

Parkstone Grammar School



SELF-HARM POLICY

DATE APPROVED	June 2020
APPROVED BY	Curriculum & Student Matters Committee
NEXT REVIEW	June 2021
TYPE OF POLICY	Statutory



SELF-HARM POLICY

SAFEGUARDING

The school is committed to providing a safe environment in which students can thrive socially, emotionally and academically. Self-harm can affect the real and assumed feeling of safety in school. Recent research indicates that up to one fifth of 14-Year-old girls in the UK engage in self-harming behaviours. This figure can be 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 students, peers and parents of students currently engaging in self-harm.

EQUAL OPPORTUNITIES

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. It applies to all students and staff.

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

Key Staff referred to in the policy

Designated Safeguarding Lead (DSL)
Deputy Designated Safeguarding Leads

Jez Graves, Assistant Headteacher

Jen Dawe

Rachel Fooks

Beckie Lehman

Leadership Group

David Hallsworth, Headteacher

Danni Willis, Deputy Headteacher

Steph Izard, Assistant Headteacher

John Scopes, Assistant Headteacher

DEFINITION OF SELF-HARM

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 Self-Harm, January 2012

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

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 DSL, Deputy DSLs, or a member of Leadership Group.

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
- Any other change in a student's typical/regular behaviour.



STAFF ROLES IN WORKING WITH STUDENTS WHO SELF-HARM

Professionals should adhere to school guidelines regarding information sharing and 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 when they may have to share information without their consent.

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 practitioner should follow the school safeguarding process immediately.

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 one of the designated teachers for safeguarding children – Jez Graves, Jen Dawe, Rachel Fooks or Beckie Lehman.

Once a disclosure around self-harm has been made we will aim to contact the parents within 48 hours to explain what has happened. This will be achieved in conjunction with the child. There are several possible options available which staff members may like to choose;

- The parents are called in the presence of the child to explain what has happened.
- The parents are called whilst the child is not present.
- Parents are called in to a meeting to discuss (either with or without the child present) the situation. It is good practice to arrange this meeting for the same day.
- The child may be given the opportunity to share the information with parents overnight, with an arranged follow up call the following day from a teacher to ensure it has happened. This option may only be used when it is deemed that the child is at no further risk at home.

If there are concerns that telling the parents may have a further negative impact on the child, or it will place them in further danger then the school may decide not to inform parents. **This decision MUST be agreed with the DSL, or if the DSL is the lead teacher, in a discussion with the Headteacher or Deputy Headteacher and the rationale for this must be recorded on My Concern.**

Following the report and informing of parents, the designated teacher will decide on the appropriate course of action.

This may include:

- Arranging professional assistance e.g. doctor, nurse, social services
- Arranging an appointment with a counsellor
- Immediately removing the student 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 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.

See appendices C and D for flow charts to deal with urgent and non-urgent discoveries of self-harm.

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 non-physical aspects of self-harm. Collecting basic information is also important in determining the need for engagement of outside resources.

The additional conversation should aim to elicit the following information;

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

Questions which will help to do this might include;

- How often do you self-harm?
- How do you hurt yourself?
- What type of thing triggers your self-harm?
- How long have you been self-harming?
- Have you ever thought about suicide?

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.

When working with Higher risk students and those for whom Self-Harm becomes regular, including frequent episodes of self-harm in school a bespoke plan will be created to keep students safe and to manage their individual needs. The plan will be discussed with all relevant parties, but is likely to include KS Manager, Head of Year, SENDCo, Pastoral co-ordinator, Parents and the child. This will usually be completed through a Team Around the Child (TAC) meeting and the subsequent plan will be reviewed after a suitable time period, agreed at the TAC meeting.

The Early Help process can also be used as a framework to help practitioners assess children and young people's additional needs for services earlier and more effectively.



RECORDING

It is vital to keep a log of all incidents of self-harm. These should be recorded on MyConcern and sent to the DSL team. As with all safeguarding issues if there is a concern that a child is in imminent danger do not hesitate in contacting the DSL, Deputy DSLs or a member of the Leadership Group.

ENGAGING FAMILIES

In addition to contacting the family to discuss the self-harm as discussed above there are several other steps which the school might take in supporting the family.

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? Schools must encourage parents and students to see and use school 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.

Any meetings with a student, their parents or their peers regarding self-harm should be recorded [in](#) on MyConcern. The meeting should be recorded as part of the concern which recorded the initial self-harm.

Following the meeting with parents and email should be sent to them summarising the key points of discussion and outlining the actions which will be taken in school. This email should be recorded on MyConcern.



WHOLE SCHOOL EDUCATION AND AWARENESS RAISING

- **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 Well Being education which incorporates aspects of children and young people’s emotional wellbeing and mental health. The Well Being curriculum is designed to cover these aspects and will be adapted and reviewed to ensure students are specifically supported with aspects of Self Harm and what to do if they discover self-harm in friends.

- **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 wellbeing 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.

WHAT MUST EVERYONE DO TO UPHOLD THE POLICY?

Governors

- Ensure that self-harm is given a high priority in the school and is included in the strategic improvement plan if necessary.
- Governors should agree and approve the Self-Harm Policy.
- Governors should monitor and evaluate the incidences of self-harm and the school’s work to ensure the safety and well-being of students.

Headteacher / LG

- Formulate the draft Self-Harm Policy
- Ensure a leadership structure is in place to promote student safeguarding and well-being
- Be vigilant in cases of self-harm inside and outside school
- Report to governors

Staff

- Staff should follow the agreed procedure when self-harm is discovered and respond to students as outlined in the policy.



Parents

- Parents should communicate with the school and work with the school to support their daughter if she self-harms

WHO SHOULD PEOPLE CONTACT IF THEY HAVE A SUGGESTION FOR IMPROVEMENT OR QUESTION ABOUT THIS POLICY?

The Assistant Head responsible for safeguarding or the governor with responsibility for safeguarding.

LINKED POLICIES

- Safeguarding and Child-Protection
- Administration of medicines
- Behaviour
- Anti-bullying
- Curriculum policy
- Equality Act
- Internet safety policies
- Sex education

**APPENDIX A****INFORMATION SHEET FOR
YOUNG PEOPLE ON SELF-HARM**

(From the “Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm” published January 2012)

What is self-harm?

Self-harm is where someone does something to deliberately hurt him or herself. This may include: cutting parts of their body, burning, hitting or taking an overdose.

How many young people self-harm?

A recent large study in the UK found that about 7% (i.e. 7 people out of every 100) of 15-16 year olds had self-harmed in the last year.

Why do young people self-harm?

Self-harm is often a way of trying to cope with painful and confusing feelings. Difficult things that people who self-harm talk about include:

- Feeling sad or feeling worried
- Not feeling very good or confident about themselves
- Being hurt by others: physically, sexually or emotionally
- Feeling under a lot of pressure at school or at home
- Losing someone close; this could include someone dying or leaving

When difficult or stressful things happen in someone’s life, it can trigger self-harm. Upsetting events that might lead to self-harm include:

- Arguments with family or friends
- Break-up of a relationship
- Failing (or thinking you are going to fail) exams
- Being bullied

Often these things build up until the young person feels they cannot cope anymore. Self-harm can be a way of trying to deal with or escaping from these difficult feelings. It can also be a way of showing other people that something is wrong in their lives.

How can you cope with self-harm?

Replacing the self-harm with other safer coping strategies can be a positive and more helpful way of dealing with difficult things in your life. Helpful strategies can include:

- Finding someone to talk to about your feelings (this could be a friend or family member)
- Talking to someone on the phone (you might want to ring a help line)
- Sometimes it can be hard to talk about feelings; writing and drawing about your feelings may help.
- Scribbling on and/or ripping up paper
- Listening to music
- Going for a walk, run or other kinds of exercise
- Getting out of the house and going somewhere where there are other people
- Keeping a diary
- Having a bath/using relaxing oils e.g. lavender
- Hitting a pillow or other soft object
- Watching a favourite film



Getting help

In the longer term it is important that the young person can learn to understand and deal with the causes of the stress that they feel. The support of someone who understands and will listen to you can be very helpful in facing difficult feelings.

- At home - parents, brother/sister or another trusted family member
- In school- school counsellor, school nurse, teacher, teaching assistant or other member of staff
- GP- you can talk to your GP about your difficulties and he/she can make a referral for counselling

Useful help lines and websites include:

- Young Minds Tel: 0808 802 5544 www.youngminds.org.uk
- Papyrus HOPELineUK Tel: 0800 068 414 www.papyrus-uk.org
- The Samaritans Tel: 08457 90 90 90 jo@samaritans.org.uk
- MIND Info line Tel: 0845 766 0163
- Youth Access Tel: 0208 772 990
- National Self Harm Network PO Box 16190 London NW1 3WW www.nshn.co.uk

My friend has a problem - How can I help?

- You can really help by just being there, listening and giving support.
- Be open and honest. If you are worried about your friend's safety, you should tell an adult. Let your friend know that you are going to do this and you are doing it because you care about him/her.
- Encourage your friend to get help. You can go with them or tell someone they want to know.
- Get information from telephone help lines, website, library etc. This can help you understand what your friend is experiencing.
- Your friendship may be changed by the problem. You may feel bad that you can't help your friend enough or guilty if you have had to tell other people. These feelings are common and don't mean that you have done something wrong/not done enough.
- Your friend may get angry with you or say you don't understand. It is important to try not to take this personally. Often when people are feeling bad about themselves they get angry with the people they are closest to.
- It can be difficult to look after someone who is having difficulties. It is important for you to find an adult to talk to, who can support you. You may not always be able to be there for your friend and that's OK.

**APPENDIX B**

Advice for Parents from the Young Minds Website

How can I help my child?

Self-harm, or self-injury, describes a wide range of things people deliberately do to themselves that appear to cause some kind of physical hurt. It can still be very hard for parents and carers to know about - or witness - self-harming behaviour in their children.

Cutting the arms or the back of the legs is the most common form of self-harm, but it can take many forms, including burning, biting, hitting oneself, banging head onto walls, pulling out hair (trichotillomania), inserting objects into the body or taking overdoses.

Some argue that risky behaviours such as smoking, drinking, taking drugs and having unprotected sex are also a form of self-harming.

Reasons for self-harm

A person may self-harm to help them cope with negative feelings and difficult experiences, to feel more in control, or to punish themselves. It can be a way of relieving overwhelming feelings that build up inside, to:

- reduce tension
- manage extreme emotional upset
- provide a feeling of physical pain to distract from emotional pain
- express emotions such as hurt, anger or frustration
- regain control over feelings or problems
- punish themselves or others

The feelings or experiences that might be connected to self-harm include anxiety, depression, low self-esteem, poor body image, gender identity, sexuality, abuse, school problems, bullying, social media pressure, family or friendship troubles and bereavement.

Over time, self-harming can become a habit that is hard to stop.

Is my child self-harming?

As a parent, you might suspect that your child is self-harming. If you are worried, keep an eye open for the following signs:

- unexplained cuts, burns, bite-marks, bruises or bald patches
- keeping themselves covered; avoiding swimming or changing clothes around others
- bloody tissues in waste bins
- being withdrawn or isolated from friends and family
- low mood, lack of interest in life, depression or outbursts of anger
- blaming themselves for problems or expressing feelings of failure, uselessness, or hopelessness



It can be difficult to know what to do or how to react if you find out your child is self-harming. Here are some things that can really help:

1. Avoid asking your child lots of questions all at once.
2. Keep an eye on your child but avoid 'policing' them because this can increase their risk of self-harming.
3. Consider whether your child is self-harming in areas that can't be seen.
4. Remember the self-harm is a coping mechanism. It is a symptom of an underlying problem.
5. Keep open communication between you and your child and remember they may feel ashamed of their self-harm and find it very difficult to talk about. Here are some ways you could start the conversation.
6. Talk to your child but try not to get into a hostile confrontation.
7. Keep firm boundaries and don't be afraid of disciplining your child. It is helpful to keep a sense of normality and this will help your child feel secure and emotionally stable.
8. If you feel confident, you can ask the whether removing whatever they are using to self-harm is likely to cause them use something less sanitary to self-harm with, or whether it reduces temptation. This can be a difficult question to ask and if you are not confident to ask this seek professional advice.
9. Seek professional help. Your child may need a risk assessment from a qualified mental health professional. Talk to your GP and explore whether your child can be referred to your local Child and Adolescent Mental Health Services (CAMHS).
10. Discovering and responding to self-harm can be a traumatic experience – it's crucial that you seek support for yourself. It's natural to feel guilt, shame, anger, sadness, frustration and despair – but it's not your fault.

What can you do to help?

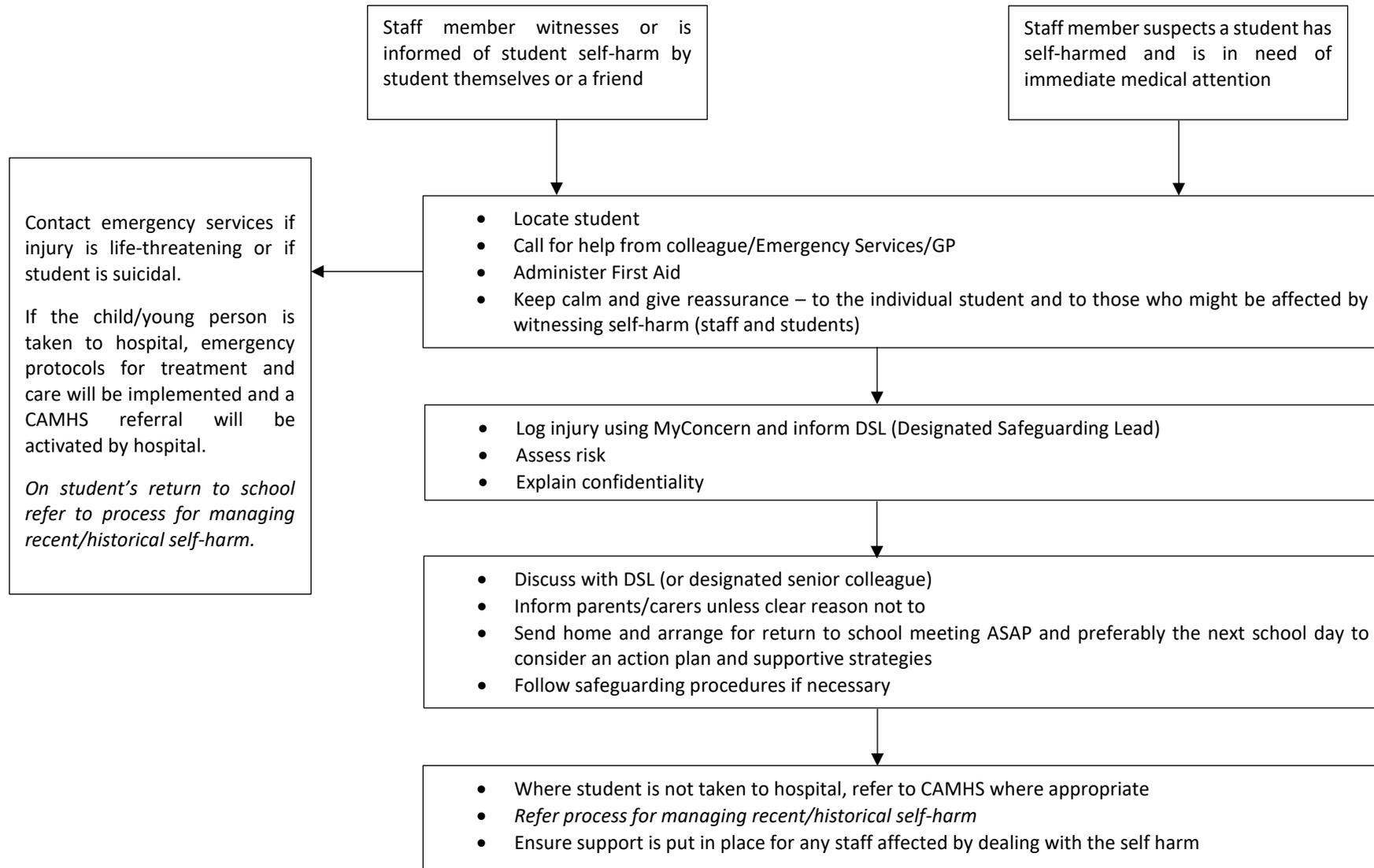
Some people you can contact for help, advice and support are:

- Your family doctor
- School Health Nurse/Health Visitor
- Young Minds Parents Information Service Tel: 0808 802 5544
- Papyrus HOPElineUK Tel: 0800 0684141
- The Samaritans Tel: 08457 90 90 90
- MIND Information line Tel: 0845 766 0163
- Youth Access Tel: 0208 772 9900



PROCESS FOR MANAGING SELF-HARM IN SCHOOL IN A CRISIS SITUATION

APPENDIX C





APPENDIX D

PROCESS FOR MANAGING SELF-HARM IN SCHOOL (NOT IN NEED OF URGENT MEDICAL TREATMENT)

