



Bacchus Marsh  
Grammar

# School POLICY

## STUDENT DUTY OF CARE Self-Harming Behaviours Policy

Approved by the School Principal 11 November 2024

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# Self-Harming Behaviours Policy

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## **1 Introduction - Self-Harming Behaviour**

- 1.1.1 Self-harm is when a person deliberately causes pain or hurts themselves – usually as a means of coping with difficult emotions when they feel under pressure or distressed.
- 1.1.2 There is a distinction between ‘self-harm’ and ‘non-suicidal self-injury’ (NSSI) in that NSSI has no suicidal intent whereas self-harm may have. It is not realistic or necessary for educators to determine the intent of a student engaged in self-harm, as the same immediate response following the school’s protocols is required (a risk assessment will be completed by an external healthcare professional or trained staff members). For this reason, we will refer to, self-harm only.
- 1.1.3 Self-harm can be related directly to a suicide attempt and can be a risk factor for suicide – however, self-harm can occur without suicidal intent.
- 1.1.4 Many young people who self-harm have no intention of dying, and harming themselves is their way of coping. However, all self-harm needs to be taken seriously and acted upon. Even if there is no suicidal intent accompanying the self-harm, the risk of accidental death is very real.
- 1.1.5 Self-harming behaviour is when someone deliberately hurts or injures themselves and covers a broad range of behaviours. This can include:
  - Cutting;
  - Taking overdoses of tablets or medicines;
  - Punching oneself;
  - Throwing one’s body against something;
  - Pulling out hair or eyelashes;
  - Scratching, picking or tearing at one’s skin causing sores and scarring;
  - Burning;
  - Inhaling or sniffing harmful substances; and
  - Engaging in risk taking behaviours.
- 1.1.6 It is important to understand that people who self-harm are not attention-seeking and it is often a coping mechanism for dealing with anxiety or painful feelings.
- 1.1.7 There are some common stressors that can trigger self-harm; these may include difficulties in relationships, bullying, low self-esteem and traumatic experiences.
- 1.1.8 Many people who self-harm are not trying to kill themselves

## **2 Bacchus Marsh Grammar's Policy**

- 2.1.1 Bacchus Marsh Grammar (the School) is committed to providing an environment that reduces the risk of self-harming behaviours by students.
- 2.1.2 We are focussed on the identification, early intervention and prevention of self-harming behaviours amongst our students. It is our policy that:
  - We provide an environment which promotes student well-being through education programs and practices that increase resilience and help-seeking behaviours;
  - We implement policies and practices that promote social and emotional well-being and provide students with access to Student Wellbeing Officers;
  - Our Student Welfare and Management staff are trained to recognise signs of self-harming behaviours and are able to identify at risk students;
  - We establish procedures for responding to incidents of self-harm and suspected self-harm amongst our students.

### 3 Definitions

Term	Definition
Non-suicidal self-injury	Self-harm that has no suicidal intent
Self-harm	Self-harm is when people deliberately hurt their bodies
Suicidal ideation	Refers to thoughts that life isn't worth living, ranging in intensity from fleeting thoughts through to concrete, well thought-out plans for killing oneself, or a complete preoccupation with self-destruction. (Reference: Headspace from <a href="#">suicidal-ideation-mythbusterv2.pdf (headspace.org.au)</a> )

### 4 Common Signs of Self-Harming Behaviour

- 4.1.1 School staff may observe behaviours or sudden changes in a student that may indicate that they are stressed or distressed. As self-harming behaviour is often not obvious, staff with concerns for a student should document their concerns and consult with an appropriate staff member from the Student Welfare and Management team or Student Wellbeing team to ascertain what further actions should be taken.
- 4.1.2 Some examples of common indicators of concern are:
- Unexpected decline in academic performance;
  - Disclosure of persistent thoughts about death and / or suicide;
  - Obvious change in activity and mood;
  - Significant grief or loss issues;
  - Poor emotional regulation;
  - Difficulty in concentrating or making decisions;
  - Negative view of self and/or world;
  - Peer conflict or withdrawal;
  - Alcohol and/ or other drug use;
  - Significant tiredness or loss of energy;
  - Sudden change in weight;
  - Change in appearance;
  - Changes in appetite;
  - Persistent or sudden absence from school;
  - Experience of trauma;
  - Withdrawal from relationships;
  - Physical symptoms;
  - Unlikely excuses provided for injuries or unexplained injuries; and
  - Risk-taking behaviours.

### 5 Direct or indirect disclosures of self-harm

- 5.1.1 Any suspicion or evidence of self-harm should be taken seriously and followed up appropriately. This may include an external professional or trained staff member completing a risk assessment. A risk assessment requires the assessor to question and explore the thoughts, feelings and actions of an individual to gain an understanding of their current situation, ascertain suicide risk at the present time, actions to maintain safety and to plan ongoing support needs.
- 5.1.2 **At no time can staff maintain absolute confidentiality with a student who has disclosed suicidal ideation or NSSI behaviours.**
- 5.1.3 A student's self-harm may come to the attention of school staff through either direct or indirect means.



- 5.1.4 A **direct disclosure** is when a student informs a school staff member of any feelings, thoughts or actions associated with self-harm. This may include verbal disclosure or disclosure through a curriculum task such as an English essay or a piece of artwork where there has been an expression of self-harm.
- 5.1.5 An **indirect disclosure** is when information or concerns for a student are brought to the attention of a staff member by a third person such as another student, school or community member.

## 6 Safe Work Practices

- 6.1.1 Bacchus Marsh Grammar has developed the following work practices and procedures for managing and providing student support around self-harming behaviours and expression of intent to engage in these behaviours.

### 6.2 Disclosure of self-harm at school

- 6.2.1 When a staff member **suspects** a student is engaging in or intends to engage in self-harming behaviours they should:
- Identify their concerns and observations and provide these to the relevant Head of Year Head of School, Deputy Head of School, Deputy Principal or Senior Deputy Principal as a matter of priority; and
  - Not raise their concerns directly with the student.
- 6.2.2 Where a student **discloses** to a staff member that they are engaging in or intend to engage in self-harming behaviours the staff member should:
- See Appendix 1 of school response flow chart;
  - Respond in a calm, caring and non-judgemental manner;
  - Not react negatively;
  - Advise the student that there are procedures to assist students and families in accessing professional help;
  - In the event a student requires urgent medical treatment refer to the Health Centre or in the case that emergency assistance is required, call 000.
- 6.2.3 The procedure that the School adopts in these circumstances is as follows:
- 6.2.3.1 When there is evidence that a student is engaging in or intends to engage in self-harming behaviours, the School will make contact with the parents/guardians as soon as practicable;
- 6.2.3.2 The student, depending on the circumstance is kept under supervision either in the Health Centre / Administration or in another location if considered appropriate;
- 6.2.3.3 Arrangements are made with the parent or guardian to collect the student if necessary. Provide parents/guardians with the Return to School Instructions for Parents/Guardians when they collect their child from the School. See appendix 2;
- 6.2.3.4 A requirement of return to school of any student who has either engaged in or expressed intent to self-harm is a letter from an appropriate health professional outlining that the student is fit to be at School and is receiving appropriate health care. A return to school meeting may then be held to determine appropriate support strategies whilst at school prior to the student recommencing school on site;
- 6.2.3.5 If it is clear that a student is engaging in self-harm behaviours or intends to because of issues related to their relationship with their parents/guardians, the Principal or delegate will authorise alternative arrangements for appropriate care that do not require parental approval or knowledge; and
- 6.2.3.6 In all circumstances the School will ensure that it meets its requirements in relation to duty of care and Mandatory Reporting of students at risk.
- 6.2.3.7 If the school is aware that the student is already actively engaged in support for self-harming behaviours, it may not be necessary to provide documentation from an appropriate health care professional prior to returning to school, nor may it be necessary to conduct a return to school support meeting. This will be determined depending upon the

level of risk ascertained via an assessment carried out by an external health professional or an appropriately trained staff member.

- 6.2.3.8 If the level of risk of self-harm is determined to have escalated since the earlier assessment and/ or return to school support meeting, it will be necessary to convene another return to school support meeting and complete a new support plan.

- 6.2.4 The procedure has been developed to ensure that:

- a) Students who the School has well-being and safety concerns about are receiving appropriate assistance; and
- b) It is clear to parents that such issues are not the responsibility of the School, but ones in which the School should provide a supportive but not lead role in looking after.

- 6.2.5 In cases where a student's self-harming behaviors may pose a significant risk to their safety or well-being or others during a school camp or activity, the school will assess the situation carefully. If it is determined that the risk is high and cannot be adequately managed, alternative arrangements will be made to ensure the student's safety. This decision will be made in consultation with the student, their parents or guardians, and appropriate health professionals, with the goal of supporting the student's well-being. The School remains committed to including all students in activities wherever safely possible and will explore all reasonable accommodations to support their participation.

## 7 Disclosure of self-harm whilst on camps, voluntary trips or excursions

The procedure the School adopts if disclosures of self-harm are made while on camps, voluntary trips or excursions is as follows:

- 7.1.1 When a staff member **suspects** a student is engaging in or intends to engage in self-harming behaviours while on camp or excursion they should:

- 7.1.1.1 Identify their concerns and observations and provide these to the camp or excursion leader as a matter of priority, who will determine the course of action in accordance with this policy.
- 7.1.1.2 Not raise their concerns directly with the student.

- 7.1.2 Where a student directly **discloses** to a staff member that they are engaging in or intend to engage in self-harming behaviours the staff member should:

- 7.1.2.1 See Appendix 1 of school response flow chart
- 7.1.2.2 Respond in a calm, caring and non-judgemental manner;
- 7.1.2.3 Not react negatively;
- 7.1.2.4 Advise the student that there are procedures to assist students and families in accessing professional help;
- 7.1.2.5 In the event the student requires urgent medical treatment refer to the Registered Nurse if in attendance or in the case that emergency assistance is required, call 000.
- 7.1.2.6 Inform the camp or excursion leader as a matter of priority.
- 7.1.2.7 The camp/ excursion leader must notify the Head of Year, Head or Deputy Head of School, Student Wellbeing Officer, Deputy Principal or Senior Deputy Principal if one is in attendance. These staff members will determine the course of action in accordance with this policy.
- 7.1.2.8 If a Head of Year, Head or Deputy Head of School, Student Wellbeing Officer, Deputy Principal or Senior Deputy Principal is not in attendance, the camp/ excursion leader must notify one of these staff members via a phone conversation as a matter of priority. These staff members will determine the course of action in accordance with this policy.

## 8 Urgent Medical Treatment

- 8.1.1 In the event a student requires urgent medical treatment refer to the Health Centre or in the case that emergency assistance is required, call 000.

## 9 Return to School Support Plan (see Appendix 3)

### 9.1 Return to School Support Plan Overview

- 9.1.1 It may be necessary for a Return to School Support Plan to be developed for any student engaging in self-harming behaviours or suicidal ideation prior to returning to school (refer to section 6.2.3.4 and section 6.2.3.7).
- 9.1.2 Documentation from a General Practitioner or other appropriate mental health professional stating the young person's capacity to return to school must be provided prior to the student returning to classes. This should be submitted to the relevant Head of Year, Head or Deputy Head of School, Deputy Principal or Senior Deputy Principal. Where appropriate, if a current risk assessment or safety plan has been completed, this should also be provided prior to the return to school plan being completed.
- 9.1.3 The student will be supported academically during the periods of absence;
- 9.1.4 Agreed social and emotional support strategies will be determined;
- 9.1.5 Agreed learning outcomes and strategies will be determined;
- 9.1.6 Strategies to monitor the student will be agreed to.
- 9.1.7 The Return to School Support Plan shall be stored appropriately and reviewed when required. It shall be communicated to relevant staff in a confidential manner.

**Returning to school can be a protective factor for young people and can be helpful in their recovery, especially when the school has worked to create a supportive and protective environment.**

- 9.1.8 The young person may feel anxious about returning to school and will need additional support and understanding. With these considerations in mind, school staff can play a crucial role in supporting the young person and assisting with a successful transition back to school.
- 9.1.9 A Return to School Support Plan aims to ensure the best possible reintegration, safety, care and support for a young person who is returning to school after a suicide attempt or self-harming behaviour. It should include strategies that aim to keep the young person safe, supported and connected with staff and peers. It outlines situations the young person might find difficult and how these can be managed for them to feel safe and supported.
- 9.1.10 The Return to School Support Plan is ideally negotiated with the young person, their parents/guardians, Head of Year, Head or Deputy Head of School, Deputy Principal, Senior Deputy Principal or Student Wellbeing Officer as appropriate as well as any mental health professionals involved in the young person's care before the young person returns to school.

**The process for this planning includes:**

- scheduling a Return to School Meeting with the young person, their parents/guardians, their health care professionals, a member of the Student Wellbeing Team, Head of Year, Head or Deputy Head of School, Deputy Principal and/or Senior Deputy Principal to discuss the young person's needs and develop a Return to School Support Plan.
- documenting decisions, actions and outcomes.
- making regular contact with the young person and their family to discuss their progress and any concerns or developments.

### 9.2 Key components of the Return to School Support Plan

**Identify a key support person at school.**

- 9.2.1 Ideally, the support person should be either the Head of Year or Head of School. If the young person chooses a staff member who is not well placed to be a support person, alternative ways should be



found to involve this trusted individual in the Return to School Support Plan. The key support person should act as the school liaison with the family and external mental health service providers. They'll also be the key contact the young person goes to if they need additional support or assistance during school hours.

**Negotiate the details of the Return to School Support Plan.**

- 9.2.2 It is imperative the young person has ownership of their Return to School Support Plan and that all sections are written with their involvement. Staff should guide discussion and suggestions around strategies but should not complete the Return to School Support Plan on the young person's behalf. Active involvement in the development of the Return to School Support Plan by the young person will ensure the information is meaningful and helpful, and therefore more likely to be used when required. If the young person is involved in decisions about their return to school, it is also likely to influence their re-engagement and therefore successful reintegration into school.
- 9.2.3 If you believe the young person's suggestions are unrealistic or unmanageable discuss this openly with them, giving clear reasons and alternatives. The school's duty of care needs to be adhered to, so it may also be necessary to discuss the limits of what the school is able to offer.

**It may be appropriate to consider:**

- 9.2.4 a gradual return to school until the young person is well enough to attend full-time.
- 9.2.5 a partial study load until the young person is well enough to manage a full workload.
- 9.2.6 assistance to prioritise catching up on missed schoolwork. This may feel quite overwhelming for them. Depending on the time missed, consideration for an exemption for missed work, assignments or exams may be given where possible. Discussions may also need to focus on how to catch up missed work, assignments or exams.

**Develop a collaborative approach to support the young person at school.**

- 9.2.7 It is not the sole responsibility of the school to support a young person at risk of suicide, but it can play a key role. The young person should engage with an external mental health service or general practitioner (GP) prior to returning to school. Ideally, parents/guardians should also play a central role in supporting the young person in their return to school. Regardless of the individuals involved, there needs to be a collaborative approach to information sharing and delineating responsibility.

**Identify and document who will monitor or check in with the young person when they are at school and how this will be done.**

- 9.2.8 This staff member may become aware of the need for additional support for the young person. In this circumstance, the staff member should collaborate with the young person and their family to ensure this support is being sought.

**Clarify information sharing, confidentiality and consent.**

- 9.2.9 The School may request information about a young person's admission or treatment from a hospital, mental health or health service, community agency, previous school or support program with or without the consent of the young person or their family when it is in the student's best interests to do so. The School may request information under the Child Information Sharing Scheme and the Family Violence Information Sharing Scheme.
- 9.2.10 Service procedures can vary, so seeking clarification from the service about its consent procedures is vital if the information a school requires isn't being provided.
- 9.2.11 The School can implement its own consent or permission procedure. The School can obtain consent from parents/guardians or the young person for information to be shared by external providers with the school.

**Identify strategies that help the young person feel better.**

- 9.2.12 When exploring the strategies that help the young person feel better, use a positive and proactive approach by focusing the discussion on strategies that are helpful and appropriate for a school setting. Young people may want to include unhelpful strategies like leaving school or cutting themselves. If this

occurs, explain that while these strategies may feel OK in the short-term, they are not helpful in the long-term. Offer some helpful suggestions when required but encourage the young person to identify what works for them. These will often be the same strategies as what they may have identified in their Safety Plan.

**Explore when more support is needed.**

- 9.2.13 It is important to be clear and honest with the young person about the potential need to involve other people or services if you are concerned about them. It may be helpful to offer examples. For instance, say, "If I see you becoming more withdrawn, I'll be concerned about you and will need to talk to the wellbeing staff and your parents/guardians". Reassure the young person that this is part of your obligation to them and that it is to ensure that they receive the best possible support.

**Access to the Return to School Support Plan.**

- 9.2.14 Key school staff involved with the young person should be given relevant information about how to assist the young person in class time or while on school grounds. They do not need access to detailed clinical information or the complete Return to School Support Plan to do this, but they should be provided with the information that affects how they approach or support the young person.
- 9.2.15 It is not appropriate for all school staff to receive a copy of the Return to School Support Plan as it contains confidential information. The young person must understand who will have access to the Return to School Support Plan, how communication within the school will be managed regarding their support and also why this can be of benefit to them. The parents/guardians should also receive a copy of the Return to School Support Plan.

### 9.3 After the young person returns to school

**Returning to school after self-harming behaviour can be a difficult time for young people.**

- 9.3.1 They may feel anxious about what other people are thinking, nervous about how they will cope or they may be worried about catching up on the work they have missed. Once they have returned, the priority is to ensure they feel supported and able to return to their normal routine.
- 9.3.2 Other key actions after a young person returns to school include:
- where possible, implement the Safety Plan provided by an external health professional.
  - refer the young person to appropriate support services as required.
  - document decisions, actions and outcomes.
  - ensure staff involved in responding to and supporting the young person have the opportunity for debriefing and support.

### 9.4 Monitoring a young person

- 9.4.1 Key staff who will monitor the young person are identified in the Return to School Support Plan.
- 9.4.2 As there are often multiple staff involved in a young person's learning, it can be helpful for all staff to understand what to look out for when supporting a young person. Changes in mood, levels of participation and thinking patterns may indicate that the young person needs extra support.
- 9.4.3 Changes in mood include:
- being irritable or angry with friends or family for no apparent reason.
  - feeling tense, restless, stressed or worried.
  - crying for no apparent reason or feeling sad or down for long periods of time.
- 9.4.4 Changes in levels of participation include:
- not enjoying or not wanting to be involved in things they would normally enjoy
  - being involved in risky behaviour they would normally avoid
  - unusual sleeping or eating habits.
- 9.4.5 Changes in thinking patterns include:

- having a lot of negative thoughts.
- expressing distorted thoughts about themselves and the world (for example, everything seeming bad and pointless).

9.4.6 If staff become aware of changes in a young person, it is important that action is taken. They must refer their concerns to the Head of Year, Deputy Head or Head of School, the Deputy Principal or Senior Deputy Principal.

9.4.7 Key staff identified in the Return to School Support Plan should:

- recognise the young person's distress or concerning behaviour
- ask them about it (for example, "I've noticed you seem to be sad a lot at the moment")
- acknowledge their feelings (for example, "That seems like a really hard place to be in. I can understand why you're upset about that")
- get appropriate support and encourage healthy coping strategies (for example, "Do you need some help to handle this?").
- check in a short time afterwards to see how the young person is feeling.

## 9.5 Risk factors and warning signs

9.5.1 Risk factors are issues in a young person's life that increase the likelihood (risk) of them acting on thoughts of self-harm.

9.5.2 Risk factors are often longer-term challenges that a young person may deal with over a period of time. Experiencing risk factors does not necessarily mean a young person will think about self-harm or attempt to take their own life. However, the more challenges a young person has in their life, the greater their risk of self-harming behaviours.

9.5.3 Where issues of concern regarding risk factors and warning signs are raised, the identified key staff must alert the relevant Head of Year, Head or Deputy Head of School, Deputy Principal, Senior Deputy Principal and/ or the Student Wellbeing Team prior to making contact with the young person's parents/guardians.

## 9.6 Discussing the self-harming behaviour

9.6.1 Always keep in mind the young person's right to privacy, confidentiality and respect.

9.6.2 If the young person has been actively informing others about their self-harming behaviour, a conversation between the young person, their parents/guardians, the key school contact and other support staff needs to occur. It may be helpful to explain the importance of not discussing the self-harm with peers, as the information may be distressing and harmful to others. Appropriate alternative avenues for the young person to discuss their self-harming behaviours should be explored.

## 9.7 Child Safe Key Risk Indicators of Abuse:

9.7.1 School staff are required to adhere to the School's Child Safety Policies and Procedures.

## 10 Staff wellbeing

10.1.1 Self-harm and suicidal behaviour can be distressing and often traumatising for school communities.

10.1.2 Staff are encouraged to speak with the Senior Management Team if they are in need of additional support.

## 11 Workers' Responsibility

11.1.1 All Bacchus Marsh Grammar identified workers are responsible to ensure that they have the knowledge and skills to identify and support students who may be at risk of self-harming behaviour. Early intervention and ongoing management is vital in promoting safety and recovery.

11.1.2 Each worker shall fulfil their agreed roles as documented in a student's individual Return to School Support Plan and the school shall inform parents/carers as soon as possible of concerns regarding a student's wellbeing and health care, learning and behaviour support needs.

## 12 Implementation

12.1.1 This policy is implemented through a combination of:

- Staff training and supervision;
- Support of the student's Return to School Support Plan;
- Effective incident notification procedures;
- Effective communication procedures with the student's parents/carers; and
- Initiation of corrective actions where necessary.

## 13 Discipline for Breach of Policy

13.1.1 Where a staff member breaches this policy, the School may take disciplinary action.

## 14 Related Policies

Accident Management  
Child Safe Policy  
Eating Disorders Policy  
First Aid Policy  
Information Sharing and Family Violence Reforms Toolkit  
Learning Support and Student Wellbeing Support Policy  
Mandatory Reporting Policy  
Medical Records (Student) Policy  
Medication Administration Policy  
Privacy policy  
Student Wellbeing Support Services Policy  
Suicide Postvention Procedures

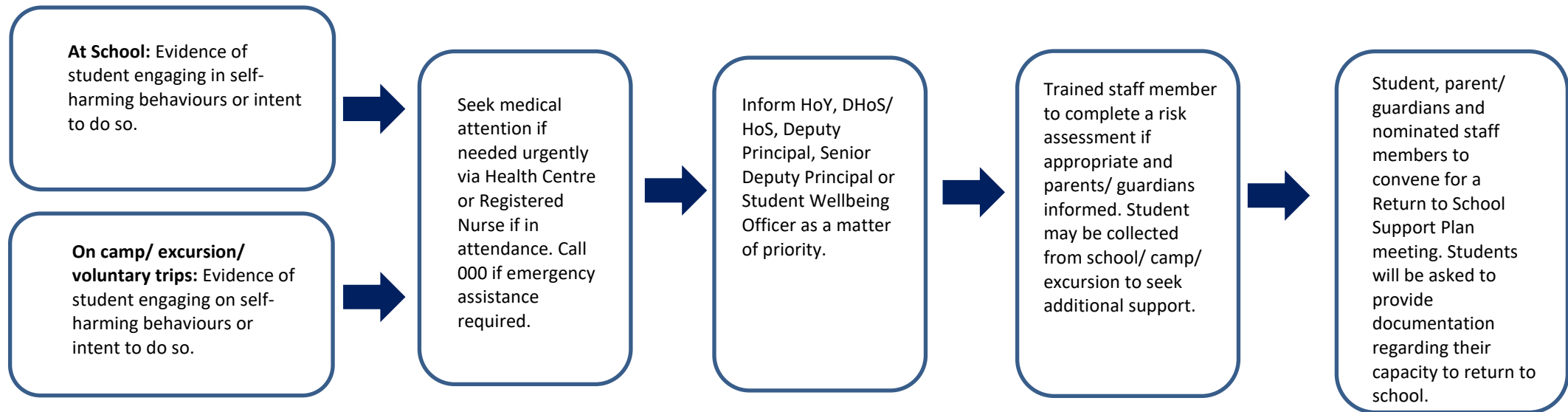
## 15 Authorisation

<b>School Document Name</b>	<b>Self-Harming Behaviours Policy</b>	
<b>Approval Authority</b>	<b>Principal</b>	
<b>Approval Signature</b>	Andrew Neal <b>Principal</b> <b>Bacchus Marsh Grammar</b>	
<b>Administrator</b>	<b>Company Secretary</b>	Greg Gough
<b>Approval Date</b>	<b>11 November 2024</b>	
<b>Date of Next Review</b>	<b>11 November 2026</b>	To be reviewed every two years

## 16 History

Date	Amendment
15 November 2016	1. New Policy version 1
22 June 2020	2. Reviewed and new content added version 2
4 August 2021	3. Reviewed and minor change to the Return to School Plan version 2.1
30 March 2022	4. Added information from the Suicide Attempt Policy and updated the appendices – version 2.2
20 August 2024	5. Reviewed and updated definitions
11 November 2024	6. Addition of the Return to School Support Plan Review

Self-Harming Behaviours Response Procedure:  
(Please refer to the full policy for further information)





Date: \_\_\_\_\_

Student name: \_\_\_\_\_

Student ID number: \_\_\_\_\_

Staff member who contacted parent/ guardian: \_\_\_\_\_

Name of the parent/ guardian spoken to: \_\_\_\_\_

Head of Year: \_\_\_\_\_

Head of Year email address: \_\_\_\_\_

Head of School: \_\_\_\_\_


Head of School email address: \_\_\_\_\_

To ensure the safety of your child, please ensure the following tasks have been completed ***prior to their return to school*** as per the conversation on \_\_\_\_\_.

Staff to select relevant actions below:

- ☐ See your General Practitioner or Psychologist and obtain a statement that your child is fit to return to school.
- ☐ Submit the statement from the General Practitioner or Pediatrician or Psychologist to the Head of Year, Head of School, Deputy Principal or Student Wellbeing Officer ***prior*** to your child returning to school.
- ☐ Make a time with your child's Head of Year / Head of School/ Deputy Principal for a meeting to complete the Return to School Support Plan ***prior*** to your child returning to school.
- ☐ See your General Practitioner or Pediatrician or Psychologist to discuss appropriate support strategies and/ or actions.
- ☐ See your General Practitioner or Pediatrician or Psychologist or Mental Health professional to request a Risk Assessment.
- ☐ Provide copies of hospital discharge information, Safety Planning or other relevant information to the Head of Year, Head of School, Deputy Principal or Student Wellbeing Officer ***prior*** to your child returning to school.
- ☐ Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 19 Appendix 3: Return to School Support Plan

Return to School Support Plan - Confidential						
 <p>The Return to School Support Plan is to be established at the return to school meeting. It may be reviewed and updated as required. Documentation from an appropriate health care professional stating the young person is well enough to attend school, may be required to be provided to the School prior to the student's return to school.</p>						
Student details						
Student Name:		Tutor Group:		DOB:		
Parent/Guardian Name:		Phone:				
Parent/Guardian Name:		Phone:				
Head of Year:		Head of School:				
Date of implementation:		Review date:				
School Support Persons						
Name:						
Name:						
Name:						
Details of checking in with the School Support Persons						
Place:			When:			
This plan has been completed with:						
Student Name:						
Parent/guardian Name:						
Staff Member(s):						
This Plan includes the following changes to attendance or workload (approval required by Head of School or Deputy Principal):						
School attendance will be on the selected days: (please circle)		Mon	Tues	Wed	Thurs	Fri
The student will attend the following classes:		1.		2.		
3.		4.		5.		6.





**When the student is not in class but on school grounds during class time, they will be:**

**School based strategies to support the named student:**

When I start to get upset, I notice these things about myself:

When I start to get upset, others might notice these things about me:

At school, these things can make me feel upset:

Strategies I will use if I feel upset or distressed at school:

Strategies staff can use to support me if I feel upset or distressed at school:

If my school support person(s) or other staff member becomes worried about me, we have agreed that they may need to contact the following people so that I get more support (for example, parents, mental health service):

**The support person or appropriate staff member may also decide that the student needs to be collected from school and access support from a health professional before they are able to return to school again.**

Only Complete if Applicable:

☐ I will refrain from discussing my self-harming behaviours with other students as this may cause them distress. If I need to speak to someone during the school day regarding self-harm, I will contact one of my school support persons.

☐ I agree to ensure I cover any wounds that are a result of self-harm behaviours while I am at school until they have healed.

☐ I agree that I will not engage in self-harm at school and will seek support via my school support persons and identified strategies if I feel distressed.

☐ I will not bring any implements to school that I may use for self-harm.

Additional notes: \_\_\_\_\_



*This is a controlled document. Hardcopies of this document are considered uncontrolled. Please refer to the Board Portal or School website for the latest version.*

## 20 Appendix 4: Return to School Support Plan Review

**Return to School Support Plan Review – Confidential**

The Return to School Support Plan **review** is established to document and identify any changes to the original Return to School Support Plan. It is essential to update any necessary changes to the plan in order for the school to provide the best possible care for your child.

**Students Details:**

Student Name:	Tutor Group:	DOB:
Parent/Guardian Name:	Parent/Guardian Name:	
Head of Year:	Head of School:	

Return to School Support plan created on: / /

Return to School Support plan review completed on: / /

**This review was completed with:**

Student Name:
Parent/Guardian Name(s):
Staff Member(s):

**School Support Persons – Make any relevant changes since original Support Plan if applicable:**

Title:	Email:
Title:	Email:
Title:	Email:

**Details of School Support Person, checking in with student if applicable**

Staff Member:	Location:	How Often:
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School based strategies – What has worked well? New/additional strategies? Please list any changes below

Comments:
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Changes and adjustments to students workload/attendance – Please list any changes below if applicable:

Comments:
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**Review Agreement:**

Review agreement Date: / /	
Student Signature:	Parent/Guardian Signature:

☐ Parents/Guardians have been provided with a copy of the School Support Plan Review on: / /

**Office Use Only**

A copy of this Return to School Support Plan Review has been provided to:

- ☐ Schoolbox (inc. HoY/ HoS/ HoC/ Student Wellbeing)
- ☐ Student's Central File
- ☐ Other: (please specify)