

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.

The following principles underpin this policy:

- Duty of care is, as always, paramount.
- The child or young person is central to the whole process and should be given appropriate priority by all involved.
- All School colleagues will adhere to a consistent response to and understanding of self-harm.
- The emotional wellbeing and mental health of the child and young person must be supported and harm minimised.
- The child or young person will be supported to access service(s) which will assist the child or young person with opportunities and strategies for hope and recovery from the effects of self-harming and the risk of future harm minimised.

Scope

This document describes the School's approach to self-harm. This policy is intended as guidance for all staff including non-teaching staff and directors.

Aims

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

Definition of Self Harm

Self-harm is defined by the National Institute of Clinical Excellence Guidelines (2004) as an “expression of personal distress, usually made in private, by an individual who hurts him or herself”. Essentially, self-harm is any behaviour where the intent is to cause harm to oneself (Multi Agency Guidelines for Professionals Working with Children and Young People Who Self Harm, January 2012).

Below is a non-exhaustive list of some of the behaviours that some people might consider to be self-harm:

- Scratching or picking skin
- Cutting body
- Tying something around body
- Inserting things into body
- Scouring/scrubbing body excessively
- Hitting, punching self
- Pulling out hair
- Over/under eating
- Excessive drinking of alcohol
- Taking non-prescription drugs
- Burning or scalding body
- Hitting walls with head
- Taking an overdose or swallowing something dangerous
- Self-strangulation
- Risky behaviours such as running into the road

Multi Agency Guidelines for Professionals Working with Children and Young People Who SelfHarm, January 2012

Self-harm (including eating disorders), suicide threats and gestures by a child **must always be taken seriously** as they may be indicative of a serious mental or emotional disturbance or of abuse or neglect.

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

Family Factors

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

Social Factors

- Difficulty in making relationships / loneliness
- Being bullied or rejected by peers

Warning signs

Staff may become aware of warning signs which indicate a student 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 DSL, Mr D. Boerm or a member of the Safeguarding Team.

- As most self-harm is privately or secretly carried out it can be hard to notice that a young person is self-harming but some signs to look out for are:
- Changes in clothing to cover parts of the body, e.g. wearing long sleeved tops
- Reluctance to participate in previously enjoyed physical activities, particularly those that involve wearing shorts or swimsuits, for example
- Changes in eating and/or sleeping habits
- Changes in consumption of drugs/alcohol
- Changes in levels of activity or mood
- Increasing isolation from friends/family

Multi Agency Guidelines for Professionals Working with Children and Young People Who SelfHarm, January 2012

Staff working with students who self-harm

Students may choose to confide in a member of staff if they are concerned about their own welfare, or that of a peer. Staff may experience a range of feelings in response to self-harm in a student such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to students it is important to try 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.

Confidentiality

The child/young person must be involved wherever possible and consulted on his/her views. Professionals should always take age and understanding into account when involving children and young people in discussions and decision making. There should be clear explanations about what is going to happen and the choice and rationale for certain courses of action.

It is important not to make promises of confidentiality that you cannot keep. Professionals should tell a child/young person that they will have to share information with. Information given to professionals by a student should not be shared without the child/young person's permission except in exceptional circumstances.

Such exceptional circumstances will include:

- A child is not old enough or competent enough to take responsibility for themselves
- Urgent medical treatment is required
- The safety and wellbeing of a child/young person is at risk or there is the possibility of harm to other (i.e. child protection or suicide)
- By virtue of statute or court order
- For the prevention, detection or prosecution of serious crime
- If there is reasonable professional concern that a child may be at risk of harm this will always override a requirement to keep information confidential
- If a child or young person reveals they are at risk, the staff member should follow the School's safeguarding process immediately.

If you consider a student 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 student puts pressure on you to do so. Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should consult the DSL or a member of the Safeguarding Team

The DSL or member of the Safeguarding Team will decide on the appropriate course of action. This may include:

- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse, social services
- Arranging an appointment with a counsellor/youth worker/specialist
- Removing the student from lessons
- **In the case of an acutely distressed student, the immediate safety of the student is paramount and an adult should remain with the student at all times**

If a student has self-harmed in school, a first aider should be called for immediate help

Assessing risk

There is a need to initiate a prompt assessment of the level of risk self-harm presents. Unless the student is in obvious emotional crisis, kind and calm attention to assuring that all physical wounds are treated should precede additional conversation with the student about the nonphysical aspects of self-harm.

Questions of value in assessing severity might include:

- Where on your body do you typically self-harm?
- What do you typically use to self-harm?
- What do you do to care for the wounds?
- Have you ever hurt yourself more severely than you intended?
- Have your wounds ever become infected?
- Have you ever seen a doctor because you were worried about a wound?

Collecting basic information is also important in determining the need for engagement of outside resources.

Questions might include aiming to assess:

- history
- frequency
- types of method used
- triggers
- psychological purpose
- disclosure
- help seeking and support
- past history and current presence of suicidal ideation and/or behaviours

In general students are likely to fall into 1 of 2 risk categories:

Low risk students

Students with little history of self-harm, a generally manageable amount of stress, and at least some positive coping skills and some external support.

Higher risk students

Students with more complicated profiles – those who report frequent or long-standing self-harm practices; who use high lethality methods, and/or who are experiencing chronic internal and external stress with few positive supports or coping skills.

It is vital to keep a log of all incidents of self-harm.

Onward referrals

Possible courses of action include:

In-School support (e.g. Guidance and Inclusion Department/SSC/School Nurse/Staff mentor)

School counsellor, What Centre or Youth Worker

Educational Psychologist/Other specialist support

Early Help Assessment

CAMHS referral

Staff in School can access support/advice regarding a CAMHS referral via the School Nurse or advise Parents/Carers to go to their GP or in emergencies visit their nearest Accident and Emergency Department.

Children's Social Care (Child in Need referral)

The support will depend on the individual circumstances of the child and on the level of risk to the child's safety and wellbeing.

Whenever a child or young person is known to have either made a suicide attempt or been involved in self harming behaviour, consideration should be given to making a referral to the Children & Young People's Service as a Child In Need.

Further considerations

It is important to encourage students to let you know if one of their group is in trouble, upset or showing signs of self-harming. Opportunities for this will be during PSHCE and form mentoring time.

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 young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. Any member of staff wishing for further advice on this should consult the DSL a member of the Safeguarding Team.

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 students in the same peer group are harming themselves.

Engaging families

Where appropriate, the student should be encouraged to talk to their Parent/Carer about what has happened. The DSL or a member of the Safeguarding Team should also talk to the parent/carer. In the event that a student is reluctant to contact his or her parents, Academy staff must take responsibility and alert parents that their child may be at risk of harming him or herself in the future.

It is recommended that the School provides parents with both community and web-based resources for understanding and effectively addressing self-injury. The School should expect to see a wide range of reactions from parents/carers. Some will respond quickly and favourably, but others may need more time and help in coping with their thoughts and feelings.

What if parents feel guilty?

Parents may think their child is self-harming because of something that they did or did not do as a parent. If parents seem to be struggling with guilt or frustration, it may be helpful to remind them that they can also get counselling for themselves at this time.

What if parents are dismissive?

The School's role is to encourage parents to be more responsive to their child's needs.

What if the parents are cross?

The School's role is to encourage parents to try and understand what their child might be going through, recognize that their child is suffering, and approach their child from a non-judgemental stance.

How should we deal with parents that have extreme reactions?

The School's role is to gently suggest that the parents seek outside counselling/support services.

How can we encourage collaboration?

The School must encourage parents and students to see and use staff as resources.

What if the parents are absent or unable to act as a resource and advocate for their child? The School must take the initiative and act as an advocate for the student. Whilst it is important to validate parent's reactions, it is worth remembering that certain parental attitudes towards self-harm can promote, trigger or maintain the behaviour.

Provision of support for other students who have witnessed/know about self-harm

'Social contagion' refers to the way in which behaviour like self-harm can spread among members of a group. The risk for contagion is increased when high-status or "popular" students are self-harming or when self-harm is used as a means for students to feel a sense of belonging to a particular group. To prevent social contagion in schools, staff must reduce communication around self-harm.

If a student is self-harming, he or she should be advised not to explicitly talk with other students about engaging in self-harm. Staff should also help students manage scars and wounds and visible scars, wounds and cuts should be discouraged. To prevent social contagion, students must not be given explicit details about self-harm. This means that holding a whole-school assembly is not appropriate. However, educating students about signs of distress in themselves and others, as well as teaching the use of positive coping skills, is appropriate. This is most effective as part of a programme of PSHE education which incorporates aspects of children and young people's emotional wellbeing and mental health. S

Provision of support for members of staff who may be experiencing shock/distress following disclosure or discovery of self-harm

Staff members need to monitor and care for their own well-being on an ongoing basis. Supporting a child or young person who is self-harming can be upsetting as well as rewarding. It is important for the staff member involved to be aware of their own mental health and to acknowledge any distress they may feel. Line Managers need to be careful to ensure that staff members feel they can access appropriate support whenever they need it, but particularly when dealing with these kinds of incidents. Staff can also try some of the self-care techniques to relieve the stress they may feel.

Sources of support/advice regarding Self Harm:

Dudley Safeguarding Children Board: 0300 555 0055, <http://safeguarding.dudley.gov.uk/#>

NSPCC child protection helpline: 0808 800 5000

Childline: 0800 1111

In a medical emergency call 999

Further reading:

'Self-Harm: Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm' (published 2012). Wiltshire Council and Oxford Health NHS Foundation Trust.

http://www.wiltshirepathways.org/UploadedFiles/DSH_Guidelines_Aug_2011.pdf

'Managing self-harm in young people' (2014). The Royal College of Psychiatrists.

<http://www.rcpsych.ac.uk/files/pdfversion/CR192.pdf>

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