includEd Learning

Independent Specialist Education Provider

SELF-HARM RESPONSE POLICY

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➔ 1. Introduction and Aims of Policy

Recent research indicates that around 10% of young people self-harm at some point, and that this figure is higher amongst specific populations. School staff can play an important role in preventing self-harm and in supporting students, peers and parents currently engaging in self-harm.

This document describes the school's approach to self-harm. This policy is intended as guidance and support for all staff including non-teaching staff ensuring a consistent and caring response.

Aims

- To increase understanding and awareness of self-harm.
- To alert staff to warning signs and risk factors.
- To provide guidance to staff dealing with students who self-harm.
- To promote a team based response to incidents of self-harm.
- To establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to.

Definition of Self-Harm

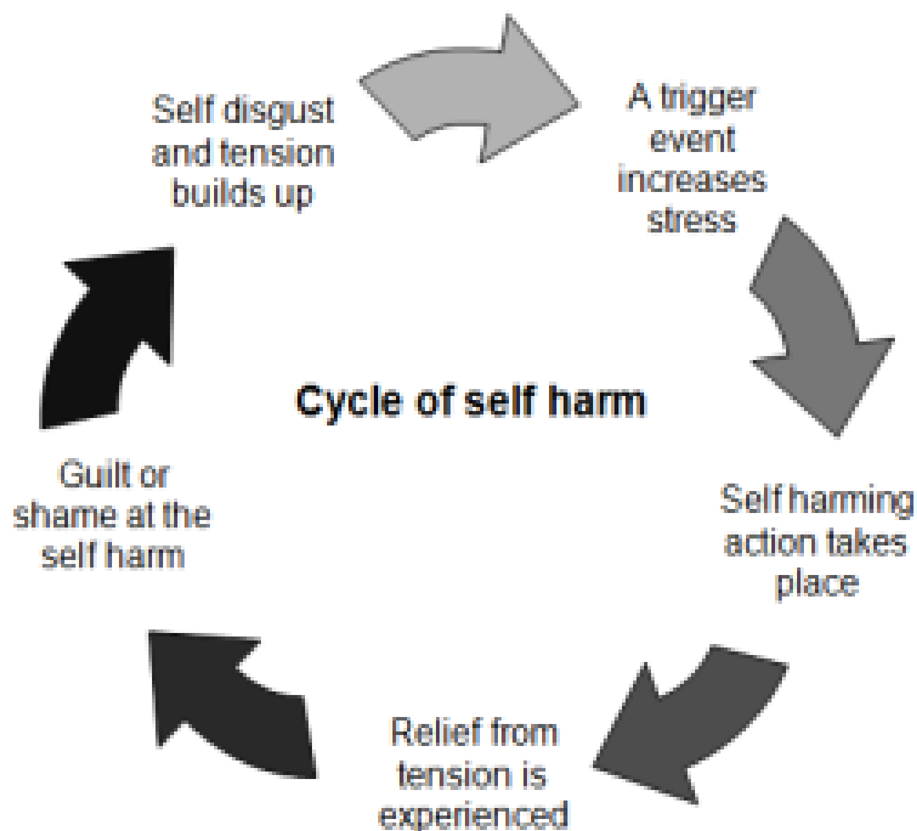
Deliberate self-harm is a term used when someone injures or harms themselves on purpose…common examples include overdosing, hitting, cutting, burning oneself, pulling out hair, picking skin'.

Royal College of Psychiatrists (Mental Health and Growing up Factsheet) 2004

➔ 2. Understanding Self-Harm

Self-Harm is a way of expressing very deep distress. Often, people don't know why they self-harm. It is a means of communicating which cannot easily be put into words or even into thoughts and has been described as an inner scream. Afterwards, people feel better able to cope with life again, for a while. People who self-harm often conceal what they are doing rather than draw attention to it because they may feel ashamed, afraid, or worried about other people's reactions. Sometimes people exhibit their injuries. In all cases these are signs of distress to be met with concerned compassion.

Self-harm is a coping mechanism. It is not appropriate to dictate that this behaviour should stop. This pressure may trigger further tension and be more than the person can manage, leading potentially to an increase in self-harming behaviour.



➔ 3. Risk Factors That Lead to Self-Harm

The following are examples of risk factors, particularly in combination, which may make a young person especially vulnerable to self-harm (see Appendix A: Self-Harm Risk and Vulnerability Index):

- Depression/Anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse
- Bullying
- Academic pressure: under or over achieving
- Family difficulties: divorce, domestic violence, parental illness, poverty
- Abuse: physical, emotional, sexual, neglect
- Bereavement
- Peer group pressure – copycat self-harm
- Mental illness
- Factors to do with sexuality

➔ 4. Identifying Self-Harm

There are several ways in which a staff member might discover that a student is self-harming. A staff member may witness or be informed of student self-harm by the student themselves or a friend. A staff member may suspect a student has self-harmed which may be in need of immediate medical attention, or may be recent or historical. Signs and symptoms are sometimes absent or easy to miss.

It is not uncommon for individuals who self-harm to offer stories which seem implausible or which may explain one, but not all, physical signs. If a student says they are not self-harming or evades the question, you can keep the door open by reminding them that you are always available to talk about anything, should they so wish. Try to stay connected to the student and look for other opportunities to ask, particularly if there are continuing signs that your suspicion is correct.

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

Warning signs

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may trigger self-harming behaviour. Possible warning signs include:

- Changes in eating/sleeping habits (e.g. students 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.
- Changes in clothing to cover parts of the body.
- Talking or joking about self-harm or suicide.
- Abusing drugs or alcohol.
- Expressing feelings of failure, uselessness or loss of hope.
- Out of character changes.

➔ 5. Staff Roles in 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. 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 to 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.

An empathic, calm response is called for. This reduces anxiety and promotes a context of care and support.

If the young person involved has an injury that requires medical treatment, this should be the first response offered; medical room or first aider.

In the case of an acutely distressed student involved in self-harming, the immediate well-being of the student is paramount and the student should be taken to the DSL, or if not available, another Safeguarder.

Students need to be made aware that it may not be possible for staff to offer complete confidentiality. If a member of staff considers a student is at serious risk of harming themselves then confidentiality cannot be kept. It is important not to make misleading promises of confidentiality even if a student puts pressure on.

Any member of staff who is aware of a student engaging in, or suspected to be at risk of engaging in self harm, should inform a Safeguarder as soon as possible and not leave it until the end of the day. Several staff are trained to listen and respond to students who self-harm. Ideally the student will be able to identify a staff member whom they feel comfortable enough with.

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.

SLT 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.

Safeguarders:

New Role: The Self-Harm Response Policy introduces the new role of Safeguarder. This is a member of staff who has undergone training to respond appropriately to students who are self-harming.

Role Title: The title 'Safeguarder' was given careful consideration. Safeguarding is associated with protection and care.

Staff: Staff who have undergone the training include senior staff members, teachers, teaching assistants and non-teaching staff. It is highly likely that an appropriate Safeguarder will be available.

Staff List: A list of Safeguarders/DSL's can be found on the notice board in the foyer. (Appendix C)

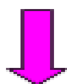
Role and Responsibilities:

- Maintain familiarity with the Self-Harm for Safeguarders training.
- Work within limits of competence.
- Record meetings and outcome using the standard Child Protection procedure.
- Foster a working knowledge of the Procedure for Safeguarders (Appendix A) and Self-harm risk and Vulnerability index (Appendix B).
- Know who to contact should you need to pass on a concern (Appendix C).

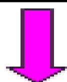
REVIEWED: Senior Leadership Team
DATE: AUTUMN 2023
NEXT REVIEW DATE: AUTUMN 2024

➔ Appendix A - Procedures for Safeguarder

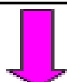
Information received from or about
a student who is self-harming



- Meet with student in a quiet, private area
- Explain confidentiality; don't offer misleading promises about confidentiality
- Listen with kindness
- Reassure as appropriate
- Don't ask the student to promise to stop the self-harming behaviour
- Record the meeting and action decided using the Safeguarding system



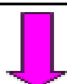
Consider risk and vulnerability factors



Low Risk and Low Vulnerability

Agree with the student an appropriate way forward such as:

- A follow-up meeting with Safeguarder
- Pastoral management intervention
- Employ self-harm information leaflet when appropriate (Appendix C)
- Offer of counselling referral
- Record meeting using the Safeguarding system
- Inform parents/carers unless clear reason not to, ideally with students consent. In some low risk instances students may be given 24hrs to have conversations with parents themselves.



Moderate risk/High risk and vulnerability

- Help from Nurse, First Aider, Emergency services (administer first aid)
- Consult with Pastoral Manager, or member of wider safeguarding team or SLT
- Inform parents/carers unless clear reason not to, ideally with student's consent
- Record meeting using the Safeguarding system and follow safeguarding procedures where necessary

➔ Appendix B - Self-Harm and Vulnerability Index

	LOW	MODERATE	HIGH
Severity and Risk	➔ Surface scratching ➔ Infrequent verbal reference to death and dying or self-harm “Joking” ➔ Copycat behaviour ➔ Mood changes ➔ CYP directs anger at self-writing, drawing and language consistently expresses high levels of anger/sadness/fear	➔ More serious incidents of self-harm, not requiring medical attention (e.g.: cigarette burn, cutting, bruising) ➔ Over interest and identification with death/dying – including internet, music etc. ➔ Increase in drug or alcohol misuse ➔ Withdrawal from normal /habitual social contact ➔ Unpredictable behaviour ➔ Pulling hair out (bald patches) ➔ Evidence of bulimic tendencies or other eating disorders ➔ Concealing of weight loss ➔ Parent/carer concern regarding mood, isolation etc. ➔ Extreme anxiety	➔ Self-harm requiring medical attention ➔ Increased frequency /severity of self harm incidents ➔ Suicidal ideation – could be identified by: - Parental knowledge - Family and Friends reports - School incidents - Use of specific social networks (Internet) ➔ Significant harm resulting from eating disorder. Eg: fainting, collapse, refusing to eat, medical condition
Vulnerability	➔ Low self esteem Short term behaviour disturbance ➔ Mild over activity/inattention ➔ Wetting/soiling ➔ Subject of ridicule and teasing by peers ➔ CYP cannot sustain friendships ➔ Family experiencing divorce /separation ➔ Short term crisis in family ➔ Young carer with support ➔ Teenage parent with support ➔ Parent/carer with mental health issues	➔ CYP living in split homes (2 or more) ➔ CYP living across LA/PCT boundaries ➔ CYP living in habitually moving families ➔ Death of parent or significant family member ➔ Homelessness ➔ History of not keeping appointments ➔ CYP has a disability ➔ Young carer without support Teenage parent without support ➔ Excluded from school or non-attendance ➔ Black or minority ethnic (BME) groups ➔ Subject to bullying ➔ Domestic violence in the home ➔ Attention Deficit/Autistic Spectrum (ADHD/ASD) ➔ Low levels of social support ➔ Break up of CYP’s relationship /peer relationship	➔ Previous suicide attempts ➔ Looked after child (LAC) ➔ Learning disability (LDD) ➔ Subject to child protection plan ➔ Chronic neglect ➔ Life limiting illness/in receipt of palliative care ➔ In detention or recently discharged ➔ Asylum seeking CYP ➔ Young offenders ➔ Parent/carer with medical health/substance misuse problems ➔ Subject of systematic bullying (including cyber bullying) ➔ Violent or criminal behaviour towards others ➔ Victim of crime/abuse ➔ Witness to/involved in suicide of another

➔ Appendix C - Safeguarders Contact List

In the first instance contact a Safeguarder

Noreen Khan	Head of Centre/DSL
Paul Dearden	Deputy Head/DDSL/First Aider/Mental Health First Aider
Adeel Kean	Assistant Head/DDSL/Mental Health First Aid/First Aider
Emily Hales	First Aider
Amer Karim	Safeguarder
Archie Talbot	Safeguarder
Ann Hardy	Safeguarder
Shantelle Brown	Safeguarder

If emergency medical attention is needed call 999