

Self-Harm Policy

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SELF-HARM POLICY AND PROCEDURES

At Thornden school we recognise the importance of safeguarding children and play a full and active part in protecting them from harm. In developing the Self-Harm Policy and Procedures due consideration has been given to our Child Protection and Safeguarding Children Policy and the Hampshire Safeguarding Children Partnership (HSCP). We believe that our school should provide a caring, positive, safe and stimulating environment which promotes the social, physical, emotional and moral development of each student.

1. Introduction

Research indicates that up to one in ten young people in the UK engage in self-harming behaviour (Samaritans) and the ratio is 3:1 girls to boys. Self-harm is an emotive and challenging issue for all concerned. Self-harm can affect people from all family backgrounds, religions and cultures. School staff can play an important role in preventing self-harm and also in supporting students who are engaging in self-harm behaviours, their peers and parents/carers. Self-harm can be a short-term behaviour that is triggered by particular stresses and resolves fairly quickly, or it may be part of a long-term pattern of behaviours that are associated with more serious emotional/mental health issues. School staff should be aware that where there are multiple underlying risk factors the likelihood of further self-harm is greater.

2. Linked Documents

- Child Protection and Safeguarding Children Policy.
- First Aid Policy and Procedures.
- Health and Safety Policy.
- Supporting Students at School with Medical Conditions: Policy and Procedures.
- Educational Visits and Activities Policy.

3. Aims of the Policy

- To increase understanding and awareness of self-harm throughout the school community.
- To ensure the whole school community is aware of the policy and procedures.
- To help all students improve their self-esteem and emotional literacy.
- To look at ways of preventing self-harm from spreading within the school.
- To alert staff to warning signs and risk factors relating to self-harm.
- To provide support to students who self-harm, their peers and parents/carers
- To provide support to staff dealing with students who self-harm.

4. Definition of Self-Harm

Self-harm is any deliberate behaviour where the intent is to deliberately cause harm to one's own body. People self-harm to cope with emotional distress or to communicate that they are distressed. There are multiple factors that can motivate someone to self-harm including intolerable emotional pain, a desire to escape an unbearable situation, to reduce tension, to express hostility, to induce guilt or in some cases to increase caring attention from others.

5. Examples of Self-Harm Behaviours

There are many types of self-harm or self-injury these can include:

- Hair pulling (this can include eyelashes and eyebrows).
- Cutting, scratching, biting, scraping, or picking skin.
- Swallowing hazardous materials or substances or inedible objects.
- Burning or scalding.
- Banging or hitting the head or other parts of the body.
- Scouring or scrubbing the body excessively.
- Punching, hitting, bruising.
- Risk taking behaviour e.g., unsafe sexual behaviour, substance misuse, running in front of moving vehicles.
- Taking an overdose of prescription or non-prescription drugs or under medicating, particularly in relation to prescribed medications e.g. misuse of insulin.
- Episodes of Alcohol/drug abuse or over/under eating at times may also be a deliberate act of self-harm.

6. Suicide

People who self-harm are at increased risk of future suicide. Death may occur as the result of an accident or miscalculation of the risks of the self-harming behaviour. In some cases, it can be intentional.

7. Risk Factors

Children and young people often can't explain why they self-harm. However, the following risk factors, particularly in combination, may make children and young people vulnerable to self-harm.

Individual factors:

- Depression/anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse.

Family factors:

- Unreasonable expectations
- Neglect or abuse (physical, sexual or emotional)
- Poor parental relationships and arguments
- Depression, deliberate self-harm or suicide in the family.

Social Factors:

- Difficulty in making relationships/loneliness
- Persistent bullying or peer rejection
- Easy availability of drugs, medication or other methods of self-harm.

Several factors may trigger the self-harm incident, including:

- Family relationship difficulties (the most common trigger for children and younger adolescents)
- Difficulties with peer relationships, e.g. break-up of relationship (the most common trigger for older adolescents)
- Bullying
- Significant trauma e.g. bereavement, abuse
- Self-harm behaviour in other students (contagion effect)
- Self-harm portrayed or reported in the media
- Difficult times of the year, e.g. anniversaries
- Trouble in school or with the police
- Feeling under pressure from families, school, or peers to conform/achieve
- Exam pressure
- Times of change, e.g. parental separation/ divorce.

8. Warning Signs

School staff are often in the best position to witness the warning signs which may indicate a student is experiencing difficulties that could lead to thoughts of self-harm or suicide. If staff are able to identify the warning signs, they can also play a key part in helping the student to begin the process of breaking the cycle of self-harm.

Possible warning signs include:

- Increased isolation from friends or family, becoming socially withdrawn.
- Lowering of academic achievement.
- Changes in appearance, wearing different clothing, changing image
- Accessing information on-line relating to self-harm
- Reluctance to take part in activities when arms/legs would be visible. This can include PE lessons or not removing clothing in hot conditions.
- Changes in eating/sleeping habits (e.g. young person may appear overtly tired if not sleeping)

well)

- Changes in activity and mood e.g. more aggressive or introverted than usual.
- Talking or joking about self-harm or suicide.
- Abusing drugs or alcohol.
- Expressing feelings of failure, uselessness, or loss of hope.
- Displaying evidence of self-harm e.g. cuts to forearms or head banging.

9. The Cycle of Self-Harm

If a person inflicts pain on themselves, their body produces endorphins. These are natural pain relievers and can give temporary relief from distress and induce a feeling of peace. This can become an addictive sensation which in turn makes it difficult for the person to stop the self-harm behaviours. Self-harming can cause physical pain, but the person may report that this is easier to manage than the emotional pain which led to the self-harm in the first instance. The cycle also results in the person feeling a sense of shame or guilt. Within the school setting staff can encourage a student who is self-harming to replace the self-harm behaviours with safer/coping activities, see: Appendix 5: Information on Self-Harm for Young People and refer to the school nurse and/or advise our Designated Safeguarding Lead (DSL).

10. Management of the Contagion Effect

Staff who have been made aware that a student is self-harming must remain vigilant in case their peers are also self-harming. Self-harm can become an acceptable way of dealing with stress and anxiety within a friendship group and can enable students to have a sense of identity. Each individual student may have different reasons for self-harming and should be given the opportunity for one-to-one support.

11. Staff Roles and Responsibilities when Working with Students who Self-Harm

Students may choose to confide in a member of school staff if they are concerned about their own health and wellbeing, or that of a peer. If a student approaches a member of staff, they should listen to them in a non-judgmental way and maintain a supportive and open attitude; a student who has chosen to discuss their concerns with a member of staff is showing a considerable amount of courage and trust.

For further advice on how to speak with a young person who has disclosed that they or a friend are self-harming please refer to Appendix 1, Do's and Don'ts. The student needs to be made aware that it will not be possible for the member of staff to offer complete confidentiality.

With regards to any incidents of self-harm one of the initial judgements made by the member of staff who the student has approached must be whether the student requires first aid treatment from the School Nurse. In the case of an acutely distressed student, their immediate safety is paramount, and a member of staff should always remain with them. In the case of a serious injury or possible drugs overdose the student must be sent to hospital via ambulance and parents/carers informed. In a situation where school staff believe that informing parents/carers may place the student at further risk of harm this decision must be recorded, and a member of staff should accompany the student to hospital.

If first aid is not required, the member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should consult with the DSL (or DDSLs) as soon as possible and importantly before the student leaves the school site.

School staff may experience a range of feelings in response to a student who is self-harming such as sadness, shock, disbelief, guilt, helplessness, disgust, anger and rejection. The member of staff will be supported and if appropriate given time to compose themselves before returning to their normal

duties. The Self-Harm Care Pathway summarises the process – Appendix 2

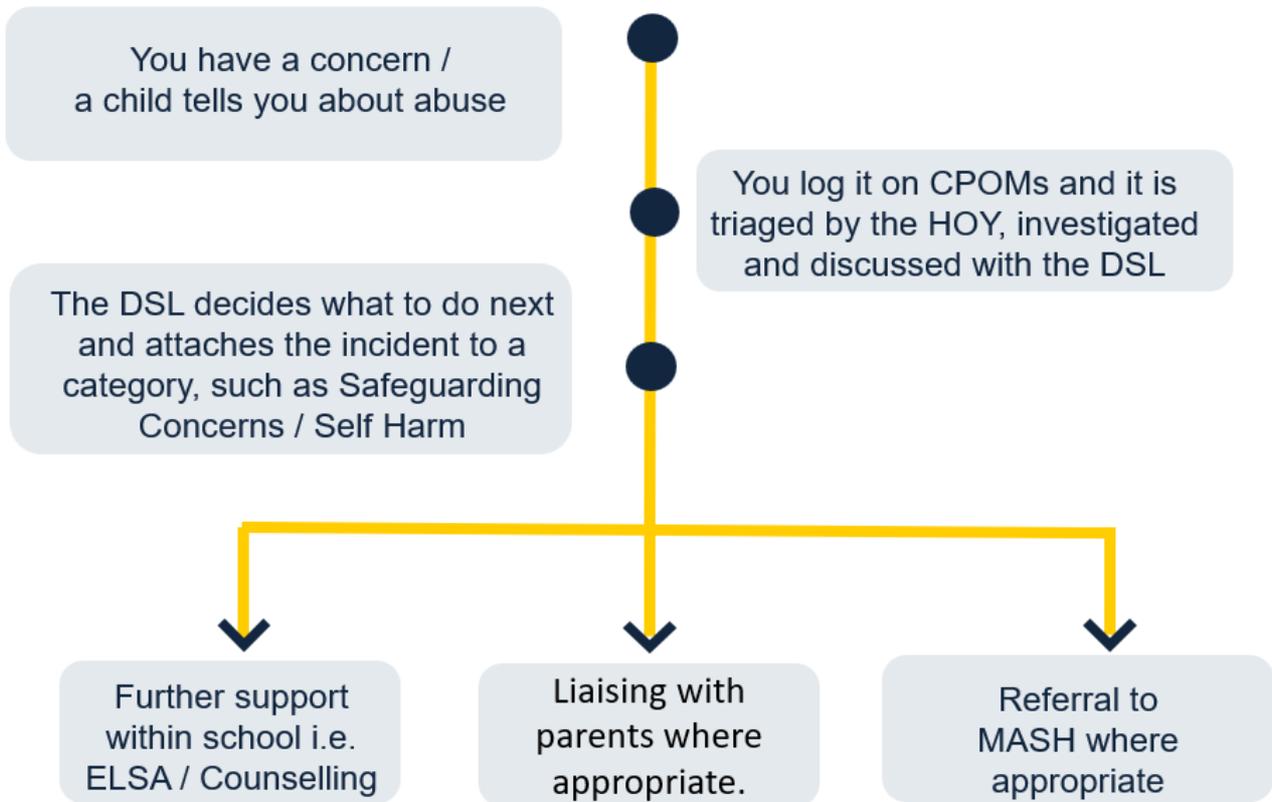
12. Roles and Responsibilities of the School Nurse, Pastoral Support Team and DSL

- Take the lead for the support of and management of those students who self-harm
- Access appropriate training about self-harm behaviours
- Follow the self-harm policy and procedures including completion of the Checklist for Self-Harm Procedures and Practices on an annual basis - Appendix 3
- Seek support for their own emotional health and wellbeing.
- Decide on the appropriate course of action; each case will be considered on an individual basis and the actions taken may include all or some of the following:
 - Immediately removing the student from lessons if their remaining in class is likely to cause further distress to themselves or their peers.
 - Discuss the concerns with the student in an appropriate venue. For further advice on how to speak to a student who has disclosed that they or a friend are self-harming please refer to Appendix 1, Do's and Don'ts.
 - Ensure the student understands the limits of confidentiality this should include a discussion about the need to inform other agencies.
 - Provide accurate information with regards to signposting for National Support Helplines/ websites, crisis telephone numbers - Appendix 4 and include Information on Self-Harm for Young People – Appendix 5.
 - Be clear how often and for how long you are going to see the student, i.e. boundaries need to be clear. The student needs to learn to take responsibility for their self-harm.
 - Discuss with the student the importance of informing parents/carers for them to provide support; this discussion should allow the student to share any fears they may have about this disclosure.
 - Following the discussion with the student, inform parents/carers, unless it places the student at further risk of harm. In all cases school staff will make a professional judgement as to whether parents/carers should be informed of the self-harm and record their decision including the student's views. However, if the young person requires emergency medical assistance e.g. following a drugs overdose or significant injury, school staff, in most cases, would immediately inform parents/carers. In all cases where school staff make the decision not to inform parents/carers this must be recorded. The school recognises that in some cases it may be appropriate to allow the student time to speak to their parents/carers about their self-harm prior to the school making contact. It may then be helpful to invite the parents/carers into school to discuss concerns. An Early Help Assessment should be considered
 - Provide the parent/carers with appropriate Parental information including. Fact Sheet on Self-Harm for Parents/Carers - Appendix 6 or Young Minds, Parents/Carers' Survival Guide for general advice
 - Advise and encourage the student to seek support from their GP who may refer them to a more specialised service, Child and Adolescent Mental Health Service (CAMHS).
 - If there are any safeguarding concerns a referral should be made to MASH.
 - Any meetings with the student, their parents/carers or their peers regarding self-harm should be recorded on CPOMS under #staffreportingsafeguardingconcerns including:
 - Dates and times
 - Concerns raised
 - Details of any conversations or meetings with other agencies / professionals.
 - Information sharing is essential if the young person is to receive the appropriate support.

To report self-harm on CPOMS

- Log into CPOMS
- Click on Dashboard
- Click on Add Incident
- Type Students name

- Type the incident type which is: # Staff Reporting Safeguarding Concern



This information should be shared in school on a need-to-know basis only and the student should be made aware of the staff that have been provided with the information. This will be done through CPOMs with the required people having access to this information.

It is important to encourage students to inform you if one of their friends or peers is upset or showing signs of self-harming. Friends can worry about betraying confidences, 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 they will be treated in a caring and supportive manner.

All talk of suicide must be taken seriously and the student should remain with a member of staff at all times in a safe environment.

Appropriate help and intervention must be offered at this point. The priority is to safeguard the student, in most cases school staff would contact parents/carers and advise them to seek urgent medical advice from GP and /or Contact Point (CAMHS) unless they believed that by doing so it would put the student at further risk. In cases of emergencies school will advise parents to take the student to A and E and complete an Inter-Agency Referral Form.

Where the decision is made not to contact parents/carers, school staff must seek advice from these agencies before the student leaves the school site.

13. Responsibilities of the Student who is Self-Harming

Students who self-harm need support from school staff but with the appropriate help they must learn to take responsibility for their own self-harm

- Seek support from the School Nurse
- The student must be discreet.
- They must cover wounds and where possible any scars to protect other students.
- They must not bring dangerous objects into school which could inflict injury on themselves or others.
- They must follow any action plan and speak with the appropriate (named) member of staff if they are in emotional distress.
- They must not encourage others to self-harm.

14. Responsibilities of Parents/Carers

Working in partnership with parents/carers is a key to supporting the student who is self-harming. Parents/Carers would be expected to:

- Support the school's approach to self-harm education of the whole school community and pastoral care.
- Work in partnership with the school and any other relevant agencies.

15. Monitoring and Evaluation

It can be difficult to measure outcomes in relation to self-harm but keeping the student safe is the prime aim of any support. Encouraging engagement with key services is also vital. Feedback from the student and parents/carers as to how the self-harm has been dealt with allows staff to ensure their wellbeing needs are being met.

A search may be necessary to safeguard a student. This would be written into the student's individual risk assessment and completed by a member of the senior leadership team.

Appendix 1: Dos and DON'Ts: Advice for Staff

DO

- DO stay calm and do not show anxiety, disapproval or disgust. Be prepared to be shocked, then...
- DO listen to the student, just being listened to can be a brilliant support and bring great relief to someone; particularly if they have never spoken to anyone about their self-harming before.
- DO make it clear that you cannot guarantee confidentiality.
- DO calmly ask any relevant questions, - try and build rapport with the student, whilst you ascertain what is happening for them.
- DO observe the student's non-verbal clues, look at their body language, does what they say and what you see match up? What is the underlying mood state, is it anger? Sadness? Frustration?
- DO reassure the student, they need to know that they will be supported.
- DO report the self-injury to a member of the DSL team. Most episodes of self-harm do not result in suicide or suicide attempts. However, the easiest way to differentiate between suicide and self-harm is by asking the student directly about the intention behind their self-harm behaviours. Treat a suicide intention as an emergency, do not leave the student alone or in a vulnerable environment – get help and support as soon as possible and remain calm.

DON'T

- DON'T panic – self-harm is a complex issue and each student will have a different reason or story behind their behaviour – panicking will not help the student feel safe and contained.
- DON'T send the student away – make some time for them – either help them find other ways of coping or support them in getting the right kind of support.
- DON'T be judgmental you must keep an open mind about the behaviour and don't refer to it as “attention seeking.”
- DON'T work alone: you may still see the student alone, but you will need to offload with an appropriate colleague and discussing with a professional from another agency can be helpful.
- DON'T give them your mobile number or begin texting the student. It is more appropriate and professional for you to help the student identify their supportive network, than for you to take this upon yourself. Self-harming behaviours can be extremely concerning, but you cannot offer objective support when enmeshed within the student's difficulties

Appendix 2: Checklist for Self-Harm Procedures & Practices

Checklist for Schools: Supporting the development of effective practice

The school has a policy or protocol for supporting pupils who are self-harming or at risk of self-harming. The school governors have approved this.

Training

- All new members of staff receive an induction on child protection procedures and setting boundaries around confidentiality.
- All members of staff receive regular training on child protection procedures.
- The following staff groups – office staff, first-aid staff, technicians, lunchtime supervisors – receive sufficient training and preparation for their roles.

Communication

- The school has clear open channels of communication that allow information to be passed up, down and across the system.
- All members of staff know to whom they can go if they discover a pupil who is self-harming.
- The Senior Leadership Team is fully aware of the contact that reception, first aiders and lunchtime supervisors have with students and the type of issue they may come across.
- Time is made available to listen to and support the concerns of staff members on a regular basis.

Support for staff/students

- School staff know the different agency members who visit the school, e.g., School Nursing Team etc.
- Male members of staff are supported in considering their responses to girls whom they notice are self-harming.
- Staff members know how to access support for themselves and students.
- Students know to whom they can go for help.

School Ethos

- The school has a culture that encourages students to talk and adults to listen and believe.

Appendix 3: Local and National Help and Advice

CHILDLINE: 24hrs helpline for children and young people under 18 providing confidential counselling.

0800 1111 www.childline.org.uk

PAPYRUS: Offers a helpline to give support, practical advice and information to anyone who is concerned that a young person may be suicidal. 0870 170 4000 www.papyrus-uk.org

NATIONAL SELFHELP NETWORK: Support for people who self-harm, provides free information pack to service users. www.nshn.co.uk

SAMARITANS

Confidential emotional support for anybody who is in crisis.

08457 90 90 90 www.samaritans.org.uk

YOUNG MINDS

Information on a range of subjects relevant to young people and their emotional health and wellbeing 0808 8025544 www.youngminds.org.uk

MIND

Information about all aspects of mental health

0300 123 3393 www.mind.org.uk

Royal College of Psychiatrists

Information for everyone which aims to improve the lives of those with mental health issues.

www.rcpsych.ac.uk

NHS

Information and advice on all aspects of health www.nhs.uk

HAMPSHIRE SAFEGUARDING CHILDRENS PARTNERSHIP

[Hampshire Safeguarding Children Partnership \(hampshirescp.org.uk\)](http://hampshirescp.org.uk)

YOUNG MINDS Parent helpline: 0808 802 5544 Information on a range of subjects relevant to young people.– www.youngminds.org.uk

GET CONNECTED – 0808 808 4994 Free confidential help for young people under 25.

SELF INJURY SUPPORT– Women’s self injury helpline www.selfinjurysupport.org.uk Telephone: 0808 800 8088 Supports women and girls in emotional distress, especially those who self-harm, or their friends or relatives. Provides publications and holds list of local groups throughout the country.

Appendix 4: Information on Self-Harm for Young People

[Advice_for_young_people.pdf \(nshn.co.uk\)](http://www.nshn.co.uk/advice_for_young_people.pdf)

Here are some other sources of support:

Selfharmers: tel: 0800 709070 website: www.selfharmers.org

NSP (Childline): tel: 0800 555 111 website: www.nspcc.org.uk

Childline: tel: 0800 771 website: www.childline.org.uk

NSPCC: tel: 0800 800 3300 website: www.nspcc.org.uk

NSPCC: tel: 0800 632 7662 website: www.nspcc.org.uk

Young Minds: tel: website: www.youngminds.org.uk





The National Self Harm Network



Advice for young people

Contact us at:
 nshn, Po Box 7264, Nottingham NG1 9WJ
 Email: info@nshn.co.uk
 Website & Support Forum: www.nshn.co.uk
 A registered charity number: 1104296
 A company limited by guarantee: 5483077




Everybody experiences a number of thoughts, feelings and emotions. Sometimes these can be difficult in our lives that make these thoughts, feelings and emotions negative and at times disturbing. These difficulties could be linked to difficulties in family life, upsetting relationships, troubled friendships, mean friends, and bullying behaviour among others.

Being able to show how we feel, describe thoughts, feelings, emotions and talk about things that are troubling us is not always easy. Holding in powerful thoughts, feelings and emotions such as guilt, anger, frustration, and self-hate can be too much to bear. All these people may turn to themselves and their own bodies to express how they feel. This is usually called self-harm which means anything we do to ourselves knowing it would cause damage and pain.

Self-harm isn't always a way for people to cope with things that are happening and how those things make them feel. Often that is the case if you can't seem to feel that anything other than self-harm will help. But there are other ways to cope and other ways to express thoughts, feelings and emotions that are healthier and more effective.

When the urges to self-harm can be very strong, distracting you from how those thoughts can help to keep you occupied until the strong feelings pass. Here are a few ideas that might help. (You will see the 10244 character sheet. You can also download from www.nshn.co.uk)

- Listen to music
- Painting, drawing, colouring
- Sport/Exercise (Football, running, walking, skipping)
- Detachment or distraction techniques
- Preparing bubble wrap
- Doing an experiment with a friend (permanent and reusable pens)

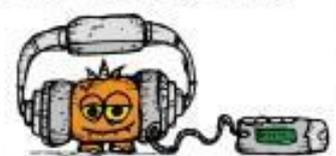


Talking to someone can really help but can be very hard to do if the things we need to say are very personal or embarrassing. It can be difficult to find someone we trust, friends can be good to talk to but at times it is easier to talk to someone who is less personally involved in your life. Therefore:

- It's alright sometimes can be good sources of support. Talking to 111 the only way to say what you want to say and you should consider writing things down.

However if you are under the age of sixteen these people may not be able to keep everything you tell them confidential. If they feel you are a danger to yourself or to others, they may have to share the information with others. Often the people they may talk to can really let it help to you. If you are worried about them, telling others it's ok seems to help what they may do before you say anything. Try not to let this put you off requesting help though as sometimes just starting a little general conversation can make you more confident to say more or approach other people you trust.

If you don't feel ready to talk then there are other ways through which you should express how you feel such as writing a diary, creative writing, poetry or art. Music can be a very helpful way to show how you feel. You could write a song yourself or find some lyrics that seem to say what you want. You could also write about how you feel in an online forum, such as www.nshn.co.uk. Please be very careful and think about what you say and what you are thinking it is safe to discuss with people who understand and that may be going through the same as you.



Appendix 5: Fact Sheet on Self-Harm for Parents

[Coping with Self Harm Brochure_FINAL_copyright.pdf](#)

