


Self Harm



Policy Ratified on	7.7.21.
Signed Chair of Governors	Angela M. Wighton
Signed Head Teacher	

Self-Harm Policy

Introduction

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours, and that this figure is higher amongst specific populations, including young people with special educational needs. School staff can play an important role in preventing self-harm and also in supporting pupils, peers and parents/carers of pupils currently engaging in self-harm. In government figures the words 'self-harm' include attempted suicide and in statistics from hospitals usually no distinction is made between deliberate self-injury without suicidal intent and suicide intent.

In this policy the words 'self-harm' are used to cover deliberate acts of injury which may or may not involve a wish to die. The most usual example would be physical mutilation of some sort such as cutting the skin or other ways of inflicting pain. There are however a wide variety of acts which might be included. Most self-harming behaviour is not lethal and is unlikely to lead to death. Most young people who injure themselves in what they call self-harm do not intend to risk their lives. Acts of self-harm or self-injury are symptoms of distress, which cannot be seen as having a common cause or common cure. The important act is in its meaning to the individual who carries it out. It is important not to generalise about young people who self harm. It can be a way of coping with many different emotions.

Scope

This document describes the school's approach to self-harm. This policy is intended as guidance for all teaching staff, support staff and governors.

Aim

- To increase understanding and awareness of self-harm
- To alert staff to warning signs and risk factors
- To provide support to staff dealing with pupils who self-harm
- To provide support to pupils who self-harm and their peers and parents/carers

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 counselor/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 manner 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 maybe necessary to call an ambulance, or in extreme cases, the police to assist the pupil receive medical care

Staff Wellbeing

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, Deputy Head Teacher 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.

Associated Policies

- Safeguarding (inc Child Protection) Policy
- Anti-Bullying Policy
- Behaviour policy
- Health and Safety Policy
- Single Equalities Policy
- Confidentiality Policy

Useful Organisations

Childline

Tel: 0800 11111

www.childline.org.uk

Young Minds

Tel: 020 73368445

www.youngminds.org.uk

Parents information service 0800 0182138

Samaritans

Tel: 08457 909090

www.samaritans.org.uk