

Self-Harm Policy

Review Date	Reviewer	Adopted	Implementation
	L Powell	29 October 2018	30 October 2018
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SELF-HARM POLICY AND PROCEDURES

The Trustees of the North East Learning Trust (NELT)) recognise the importance of safeguarding children and play a full and active part in protecting them from harm.

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In developing the Self-Harm Policy and Procedures due consideration has been given to the Trust's Child Protection and Safeguarding Children Policy and guidance from outside agencies including the relevant Local Authority. It is our stated aim through the mission statement, that our schools provide a caring, positive, safe and stimulating environment which promotes the social, physical, emotional and moral development of each pupil.

1. Introduction

Research indicates that up to one in ten young people in the UK engage in self-harming behaviour (Samaritans) and the ratio is 3:1 girls to boys. The Mental Health Foundation/ Camelot Foundation (2006) suggest that there are "probably two young people in every secondary classroom who have self-harmed at some time". (The Truth about Self-harm, London MHF/CF).

Self-harm is an emotive and challenging issue for all concerned. Self-harm can affect people from all family backgrounds, religions and cultures. School staff can play an important role in preventing self-harm and also in supporting pupils who are engaging in self-harm behaviours, their peers and parents. Self-harm can be a short-term behaviour that is triggered by particular stresses and resolves fairly quickly, or it may be part of a long-term pattern of behaviours that are associated with more serious emotional/mental health issues. School staff should be aware that where there are multiple underlying risk factors the likelihood of further self-harm is greater.

This document explains the trust's approach to self-harm. The policy and procedures are intended as guidance for the whole school community.

2. Linked Documents

- Child Protection and Safeguarding Policy.
- First Aid Policy and Procedures.
- Health and Safety Policy and Accident Reporting Procedures.
- Supporting Pupils at School with Medical Conditions: Policy and Procedures.
- PHSE Curriculum

3. Aims of the Policy

- To increase understanding and awareness of self-harm throughout the school community.
- To ensure the whole school community is aware of the policy and procedures.
- To look at ways of preventing self-harm from spreading within the school. (Contagion effect)

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- To alert staff to warning signs and risk factors relating to self-harm.
- To signpost and make explicit, support for pupils who self-harm, their peers and parents.
- To signpost and make explicit, support for staff dealing with pupils who self-harm.

4. Definition of Self-Harm

Self-harm is any deliberate behaviour where the intent is to deliberately cause harm to one's own body. People self-harm to cope with emotional distress or to communicate that they are distressed. There are multiple factors that can motivate someone to self-harm for example; intolerable emotional pain, a desire to escape an unbearable situation, to reduce tension, to express hostility.

5. Risk Factors

Children and young people often cannot explain why they self-harm. However, the following risk factors, particularly in combination, may make children and young people vulnerable to self-harm:

- Family relationship difficulties (the most common trigger for children and younger adolescents)
- Difficulties with peer relationships, e.g. break-up of relationship (the most common trigger for older adolescents)
- Cyber-bullying and/or bullying
- Significant trauma e.g. bereavement, abuse
- Self-harm behaviour in other students (contagion effect)
- Self-harm portrayed or reported in the media
- Difficult times of the year, e.g. anniversaries
- Trouble in school or with the police
- Feeling under pressure from families, school or peers to conform/achieve
- Exam pressure
- Times of change, e.g. parental separation/ divorce.

5.1 Individual factors:

- Depression/anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse.

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5.2 Family factors:

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

5.3 Social Factors:

- Difficulty in making relationships/loneliness
- Persistent bullying or peer rejection
- Easy availability of drugs, medication or other methods of self-harm.

6. Warning Signs

School staff are often in the best position to witness the warning signs which may indicate a pupil is experiencing difficulties that could lead to thoughts of self-harm. If staff are able to identify the warning signs, they can also play a key part in helping the pupil to begin the process of breaking the cycle of self-harm.

Possible warning signs include:

- Increased isolation from friends or family, becoming socially withdrawn.
- Lowering of academic achievement.
- Significant changes in appearance, wearing different clothing, changing image.
- Accessing information on-line relating to self-harm including forums and YouTube.
- Reluctance to take part in activities when arms/legs would be visible. This can include PE lessons or not removing clothing in hot conditions.
- Changes in eating/sleeping habits (e.g. young person may appear overtly tired if not sleeping well).
- Changes in activity and mood e.g. more aggressive or introverted than usual.
- Talking or joking about self-harm.
- Abusing drugs or alcohol.
- Expressing feelings of failure, uselessness or loss of hope.
- Displaying evidence of self-harm e.g. cuts to forearms or head banging.

7. The Cycle of Self-Harm

If a person inflicts pain on themselves, their body produces endorphins. These are natural pain relievers and can give temporary relief from distress and induce a feeling

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of peace. This can become an addictive sensation which in turn makes it difficult for the person to stop the self-harm behaviours.

Self-harming can cause physical pain, but the person may report that this is easier to manage than the emotional pain which led to the self-harm in the first instance. The cycle also results in the person feeling a sense of shame or guilt.

Within the school setting staff, the DSL working together with Crisis CAMHS and First Contact can encourage a pupil who is self - harming to replace the self-harm behaviours with safer/coping activities (Appendix 2)

8. Management of the Contagion Effect

Staff who have been made aware that a pupil is self-harming must remain vigilant in case their peers are also self-harming. Self-harm can become an acceptable way of dealing with stress and anxiety within a friendship group and can enable pupils to have a sense of identity.

Each individual pupil may have different reasons for self-harming and should be given the opportunity for one to one support. It is not appropriate for the school to offer regular group support. However, in discussion with other professionals e.g. School Health Nurse and where relevant parents, the DSL may feel that open discussions with the friendship/peer group about self-harm may be helpful in some instances. Also, the consent of the young person should always be considered in this process.

9. Staff Roles and Responsibilities when Working with Pupils who Self-Harm

Pupils may choose to confide in a member of school staff if they are concerned about their own health and wellbeing, or that of a peer.

If a pupil approaches a member of staff, they should listen to them in a non-judgemental way.

Maintain a supportive and open attitude, a pupil who has chosen to discuss their concerns with a member of staff is showing a considerable amount of courage and trust.

For further advice on how to speak with a young person who has disclosed that they or a friend are self-harming please refer to Appendix 1, Do's and Don'ts.

The pupil needs to be made aware that it will not be possible for the member of staff to offer complete confidentiality. The information will need to be shared on a need to know basis. Staff may be concerned that this will prevent the pupil from continuing

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to share their concerns, but it is vitally important for them to know what will happen to any information they do share.

With regards to any incidents of self-harm one of the initial judgements made by the member of staff who the pupil has approached must be whether the pupil requires first aid treatment. If this is the case the member of staff must take the pupil to the first aider and ensure that the Designated Safeguarding Lead is informed as a matter of urgency.

If first aid is not required, the member of staff who is aware of a pupil engaging in or suspected to be at risk of engaging in self-harm must inform the Designated Safeguarding Lead. This should be as a matter of urgency and importantly before the pupil leaves the school site. If the DSL is not onsite, the Deputy DSL should be informed. If neither are on site, the Executive Headteacher or Head of School should be informed.

School staff may experience a range of feelings in response to a pupil who is self-harming such as sadness, shock, disbelief, guilt, helplessness, disgust, anger and rejection. The member of staff will be supported and if appropriate given time to compose themselves before returning to their normal duties.

10. Management of First Aid

If the young person requires first aid they must be seen immediately, support should be requested from a First Aider. They will assess any injuries and provide appropriate treatment if the injuries are minor.

In the case of an acutely distressed pupil, their immediate safety is paramount, and a member of staff should remain with them at all times.

In the case of a serious injury, a possible drugs overdose or use of a substance that can harm, the pupil must be sent to hospital via ambulance. First contact must be informed as well as the CAMHS crisis team. The police may be contacted where appropriate. Parents must be informed unless this would result in a situation where school staff believe that informing parents may place the pupil at further risk of harm. This decision must be recorded, and a member of staff should accompany the pupil to hospital.

11. Roles and Responsibilities of Designated Safeguarding Lead and Deputy Designated Safeguarding Lead

They will

- take the lead for the support of and management of those pupils who self-harm

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- access appropriate training about self-harm behaviours.
- seek support for their own emotional health and wellbeing.

Following a report of self-harm concerns, the designated member of staff will decide on the appropriate course of action. Each case will be considered on an individual basis and the actions taken may include all or some of the following:

- Immediately removing the pupil from lessons if their remaining in class is likely to cause further distress to themselves or their peers.
- Discuss the concerns with the pupil in an appropriate venue. For further advice on how to speak to a pupil who has disclosed that they or a friend are self-harming please refer to Appendix 1, Do's and Don'ts.
- Ensure the pupil understands the limits of confidentiality this should include a discussion about the need to inform other agencies as appropriate.
- Be clear how often and for how long you are going to see the pupil, i.e. boundaries need to be clear. The pupil needs to learn to take responsibility for their self-harm.
- Discuss with the pupil the importance of informing parents in order for them to provide support, this discussion should allow the pupil to share any fears they may have about this disclosure.
- Following the discussion with the pupil, inform parents, unless it places the pupil at further risk of harm, staff should refer to Child Protection and Safeguarding Children Policy.
- Seek advice from partner organisations when managing self-harming behaviours.

In all cases school staff will make a professional judgement as to whether parents should be informed of the self-harm and record their decision including the pupil's views. However, if the young person requires emergency medical assistance e.g. following a drugs overdose or significant injury, school staff, in most cases, would immediately inform parents. In all cases where school staff make the decision not to inform parents this must be recorded.

The school recognises that in some cases it may be appropriate to allow the pupil time to speak to their parents about their self-harm prior to the school making contact. It may then be helpful to invite the parents in to school to discuss concerns.

An Early Help Assessment should be considered alongside a Team around the Family Meeting following advice from First Contact.

Advise and encourage the pupil to seek support from their GP who may refer them to a more specialised service, Child and Adolescent Mental Health Service

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(CAMHS). School staff and other professionals can refer to the CAMHS single point of access service without the need for a GP referral. Families can self-refer and if the pupil is aged over 16, they are able to refer themselves directly to the service.

In instances where staff believe there is a physical health need that may be contributing to the self-harm behaviours, encouraging the pupil to seek support from their GP may be appropriate.

If there are any safeguarding concerns a referral should be made to First Contact after discussion with the DSL/Deputy DSL.

Any meetings with the pupil, their parents/carers or their peers regarding self-harm should be recorded on CPOMs including:

- **Dates and times**
- **Any action plan**
- **Any risk assessment**
- **Concerns raised**
- **Details of any conversations or meetings with other agencies / professionals.**

Information sharing is essential if the young person is to receive the appropriate support. This information should be shared in school on a need to know basis only and the pupil should be made aware of the staff that have been provided with the information.

It is important to encourage pupils to inform you if one of their friends or peers is upset or showing signs of self-harming. Friends can worry about betraying confidences. They need to know 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 they will be treated in a caring and supportive manner.

The peer group of a pupil who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. See: Management of the Contagion Effect above.

12. Responsibilities of the Pupil who is Self-Harming

Pupils who self-harm need support from school staff but with the appropriate help they must learn to take responsibility for their own self-harm. Pupils must:

- **seek support from the school's pastoral and safeguarding team. (see Appendix 3)**
- **be discreet.**

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- ensure Wounds are dressed in accordance with medical advice where appropriate so that they can heal.
- not bring any dangerous objects in to school which could inflict injury on themselves or others (Note 1).
- follow any action plan and speak with the appropriate (named) member of staff if they are in emotional distress.
- not encourage others to self-harm by sharing images, showing their injuries.
- be aware and sensitive as to their impact on other teenagers if they share their suicidal thoughts on a regular basis with them.

13. Responsibilities of Parents/Carers

Working in partnership with parents/carers is a key to supporting the pupil who is self-harming. Parents/carers would be expected to work in partnership with the school and any other relevant agencies.

14. Monitoring and Evaluation

It can be difficult to measure outcomes in relation to self-harm but keeping the pupil safe is the prime aim of any support. Encouraging engagement with key services is also vital. Feedback from the pupil and parents as to how the self-harm has been dealt with allows staff to ensure their wellbeing needs are being met.

Note 1

LAW AND DEFINITIONS Possession of a weapon is a criminal offence. The law provides the police and schools with specific powers to deal with incidents involving weapons.

POSSESSION OF AN OFFENSIVE WEAPON ON SCHOOL PREMISES Section 139A of the Criminal Justice Act 1988 creates the offence of possessing an article with a blade or sharp point or an offensive weapon on school premises.

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Appendix 1: Dos and Don'ts: Advice for staff

DO

Stay Calm – Do not show anxiety, disapproval or disgust. Be prepared to be shocked and mindful of the possible severity of the incident.

Listen – Just being listened to can be a great support and bring real relief to someone; particularly if they have never spoken to anyone about their self-harming before.

Listen intently – Calmly ask any relevant questions – try and build rapport with the young person, whilst you ascertain what is happening for them, the severity, frequency and duration of the self-harm.

Listening does not just require ears - Observe the young person's non-verbal clues – look at their body language – does what they say and what you see match up? What is the underlying mood state – is it anger? Sadness? Frustration?

Think carefully before you act – What is in the best interest of the young person? Remember that most episodes of self-harm have nothing to do with suicide. However, the easiest way to differentiate between suicide and self-harm is by asking the young person what was their intention behind the self-harm behaviours.

Treat a suicide intention as an emergency – Do not leave the young person alone or in a vulnerable environment – get help and support as soon as possible and remain calm.

DON'T

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Panic – Unfortunately many young people self-harm – it is a complex issue and each young person will have a different reason or story behind their behaviour – panicking will not help the young person feel safe and contained.

Send the young person away – make some time for them – either help them find other ways of coping or help them to get the right kind of support.

Be judgemental – keep an open mind about the behaviour and don't refer to it as "attention seeking".

Work Alone: you may still see a young person alone, but you will need to offload with an appropriate staff member or colleague from another agency.

Don't give them your mobile number or house number – or get into texting the young person. It is more appropriate and professional for you to help the young person identify their supportive network, than for you to take this upon yourself. Self-harming behaviours can be extremely concerning, but you cannot offer objective support when enmeshed within the young person's difficulty.

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Appendix 2: Useful links and support agencies

MIND: www.mind.org.uk/information-support/types-of-mental-health-problems/self-harm

National Self-Harm Network: www.nshn.co.uk

NSPCC: www.nspcc.org.uk/preventing-abuse/keeping-children-safe/self-harm

Papyrus: www.papyrus-uk.org

YAM: www.y-a-m.org

NHS: www.nhs.uk/conditions/self-harm/getting-help

CAMHS: www.youngminds.org.uk/find-help/your-guide-to-support/guide-to-camhs

<http://www.countydurhamfamilies.info/kb5/durham/fsd/organisation.page?id=HZzSlfMJJKQ&>

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Appendix 3

Safeguarding & Pastoral Teams

Academy	Safeguarding and Pastoral Teams
Ashington	Mr S Walton, Mrs S Hindmarch, Year Managers, School Counsellor
Bedlington	Mrs L Richardson, Mrs S Pritchard, Year Managers, School Counsellor
Browney	Mrs C Harris, Mrs J Martindale
Diamond Hall Junior	Mrs K Bennett, Mrs G Welsh, Mrs S Bendelow, Mrs S Wilson
Easington	Mr M O'Carroll, Mrs Y Weston, Mrs D Hudson, Year Managers, School Nurse, School Counsellor
Sacriston	Ms A Inkster, Mrs L Parks
Teesdale School	Mr D Pilling, Mr A French, Mr M Haggarty, Mr N Williams, Dr J Gorlach, Heads of Year
The Academy at Shotton Hall	Mrs S Heseltine, Ms A Walshaw, Ms C Rodgers, Mrs R Bridgewater,

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