



Self Harm Policy

SEPTEMBER 2022

HELEN MULLINGER

Self Harm Policy

| Policy History | Date |
|------------------------|---------------------------------|
| First draft | 1 st September 2022 |
| Presented to staff | 7 th September 2022 |
| Presented to Governors | 28 th September 2022 |
| Review due | September 2023 |

Self-Harm Policy

This document describes the school's approach to self-harm. This policy forms an essential part of the School's safeguarding documents. It should be viewed in conjunction with these, in particular Safeguarding Children and Child Protection.

Aim

The overall aim is to ensure that staff are able to recognise and act swiftly and appropriately to all cases of pupil self-harm.

Objectives

- To recognise any form of self-harm or mutilation
- To understand that self-harming is almost always a symptom of some underlying emotional or psychological issue
- To put in place a framework for intervention
- To be alert to the possibility that self-harm may arise from a history of abuse

Aims

- To increase understanding and awareness of self-harm
- To alert staff to warning signs and risk factors
- To provide support to staff dealing with children and adults who self-harm
- To provide support to children who self-harm, their peers and families

Definition of Self-Harm

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body 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

Less obvious self-harm behaviours also include:

- controlled eating patterns – anorexia, bulimia, over-eating;
- indulging in risky behaviour / risky sexual behaviour destructive use of drugs or alcohol;
- an unhealthy lifestyle;
- getting into fights.

Risk Factors

The following risk factors, particularly in combination, may make a child or adult particularly vulnerable to self-harm:

Individual Factors:

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

Family Factors:

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

Social Factors:

- Difficulty in making relationships / loneliness
- Being bullied or rejected by peers

Warning Signs

School staff may become aware of warning signs which indicate a child, member of staff or family member is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from one of DSL's, designated for safeguarding children.

Possible warning signs include:

- Changes in eating / sleeping habits (e.g. child or adult may appear overly 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 or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Visible signs of injury (e.g. scarring)
- A change in dress habit that may be intended to disguise injuries (e.g. A sudden change to wearing long sleeved tops)
- becoming socially withdrawn

Within St Cuthbert's Junior School, the Designated Person for Child Protection and the Deputy Designate Leader, working in coordination, are responsible for self-harm matters. Anybody concerned about a pupil must liaise with either of these members

of staff, who will follow up with sensitivity, discretion and in line with the Safeguarding Policy.

School Procedures for Dealing with Self-Harm / Mutilation

If there is concern that a pupil may be self-harming or is thinking of self-harming, this should be reported to the DSL or DDSL who will liaise with the Safeguarding School Nurse.

If physical harm has occurred the pupil should be taken for medical assessment and care. (In an emergency an ambulance must be called).

Referrals may be made to external agency such a MHST (Mental Health Support Team) or CAHMS and other organisations that are relevant to individual pupil circumstances. This will be done in consultation with the DSL.

In some cases, self-harm may raise safeguarding issues in which case the procedures laid down in the school's Safeguarding and Child Protection Policy must be followed.

Staff will report incidents of self-harm concerns in person to DSL and record action taken on CPOMS.

Where there is an occurrence of self-harm with a pupil, parents will always be informed and supported offered.

Staff Roles in working with children who self-harm

Children 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 in a child such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to children it is important to try and maintain a supportive and open attitude – a child who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.

Children need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a child is at serious risk of harming themselves then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a child puts pressure on you to do so.

Any member of staff who is aware of a child engaging in or suspected to be at risk of engaging in self-harm should consult one of the Designated Safeguarding Leads

(DSL) in school. Following the report, the DSL will decide on the appropriate course of action.

This may include:

- Contacting families
- Arranging professional assistance e.g. doctor, nurse, children's services
- Arranging an appointment with a counsellor or appropriate professional

- Immediately removing the child from lessons if their remaining in class is likely to cause further distress to themselves or their peers
- In the case of an acutely distressed child, the immediate safety of the child is paramount and an adult should remain with the child at all times
- If a child has self-harmed in school a first aider should be called for immediate help
- Members of staff may also notice or be confided in by other members of staff or family members. They should follow the same procedure as above and seek advice from the Headteacher or DSL.

Further Considerations

Any meetings with a child, their families or member of staff regarding self-harm should be recorded in writing including:

- Dates and times
- An action plan
- Concerns raised
- Details of anyone else who has been informed

This information will be stored in the child's child protection file using our online CPOMS safeguarding system.

It is important to encourage children to let you know if someone they know is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be very dangerous and 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 their friend will be treated in a caring and supportive manner.

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 one of the DSLs, designated for safeguarding children.

When a young person is self-harming it is important to be vigilant in case close contacts with the individual are also self-harming. Occasionally schools discover that a number of children in the same peer group are harming themselves.

Monitoring and Review

This policy will be reviewed annually or earlier if necessary) by the Designated Safeguarding Lead or Deputy Designated Safeguarding Leader.

Linked Policies

The following are linked to this policy and should be noted when dealing with cases or suspected cases of self-harm:

- Safeguarding Children and Child Protection
- Medical Policy

- Inclusion Policy
- Sexual Education Policy
- Anti-bullying Policy