



Self-Harm Policy

Drafted by: Mr. P. Walton

Approved by Governors on: May 2015

Next Review: To be determined by the Headteacher and Governing Body

Person (position, not name) to perform review: Senior Assistant Headteacher i/c Pupil Care and Learning Support

This policy should be read in conjunction with all other policies and not as a standalone policy

Overview

Self-harm in School

Self-harm in school aged children and young people is a very real issue that all schools need to take seriously. Self-harm is increasingly recognised as an issue schools have to deal with and therefore it is important that all school staff have a general understanding of self-harm, signs to look out for and what to do if they become aware that a student is self-harming.

"Self-harm in middle and high school students should not be minimized or dismissed as "attention seeking" or "just a fad". When people take the radical step of harming their bodies, they should be taken seriously and the sources of their stress addressed." (Walsh, 2006, p.38)

Aims of the Policy

It is important that all staff know how to respond to self-harm systematically & strategically, including when to inform a student's parent and which teachers are informed.

It also aims to:

- increase understanding & awareness of self-harm
- alert staff to warning signs and risk factors
- provide guidance for staff dealing with students who self-harm
- help senior leaders consider how to support staff who have to deal with self-harm, ensuring they too can deal with the feelings this evokes.

What is Self-harm?

Self-harming is when a young person chooses to inflict pain on themselves in some way. It includes, but is not exclusively cutting, overdosing (self-poisoning), hitting, burning or scalding, pulling hair, picking or scratching skin, self-asphyxiation, ingesting toxic substances, fracturing bones. It can also include taking drugs or excessive amounts of alcohol. It is usually a sign that something is wrong. (Young Minds 2014)



It can feel to other people that these things are done calmly and deliberately – almost cynically. But we know that someone who self-harms is usually in a state of high emotion, distress and unbearable inner turmoil. Some people plan to self-harm in advance, for others, it happens on the spur of the moment. Some people self-harm only once or twice, but others do it regularly - it can be hard to stop.

Some young people harm themselves in less obvious, but still serious, ways. They may behave in ways that suggest adults don't care whether they live or die – young people may take drugs recklessly, have unsafe sex, or binge drink. Some simply starve themselves (Royal College of Psychiatrists 2012).

Risk Factors

There are many factors that contribute to the risk of self-harm. Some of the issues most commonly identified include:

- Attempted suicide or self-harm in a family member
- Low self esteem
- Mental health problems such as depression
- Family conflict (periods in Local Authority care, parental separation)
- On-going family relationship problems
- Family circumstances (parental criminality / poverty / step children / single parents / >5 children in the family)
- Past or present physical or sexual abuse
- Family models of self-harm
- Bullying, including cyber bullying

(Supporting Children at Risk of Suicide, 2013)

It is important to recognise that none of these risk factors may appear to be present. Sometimes it is the outwardly happy, high achieving person with a seemingly stable background who is suffering internally and hurting themselves in order to cope.

Warning Signs

There may be no warning signs, and often people who self-harm go to great lengths to conceal their injuries so it can be hard to know for sure if a person does self-harm.

If you notice any change in a child or young person that concerns you it is important to open up a conversation with that child or young person. If you do not feel able to do this ask an appropriate staff member (Mr Walton or Mrs McLoughlin) and follow the school's safeguarding procedures.



A change in their behaviour, attitudes or presence at school (are they absent or not engaging which is unlike them) can be significant and should be followed up.

Intervention & Response

Mr Walton (Mrs McLoughlin if Mr Walton is not available) is the designated member of staff for Safeguarding and child Protection and is responsible for all incidents relating to self-harm.

All staff including teaching and support staff are aware of the policy and the correct procedure to follow.

If a young person self-harms at school and you are the person who finds the young person, you need to consider if you need to take immediate action. Follow the 'Immediate Intervention Flow Chart' (Page 6) to assess what action to take.

How Should School Deal with Self-Harm?

This policy contains information on:

- Protocol of how to deal with self-harm in school
- How & when a student's parents are informed
- Which teachers are informed
- How to support staff dealing with incidents of self-harm (see the Appendix for the exemplar self-harm protocol).

If a young person self-harms at school and you are the person who finds the young person, you need to consider if you need to take immediate action. Follow the 'Immediate Intervention Flow Chart' to assess what action to take.

Disclosures & Confidentiality

Students must also be aware of the policy and know what to expect if they disclose their self-harm to a teacher or member of staff. Confidentiality will, no doubt, be a key concern for students, and they need to know that it will not be possible for their support member of staff to offer complete confidentiality.

A young person who is hurting him or herself is often struggling to manage intense distress without enough support and/or is struggling to communicate this. Very often a reluctant young person can be persuaded to tell (or let you tell) their parents what has been happening. Where this is not the case, their Designated Person for Child Protection will consider the following:

Who else can you discuss this incident with?

For particularly difficult situations the DCPP will seek advice from the LA Child Protection Advisers (contact details are available in the Appendix).

Will you put the young person at greater risk by telling their parents?



If so, the DCPD will in almost all cases consider discussing with/referring to Ealing Children's Integrated Response Service (ECIRS) or social care.

What is the young person's family situation?

The young person may have siblings in the school or they may have a parent or carer who is complicit in their self-harming behaviour. Therefore it is important to remember that if you do disclose, give a young person as much control as possible over the process; for example do they want to tell their parents themselves, do they want to be present when you talk to them. Ensure that you follow up with the young person after this conversation to check in regarding the impact of this conversation on the young person.

General Advice for School Staff Dealing with Disclosures

- Listen actively to the student and try not to show them if you are angry, frustrated or upset. Focus on trying to understand their experiences and feelings.
- If someone tells you they self-harm it means they trust you and are willing to share this very personal problem
- Some people just want to be heard and empathised with. You may need to balance this with gently asking some important questions
- Self-harm is not the only way for people to deal with emotional distress. Try to encourage the student to seek alternative coping mechanisms. However, do not expect them to be able to stop self-harming
- The school may refer the student to the school nurse OR following consultation with the family the school counsellor.

Things to Remember

- Self-harm is not just a fad or attention seeking behaviour
- Anyone from any walk of life or any age can self-harm, including very young children
- Self-harm affects people from all family backgrounds, religions, cultures and demographic groups
- Self-harm affects both males and females
- People who self-harm often keep the problem to themselves for a very long time which means opening up to anyone about it can be difficult
- You can't tell someone who self-harms to simply 'stop' – it is not that easy!
- You must put aside any personal views you have on Self-Harm and focus on supporting the child the best you can



Appendix 1

Roles & responsibilities

All Staff and Teachers

- Review all duty of care documents and be aware of communication processes;
- Make it known to students that you are available to listen;
- Remain calm and non-judgemental at all times;
- Avoid dismissing a student's reasons for distress as invalid;
- Encourage students to be open with you and reassure them that they can get the help they need if they are willing to talk;
- Endeavour to enable students to feel in control by asking what they would like to happen and what help they feel they need etc.
- Do not make promises you can't keep regarding such things as confidentiality.
- Encourage all students to seek health and happiness in their lives every day
- Discuss and promote healthy coping mechanisms and suggest ways in which students can be empowered to make positive changes in their lives;
- Provide access to information and resources regarding self-harm and its causes;
- Provide and encourage access to exterior help and support where possible;
- Monitor the reactions of other students who know about the self-harm.
- Avoid asking a student to show you their scars or describe their self-harm;
- Avoid asking a student to stop self-injuring - you may be removing the only coping mechanism they have;
- Report the matter to a designated key member of staff as soon as you become aware of the problem, and inform the student that you are doing this.

Designated key staff member(s)

- Ensure the implementation of standard policy, communicate with each other and report back to the head-teacher at each stage;
- Maintain up-to-date records of students experiencing self-harm, incidents of self-harm and all other concerns surrounding the issue;
- Communicate with the head-teacher on a regular basis and keep them informed of all incidents and developments;
- Monitor the help, support and progress of the students in your care and maintain communication with them;
- Ensure you are fully confident in your understanding of self-harm and seek additional information and / or training if you feel it necessary;
- Contact other organisations and key services in your area and find out what help and support is available for young people who self-harm;
- Liaise with the head-teacher and student to decide if any other members of staff who have contact with the student should be made aware of the self-harm and underlying concerns;
- Ensure that all first-aiders are well informed about self-harm;
- Inform the student's parents if appropriate and liaise with them as to how best manage the situation;
- Be aware of when it is essential for other professional bodies to be informed, such as social services or educational psychologists;
- Report any mention of suicidal feelings or behaviour as a matter of urgency;
- Take care of your own emotional well-being and seek support as and when necessary.

Students



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- Ensure all wounds are cared for properly and bandaged appropriately;
- Do not display fresh or open wounds;
- When talking to teachers or friends about your self-harm, focus on the emotional reasons behind your distress and not on the self-harm itself;
- Avoid talking graphically about your injuries to other students or describing the methods you use;
- Never encourage anyone to try self-harm themselves;
- When under emotional distress or feeling the urge to self-harm at school, talk to a teacher or staff member as soon as possible;
- Discuss any additional support you feel you may need while you are going through emotional distress;
- Be aware that the teachers and designated self-harm staff are there to help you. The more you can talk to them the better able they will be to give you the support and help you need;
- Endeavour to seek fun and laughter every day;
- If you are worried that a friend may be self-injuring then do talk to a teacher for support and guidance;
- If you are concerned that a friend may be suicidal, or has mentioned suicide, then alert a teacher straight away.

Parents

- Understand and endorse your school's self-harm policy;
- Educate yourself regarding self-harm and discuss the subject with your child;
- If your child is self-injuring, work closely with the school and take an active role in deciding the best course of action for your child;
- Keep the school informed of any incidents outside of school that you feel they should know about;
- Take care of yourself and seek any emotional support you may need in dealing with your child's self-harm.



Immediate Intervention Flow Chart for Cardinal Wiseman Catholic School

Listen. talk to and include the pupil throughout the process

Discover or informed of a self-harm incident

Assess the need for urgent action

Does the student require immediate medical care?

NO

YES

Heavy bleeding, overdose or unconscious - call 999 for an ambulance

Are YOU the right person to deal with this incident? Are you the Designated Child Protection Person?

YES

NO – reassure the student & seek help

Contact Mr Walton or Mrs McLoughlin

The young person is injured, but they do not have life threatening injuries.

You can either;

Consult with DCCP – contact parents and request GP/A & E visit

Administer First Aid at school

Once the young person is stabilised, both physically & emotionally, you need to gather more information and plan on-going support

Refer to the on-going support flow



Appendix 3

On-going Support Guidance – for DCPP to follow

ASSESS & KEEP RECORDS- Gather information from the young

Making certain the young person has the opportunity to talk and be taken seriously you may want to use the following series of questions to help you understand the episode and gather essential information to know how best to respond:



1. About the self-harm

What was used to self-harm?

When did it take place & where? What time of day/night?

What did the young person do?

Who was around at the time?

Who did they tell?

What did they do?

2. Degree of intent and risk of further self-harm

Along the scale below, what communication was intended by the young person?



How long has the young person been thinking about harming themselves?

Was the act impulsive or part of a long standing plan?

What were they thinking at the time of the event?

Who know that they were feeling so bad? What would you have wanted them to do?

What did they expect to happen as a result of the event?

3. What factors are the root cause of the self-harming behaviour?

Trauma family violence, child abuse, bullying

Life events parent divorce, exams, bereavement



Cultural factors	identify, sexuality, language
Social support	friendship/relationship breakdown, isolation
Family	mental health of parents, domestic violence

4. Who knows about the young person's self-harming behaviour?

Who knows the pupil has/is self-harming?

How does the young person feel about this?

How have parents/carers been engaged?

What support has been provided to the young person & their parent/carer?

ACTION- Refer to appropriate services

1. What services need to be involved?

Has a referral been made previously?

- **School nurse – complete and submit a ‘Teacher Concern’ form**
- **GP (can make a CAMHS referral) – complete and send a ‘Consent to share medical information’ form to GP**
Use the ‘GP & School Communication Cycle’ to guide discussions with the GP practice to ensure effective sharing of information between the parent, GP & school.
- **Ealing Children’s Integrated Response Service**
- **Children’s Social Care**

1. Reassess regularly

Is follow-up required?

Follow up with the School Nurse & GP

Review where on the ‘GP & School Communication Cycle’



Appendix 4:

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Self-harm: communication between school and GP

(when a young person is under 16 years)

Urgent Action required – refer to 'Crisis Management' flow chart in the *guidance

Self-harm incident or disclosure at school. School DCPP notified and uses the Immediate Intervention flow-chart in the *guidance to assess and act accordingly.

Urgent action not required – follow this cycle

CONFIDENTIALITY: CP Officer is to ask the young person whether they would like their family, carers or significant others to be involved in their care. If 'yes' involve the

GP refers to other services if assessment suggests there is a need.

DCPP uses a 'teacher concern form' to record the incident and acquire parent/carer's consent to refer to the GP. Parent/carer takes the child to the GP.

Send a copy to school nurse

Send a copy to the GP

COMMUNICATION FROM GP: If feedback from the GP remains an issue the CP Officer is to call the GP practice to speak with the Safeguarding lead (there are 2 in every Ealing GP surgery) to acquire follow-up actions from

COMMUNICATION TO GP: CP Officer can call the GP practice and verbally refer the young person to the GP. If the GP is not available, speak with the Practice Manager. CP Officer to write to the GP with a full and accurate account of the incident to be used by the GP to assess & refer the young

Whilst waiting for the GP to feedback or refer the young person, the DCPP can use the 'ongoing support' flowchart in the *guidance to agree next steps in school.

GP sends written feedback to CP lead with account of 'next steps'.

GP assesses the young person following NICE guidelines (CG133). The GP acquires parent consent so they can feedback to CP Officer.

COMMUNICATION FROM GP: If feedback from the GP is not forthcoming the CP Officer should contact the Practice Manager to follow-

***Guidance – this refer to the Ealing Self-harm – short guide for schools.**



Referral / Consent to Share Medical Information

Please provide the following details:

Date:

School: The Cardinal Wiseman Catholic School

Name of Child/Student:

Date of Birth:

Address:

Telephone Number:

Summary of concerns / input requested:

Please indicate consent for information sharing between professionals:



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GP

Name:

Practice:

Other

Contact details:

Name:

Profession:

Contact details:

School Nurse:

Name:

Base:

Contact details:

Name and signature of referrer:

Contact details:

.....
CONSENT:

I consent to information sharing between the professionals named above:

Name:

Signature:

Relationship to child: