

Self-Harm Policy

LES QUENNEVAIS SCHOOL

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Self-harm Policy

1. Introduction

Research indicates that up to one in ten young people engage in self-harming behaviours. School staff play an important role both in responding to self-harm and in supporting students and peers of those students currently engaging in self harm.

2. Scope

This document describes the school's approach to self-harm. This policy is intended as guidance for all staff including non-teaching staff. This document should be read in conjunction with the Education Department document 'Self-harm – Guidelines for School Staff' which provides comprehensive guidance for schools in responding to and supporting students presenting with self-harming behaviour.

3. Aims

This policy aims to:

- Increase staff understanding and awareness of self-harm
- Alert staff to warning signs and risk factors
- Provide support for staff responding to students who self-harm
- Ensure that students who self-harm and their peers are able to access appropriate support.

4. Definition of Self-Harm

Self-harm is any deliberate, non-suicidal, behaviour where the intent is to cause harm to one's own body. This might include, 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

While self-harm and suicide are separate, individuals who self-harm are communicating emotional distress as are those who attempt or complete suicide.

Clearly it is essential that all emotional distress is taken seriously to minimise the chance of self-harm and suicide.

5. Risk factors

The following 'risk' factors, particularly in combination, may make a young person particularly vulnerable to self-harming behaviour

Individual Factors	Family Factors	Social factors
<ul style="list-style-type: none">• Depression/ anxiety• Poor communication skills• Low self-esteem• Poor problem solving skills• Hopelessness• Impulsivity• Drug or alcohol abuse• Unreasonable expectations of self	<ul style="list-style-type: none">• Unreasonable expectations• Neglect or physical, sexual or emotional abuse• Poor parental relationships and arguments• Child being in residential care• Depression, self-harm or suicide in the family <p>Social Factors</p>	<ul style="list-style-type: none">• Difficulty in making relationships/ loneliness• Being bullied or rejected by peers• Persistent experiences of perceived failure

6. Warning signs

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm. These warning signs should always be taken seriously and staff observing any of these warning signs should share this information with and seek further advice from the school's designated teacher for safeguarding.

Possible warning signs include:

- Changes in eating/sleeping habits (e.g. student may appear over 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
- Talking or joking about self-harm
- Evidence of substance misuse (e.g. drugs or alcohol) • Expressing feelings of failure, uselessness or loss of hope
- Changes in physical appearance e.g. becoming unkempt, adopting a minority clothing style
- Variable school attendance and/or persistent lateness

7. Responding to students who self-harm

Students may choose to confide in a member of school 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 disclosure (e.g. anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection). Staff should, however, try and maintain a supportive and open attitude in order to offer the best possible help to students. Clearly, a student who has chosen to share their concerns with a member of school staff is showing considerable courage and trust.

Confidentiality and information sharing in school

Students need to be made aware that it may not be possible for school to offer confidentiality. If school considers a student is at risk of seriously harming themselves then confidentiality cannot be kept. It is important that staff do not make promises of confidentiality that cannot be kept - even if a student puts pressure on an individual to do so.

Any member of staff aware of a student engaging in or suspected to be at risk of engaging in self-harm, should consult the school's Designated Teacher for Safeguarding or Head of Guidance. Following the report, the designated teacher will decide on the appropriate course of action and in line with the school's policy and procedures for safeguarding.

Initial response from staff

Depending on the circumstances of the actual or suspected self-harming behaviour, specific consideration should be given to the following:

- In the case of an acutely distressed student, the immediate safety of the student is paramount and an adult should remain with the student at all times
- If a student has self-harmed in school, a first aider should be called for immediate help (Ideally Chris Jones who is a physical first aider who holds a Mental health First aid certificate)
- Immediately removing the student from lessons, if remaining in class is likely to cause further distress to themselves or peers

- Arranging appropriate professional support/assistance from one of our school based services (e.g. Mental Health first aider or school counsellor or Educational Welfare Officer) Please refer to the decision making tiered response at the end of the document and complete appendix 2.
- Onwards referral to more specialist services and support within Health and Social Services. Please refer to the decision making tiered response at the end of the document. **See Appendix 1**

8. Further considerations

Peer group

It is important to encourage students to let school know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences. As such, friends need to know that self-harm can be dangerous and that by seeking help and advice for a friend they are acting responsibly and being a good friend. Peers should also be reassured that their friend will be treated in a caring and supportive manner and that they are not responsible for either the well-being or choices of their friend. The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. Any member of staff wishing for further advice on this should consult with the school's Designated Teacher for Safeguarding.

Contagion

When a student is self-harming, it is important to be vigilant in case close contacts with the individual are also self-harming. Occasionally, a number of students in the same peer group are harming themselves and this behaviour can be viewed as an 'acceptable' coping strategy. This is known as contagion and can potentially raise levels of anxiety both with the students concerned, their peers and within the school community. In such cases, Les Quennevais may liaise with the school's link educational psychologist (EP) to consider the need for a co-ordinated, multiagency response.

9. Support for staff

Responding to and supporting students who self-harm can be emotionally demanding. It is also acknowledged that some individuals may find this type of work particularly demanding due to their own experiences. Staff involved in this area of work can discuss this with colleagues and/or appropriate professionals such as our EP. This can be arranged through the Head Teacher.

Appendix 1

	Decision Making: What is the appropriate level of response?
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Universal / Tier 1-2	Targeted / Tier 2-3	Specialist / Tier 3	Tier 4
<p>Low level risk. That is, superficial, minor self-harm in a stable social context. Some indicators of good emotional health, functioning well. No evidence of suicidal intent. Good support networks</p>	<p>Repeated and more worrying self-harm behaviour, with increased frequency or severity. More pervasive stressors, poorer coping strategies and fluctuating mental health / few protective factors.</p>	<p>Persistent and severe self-harm. More complex, frequent and high risk behaviours. Concerns re isolation, substance misuse, suicidal intent, mental health issues. Poor support / protective factors.</p>	<p>Crisis. Emergency. Acute. Inpatient.</p>
Response	Response	Response	Response
<p>Promote healthy ways of expressing emotions. Talk to the young person and ideally encourage parental / carer involvement. Provide self-help information and coping strategies. Seek consultation and support from more specialised professionals. HOG, EWO, Safeguard MHFA. Monitor and review.</p>	<p>Continue to support the young person and aim to involve parents/carers. Gather information to help assess and monitor risk. Seek additional support and input from specialised professionals. Consult with CAMHS. Develop and implement a support plan.</p>	<p>Continue to support the young person. Refer to CAMHS.</p>	<p>Continue to support the young person. Work with CAMHS / Health / family.</p>

Appendix 2



Les Quennevais School Self-Harm Incident Form

Name of Student:

Form: Age: Gender: Year:

Special Educational Needs:

Staff member name:

Position:

Incident description (including date and time):

Action taken:

Decision made with respect to contacting parents and reasons for decision:

Recommendations:

Steps taken to support member of staff/other young people:

Follow-up when and by whom?

Signature:

Date form completed: