

Castledon Academy Self-Harming Policy

Introduction:

Recent research indicated a sharp rise in the numbers of young people in the UK who engage in self-harming behaviours, and that this figure is higher amongst specific populations, including girls, and young people with special educational needs. Self-harming can be prevalent in friendship groups, and in some subcultures.

People who self-harm are more likely to have experienced physical, emotional or sexual abuse during their childhood.

A high number of children and young people on the autistic spectrum self-harm.

School staff can play an important role in preventing self-harm and also in supporting students, peers and parents, carers and families of students who are engaging in self-harm.

Aims:

To increase understanding and awareness of self-harm

To alert staff to warning signs and risk factors

To outline the ways in which we may provide support to students who self-harm, their peers and their parents or carers.

Definition of self-harm:

Unwanted emotions such as anger and frustration are often behind self-harm, which provides an unhealthy but often cathartic release for pent up feelings. Self-harm is any behaviour where the intent is to deliberately cause harm to ones' own body, without causing death.

Examples of self-harm can include:

- 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
- Pulling out hair or eyelashes
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively
- Biting parts of the body
- Under medicating (insulin)

Self-harm can also be linked to behaviours that suggest that the young person does not care if they live or die such as:

- Controlled eating patterns such as anorexia, bulimia or overeating
- Indulging in risky behaviours such as car dodging
- Indulging in risky sexual behaviours
- Destructive use of alcohol or drugs
- Suicidal ideation or attempts

- Unwanted emotions such as anger and frustration can be reasons for self-harm, which provides an unhealthy but often cathartic release for pent up feelings. In the autistic community, self-harm can also become a fixed pattern of behaviour or a way for a young person to show others how they feel.

Some young people plan to self-harm in advance, others do it suddenly.

Some young people self-harm only a few times, but others do it regularly, and it can become an entrenched pattern of behaviour or an addiction.

For many young people self-harming is very private and is a form of release that does not attract the attention of others. It can take place in private, be dealt with in private and then covered up with clothing.

Other terms that are used to describe self-harming are deliberate self-harm; self-inflicted harm; self-injury; deliberate self-injury. Young people often refer to self-harming as cutting, slashing or burning.

What can make a young person self-harm?

The following risk factors may make a young person particularly vulnerable to self-harm:

Individual factors:

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| ● Depression | ● Hopelessness Impulsivity |
| ● Anxiety | ● Drug or alcohol abuse |
| ● The need for control | ● Having a friend who self-harms |
| ● Poor communication skills | ● Eating disorders |
| ● Low self-esteem or self-worth | ● Feeling powerless |
| ● Poor problem-solving skills | |

Family factors:

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| ● Unreasonable expectations | ● Poor parenting |
| ● Neglect | ● Family arguments or poor family relationships |
| ● Physical abuse | ● Depression, self-harm or suicide in the family |
| ● Emotional abuse | ● Family breakdown |
| ● Sexual abuse | |

Social Factors:

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| ● Loneliness or social isolation | ● Rejection by peers |
| ● Difficulties in making relationships | ● Feeling under pressure due to school or exams |
| ● Being bullied | ● Feeling the need to socially conform |

Self-harming can make the young person concerned feel more in control and can reduce their feelings of tension and distress. If they feel guilty it can be a way of punishing

themselves and relieving their guilt. Some young people feel better immediately afterwards and then feel guilty about what they have done.

Potential warning signs:

School staff may become aware of warning signs which indicate that a student is experiencing difficulties that may lead to thoughts of self-harm. These warning signs should always be taken seriously and staff who observe any of these warning signs must share their concerns with the Designated Safeguarding Lead or the Deputy Designated Safeguarding Leads.

Possible warning signs include:

- Changes in eating or sleeping habits
- Increased isolation from friends or family, becoming more socially withdrawn
- Changes in activity and mood, for example, becoming more aggressive or introverted
- Lower academic achievement
- Talking or joking about self-harm or suicide
- Evidence of abusing alcohol or drugs
- Expressing feelings of failure, uselessness or loss of hope

Those who are most likely to harm themselves badly:

- Use a dangerous or violent method of self-harm
- Self-harm regularly
- Are socially isolated
- Have a psychiatric illness

What can I do if I know that someone is self-harming?

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 the self-harm such as anger; sadness; shock; disbelief; guilt; hopelessness; disgust and rejection. However, in order to offer the best, help to a student it is important for staff to maintain a supportive, professional and open attitude. Students who talk to staff about their self-harm are showing a great deal of courage and trust, and they should be reassured that they will be helped and supported with being judged. In a few instances young people who regularly self-harm will be known to the school and to EWMHS, and in those cases, EWMHS advice on how to react to the self-harming will be followed.

Staff will discuss some or all of the areas below with the student who has self-harmed:

- If they have taken any substances or injured themselves;
- Find out what is troubling them;
- Explore how imminent or likely self-harm might be;
- Find out what help or support the child or young person would wish to have;
- Find out who else may be aware of their feelings.
- How long have they felt like this?
- Are they at risk of harm from others?
- Are they worried about something?
- What have they been doing that helps?

- What are they doing that stops the self-harming behaviour from getting worse?
- What can be done in school or at home to help them with this?
- How are they feeling generally at the moment?
- What needs to happen for them to feel better?

Self-harm at school procedure:

If a young person self-harms in school, then a member of first aid trained staff must be alerted to administer first aid. The member of staff with the young person should remove any equipment that they consider to be dangerous if possible. They must stay with the young person until the first aid trained member of staff arrives, and together the members of staff will make an immediate plan to ensure the young person's safety.

If the self-harming is significant, the DSL or one of the Deputy DSL should be notified immediately. They will assess the level of risk that the young person poses to themselves, and will make a plan for immediate support of the young person.

Where the self-harm causes serious injury or is in the form of an overdose, the emergency services must be called and parents informed immediately.

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.

Young people who are known to regularly self-harm should have a bespoke risk assessment written and shared with staff, and may be offered a daily check-in to help them manage their negative thoughts and feelings, and to solve problems that are building up.

We encourage students who have self-harmed to not display their wounds or injuries and to talk to a member of staff if they are upset or stressed. If students are displaying and actively showing others, students must cover up wounds with bandages and be required to wear long sleeves.

If staff are emotionally affected by an incident of self-harm or disclosure about self-harm, they are encouraged to talk to their line manager so that appropriate support can be provided for them.

Recording incidents of self-harm:

All incidents of self-harming should be reported to the DSL or one of the Deputy DSLs as a matter of urgency.

It is paramount that students understand that staff have to share information regarding self-harm with appropriate people in school. All members of staff must share information about self-harming behaviours with the Designated Safeguarding Lead (DSL) or the Deputy Designated Safeguarding Leads. Staff must report the incident as soon as possible. The DSL will review this information regularly to see if there are any self-harm trends emerging, or if any other areas of concern can be identified.

Unless the self-harm is linked with problems at home, the Designated Safeguarding Lead or the Deputy Designated Safeguarding Leads will notify the parents of the student who has

self-harmed. We encourage students to report fellow students if they think they are at risk of self-harming or suicide through speaking to a member of staff.

We encourage parent carers and families to work in partnership with the school and share any information about their child's self-harming behaviours at home and to support the school's policy on self-harm.

CPOMS - a record of the incident and any actions should be recorded on CPOMS

Organisation that support self-harm issues:

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

111 - (Mental Health Support for over 18) and ask for mental health services in your area

Motivated Minds - <https://www.motivated-minds.co.uk/>

EWMHS (Emotional Wellbeing and Mental Health Services)
- 0800 953 0222 - <https://www.nelft.nhs.uk/services-ewmhs/>