

Self-Harm Policy

1. 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. One in four young women and one in ten young men have self-harmed at some point in their life. School staff can play an important role in preventing self-harm and also in supporting students, peers and parents of students currently engaging in self-harm.

2. 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 governors.

3. 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 and their peers and parents/carers

4. Definition of Self-Harm

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

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

5. 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
- Exploitation or other adverse contextual circumstances
- Adverse childhood experiences (ACEs) will have an adverse impact on students' mental health.

6. Warning Signs

School 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 safeguarding lead.

Possible warning signs include:

- Changes in eating / sleeping habits (e.g. student 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

7. Staff Roles in working with students who self-harm

Students 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 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 school staff is showing a considerable amount of courage and trust.

Should a staff member discover or be informed about self-harm/suspected self-harm, the following steps should be taken:

If you discover or are informed about self-harm/suspected self-harm	
Steps	Actions
1. Deal with medical requirements	<ul style="list-style-type: none"> • Locate student (if you haven't already) • Is urgent medical attention required? (e.g. heavy bleeding/overdose/unconscious/suicidal?) • If urgent medical attention required, call 999 • Administer first aid where required by appropriately trained personnel. Self-inflicted injuries should be treated with first aid as per the school policy • Keep calm and be reassuring
2. Talk to child/young person and inform designated safeguarding lead	<ul style="list-style-type: none"> • Inform school's designated safeguarding lead • Listen carefully, remembering it can be difficult for the student to talk about their thoughts and feelings • Talk to young person to gather information (see prompt questions) • Explain confidentiality • Respect confidentiality, only disclosing information on a need-to-know basis • Be non-judgemental, making sure the student knows they are being taken seriously • Be open, providing the student a chance to be honest about their true intentions • Check with child/young person to see if they have spoken to anyone about their self-harm before e.g. GP/counselling services • Discuss with child/young person options around speaking to parents (parental involvement should be encouraged unless there is a sound reason not to do so, or if to do so would put the child or young person at risk of further harm) • Where child or young person is known to social care, engage with social worker though this should not delay next steps if necessary
3. Seek advice or referral from/to EWMHS	<ul style="list-style-type: none"> • If required, seek advice from or refer to the Emotional Wellbeing and Mental Health service (EWMHS) • Advice and referrals can be discussed with the EWMHS single point of access on 0300 300 1600 (during working hours 9am - 5pm) • The out of hours and weekend Crisis Support Service can be contacted on 0300 555 1201

<p>4. Continue conversation, log incident and agree next steps</p>	<ul style="list-style-type: none"> • Log incident and ensure designated safeguarding lead has been informed using form in Appendix 4 • Ask child/young person what help they want/what they would find helpful • Discuss best course of action with child/young person and relevant colleagues (e.g. designated safeguarding lead) • Continue talking to child/young person; it may be useful to share resources for additional support and information with them • Consider, where appropriate, speaking to the child/young person about what they find helps them cope with difficult emotions • Agree any ongoing support that can be offered by the school with the child/young person e.g. follow up appointment(s) and completing a safety plan (see Appendix 3) • Where appropriate, follow safeguarding procedures
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8. Assessing Risk

When working with young people it is essential to develop an understanding of the level of risk that they present to themselves and to remember that this can change over time. It is ok to talk with young people about these issues; it will not make things worse.

Factors that increase the risk:

- The use of alcohol or drugs when self-harming (this can increase recklessness and impulsiveness)
- Feelings of hopelessness about life (whether it be not caring about themselves or actively wanting to die)
- Methods of self-harm where there is a higher risk of accidental or unanticipated severe harm (e.g. frequent small overdoses may cause long-term harm)
- An increase in the frequency of self-harm or a feeling of having to do more to feel what they perceive to be the benefits
- If the child or young person is expressing a wish to die and says they have a plan of what to do, they should be seen urgently by the local emergency department who will access mental health services as appropriate.

In general students are likely to fall into a spectrum of risk:

Lower risk students: little history of self-harm, a generally manageable amount of stress and at least some positive coping skills and external support.

Higher risk students: more complicated profiles, report frequent or long-standing self-harm practices, use of high lethality methods, younger age, parental mental health problems and/or students who are experiencing chronic internal or external stress with few positive supports or coping skills

Other considerations:

- Where there is any doubt about risk it is important to discuss with EWMHS for further toolkit
- Where a child or parent is unwilling to engage with support services, a referral to the Children and Families Hub should be considered, as refusal to engage may constitute a safeguarding issue.

- After assessing immediate risk, gaining further information from the child or young person may take place over a number of conversations and should occur at a pace comfortable for them.
- Remember, if you are concerned that the child or young person has experienced or is at risk of experiencing significant harm then it is necessary to follow your organisation’s child protection procedures.

9. Possible Prompt Questions

Every child or young person is an individual and their experience of self-harm is going to be unique. Talking about self-harm is not easy, however the prompts give some suggested phrases for guiding the conversation. The language, wording, choice of questions asked and general approach to the conversation may need to be adjusted according to the age and understanding, capacity and Special Educational Needs of the child or young person.

Possible prompt questions:	
Confidentiality	“I appreciate that you may tell me this in confidence but it is important that I let you know that your safety will always be more important than confidentiality. If I am sufficiently worried that you may be feeling unsafe or at risk of hurting yourself, part of my job is to let other people who can help you know what’s going on. BUT I will always have that discussion with you before and let you know what the options are so that we can make these decisions together”
Starting the conversation/ establishing rapport	<ul style="list-style-type: none"> • “Let’s see how we can work this out together...I may not have the skills to give you the help you need, but we can find that help for you together if you would like...” • Use active listening e.g. “Can I just check with you that I have understood that correctly?”
The nature of self-harm	<ul style="list-style-type: none"> • “Where on your body do you typically self-harm?” • “What sort of self-harm are you doing?” • “What are you using to self-harm?” • “Have you ever hurt yourself more than you meant to?” • “What do you do to care for the wounds?” • “Have your wounds ever become infected?” • “Have you ever seen a doctor because you were worried about a wound?”
Reasons for self-harm	• “I wonder if anything specific has happened to make you feel like this or whether there are several things that are going on at the moment...?” E.g. peer relationships; bullying; exam pressure; difficulties at home; romantic relationship breakup; substance misuse; abuse
Coping strategies and support	<ul style="list-style-type: none"> • “Is there anything that you find helpful to distract you when you are feeling like self-harming...? Perhaps listening to music, playing on your phone, texting a friend, spending time with your family...reading, going for a walk...etc.” • “I can see that things feel very difficult for you at the moment...and I am glad that you have felt able to talk to me. Is there anyone else that you have found helpful to talk to before?...Is there anyone else that you think maybe good to talk to? How would you feel about letting them know what’s going on for you at the moment?”

	<ul style="list-style-type: none"> • “How could we make things easier for you at school?” • “What feels like it is causing you the most stress at the moment?” • “What do you think would be most helpful?”
Speaking to parents	“I understand that it feels really hard to think about telling your parents...but I am concerned about your safety and this is important...would it help if we did this together?...Do you have any thoughts about what could make it easier to talk to your parents...”
Ongoing support	“Why don’t we write down what we have agreed as a plan together...then you have a copy that you can look at if you need to remind yourself about anything. Sometimes when you are feeling low or really want to self-harm it is difficult to remember the things that you have put in place-this can help remind you...”

10. Providing Possible Coping Strategies

Replacing self-harm with safer coping strategies can be a helpful way of responding to difficult feelings. The coping strategies appropriate for different children/young people are likely to vary by their age and personal preference. Talking to the child or young person about what coping strategies work for them may be useful (see conversation prompts above). Different strategies may work for different individuals and may require time to become effective (see Appendix 1 and 2)

Some strategies that may be helpful include:	
Calming/Stress Relief/ Distraction	<ul style="list-style-type: none"> • Going for a walk, looking at things and listening to sounds • Create something, e.g. drawing, writing, music, cooking, sculpture, crafts • Going to a public place, away from the house • Keeping a diary or weblog (the child/young person should consider how to protect themselves online) • Stroking or caring for a pet • Watching TV or a movie • Getting in touch with a friend • Listening to soothing music • Having a relaxing bath • Breathing exercises • Plan an activity or trip, e.g. volunteering, cinema, park
Releasing or managing emotions e.g. aggression and anger	<ul style="list-style-type: none"> • Clenching an ice cube in the hand until it melts • Snapping an elastic band against the wrist • Drawing on the skin with a red pen or red paint instead of cutting • Sports or physical exercise, kick a football against a wall, go for a run • Using a punch bag/pillows or other soft object • Listening to or creating loud music • Tearing up newspaper • Repetitive counting or writing
Restlessness	<ul style="list-style-type: none"> • Take some exercise e.g. walking, sports, gardening, bike ride • Sing or shout loudly

11. Working with parents/carers

Open Box Education Centre works closely with parents/carers to ensure that a collaborative approach is used combining in-school and at-home support. Close working relationships between school and parents/carers means that access to mental health services is a collaborative effort, be that in school or external support. Parents/carers and students are offered support in seeking and receiving external support, including from their GP, NHS services, trained professionals working in EWMHS (CAMHS), voluntary organisations and other sources.

12. Staff self-care

Staff may find it difficult or upsetting when discussing issues related to self-harm with children or young people. It is important for staff to look after themselves and seek help and support where necessary. **Staff are welcome to book a session with the school counsellor for support** or are advised to see their GP. Staff should not work beyond their limitations; where staff wish to improve skills, knowledge and confidence with regards to helping children/young people who self-harm, further training is recommended.

Resources and Further Information	
Big White Wall	Commissioned by EWMHS, this service is available to all young people aged 16-18, as well as young people with SEN aged 16-25. The service is available 24/7 <ul style="list-style-type: none">• Big White Wall provides a safe, anonymous online community where young people can talk about what they're going through, and share experiences with people who feel the same as them. There is also a library of articles, tips and courses to help young people understand how they are feeling. Trained counsellors called Wall Guides are online 24/7 to keep the service safe. www.bigwhitewall.com
My Mind – Website and App	Developed by EWMHS, this is a website designed to help young people support their own emotional and mental wellbeing. A MyMind website/app has also been launched. www.nelft.nhs.uk/my-mind
Young Minds	A national charity working towards improving wellbeing and mental health of children and young people www.youngminds.org.uk Young Minds Parent Helpline: 0808 802 5544 (Mon-Fri, 9.30am-4pm)
Harmless	A national voluntary organisation for those who self-harm, their families and professionals www.harmless.org.uk
SelfHarmUK	SelfharmUK is a project dedicated to supporting young people impacted by self-harm. It provides a space to talk, ask any questions and be honest about what's going on in their life www.selfharm.co.uk
The Wish Centre	A charity providing advice and online support for young people to support recovery from self-harm, violence, abuse and neglect www.thewishcentre.org.uk

NSPCC – Self harm	https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/self-harm/
Mentally Healthy Schools – Information and Resources	https://www.mentallyhealthyschools.org.uk/mental-health-needs/self-harm/?searchTerm=self+harm
School Resources (See OBEC SENCO for further information)	<ul style="list-style-type: none"> • Self-harm and Eating Disorders in Schools, Pooky Knightsmith • Self -harm Toolkit

Approved by: (Principal) (date)

Authorised by:..... (Chair of Governors) (date)

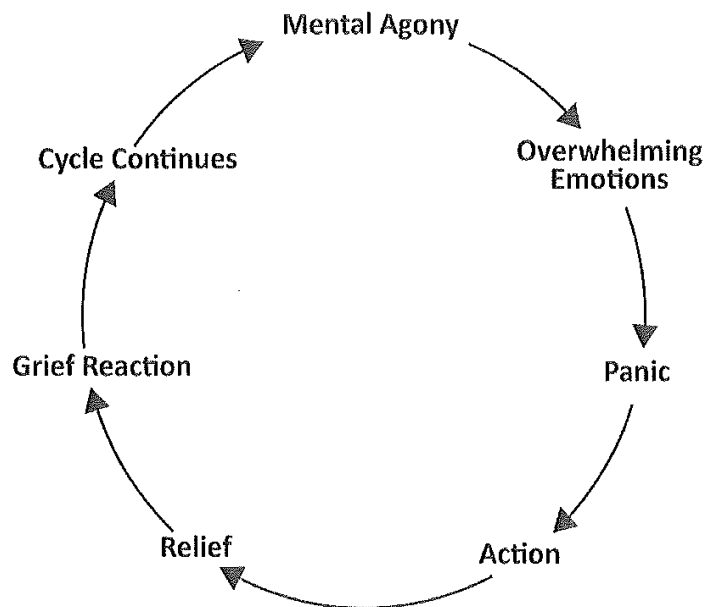
To be reviewed every: 3 Years

Next review date: May 2025

Date of Review	Reviewed by	Ratified by Governors	Date of next review
Oct 2019 – version 1.0	Siobhan Garrett	03-10-19	September 2022
May 2022 – version 1.1	Samantha Hutton	10-05-22	May 2025

Appendix 1

The Cycle of Self-harm



Mental Agony

Memories/images of traumatic events – flashbacks
Intrusive & unacceptable thoughts – shame
Faulty self-beliefs – I’m bad, worthless

Overwhelming emotions

Powerful feelings triggered but get trapped inside
Feelings of desperation, hopelessness, sadness, grief

Panic

Out of control feelings
Urge to quell these feelings

Action

Self-harm

Relief

Great sense of relief from mental agony and powerful emotions
Analgesic effect from release of endorphins (hormone that bind to the neuro-receptors in the brain that produce our own natural pain killers) following injury – some people can feel ‘euphoric
Physical wounds feel acceptable in the escape from tension

Grief reaction

Reality sinks in followed by feelings of shame, guilt and self-disgust

Cycle continues

Leads to build up of original thoughts & feelings and need to self-harm is triggered again

Appendix 2

Ideas for supporting someone who wants to self harm:

Anger and Frustration - Express it physically:

- exercise in a way that feels helpful rather than harmful
- hit cushions
- shout
- dance
- shake
- bite on bunched up material
- tear something up into hundreds of pieces

Sadness and fear

- wrap a blanket round you
- spend time with an animal
- walk in nature
- let yourself cry or sleep
- listen to soothing music
- tell someone how you feel
- massage your hands
- lie in a comfortable position and breathe in deeply – then breathe out slowly, making your out-breath longer than your in-breath. Repeat until you feel more relaxed.

Need to control

- write lists
- tidy up
- have a throw-out
- write a letter saying everything you are feeling and burn it
- weed a garden
- clench then relax all your muscles

Numb and disconnected

- flick elastic bands on wrists
- hold ice cubes
- eat something with a strong taste like chilli or peppermint
- smell something with strong odour
- have a very cold shower

Appendix 3

Self Harm Safety Plan

My Safety Plan

What are the warning signs or triggers that make me feel more out of control?

What have I done in the past that helped? What ways of coping do I have?

What I will do to help calm and soothe myself:

What I will tell myself (as alternatives to the dark thoughts):

What would I say to a close friend who was feeling this way?

What could others do that would help?

Who can I call:

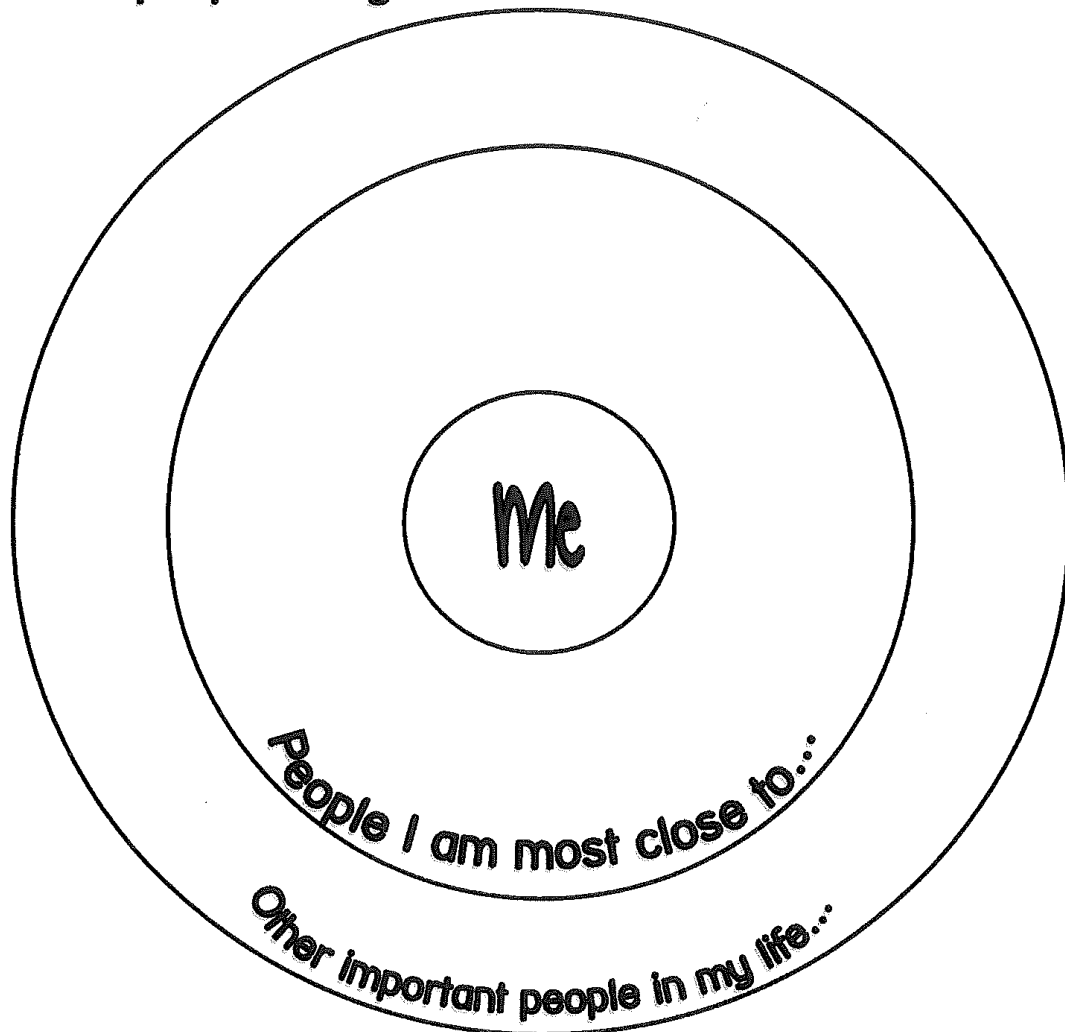
- Friend or relative:
- Health professional:
- Telephone helpline:

A safe place I can go to:

Support Circle

Below write family, friends and other adults you can count on. Knowing who you can rely on, can help you be more resilient in tough times.

Other people in my life...



I know what qualities a good friend has

I've been feeling close to other people

I have safe people to talk to

I know who to ask for help when I have a problem

Appendix 4



Self-harm Incident Report Form

Young person's name:	Time and context of incident:
Date of report:	Number of previous reported incidents:
Age:	Gender:
Year:	Special needs: Y/N
Staff member completing form:	Position:
Incident description:	
Action taken by school personnel:	
Decision made with respect to contacting parents and reasons for decision:	
Advice from EWMHS single point of access? Y/N If yes, please give details	
Recommendations:	
Follow up:	
Signature:	Designation