

Beacon Rise Primary School
Policy and Procedure on Self-Harming



This policy forms an essential part of the School's medical and safeguarding group of policies. 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'

What is Self-Harm?

Self-harm is any deliberate behaviour that inflicts physical harm on someone's own body and is aimed at relieving emotional distress. Self-harm can include:

- cutting themselves;
- scratching themselves;
- burning or scalding their body;
- banging and bruising themselves;
- scrubbing or scouring their body;
- deliberate bone-breaking;
- punching themselves;
- sticking things into their body;
- swallowing inappropriate objects or liquids;
- taking too many tablets (overdose);
- biting themselves;
- pulling their hair or eye lashes out;
- attempting to terminate an unwanted pregnancy.

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.

Warning Signs

Self-harm may present as visible or invisible signs. The latter can include ingested materials or cuts / bruises under the clothing.

Staff, parents and fellow students may become aware of warning signs that might indicate that a student is experiencing difficulties that may lead to self-harm or suicide. These can include decreased school attendance and the giving away of possessions. These warning signs should always be taken seriously and anyone observing any of these should seek further advice from one of the school nurses or the Designated School Leader for Child Protection.

Warning Signs may Include:

- visible signs of injury (e.g. scarring)
- a change in dress habit that may be intended to disguise injuries (e.g. an unexpected / sudden change to wearing long sleeved tops)
- changes in eating or sleeping habits
- increased isolation from friends or family; becoming socially withdrawn
- changes in activity or mood (e.g. becoming more introverted or withdrawn)
- 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
- changes in clothing / image

Links to Emotional Distress (including abuse)

Those who self-harm are usually suffering emotional or psychological distress and it is vital that all such distress is taken seriously to assist in alleviating that distress or to minimise the risk of increasing distress and potentially suicide.

Any young person who suggests they are experiencing suicidal feelings must be taken extremely seriously and safeguarding procedures put in place immediately; a young person showing this level of distress must NOT be left unattended.

Emotional/Psychological Risk Factors Associated with Self-Harm can be:

- recent trauma e.g. death of a friend or relative, parental divorce
- negative thought patterns and low self-esteem
- bullying
- abuse – sexual, physical, emotional or through neglect
- sudden changes in behaviour and/or academic performance
- relationship difficulties (with family or friends)
- learning difficulties
- pressure to achieve (from teachers or parents)
- substance abuse (including tobacco, alcohol or drugs)
- issues around sexuality
- medical condition

Other causal or risk factors

- inappropriate advice or encouragement from internet websites or chat-rooms
- experimentation, 'dares' or bravado, 'copycat behaviour'
- concerns by a girl that she may be pregnant (including an attempt to terminate this)
- a history of abuse of self-harming in the family
- parental separation
- domestic abuse and/or substance misuse in the home
- media influence
- issues surrounding religious or cultural identity

Information must be available within school to help students experiencing distress find an appropriate person to talk, e.g. a confidential listener.

Within Beacon Rise Primary School, the Designated Person for Child Protection and the Deputy Designated Leader, working in coordination, are responsible for self-harm matters. Anybody concerned about a student must liaise with either of these members of staff, who will follow up with sensitivity, discretion and in line with the Safeguarding Policy. See procedure below.

Prevention

An estimated 1 in 12 children self-harm at some point and it is far better to prevent self-harm before it happens. The risk of self-harm can be significantly reduced by the creation of a supportive environment in which individual's self-esteem is raised and healthy peer relationships are fostered. This can be achieved through development of good relationships by all members of the school community and in particular through the PHSE programme in which peer reporting is included.

Staff awareness of issues leading to self-harm is increased through training and the production of comprehensive policies on Safeguarding and Child Protection, Anti-bullying, appropriate medical policies and a full and informative policy on self-harming. This policy is posted on the School's website to achieve the widest circulation, including parents.

The pupils are provided with a wide range of internal and outside sources of help and these are widely publicized. As well as the Designated School Leaders and a robust pastoral system within the school, the pupils are able to speak to a member of staff they feel safe talking to.

The school staff are strongly supported by the senior leadership team in all matters concerned with Child Protection. Staff are prepared to deal with 'contagion' if self-harming leads to 'copycat' behaviour within the school. Senior staff have access to external agencies who can offer advice and/or assist with issues including students who self-harm.

School Procedures for Dealing with Self-Harm / Mutilation

If there is concern that a student may be self-harming or is thinking of self-harming, this should be reported to the Designated School Leader or Deputy Designated School Leader who will liaise with the School Nurse.

If physical harm has occurred the pupil should be taken to the Health Centre or to A&E for medical assessment and care. (In an emergency an ambulance must be called). This will be arranged in coordination with parents for day students or house parent for boarding students.

Pupils must not display open wounds/injuries - these must be dressed appropriately.

The School Nurses will monitor the young person and may organise counselling, in consultation with the Designated School Leader for the pupil within School or may support the student and their family by making contact with appropriate support organisations.

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.

In relation to confidentiality, where there is no child protection issue raised, although it is better if parents were involved to support the young person, each individual case and approach needs to be handled carefully and sympathetically to support the wellbeing of the young person. The decision about involving parents/guardians should be taken in consultation with the Designated School Leader or Deputy Designated School Leader and School Nurse. In the case of severe self-harm requiring medical intervention/A&E, parents will be informed immediately. In a situation in which it is disclosed that self-harm is symptomatic of abuse in the home, the Designated School Leader may take the decision to make a referral directly to the appropriate authority without informing the parents.

Where parents are informed, they will be encouraged to work in partnership with the school in supporting the young person through this difficult time.

If any member of staff has any concerns about confidentiality issues they should take advice Designated School Leader or Deputy Designated School Leader. As stated in the Safeguarding and Child Protection Policy, staff must not promise confidentiality, but reassure the child that only those people who need to know will be informed for their safety.

Staff may report incidents of self-harm concerns in person to Designated School Leader or Deputy Designated School Leader by completing an incident report form. Matters of self-harm / mutilation may be raised by any member of staff and could be referred in the first instance Key Stage Leader. However, it is that person's responsibility to refer the matter to the Designated School Leader or Deputy Designated School Leader. If a member of staff becomes aware of or is alerted to a self-harming issue, or a pupil discloses self-harm, s/he is advised to treat the matter as a safeguarding and child protection issue in the first instance and follow the procedures set out in the Safeguarding and Child Protection Policy. It is safer to do this, including making a written report, even if the incident eventually turns out to be an isolated one that was not indicative of a serious underlying emotional or abusive cause.

If a pupil suggests that there is evidence of self-harm beneath his/her clothing, a member of staff should accept such statements and not ask the pupil to remove clothing to reveal wounds/bruises etc. A School Nurse may investigate such evidence in a sensitive and appropriate manner in the Health Centre.

If the event of any self-harm incident in school, the Safeguarding governor will be informed.

Advice to Parents

Parents should not feel isolated if they know or suspect that their child (or one of their child's friends) is at risk or is actually self-harming. The advice contained within this policy provides a first source of useful information and guidance. If a parent has any concerns they should contact the school immediately for help, support and advice. The Designated School Leader or Deputy Designated School Leader may approach the parents.

Monitoring and Review

This policy will be reviewed annually (or earlier if necessary) by the Designated School Leader or Deputy Designated School 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

Useful Resources and Helplines

Childline – 24 helpline for children and young people

0800 1111 (free phone from landlines) or 0800 400 222 – text phone.

www.childline.org.uk

Young Minds – national charity committed to improving the mental health of children and young people. Interactive website for advice and information.

www.youngminds.org.uk

Recover Your Life – Self-harm support community providing support and advice to those seeking to recover from self-harm.

www.recoveryourlife.com

National self-harm network – support for individuals who self-harm, friends and family.

0800 622 6000 (Thursday – Saturday 7 p.m. – 11 p.m., Sunday 6.30 p.m. – 10.30 p.m.)

www.nshn.co.uk

Substance Advice Service (SAS) – provides confidential advice and support to young people who are concerned about their alcohol or drug use.

01275 888 360

59-61 Oxford Street, Weston-Super-Mare, BS23 1TR.

Appendix

The flowchart overleaf provides guidance on assessment and possible courses of action for supporting children who are at risk of self-harm. if risk increases if risk increases.

Assessment

Consider:

- 1) Precipitating factors
- 2) Predisposing factors
- 3) Circumstances of the incident

4) Risk factors

5) Moods and Feelings Questionnaire (from the Health Centre)

Some risk indicators present but:

- one-off incident and/or self-harm was not dangerous
- s/he sought help
- no future plans for selfharm
- no suicidal intent
- low score on depression scale

Significant number of risk factors present including:

- self-harm was not dangerous
- self-harm was concealed
- self-harm was planned
- self-harm did not include intent to die
- future self-harm likely
- medium score on the depression scale
- Considerable number of risk indicators present including:
- self-harm was dangerous
- self-harm was concealed
- self-harm was planned
- self-harm was carried out with the intent to die
- suicidal ideation present
- likelihood of plan for future self-harm in future

Actions:

- group awareness raising of mental health issues and keeping emotionally healthy
- consult the NSSHYPIP
- if appropriate provide 1:1 work for the young person to explore the issues that led to the episode of self-harm
- possible communication with Primary Mental Health Specialist at CAMHS if further information or advice is required

Actions:

- consult the NSSHYPIP
- if appropriate provide 1:1 work to explore issues further, e.g. triggers and underlying causes of his/her distress
- talk to the young person about your concerns, sources of support and alternative coping strategies
- talk to the young person about the possibility of involving others, e.g. parents or other professionals
- raise concerns with your manager and consider issues of confidentiality and child protection
- possible consultation with CAMHS
- consider whether necessary to make a referral to CAMHS (via GP) for more specialist intervention

Actions:

- for any overdose or if wounds require stitching, young person will have to attend A&E for medical checks

- attendance at A&E for deliberate self-harm will automatically trigger a psychiatric assessment / referral to CAMHS
- inform parents (consider own agency's confidentiality and child protection guidance)
- advise parents and / or young person to access CAMHS via

GP

CAMHS – Child And Adolescent Mental Health Services

NSSHYP – North Somerset Self Harm and Young People Information Pack

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