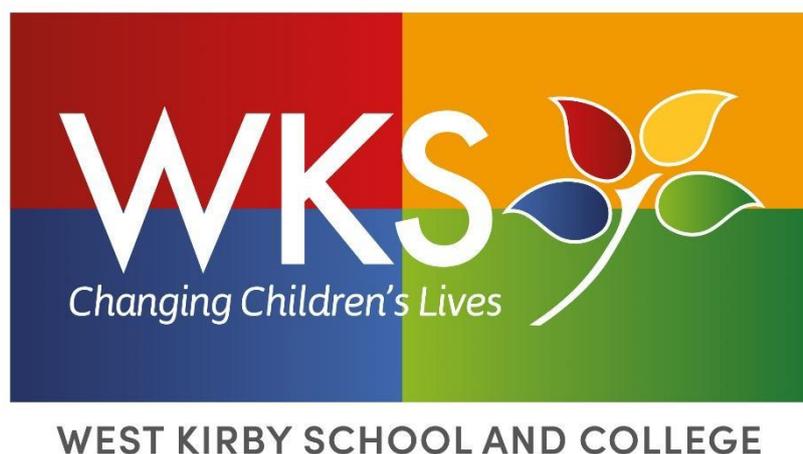


West Kirby School and College



Self-Harm Policy

Author: Medical/P Smith

Date : September 2020

Guidance for school responding to incidents of self-harm

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1. Introduction

The main aim of this guidance is to provide support for staff working in school supporting children and young people who are either self-harming or at risk of self-harm or suicide. This will ensure a consistent, caring and appropriate response.

The guidance will ensure that staff know whom they should inform, which agency should be contacted and what steps need to be initiated if deliberate self-harm is witnessed or suspected.

This will ensure a coordinated response which includes provision of adequate support for the student, other students who have witnessed or know about the self-harm, and members of staff who may be experiencing significant shock or distress following a student's disclosure or the discovery of self-harm.

The guidance outlines model processes for managing self-harm in schools, in a crisis situation and where a student is not in immediate need of medical attention or on return to school following a crisis situation.

The guidance outlines best practice and identifies tools, techniques and practical ideas.

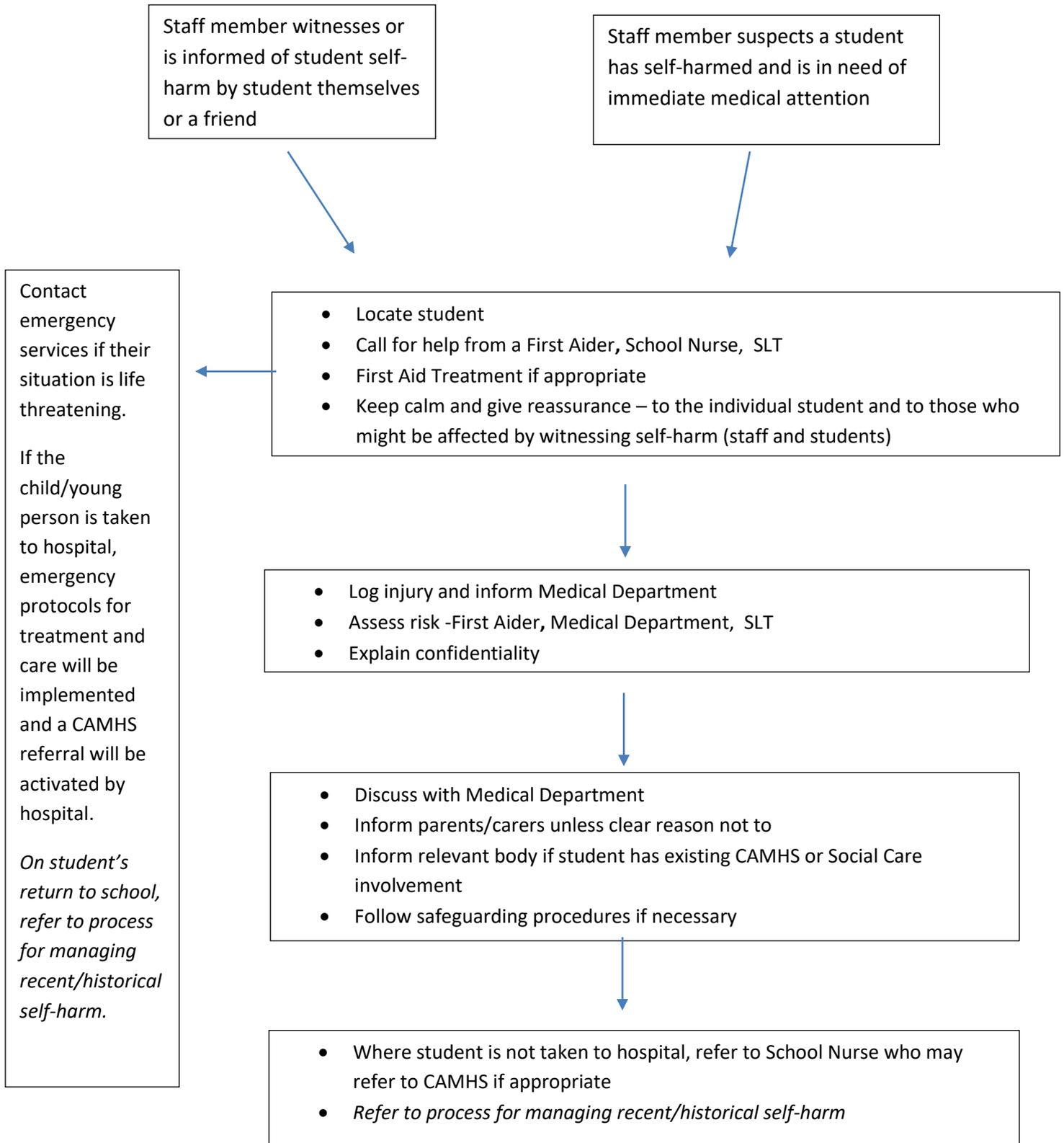
The following principles underpin this policy:

- 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.

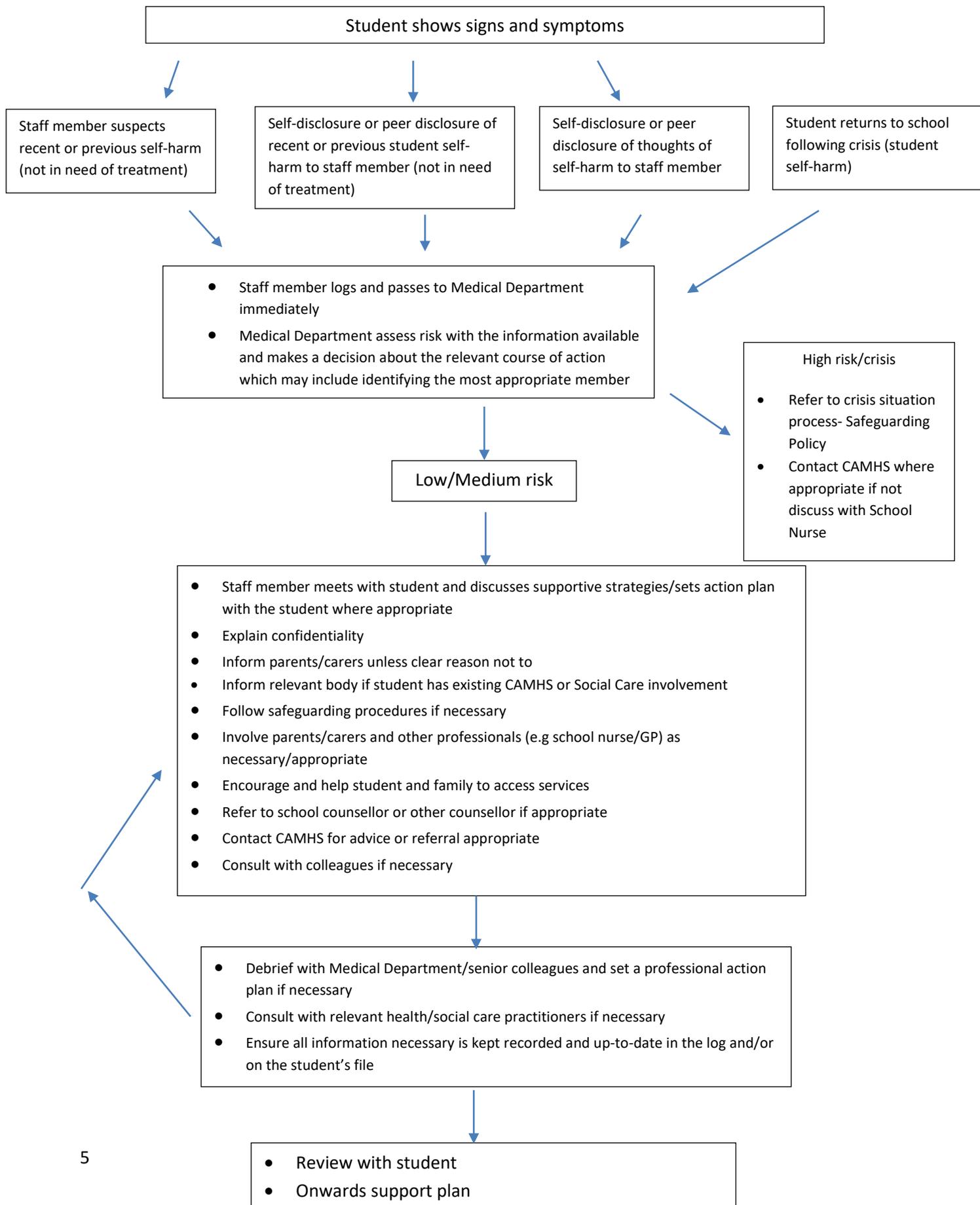
The child or young person will be supported to access service(s) which will assist the child or young person with opportunities and strategies for hope and recovery from the effects of self-harming and the risk of future harm minimised.

2. Flow charts

Model process for managing self-harm in schools in a crisis situation



Model process for managing self-harm in schools (not in need of urgent medical treatment & return to school)



3. Definition of Self Harm.

The definition of self-harm, adopted by these guidelines, is intentional self-poisoning or injury, irrespective of the apparent purpose of the act. Self-harm includes poisoning, asphyxiation, cutting, burning and other self-inflicted injuries (NICE).

Self-harm is any behaviour where the intent is to 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.

Self-harm is usually conducted at times of anger, fear, distress, emotional worry, low mood or low self-esteem in order to manage negative feelings.

The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

Individual Factors:

- Depression/anxiety.
- Eating disorders.
- Poor communication skills.
- Low self-esteem.
- Poor problem solving skills.
- Impulsive behaviour.
- Drug or alcohol abuse.
- Unreasonable or unsustainable expectations of self or parent.

Family Factors:

- Neglect or physical, sexual or emotional abuse.
- Poor relationship with parents.
- Depression, self-harm or suicide in the family.
- Being a current or previous child in care.
- Being a young carer.

Social Factors:

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

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. A student might self-disclose self-harm, recent or previous, or a friend may disclose information. A student may disclose thoughts of self-harm or a friend may disclose this. It is important to ascertain their intent- this will be done sensitively by the Medical Department or other trusted adult.

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. Warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the Designated Safeguarding Lead, Medical Department or Manager. A **Cause for Concern** form must always be filled in and usual safeguarding protocols followed.

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 or skipping PE.
- 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, becoming socially withdrawn.
- Lowering of academic achievement.
- Physical signs of harm that are repeated or appear non-accidental.
- Talking or joking about self-harm or suicide.
- Expressing feelings of failure, uselessness or loss of hope.
- Secretive behaviour.
- Lateness to or absence from school.

5. Confidentiality

Staff should adhere to WKS 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.

Staff should tell a child/young person why they have to share information without their consent.

Information given to staff 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 staff 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, staff should follow the school's safeguarding process immediately.

6. 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 non-physical 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 use
- triggers
- 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.

7. Logging incidents

It is vital to keep a log of all incidents of self-harm. All self-harm incidents should be logged via Accident Forms and where appropriate a Cause for Concern to be reviewed by the Safeguarding Team.

8. Supporting the child or young person

“Supporting someone who self-harms can be very difficult and challenging. It can create many feelings, including fear, anger, frustration, helplessness and sadness.

It is very important that people supporting the young person are in turn supported (e.g. by friends, colleagues and managers) to help them to deal with their feelings.

The most important thing is to take the concerns of the young person seriously no matter how petty or frivolous they may appear.”

Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm, January 2012.

An information sheet for young people who self-harm is included on the next page along with a list of useful websites and phone numbers on the following page.

Information sheet for young people on self-harm

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 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.

For young people with Autism, it can also be a manifestation of:

- Frustration.
- Inability to communicate need.
- Sensory stimulation.
- Inability to emotionally regulate.
- Control.

Our awareness of these aspects should remain vigilant at all times.

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
- Via the websites and helplines listed below.

9.1. Websites and phone numbers where you can find help and support (A-Z)

CALM (Campaign Against Living Miserably)

Tel: Helpline for 15 –24 year old males

0800 58 58 58

7 days a week 5pm –midnight

Website: www.thecalmzone.net

Childline 24 hr helpline

0800 1111

Health and Wellbeing/Mental Health

Website: www.themix.org.uk

MIND Info line 9:00-6:00 Monday to Friday (not Bank Holidays) 0300 123 3393

National Self-Harm Network (forum supporting individuals who self harm)

Website: www.nshn.co.uk

Papyrus (support young people and those who live with them)

HOPELinkUK 10:00-10:00pm weekdays, 2:00-10:00 weekends and 2:00-5:00 Bank Holidays

0800 068 4141

Website: www.papyrus-uk.org E-mail: pat@papyrus-uk.org

Samaritans 24 hour helpline

116 123

Website: www.samaritans.org E-mail: jo@samaritans.org.uk

Young MINDS

Website: www.youngminds.org.uk

Young MINDS Parents Information Service 0808 802 5544

Youth Access

0208 772 9900

Website: www.youthaccess.org.uk/ E-mail: admin@youthaccess.org.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.

10. Engaging families

Where appropriate, the student should be encouraged to call his or her parents to talk about what has happened. The DSL/Deputy DSL or Medical Staff should also talk to the parent/carer. In the event that a student is reluctant to contact his or her parents, school 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. However, if staff believe there is a potential risk to the child, they should follow safeguarding procedures immediately.

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.

WEST KIRBY SCHOOL AND COLLEGE

SELF HARM POLICY

Policy written by: Medical/P Smith

Date : September 2020

Approved by: **S Thomas** **Principal**

Signed : Date :

And

Signed : Date :

On behalf of the Governors

To be reviewed: September 2021