadvantaged backgrounds.

6. Vulnerable groups

Some pupils are particularly vulnerable to SEMH difficulties. These 'vulnerable groups' are more likely to experience a range of adverse circumstances that increase the risk of mental health problems.

Staff are aware of the increased likelihood of SEMH difficulties in pupils in vulnerable groups and remain vigilant to early signs of difficulties.

Vulnerable groups include the following:

- Pupils who have experienced abuse, neglect, exploitation or other adverse contextual circumstances
- Children in need
- LAC and PLAC
- Socio-economically disadvantaged pupils, including those in receipt of, or previously in receipt of, free school meals and the pupil premium

These circumstances can have a far-reaching impact on behaviour and emotional states. These factors will be considered when discussing the possible exclusion of vulnerable pupils.

7. Children in need, LAC and PLAC

Children in need, LAC and PLAC are more likely to experience mental health difficulties than their peers. Children in need, LAC and PLAC are more likely to struggle with executive functioning skills, forming trusting relationships, social skills, managing strong feelings, sensory processing difficulties, foetal alcohol syndrome and coping with change.

Children in need may also be living in chaotic circumstances and be suffering, or at risk of, abuse, neglect and exploitation. They are also likely to have less support available outside of school than most pupils.

School staff are aware of how these pupils' experiences and SEND can impact their behaviour and education.

The impact of these pupils' experiences is reflected in the design and application of the school's Behaviour Policy, including through individualised graduated responses.

The school will use multi-agency working as an effective way to inform assessment procedures.

Where a pupil is being supported by LA children’s social care services (CSCS), the school will work with their allocated social worker to better understand the pupil’s wider needs and contextual circumstances. This collaborative working informs assessment of needs and enables prompt responses to safeguarding concerns.

When the school has concerns about a looked-after child’s behaviour, the designated teacher and virtual school head (VSH) will be informed at the earliest opportunity so they can help to determine the best way to support the pupil.

When the school has concerns about a previously looked-after child’s behaviour, the pupil’s parents/carers or the designated teacher will seek advice from the VSH to determine the best way to support the pupil.

8. Adverse childhood experiences (ACEs) and other events that impact pupils’ SEMH

The balance between risk and protective factors is disrupted when traumatic events happen in pupils’ lives, such as the following:

- **Loss or separation:** This may include a death in the family, parental separation, divorce, hospitalisation, loss of friendships, family conflict, a family breakdown that displaces the pupil, being taken into care or adopted, or parents being deployed in the armed forces.
- **Life changes:** This may include the birth of a sibling, moving house, changing schools or transitioning between schools.
- **Traumatic experiences:** This may include abuse, neglect, domestic violence, bullying, violence, accidents or injuries.
- **Other traumatic incidents:** This may include natural disasters or terrorist attacks.

Some pupils may be susceptible to such incidents, even if they are not directly affected. For example, pupils with parents in the armed forces may find global disasters or terrorist incidents particularly traumatic.

The school will support pupils when they have been through ACEs, even if they are not presenting any obvious signs of distress – early help is likely to prevent further problems. Support may come from the school’s existing support systems or via specialist staff and support services.

9. Risk factors and protective factors

There are a number of risk factors beyond being part of a vulnerable group that are associated with an increased likelihood of SEMH difficulties, these are known as risk factors. There are also factors associated with a decreased likelihood of SEMH difficulties, these are known as protective factors.

The table below displays common risk factors for SEMH difficulties (as outlined by the DfE) that staff remain vigilant of, and the protective factors that staff look for and notice when missing from a pupil:

	Risk factors	Protective factors
In the pupil	<ul style="list-style-type: none"> • Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem 	<ul style="list-style-type: none"> • Secure attachment experience • Outgoing temperament as an infant • Good communication skills and sociability • Being a planner and having a belief in control • Humour • A positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the pupil's family	<ul style="list-style-type: none"> • Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse, or neglect • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder 	<ul style="list-style-type: none"> • At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long-term relationships or the absence of severe discord

	<ul style="list-style-type: none"> • Death and loss – including loss of friendship 	
<p>In the school</p>	<ul style="list-style-type: none"> • Bullying including online (cyber bullying) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Child-on-child abuse • Poor pupil-to-teacher/school staff relationships 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct) • ‘Open door’ policy for children to raise problems • A whole-school approach to promoting good mental health • Good pupil-to-teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences • Positive friendships • Effective safeguarding and child protection policies. • An effective early help process • Understand their role in, and are part of, effective multi-agency working • Appropriate procedures in place to ensure staff are confident enough to raise concerns about policies and processes and know they will be dealt with fairly and effectively

In the community	<ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation • Other significant life events 	<ul style="list-style-type: none"> • Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities
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The following table contains common warning signs for suicidal behaviour:

Speech	Behaviour	Mood
The pupil has mentioned the following:	The pupil displays the following behaviour:	The pupil often displays the following moods:
Killing themselves	Increased use of alcohol or drugs	Depression
Feeling hopeless	Looking for ways to end their lives, such as searching suicide online	Anxiety
Having no reason to live	Withdrawing from activities	Loss of interest
Being a burden to others	Isolating themselves from family and friends	Irritability
Feeling trapped	Sleeping too much or too little	Humiliation and shame

Unbearable pain	Visiting or calling people to say goodbye	Agitation and anger
	Giving away possessions	Relief or sudden improvement, e.g. through self-harm activities
	Aggression	
	Fatigue	
	Self-harm	

10. Stress and mental health

The school recognises that short-term stress and worry is a normal part of life and that most pupils will face mild or transitory changes that induce short-term mental health effects. Staff are taught to differentiate between 'normal' stress and more persistent mental health problems.

11. SEMH intervention and support

The curriculum for PSHE and RSHE will focus on promoting pupils' resilience, confidence and ability to learn. Positive classroom management and working in groups is utilised to promote positive behaviour, social development and high self-esteem.

School-based counselling will be offered to pupils who require it, and the relevant external services are utilised where appropriate, e.g. MHST.

The school will develop and maintains pupils' social skills, for example, through one-to-one social skills training and where more support individualised is identified work with our Emotional Support Intervention worker.

Where appropriate, parents will have a direct involvement in any intervention regarding their child. The school will support parents in the management and development of their child.

When in-school intervention is not appropriate, referrals and commissioning support will take the place of in-school interventions. The school will continue to support the pupil as much as possible throughout the process.

Serious cases of SEMH difficulties are referred to CYPMHS.

To ensure referring pupils to CYPMHS is effective, staff will follow the process below:

- Use a clear, approved process for identifying pupils in need of further support

- Document evidence of their SEMH difficulties
- Encourage the pupil and their parents to speak to the pupil's GP
- Work with local specialist CYPMHS to make the referral process as quick and efficient as possible
- Understand the criteria that are used by specialist CYPMHS in determining whether a pupil needs their services
- Have a close working relationship with the local CYPMHS specialist
- Consult CYPMHS about the most effective things the school can do to support pupils whose needs aren't so severe that they require specialist CYPMHS

The school will seek individual health and support services directly for pupils who require additional help.

The school will implement the following approach to interventions:

- Interventions are structured in a way that addresses behavioural issues through education and training programmes
- Small group sessions will take place and focus on developing cognitive skills and positive social behaviour
- Well-established nurture groups are in place to address any emerging SEMH difficulties in pupils
- Specific classroom management techniques for supporting pupils are in place. These techniques may include, for example, using a token system for rewards or changing seating arrangements
- 'Self-instruction' Use of Zones of Regulation
- School-based support such as talk and draw, 1:1 targeted sessions where appropriate and necessary for older students

Through the curriculum, pupils are taught how to:

- Build self-esteem and a positive self-image.
- Foster the ability to self-reflect and problem-solve.
- Protect against self-criticism and social perfectionism.
- Foster self-reliance and the ability to act and think independently.

- Create opportunities for positive interaction with others.
- Get involved in school life and related decision-making.

For pupils with more complex problems, additional in-school support includes:

- Supporting the pupil's teacher to help them manage the pupil's behaviour.
- Additional educational one-to-one support for the pupil.
- One-to-one therapeutic work with the pupil delivered by mental health specialists.
- The creation of an IHP – a statutory duty for schools when caring for pupils with complex medical needs.
- Seeking professional mental health recommendations regarding medication.
- Family support and/or therapy, where recommended by mental health professionals.

12. Suicide concern intervention and support

Where a pupil discloses suicidal thoughts or a teacher has a concern about a pupil, teachers will:

- Listen carefully, remembering it can be difficult for the pupil to talk about their thoughts and feelings.
- Respect confidentiality, only disclosing information on a need-to-know basis.
- Be non-judgemental, making sure the pupil knows they are being taken seriously.
- Be open, providing the pupil a chance to be honest about their true intentions.
- Supervise the pupil closely whilst referring the pupil to the DSL for support.
- Record details of their observations or discussions and share them with the DSL.

Once suicide concerns have been referred to the DSL, local safeguarding procedures are followed and the pupil's parents are contacted. Medical professionals, such as the pupil's GP, are notified as needed.

The DSL and any other relevant staff members, alongside the pupil and their parents, work together to create a safety plan outlining how the pupil is kept safe and the support available.

Safety plans:

- Are always created in accordance with advice from external services and the pupil themselves.

- Are reviewed regularly by the DSL.
- Can include reduced timetables or dedicated sessions with counsellors.

13. Self-Harm

Definition of Self-Harm

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

- Self-mutilation (cutting, scratching, scraping, biting or picking skin/flesh wounds)
- Swallowing inedible objects
- Overdosing on prescription medication
- Overdosing on 'over the counter' drugs (i.e. paracetamol)
- Swallowing hazardous materials or substances (poisoning)
- Burning (with cigarettes or lighters) or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

Some Descriptions of Self-Harm

- Inflicting pain in a way which shows on the body whether or not this is seen by others
- The transformation of psychological torment into a manageable physical sensation
- Inflicting pain as a punishment
- As a way of repeating an old familiar sensation which, however painful, is a 'secure' feeling
- As a way of repeating a known sensation to a person lost in the unknown territory of their emerging adulthood
- As a release to avoid unacceptable truths/beliefs re: parents. Abusers, own bad behaviour

Young people may have other different motives for harming themselves

To Some Self-Harm

- Is rather like an addiction
- Is the only way they know to gain some control over their lives
- Is turning anger away from others or life onto themselves
- Is a way of showing distress and seeking help and comfort
- Is a release from built up tension
- Is a response to abuse or memories of abuse

Self-harm may be a habitual act to release tensions or it may be an act which indicates self-loathing and suicidal feelings.

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
- 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
- Family break up or dislocation
- Frequent changes of home
- Loss event (bereavement)

Social Factors

- Difficulty in making relationships/loneliness
- Being bullied or rejected by peers
- Loss event (broken friendship)

Effects on Others

- Self-harm can be anxiety provoking, frustrating, stress inducing
- People can feel angry, confused or helpless
- Friends and family may feel responsible
- Staff need to express their feelings, talk through their reactions, revulsions, fears, frustrations

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 Designated Safeguarding Lead with lead responsibility for Child Protection

Possible warning signs include:

- Changes in eating/sleeping habits (e.g. pupils 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. becoming a goth/emo

Staff Roles in working with pupils who self-harm

Pupils may choose to confide in a member of school staff if they are concerned about their own 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, in order to offer the best possible help to pupils it is important to try and maintain a supportive and open attitude – a pupil who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.

Strategies for supporting;

- Take a non-judgmental attitude to the PERSON if not to the ACT
- Assume that they have a limited repertoire of means of coping either because they are not aware of other means or because they are unable to make use of them.
- Non-judgmental listening – if you feel heard and understood, you feel valued

Pupils need to be made aware that it will not be possible for staff to offer 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 report the concern/consult the Designated Safeguarding Lead.

Following the report, the Designated Safeguarding Lead with lead responsibility for Child Protection will decide on the appropriate course of action. This may include:

- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse, psychologist, social worker
- Arranging an appointment with a counsellor/therapist, psychologist, psychiatrist
- 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 remain with the pupil at all times
- If a pupil has self-harmed in school a first aider should be called for immediate help

Recording

All incidents of concern, meetings with a pupil, their parents/carers regarding self-harm are recorded in writing.

This information is stored in the pupil's file on CPOMS.

Procedures for Dealing with a Pupil Self-Harming During the School Day

- Where self-harm is not life threatening, the approach of staff needs to be calm, clear and supportive
- The dignity of the pupil must be maintained throughout the incident
- If the pupil is not in a private space, this is the first priority in order to work appropriately and avoid distress or possible imitative behaviour from other pupils
- If the pupil refuses to move to a private place, others should be removed from the area
- On-call staff, Headteacher/Senior Leadership Team and Designated Safeguarding Lead need to be alerted that an incident of self-harm has occurred or taking place. It may be appropriate for two members of staff to be in attendance
- The pupil should be asked to stop harming themselves as staff would want them to be safe. It should be pointed out that there are other methods they could use to show their feelings

- If an object is being used to inflict harm, the pupil should be encouraged to either dispose of it or hand it over to staff. Addressing the matter in this manner leaves choice, decision making and power with the pupil
- Staff should talk to the pupil about how they feel and ask if they are able to show their injuries. Explain it is necessary to see the injuries in order to assess what treatment is required
- Alert first aider to attend
- If medical intervention is not required, ask the pupil if they feel able to clean and attend to their own injuries. Equip them with the necessary items with the first aider available to assist if required
- The first aider will deal with/dispose of any blood contaminated items appropriately
- Offer emotional support and comfort
- Once the episode is passed make arrangements for the Designated Safeguarding Lead to see the pupil later when their state of mind can be reviewed and the incident discussed.
- Record the incident on CPOMS

Discussion

Incidents of self-harm need to be taken seriously. The pupil should be offered quality time in order to allow them to express how they feel. If they wish to talk the Designated Senior Professional or alternative Designated Senior Professional need to ask;

- If they have self-harmed before
- When and why they felt it started
- What they do and what they gain from it
- How they feel about the recent incident. What triggered it to happen

It needs to be made clear to the pupil that staff are not condemning the pupil but would prefer to promote other strategies to help express their feelings. It will also be explained that the incident will be recorded and that other professional will be informed of the incident.

Life Threatening Incidents

- If it is suspected a pupil has done something that may be life threatening or require medical attention, it needs to be quickly established what they have done
- Staff should collect as much information as possible (e.g. were tablet used, if so how many, was anyone else involved)
- Any medicines/tablets/sharp implements need to be removed from the immediate reach of the pupil
- An ambulance needs to be called or the local Accident and Emergency Department should be telephoned for advice. Giving details of the child's age, diagnosed conditions and any medication regularly prescribed
- Parents/carers need to be informed as soon as possible
- When an incident is serious and requires medical intervention the Head Teacher must be informed as soon as possible and kept up to date as the situation progresses
- In the event of a pupil refusing to go to hospital, it may be necessary to call an ambulance, or in extreme cases, the police to assist the pupil receive medical care

Staff Wellbeing

Staff responsible: PN/HT
Approval: SLT
Date: 19/01/2026

Review frequency: 2 years
Review date: 19/01/2028
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Working with incidents of self-harm can be demanding and emotionally draining for staff. Staff support is available, if required, by way of;

- De-briefing sessions with Head Teacher, SLT or Designated Safeguarding Lead
- Staff team discussions
- Further training

Further Considerations

It is important to encourage pupils to let you know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be very dangerous and that by seeking help and advice for a friend they are taking responsible action and being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner.

The peer group of a pupil who self-harms may value the opportunity to talk to a member of staff individually. Any member of staff wishing for further advice on this should consult the Designated Safeguarding Lead.

When a young person is self-harming it is important to be vigilant in case close contacts with the individual are also self-harming. Occasionally schools discover that a number of pupils in the same peer group are harming themselves.

14. Working with parents

The school will work with parents wherever possible to ensure that a collaborative approach is utilised which combines in-school support with at-home support.

The school will ensure that pupils and parents are aware of the mental health support services available from the school.

Parents and pupils are expected to seek and receive support elsewhere, including from their GP, NHS services, trained professionals working in CYPMHS, voluntary organisations and other sources.

15. Administering medication

The full arrangements in place to support pupils with medical conditions requiring medication can be found in the school's Supporting Pupils with Medical Conditions Policy and the Administering Medication Policy.

The Governing Body will ensure that medication is included in a pupil's IHP, where recommended by health professionals.

Staff know what medication pupils are taking, and how it should be stored and administered.

16. Misbehaviour, suspensions and exclusions

When suspension or exclusion is a possibility, the school will consider contributing factors, which could include mental health difficulties. All decisions to suspend or exclude a pupil will be taken in line with the Suspension and Exclusion Policy.

Where there are concerns over behaviour, the school will carry out an assessment to determine whether the behaviour is a result of underlying factors such as undiagnosed learning difficulties, child protection concerns or mental health problems, in line with the Behaviour Policy.

Where underlying factors are likely to have contributed to the pupil's behaviour, the school will consider whether action can be taken to address the underlying causes of the disruptive behaviour, rather than issue a suspension or exclusion. If a pupil has SEND or is a looked-after child, exclusion will only be used as a last resort.

In all cases, the school will balance the interests of the pupil against the mental and physical health of the whole school community.

17. Safeguarding

If a staff member has a SEMH concern about a pupil that is also a safeguarding concern, they will take immediate action in line with the Child Protection and Safeguarding Policy and speak to the Assistant Headteacher – Lead DSL or the Deputy DSL.

18. Monitoring and review

The policy is reviewed every two years by the Headteacher in conjunction with the Senior Leadership Team – any changes made to this policy are communicated to all members of staff.

This policy is reviewed in light of any serious SEMH-related incidents.

All members of staff are required to familiarise themselves with this policy.

The next scheduled review date for this policy is January 2028.