

Self-harm Policy



In God's love, aspire and achieve to be the best'
1 Corinthians 16:14 'Do everything in love.'

New policy written by Nathan Henaghen

Policy on Self-harming

Winwick CE Primary School

At Winwick CE Primary we endeavour to provide a safe and welcoming environment where all children and members of our school community are respected and valued where they can achieve and aspire to the best that they can be in God's love. We are alert to the signs of self-harming and follow our procedures to ensure that children receive effective support and protection. The school works in partnership with other children's services.

The procedures contained in this policy apply to all staff and governors.

What is self-harm?

The nature and meaning of self-harm varies greatly from child to child and the reason or trigger for each action may differ on each occasion. Essentially though, self-harm is any behaviour where a person intentionally sets out to harm themselves. This may be an impulsive act or may be planned.

Self-harm is a relatively common problem that is frequently misunderstood and kept hidden. Therefore it is not surprising that myths and stereotypes have grown around the subject. Most commonly there is a belief that self-harm is an 'attention seeking behaviour'.

Self-harm is a term that is used to describe a range of actions and behaviour. It is important to be aware of signs that a student, or member of staff, is self-harming. 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
- Burning or scalding
- Hitting walls with head and/or fist
- Taking an overdose or swallowing something dangerous
- Self-strangulation
- Risky behaviours such as running into the road

Why do people self-harm?

Whilst self-harm can occur at a younger age, it often occurs around adolescence. Young people may encounter particularly painful emotional events for the first time.

They often do not know where to go for help and have not developed sufficient problem-solving skills to overcome these difficulties on their own. As a result they experience feelings of helplessness and hopelessness, which can lead them to self-harm or attempt suicide.

The three most common reasons why young people self-harm are:

- **Tension relief** – a number of young people are unable to deal with their unpleasant feelings and find self-harm as a way of relieving stress and tension.
- **Self-punishment**– young people who self-harm often have low self-esteem and feel that they are worthless or bad people who should be punished.
- **To express distress** – for some young people self-harm is a way of showing others how bad they are feeling. They may use this as a way of reaching out to get help

Other explanations from students about why they self-harm include:

- That physical pain is easier to control than emotional pain
- It is a way of coping with past and current events
- Some students may only self-harm once or twice in response to a particular difficulty, however, it can also become a regular activity that is hard to stop and may indicate more serious and longstanding emotional distress.

It may be helpful to understand that when a student inflicts pain upon himself or herself the body responds by producing endorphins, a natural pain reliever that gives temporary relief or a feeling of peace. The addictive nature of this feeling can make self-harm difficult to stop. Students who self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self-harm initially.

How can we identify self-harming?

- 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
- Changes in eating and/or sleeping habits
- Changes in levels of activity or mood
- Increasing isolation from friends/family

Self-harm occurs more frequently in students with learning disabilities. In those with severe learning disabilities, self-harm can form part of the student's profile of behaviour (for example, a student with autism biting his/her arms repeatedly). Any change in the frequency, severity or site of self-harm in these students is a cause for concern. Self-harm may be the only way a student with communication difficulties can display her/his emotional distress.

Self-harm in younger students is less common, so it is really important to be aware that behaviours such as hair pulling, small surface cuts, head banging and self-grazing/scratching may be signs of self-harm.

Factors which may contribute to self-harming

- Being bullied
- Experiencing poor mental health
- Having a parent who has poor mental health
- Stress and worry about school work and exams
- Feeling under pressure from family, school or peers to achieve or conform
- Feeling isolated
- Difficulties in peer relationships
- Not getting on with parents/carers or other family members
- Family relationship difficulties, including parents/carers separating or divorcing
- Bereavement
- Past experience of abuse (physical, sexual or emotional)
- Current experience of abuse (physical, sexual or emotional)
- Experience of domestic abuse
- The self-harm or suicide of someone close to them
- Confusion about sexuality
- Low self esteem
- Feeling unhappy with yourself
- Feeling isolated, rejected or bullied due to race, culture or religion
- Being in trouble in school or with the police
- Difficult times of the year (e.g. anniversaries)
- Feelings of rejection socially, or within their family
- Self-harm portrayed in the media

Suicidal thoughts and self-harm

All talk of suicide should be taken seriously but it is important not to panic. Panic will not help the pupil to feel safe.

It is not uncommon for children to say things such as "I wish I was dead". It does not necessarily mean the child is depressed (they may be, but it's not a definitive sign) nor does it mean there is something else wrong with them.

"I wish I was dead" thoughts are often about children telling us they feel really distressed - and this is the only way they can fully express their feelings. If children can slowly learn to express this distress with more detail, and in other ways - then they will cope better with these feelings and we can help them more effectively.

Suicidal ideation (a term often used by mental health practitioners) is where a young person expresses a genuine desire to die. This can be because a student has a serious depression with low self-esteem, low mood, inability to see that his/her situation could improve, nothing to live for and no chance of ever being happy. They have often completely disengaged with peers and previous social life. They show a lack of interest in things they previously enjoyed and express a real sense of hopelessness. They may exhibit a change in attitude or behaviour or become less concerned about their appearance. Suicidal ideation is rare. Frequent suicidal ideation with or without self-harm is a cause for referral for specialist assessment (i.e. CAMHS)

to consider a diagnosis of depression or other conditions, risk and treatment options. Parents would be advised to seek additional support from their GP.

Self-harm by cutting is not usually associated with suicidal thoughts but as described previously, it can be thoughts or behaviours used as an expression of distress or to relieve distress.

Procedure for disclosures of self-harm or suicidal thoughts

- It is important not to make promises of confidentiality, even if the student puts pressure on you to do so
- Report the disclosure to the Designated Safeguarding Lead (DSL) using the self-harm concern form (Appendix A).
- The DSL will make a decision on who will inform the parents of the disclosure, unless it places the child at the risk of further harm. However, if urgent medical attention is required, the parents would be informed.
- The DSL will then liaise with the Mental Health Lead to establish the level of support required (see below)
- If there are child protection concerns it will be reported to Social Care
- A referral to CAMHS or other support agency will be considered (e.g counsellor, Early help, school nurse, Thrive/Futures in Mind Nurses)
- Advise the parent to seek additional support from their GP
- Provide self-harm Fact Sheet to parents (Appendix D)

By discussing the child's thoughts with them, a support plan can be established by identifying which level of support is required.

Level 1 – First Step

It seems as if this student has thoughts of self-harm but has not actually acted on them.

Level 2 – Support

It seems as if this student has harmed themselves but is not actively planning to end their life.

Level 3 – CAMHS referral

It seems as if this student is regularly harming themselves but does not have any active plans to end their life.

Level 4 – Urgent CAMHS referral

It seems as if this student is actively planning to end their life or has made a past serious attempt

Copies of the support plan linked to each level can be found in Appendix B.

A student engages in serious self-harm with/without suicidal ideation, requiring medical treatment. e.g. injury or overdose (however small).

Required action is the same as above but also includes:

- If a member of staff finds that a student is in possession of dangerous equipment, the DSL or deputy DSL will be called immediately

- If physical harm has been done the student should be taken to a First Aider for medical assessment and care. If appropriate, emergency services may be called.
- If the student is in hospital - a CAMHS Referral may be activated by the hospital and the School Nurse will be informed.

How to support a student who self-harms

- Let the student know you care and that s/he is not alone.
- Help the student express his/her emotions.
- Be an active listener; use your eyes as well as your ears to truly pay attention to what someone is saying or not saying. Watch the student's facial expression and the posture that accompanies the words s/he is speaking. These will all give clues as to how someone is truly feeling.
- Empathise with the student – imagine walking in his/her shoes.
- Be positive about what the student is saying without being dismissive.
- Know when to listen and when to talk.
- Do not try to solve the problem or say the "right" thing.
- Don't give advice too quickly or evaluate how the students are feeling and defining their experiences for them.
- Be aware of what you can and cannot do to help, and be prepared to discuss this with the student sensitively. Do not make promises you cannot keep.
- Use open questions rather than closed ones to help the student explore his/her concerns.
- Encourage and support the student to talk to others, such as parents/carers or other professionals.
- Reassure the student; they need to know they will be supported.

It is important that students feel that their concerns are being taken seriously and that they have an element of control over the process. A jointly negotiated action plan is a useful way of providing this. Action plans need to have achievable targets and agreements about whom to involve and other possible next steps. Students may benefit from being encouraged to establish more positive daily routines (eating, sleeping etc.) or may need to establish a greater social network, for example, by taking on a new activity.

Distraction activities

Replacing the cutting or other forms of self-harm with safer activities can be a positive way of coping with the tension. What works depends on the reasons behind the self-harm. Activities that involve the emotions can be helpful.

Examples:

- Contacting a friend, family member or helpline.
- Going for a walk/run or other forms of physical exercise.
- Reading a book.
- Keeping a diary.
- Looking after an animal.
- Listening to music or singing along.

Sometimes it can be helpful to find other ways of discharging emotion which are less damaging than self-harm:

- Clenching ice cubes in the hand until they melt.
- Writing, drawing and talking about feelings.
- Writing a letter expressing feelings, which need not be sent.
- Hitting a pillow /soft object.
- Listening to loud music
- Physical exercise

Support organisations

Young Minds: 0808 802 5544 www.youngminds.org.uk

Young Minds Crisis Messenger service: 85258

Samaritans: 08457 90 90 90

Child Line: 0800 1111 www.childline.org.uk

National Self-Harm network: 0800 622 6000 www.nshn.co.uk

PAPYRUS:

Offers a helpline to give support, practical advice and information to anyone who is Concerned that a young person may be suicidal.

0870 170 4000

www.papyrus-uk.org

How to support a member of staff who self-harms

- Try to be non-judgemental.
- Let the person know that you are there for them.
- Relate to them as a whole person, not just their self-harm.
- Try to have empathy and understanding about what they are doing.
- Remind them of their positive qualities and things they do well.
- Try to have honest communication, where you take responsibility for any fears you have.
- Offer to help them find support from a support organisation (see below).

Adult Support Organisations

Samaritans: 116123

Sane: 0300304700

National Self Harm Network: <http://nshn.co.uk>

Harmless: www.harmless.org.uk

The Mix : 08088084994 (Text Message Crisis Service – 85258)

Support can also be found on the Mind website

Appendix A

Self-harm concern form



This form should be passed to the Designated Safeguarding Lead (DSL) who will also share with the Mental Health Support Mentor and the SENDCO.

Name of child _____

Name of person completing this form _____

Date: _____

Who made the disclosure regarding self-harm concerns? Child Parent
Other

If other, who? _____

What concerns have been expressed? Has the child actually self-harmed or has just talked about doing so? Has the child said what is causing them to want to self-harm?

Follow-up (to be completed by DSL)

Who works closely with the child? Who else needs to be informed?

Parent Class teacher(s) Teaching Assistant

Other

What further action needs to be taken?

Referral to CAMHS? Social Care? Early Help? School Nurse?

Thrive Nurse?

If no referral is to be made, why not?

What level of support will need to be offered? _____

Appendix B

Level 1-First Step Plan



Level 2-Support Plan

Name _____

Date _____

- I will let your parent/carer know how you are feeling
- I will let your teachers know how you are feeling

If you were worried about yourself you could talk to:

Friend:

Adult:

Phone: Childline 0800 1111

If you were thinking about hurting yourself you could:

- Distracting activities (e.g. music, gaming, reading)
- Mood lifting activities (e.g. watch comedy, play instrument, internet)
- Physical activities (e.g. walking, running, cycling, dance)
- Social activities (e.g. text or talk to friends)
- Other activities (e.g. playing with pets, hobbies, relaxation techniques)

1.

2.

3.

Level 3- CAMHS Support Plan

Name _____

Date _____



- I will inform CAMHS and ask them to meet with you
- I will let your parent/carer know how you are feeling
- I will let your teachers know how you are feeling

If you were worried about yourself you could talk to:

Friend:

Adult:

Teacher:

If you were very worried about yourself or had hurt yourself

After 5:00pm or at the weekends, telephone 111
Go to the Accident & Emergency Department
Any time contact Childline (0800 1111 or www.childline.org.uk)

If you were thinking about hurting yourself you could:

- Distracting activities (e.g. music, gaming, reading)
- Mood lifting activities (e.g. watch comedy, play instrument, internet)
- Physical activities (e.g. walking, running, cycling, dance)
- Social activities (e.g. text or talk to friends)
- Other activities (e.g. playing with pets, hobbies, relaxation techniques)

1.

2.

3.

Level 4- Urgent CAMHS Referral Plan

Name _____

Date _____



- I will telephone CAMHS and ask them to meet with you as soon as possible
- I will let your parent/carer know how you are feeling
- I will let your teachers know how you are feeling

If you were worried about yourself you could talk to:

Friend:

Adult:

Teacher:

If you were very worried about yourself or had hurt yourself

After 5:00pm or at the weekends, telephone 111
 Go to the Accident & Emergency Department
 Any time contact Childline (0800 1111 or www.childline.org.uk)

If you were thinking about hurting yourself you could:

- Distracting activities (e.g. music, gaming, reading)
- Mood lifting activities (e.g. watch comedy, play instrument, internet)
- Physical activities (e.g. walking, running, cycling, dance)
- Social activities (e.g. text or talk to friends)
- Other activities (e.g. playing with pets, hobbies, relaxation techniques)

1.

2.

3.



Student name: _____ Assessor: _____

Date: _____

Possible behaviours

- 1.
- 2.

Behaviour	Frequency	Impact on Environment	Effective Strategies/ Controls needed

Appendix D:

Fact Sheet on Self-Harm for Parents

As a parent/carer, you may feel angry, shocked, guilty and upset. These reactions are normal, but what the young person you care about really needs is support from you. That



young person needs you to stay calm and to listen to them cope with very difficult feelings that build up and cannot be expressed. They need to find a less harmful way of coping.

What is self-harm?

Self-harm is any behaviour such as self-cutting, swallowing objects, taking an overdose, self-strangulation, running in front of a car or risk taking behaviour e.g. alcohol intoxication, where the intent is to deliberately cause harm to self.

How common is self-harm?

Over the past 40 years, there has been a large increase in the number of young people who harm themselves. A large community study found that among 15- to 16-year-olds, approximately 7 per cent had self-harmed in the previous year.

Is it just attention-seeking?

Some people who self-harm have a desire to kill themselves. However, there are many other factors that lead people to self-harm, including a desire to escape, to reduce tension, to express hostility, to make someone feel guilty or to increase caring from others. Even if the young person does not intend to commit suicide, self-harming behaviour may express a strong sense of despair and needs to be taken seriously. It is not just attention-seeking behaviour.

Why do young people harm themselves?

All sorts of upsetting events can trigger self-harm, such as arguments with family, break-up of a relationship, failure in exams and bullying at school. Sometimes several stresses occur over a short period of time and one more incident is the final straw.

Young people who have emotional or behavioural problems or low self-esteem can be particularly at risk from self-harm. Suffering a bereavement or serious rejection can also increase the risk. Sometimes, young people try to escape their problems by taking drugs or alcohol. This only makes the situation worse. For some people, self-harm is a desperate attempt to show others that something is wrong in their lives.

What you can do to help the young person?

Keep an open mind and try not to panic.

Make the time to listen to their concerns.

Help them find different ways of coping.

Go with them to get the right kind of help as quickly as possible.

Monitor any social media use which can exacerbate children's low self-esteem.

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

Your family Doctor (GP)

CAMHS: 01925 664000

Young Minds:

Parents Information Service:

tel. 0808 802 5544

www.youngminds

NSPCC: 0808 800 5000 <https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/self-harm/>