



Self Harm

Policy updated by:	J Smith
Reviewed by staff:	Oct 2023
Review due:	Oct 2026
Agreed by Headteacher:	N Anderson



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Introduction

The UK has the highest rate of self-harm of any country in Europe with estimates of 4 in 1000 people self-harming. Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours, and that this figure is higher amongst specific populations, including young people with special educational needs. Young women have become the most high risk in society, with 1 in 4 among those aged between 18 and 24 having self-harmed. People who self-harm are more likely to have experienced physical, emotional or sexual abuse during their childhood.

School staff can play an important role in preventing self-harm and also in supporting pupils, peers and parents of pupils currently engaging in self-harm. This document describes the Primary PRU's approach to self-harm. This policy is intended as guidance for all staff including non-teaching staff and Management Committee members.

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 pupils who self-harm.
- To provide support to pupils who self-harm, their peers and their parents/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 one's 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 (eg insulin for diabetes or salbutamol for asthma)



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 or bulimia, indulging in risky sexual behaviours or becoming involved in the destructive use of alcohol or drugs.

Some young people plan to self-harm in advance whilst others do it suddenly. Some young people harm only a few times and 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 be 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.

Risk Factors

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

Individual Factors:

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

Family Factors

- Unreasonable expectations
- Neglect or physical, sexual or emotional abuse
- Poor parenting
- Family arguments or poor family relationships
- Depression, self-harm or suicide in the family
- Family breakdown



Social Factors

- Difficulty in making relationships
- Loneliness or social isolation
- Being bullied
- Rejected by peers
- Feeling under pressure due to school or exams
- 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

Elmbrook School staff may become aware of warning signs which indicate a pupil 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 the Designated Safeguarding Leads – Nicola Anderson, Zaheera Omar-Davies, Eleanor Blockley, Mairead Richards and Jane Smith.

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 someone is self-harming?

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

Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a pupil 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 pupil puts pressure on you to do so.

Any member of staff who is aware of a pupil engaging in or suspected to be at risk of engaging in self-harm should consult one of the Designated Safeguarding Leads - Nicola Anderson, Zaheera Omar-Davies, Mairead Richards, Eleanor Blockley or Jane Smith, or the Designated Management Committee member for safeguarding children, and record the incident on CPOMS.

Following the report, the designated teacher / management committee member will decide on the appropriate course of action by following the Self-harm pathway. This may include:

- Contacting parents / carers
- Arranging professional assistance e.g. through the school nurse
- Arranging an appointment with a counsellor and screens for mental health problems
- Immediately removing the pupil 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 pupil, the immediate safety of the pupil is paramount and an adult should remain with the pupil at all times**
- **If a pupil has self-harmed in school a first aider should be called for immediate help**
- **A referral to specialist CAMHS if appropriate.**

Further Considerations

Any meetings with a pupil, their parents or their peers regarding self-harm should be recorded in writing. This should include:

- dates and times
- an action plan
- concerns raised



- details of anyone else who has been informed

This information should be stored in the pupil's child protection file and attached to a CPOMS entry for the meeting.

It is important to encourage pupils to let you know if one of their group 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 Designated Safeguarding Leads.

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 pupils in the same peer group are harming themselves.

Monitoring and Review

This policy will reviewed for its effectiveness on a 3 yearly basis by the Designated Safeguarding Leads.