



Document Control

This document is issued, controlled and impact assessed by the Senior Leadership Team.

The latest version of the procedure will be maintained on the School Website.



Introduction

There are many misunderstandings regarding self-harm, and the subject can be anxiety provoking for all those involved. In some schools and residential settings self-harm can be a daily occurrence, in others it is a rarer event. However, unfortunately the number of children and young people who self-harm is increasing. One study found 15% of 12-16 year olds had performed at least one act of self-harm in the last year. With increased media coverage it is increasingly talked about, and it is important that those who deal with it are well equipped to do so. These guidelines aim to share good practice and empower schools to help children and young people who self-harm and explain the roles of other teams who can provide specialised support.

Purpose

In keeping with our values, vision and aims, this policy aims to address the issue of self-harm:

- Better understand self-harm and the underlying reasons for it
- Understand what to do if a child or young person self-harms
- Help children and young people to be emotionally resilient, act sensitively and appropriately

What is self-harm?

Self-harm is any behaviour such as self-cutting, swallowing objects, taking an overdose or running in front of cars for example where the intent is to deliberately cause self-harm. Some people who self-harm have a strong desire to kill themselves. However, there are other factors which motivate people to self-harm including a desire to escape an unbearable situation or intolerable emotional pain, to reduce tension, to express hostility, to induce guilt or to increase caring from others. Even if the intent to die is not high, self-harming behaviour may express a powerful sense of despair and needs to be taken seriously. Moreover, some people who do not intend to kill themselves may do so, because they do not realise the seriousness of the method they have chosen, or because they do not get help in time.

Examples of self-harming behaviour include:

- cutting
- taking an overdose of tablets
- swallowing hazardous materials or substances
- burning either physically or chemically
- over/under medicating e.g. misuse of insulin
- punching/hitting/bruising
- hair pulling/skin picking/head banging
- episodes of alcohol/drug/substance misuse or over/under eating can at times be acts of deliberate self-harm



Risk factors associated with self-harm:

- Mental health disorders including depression and eating disorders.
- Drug / alcohol abuse, and other risk-taking behaviour.
- Recent trauma e.g. death of relative, parental divorce.
- Negative thought patterns, and low self-esteem.
- Bullying / Cyber Bullying / Abuse sexual, physical and emotional.
- Sudden changes in behaviour and academic performance.
- 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)
- 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 agencies such as the police
- Feeling under pressure from families, school or peers to conform / achieve
- Exam pressure

Individual factors:

Self-harm can be a transient behaviour in children and young people that is triggered by a particular stressor and resolves itself fairly quickly, or it may be part of a longer-term pattern of behaviour that is associated with more serious emotional / mental health problems. Where there are a number of underlying risk factors present, the risk of further self-harm is greater.

Factors include:

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

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.



Social Factors:

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

Suicide:

While self-harm and suicide are separate, those who self-harm are in emotional distress, and those who end their lives are also in emotional distress. It is vital that all emotional distress is taken seriously to minimise the chances of self-harm, and suicide. All talk of suicide and warning signs must be taken extremely seriously. If a pupil expresses a wish to end their life or has suicidal thoughts the member of staff must:

- Accompany the pupil immediately to speak to the relevant on-site safeguarding lead.
- The safeguarding lead will speak with the pupil about their suicidal thoughts and feelings.
- The safeguarding lead will contact parent / carer to inform them of the situation and ask that they collect the pupil and take them up to seek medical advice. If outside agencies are involved then the lead professional will be informed.
- At no time should the pupil be left unsupervised and reassurance should be given that support will be put into place for them.
- Upon returning to school, close monitoring strategies should be put into place. Teaching staff should be made aware of the situation.
- It may be that the Hospital will refer the student to the CAHMS team, however this should be checked by the relevant safeguarding lead and if this has not been done a referral should be submitted as soon as possible.

Relationship to other policies

This policy is to be applied and interpreted within the context of the Child Protection, SEND, Social and Health Education, Health and Safety, and Behaviour Policies.

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 or suicide. 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 or suicide.
- 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.

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 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 can encourage a pupil who is self - harming to replace the self-harm behaviours with safer / coping activities, issue information on Self-Harm for Young People and refer to the school nurse and/or advise the DSL or their deputy.

Managing Self Harm

Promoting whole school resilience is an effective way to prevent mental illness, and reduce the likelihood of students adopting risky coping strategies such as self-harming, alcohol or drug use. Resilience programmes involve the building and strengthening of problem-solving skills, social skills and coping skills that are adaptive and useful in the school setting and also for life in general. Schools should create a supportive environment which focuses on building resilience and encouraging healthy peer relationship. An effective anti-bullying and inclusion policy is an important aspect of this.

Endeavour works alongside the local authority Mental Health Support Team, Piece of Mind and regularly communicates with individual CAMHS workers in efforts to maintain positive communication.

Roles and Responsibilities of Head of School, other Staff, and Trustees:

The Head of School will:

- Appoint designated member(s) of staff to be responsible for self-harm matters and liaise with them. This might be the same persons as the child protection managers.
- Ensure that the designated person(s) receive appropriate training about self-harm. Ensure that self-harm policy is followed by all members of staff.



The Trust will:

- Decide whether self-harm education should be in the school curriculum, and how it should be addressed.
- Ensure that education about self-harm neither promotes nor stigmatises.
- Look at provisions for people who self-harm, such as long-sleeved uniforms, and time out of lessons when under intense stress.

All Staff and Teachers are expected to:

- Listen to pupils in emotional distress calmly and in a non-judgemental way.
- Report self-harm to the designated staff member(s) for self-harm.
- Be clear of the timescale in which this is expected.
- Not make promises (e.g. assuring confidentiality) which can't be kept.
- Reassure pupils that in order to seek health and happiness people need to know about their problems so that they can help.
- Guide pupils towards seeking health and happiness.
- Promote problem-solving techniques and non-harmful ways to deal with emotional distress.
- Enable pupils to find places for help and support Provide accurate information about self-harm.
- Widen their own knowledge about self-harm and mental health disorders.
- Be aware of health and safety issues such as first-aid and clearing up if a self-injury incident take place at the Endeavour Academy.
- Be aware of their legal responsibilities when they can help, and when they cannot.

The Designated Staff Members will:

- Keep records of self-injury incidents and all concerns will be logged on CPOMs.
- Follow the procedures in place for a pupil who is expressing suicidal thoughts / feelings.
- Liaise with multi-agencies about help available for people who self-harm.
- Keep up-to-date with information about self-harm.
- Liaise with Head of School and Senior Designated Person for child protection.
- Contact parent and arrange a suitable meeting, involve the pupil in this process.
- Inform the parent(s) about appropriate help and support for their child which is available.
- Monitor the pupil's progress following an incident.
- Know when people other than parents (e.g. social workers, educational psychologists) need to be informed.
- Know when to seek help to deal with their own feelings and distress.

Pupils will be expected to:

- Not bring any dangerous objects in to school which could inflict injury on themselves or others
- Not display open wounds / injuries. These must be dressed appropriately.
- Talk to the appropriate staff member if they are in emotional distress.
- Alert a teacher if they suspect a fellow pupil of being suicidal or at serious risk of harm to themselves, and know when confidentiality must be broken.

Parents will be encouraged to:

• Endorse the school's approach to self-harm education and pastoral care.



- Work in partnership with the Endeavour Academy.
- Work with the agencies involved in order to support the child.

Date for Review – this policy should be reviewed in line with school policy.

Breach of this policy may lead to action being taken under the School's formal Disciplinary Procedure. Any employee, who feels they have been treated in a manner contrary to the spirit of this policy, should seek recourse in accordance with the School's Grievance or Dignity at Work procedures.



Staff reactions to students that self-harm

Children and young people often report prejudice from all sections of society, including those that they turn to for help with self-harm. Some of the common prejudices are given below with children and young people's responses to them

Societal (and professional) responses

All people who self-harm are suicidal	No. Only a very small number, for most it is a release from emotional pain.
Self-harm is attention seeking	No. Many children and young people go to great lengths to hide their self-harm.
The more serious the injury, the more serious the problem	No. The nature and severity of the self-harm does not reflect the nature or severity of the problem.
They must like the pain	No. It is not about pain, it is about coping.
Self-harm is a young person's issue	No. People of all ages self-harm.
People who self-harm can stop easily if they want to	No. It is a way of coping and is very difficult to stop unless a better way of coping can be adopted.
Self-harm is the problem, if we stop this then the person will be fine	No. Self-harm is not really the problem and may be seen as a solution to problems that will not go away.

Support for staff

Staff may experience a range of feelings in response to self-harm in a child or young person (e.g. anger, sadness, shock, disbelief, guilt, helplessness, disgust or rejection). It is important for all work colleagues to have an opportunity to discuss the impact that self-harm has on them personally. The type and nature of the forums where these issues are discussed may vary between settings.



Appendix 1:

Dos and Don'ts: Advice for staff

DO	DON'T
Stay calm – do not show anxiety or disgust. Be prepared to be shocked	Don't Panic – Unfortunately many children and young people self-harm – it is a complex issue and each person will have a different reason for the story behind their behaviour – panicking will not help the child or young person feel safe and contained
Listen – just being listened to can be a brilliant support and bring great relief to someone; particularly if they have never spoken to anyone about their self-harming before	Don't send the child or young person away – it is important to make some time for them, suggest other ways of coping and help them to get the right support
Listen intently – calmly ask any relevant questions, try and build rapport with the child or young person whilst you ascertain what is happening for them	Don't be judgemental – keep an open mind about the behaviour and don't refer to it as "attention seeking"
Listening – does not just require ears – observe the child or 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?	Don't Work Alone - you may still see a child or young person alone, but you will need to share with an appropriate staff member or colleague from another agency. This will protect both the student and yourself
Think – carefully before you act – What is in the best interests of the child or young person?	Don't offer to take the child or young person to your home environment. Don't give them your mobile or house number or text them. It is more appropriate and professional for you to help the child or young person to identify and access their support network. Self-harming behaviours can be extremely concerning, but you cannot offer objective support when enmeshed with the child or young person's difficulty
Remember most episodes of self-harm have nothing to do with suicide. However one way to differentiate between suicide and self-harm is by asking the child or young person what was their intention behind the self-harm behaviours	
Treat a suicide intention as an emergency, do not leave the child or young person alone or in a vulnerable environment – get help and support as soon as possible and remain calm	
It is important to be clear with each individual how often and for how long you are going to see them (i.e. the boundaries need to be clear). It can be easy to get caught up into providing too much, because of one's own anxiety. However, the child or young person needs to learn to take responsibility for their self-harm	



Appendix 2:

Useful links and support agencies

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

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

Papyrus: www.papyrus-uk.org

YAM: www.y-a-m.org

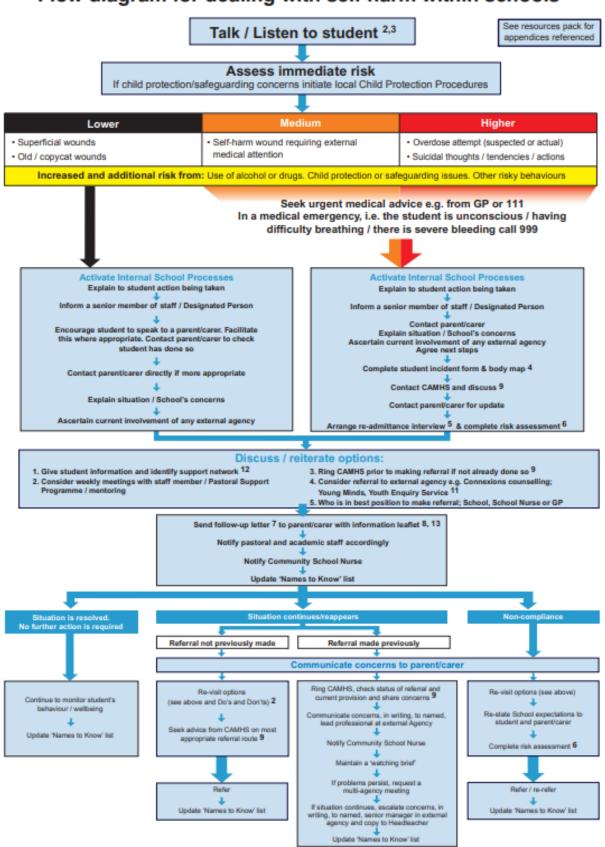
NHS: www.nhs.uk/conditions/self-harm/getting-help

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



Appendix 3:

Flow diagram for dealing with self-harm within schools





Appendix 4:

Day and date:		Time:		
Student's Na	me:			
Age:		Gender:	Year Group:	SEND:
Name of mer	nber of sta	aff completing form:	Position:	
Actions taker	1:			
Actions taker				



Appendix 5:

Name of student:			
Please indicate on the rele	Body Map evant diagram(s) the location of the	self-harm if appropriate	
	FRONT		
	BACK		
Name of student:			
Date of completion:			
Name of member of staff com	npleting form:		
Any additional information:			



Appendix 6:

Management of Health and Safety at work regulations General Risk Assessment - Form RA2

Name of establishment:	
Ref no RA	

Risk assessment for student who is self-harming in school

Student's name:			

It is necessary to undertake a risk assessment to identify the risks to { insert name of student }, other students and staff in the light of { insert name of student } self-harming on the school site.

Potential problem	Risk	Measures to reduce the risk
Dangerous implements such as blades being brought into school	Serious injury to self, other students or staff at school. Primary children: risk to very young children inadvertently accessing implements. Cleaners may inadvertently hurt themselves.	Student is reminded of School's behaviour policy and zero tolerance to such items being brought into school. Student may be asked to present him/herself at { insert location } and be asked to show that bag/locker does
Student self-harming on the school site between lessons and at break and lunch time	Serious injury to self and related impact on other students and members of staff. The student becomes increasingly socially isolated and withdrawn; spiral of self-harm increases. Financial cost of staff resource to escort student / supervise student is not sustainable	Student has explained to him/her the impact of self-harming on school site and is expected to take her/himself to { insert location } if s/he feels that s/he may self-harm, and use the strategies that s/he has been given and/or contact the health professionals from whom s/he is receiving treatment Student is expected to share issues with appropriate adults not peers Student must be open with parents and not come to school if s/he feels at risk in the morning If necessary school will ask parent/carer to collect student from school



Potential problem	Risk	Measures to reduce the risk
Student leaves the classroom during the lesson in order to self-harm.	While unsupervised, the student may self-harm. Agitated student effectively forced to remain in an environment s/he is endeavouring to leave: s/he may hurt him/herself, other students or staff in the interim. Student may abscond from classroom Financial cost of staff resource to escort students / supervise student is not sustainable.	Student has explained to her/him the impact of self-harming on school site and is expected to use a Green Card to take her/himself to {insert location} if s/he feels that s/he may self-harm and use the strategies that s/he has been given and/or contact the health professionals from whom s/he is receiving treatment Student is expected to share issues with appropriate adults and not peers Student must be open with parents/carers and not come to school if s/he feels at risk in the morning If necessary school will ask-parent/carer to collect student from school
Student has overwhelming urge to self-harm while at school leading to volatile behaviour	Student may 'run away' / abscond in school to carry out the urges to self-harm, without any consideration for her/his own or others' safety. Staff are deployed to seek him/her out when this occurs (in pairs) posing a risk to themselves physically and emotionally. Risk that other students see attempts at self-harming and are emotionally impacted. Students urges increase and s/he is becoming increasingly reckless in decision making about self-harming.	School will seek professional help and reassurance that student is fit to be at school
Current friendship group of the student is reinforcing negative behaviours.	Student is finding it very difficult to break out of the cycle of self-harming.	Contact CAMHS to discuss situation and next steps
Student is targeting other vulnerable students to draw them into self-harming	Self-harming culture created: increased numbers of students involved. Higher risks to personal and general safety.	Contact CAMHS to discuss situation and next steps



Potential problem	Risk	Measures to reduce the risk
Admissions of suicidal thoughts and intent to staff	Student may attempt to take his/her own life while on the school site.	Parents/carers contacted to advise them of thoughts / intent.
		Seek urgent medical advice e.g. from GP or 111. In a medical emergency, i.e. the student is unconscious / having difficulty breathing / there is severe bleeding call 999
Student may attempt to leave the school site in order to self-harm	Serious injury to self and exposure to vulnerable situations Self-harming takes place away from school	Student expected to engage in all forms of academic and pastoral support within and beyond the school Parents must be contactable if student is discovered to have left the school site / not arrived at school in the morning.
Student unable to engage with education	Student does not achieve full potential.	Student expected to engage in all forms of academic and pastoral support within and beyond the school including in-house mentoring programme, PSP, CAMHS, MIND, Outreach Support, for example PRU.

Signed::	(Student)	Date:
Signed::		Date:
Signed:	(Parent/ Carer)	Date: