



Self-harm Policy

Bancroft's
Independent Co-educational Day School 7–18

Self-harm

Aims and objectives of the policy

As a school we have a responsibility to meet the needs of our pupils, and it is important that we all know how to best approach the issue of self-harm. This policy must be read in conjunction with our safeguarding policy, Eating disorder policy and Mental Health and Wellbeing Policy.

Young people benefit from a non-judgemental approach from a person who is able to listen to them, foster a good relationship with them and encourage them to establish positive relationships with services (Royal College of Psychiatrists).

This policy aims to encourage staff to talk with young people about self-harm when appropriate, in particular when they are aware that they are struggling with their lives. Asking about self-harm does not increase the behaviour, and we want staff to be confident in having these conversations.

Introduction

Bancroft's School is committed to safeguarding and promoting the welfare of students and expects all staff and volunteers to share this commitment. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of self-harming and follow our procedures to ensure that children receive effective support and protection. The school works in partnership with other children's services.

The term self-harm used in this policy refers to any act of self-poisoning or self-injury carried out by an individual, irrespective of motivation.

Self-harm is a sign that a young person is experiencing significant emotional distress (see NICE guidelines).

Self-harm may include overdose (self-poisoning), hitting, cutting, burning, pulling hair, picking skin, head banging, self-strangulation. This policy does not cover other issues such as overeating/ food restriction or risk-taking behaviours such as consuming drugs/alcohol.

Self-harm is more common than many people realise; around 10% of young people self-harm at some point, and this figure is likely to be an underestimation.

Self-harm is much less common in primary school age children. Behaviours include shallow cuts, hair pulling, head banging and deliberate self-grazing or scratching. Self-harm in younger children is often linked to family difficulties. In primary school age children, we avoid using the label 'self-harm' and reframe a child's behaviour as a demonstration of distress and/or help-seeking behaviour.'

Young people with special educational needs may also engage in self-harm. It is estimated that about half of autistic people engage in self-injurious behaviour at some point in their life, and it can affect people of all ages (<https://www.autism.org.uk/about/behaviour/challenging-behaviour/self-injury.aspx>).

Young people self-harm for a variety of reasons, this can include:

- To feel in control
- To relieve tension
- As a form of punishing themselves
- To feel more connected and alive, if otherwise they feel detached
- As a way of communicating distress
- It can provide distraction
- As an opportunity for nurture and comfort
- As a coping strategy

Risk Factors

Because self-harm can reduce tension and help control mood, it can be self-reinforcing and habit-forming. Staff need to understand that it is difficult to break the cycle of self-harm.

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

Individual Factors:

- Depression/anxiety/mental health issues
- Poor communication skills or low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse
- Sexual identity

Family factors:

- Unreasonable expectations
- Neglect or physical, sexual, or emotional abuse
- Lack of support at home
- Poor parental relationships and arguments
- Depression, self-harm, or suicide in the family
- Loss, separation, and bereavement
- Domestic violence
- Drug/alcohol misuse

Social Factors:

- Difficulty in making relationships/loneliness
- Being bullied or rejected by peers
- Easy availability of drugs, medication, or methods of self-harm
- School Issues

Why does self - harm happen?

During adolescence, students may encounter particularly painful emotional events for the first time. They often do not know where to go for help and have not developed sufficient problem-solving skills to overcome these difficulties on their own. As a result, they experience feelings of helplessness and hopelessness, which can lead them to self-harm or to attempt suicide.

The three most common reasons why young people self-harm are:

- **Tension relief** - a number of young people are unable to deal with their unpleasant feelings and find self-harm as a way of relieving stress and tension.
- **Self-punishment** - Young people who self-harm often have low self-esteem and feel that they are worthless or bad people who should be punished.
- **To express distress** - For some young people, self-harm is a way of showing others how bad they are feeling. They may use this as a way of reaching out to get help.

Other explanations from students about why they self-harm include:

- That physical pain is easier to control than emotional pain
- It is a way of coping with past and current events
- Rarely, it can be a way of becoming a part of a group
- Some students may only self-harm once or twice in response to a particular difficulty, however, it can also become a regular activity that is hard to stop and may indicate more serious and longstanding emotional distress.

The cycle of self – harm

When a person inflicts pain upon himself or herself the body responds by producing endorphins, a natural pain reliever that gives temporary relief or a feeling of peace. The addictive nature of this feeling can make self-harm difficult to stop. Young people who self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self-harm initially.

How can staff identify signs of self-harming?

All staff at Bancroft's School are expected to be vigilant and to report concerns via CPOMS or in person and immediately if the case is more serious. They should be alert to the following signs:

- Changes in clothing to cover parts of the body, e.g., wearing long sleeved tops
- Reluctance to participate in previously enjoyable physical activities, particularly those that involve wearing shorts or swimsuits.
- Changes in eating and or sleeping habits
- Changes in consumption of drugs/alcohol
- Changes in levels of activity or mood
- Increasing isolation from friends/family

Self-harm occurs more frequently in students with learning disabilities. In those with severe learning disabilities, self-harm can form part of the student's profile of behaviour (for example, a student with autism biting his/her arms repeatedly). Any change in the frequency, severity, or site of self-harm in these students is a cause for concern. Self-harm may be the only way a student with communication difficulties can display her/his emotional distress.

Self-harm in younger students is unusual but not unknown, so it is important to be aware that behaviours such as hair pulling, small surface cuts, head banging, and self-grazing/scratching may be signs of self-harm.

Suicidal thoughts and self-harm

Self-harm by cutting is not usually associated with suicidal thoughts but as described previously, it can be thoughts or behaviours used as an expression of distress or to relieve distress.

Suicidal ideation (a term often used by mental health practitioners) is where a young person expresses a genuine desire to die. Thoughts of hopelessness such as "I wish I were dead" are common. It is therefore important to explore the meaning behind the words the young person says.

This can be because a student has a serious depression with low self-esteem, low mood, inability to see that his/her situation could improve, nothing to live for and no chance of ever being happy.

Suicidal ideation is rare. If staff encounter a student who demonstrates these thoughts, they should immediately follow the school policy and inform DSL (Designated Safeguarding Lead).

Frequent suicidal ideation with or without self-harm is a cause for referral for specialist assessment to consider a diagnosis of depression or other conditions, risk, and treatment options.

What to do if a child discloses thoughts of self-harm and /or superficial injury?

Keep calm and give reassurance to the student.

- Focus on the student, not the behaviour or reasons for it and remember that the student may be reluctant to talk about self-harm.
- It is important not to make promises of confidentiality even though the student may put pressure on you to do so.
- Report the disclosure immediately to the Designated Safeguarding Lead (DSL) and ensure entry is put on CPOMs.
- The DSL will request for a member of staff to inform the student's parents/carers of the situation and be actively involved in the handling of the situation unless there is some overriding reason not to. The decision not to involve parents/carers should be taken in consultation with the DSL or Deputy DSL (DDSL). Some instances of self-harm are Child Protection issues. In this case the procedures laid out by the school's Child Protection and Safeguarding Policy must be followed by the DSL. There must be no promise of confidentiality made to the student and they must be told that the DSL will be informed.
- If there are no child-protection concerns and it is not deemed that a referral to CAMHS is required, then the following procedures may be considered as part of the action plan such as an Individual Pastoral Support Plan.
- It may be necessary to hold a multi-agency meeting with those involved to discuss the way forward. The lead person will report all the actions taken using CPOMS.
- Ensure tutors and teachers are made aware.

A student engages in serious self-harm with/without suicidal ideation, requiring medical treatment e.g., injury or overdose (however small).

- Required action is the same as above
- If a member of staff finds that a student is in possession of dangerous equipment, then a member of the Safeguarding team should be contacted
- If physical harm has been done, the student should be taken to the Medical Room for medical assessment and care. If appropriate, emergency services may be called by the School Nurse.
- If the student is in hospital - a CAMHS referral may be activated by the hospital and a referral to MASH will be made by the School.

Confidentiality

Confidentiality is a key concern for students; however, the School's Child Protection Policy states students need to know that it is not possible to offer unconditional confidentiality. If staff consider that a student is at risk of seriously harming him/herself or others, then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept, even though the student may put pressure on you to do so. If this is explained at the outset of any meeting, the student can make an informed decision as to how much information s/he wishes to divulge.

How to help a student who self-harms

Continued support for a student who self-harms will normally be undertaken by a member of the pastoral team or an external specialist. It may be that a student identifies an alternative member of staff who they wish to support them.

The two main skills to employ when exploring these issues are effective listening skills and honest talking, for example:

- Let the student know you care and that they are not alone.
- Help the student express his/her emotions.
- Be an active listener; use your eyes as well as your ears to truly pay attention to what someone is saying or not saying. Watch the student's facial expression and the posture that accompanies the words s/he is speaking. These will all give clues as to how someone is truly feeling.
- Empathise with the student - imagine walking in his/her shoes.
- Be positive about what the student is saying without being dismissive.
- Know when to listen and when to talk.
- Do not try to solve the problem or say the "right" thing.
- Do not give advice too quickly or evaluate how the students are feeling and defining their experiences for them.
- Be aware of what you can and cannot do to help and be prepared to discuss this with the student sensitively.
- Do not make promises you cannot keep.
- Use open questions rather than closed ones to help the student explore his/her concerns. Encourage and support the student to talk to others, such as parents/carers or other professionals.

- Encourage and support the student in seeking appropriate help.
- Do make sure you have an opportunity to "debrief" if necessary, following a disclosure.
- Do not attempt to keep information to yourself but share it with an appropriate colleague.

Talking with students about self-harm is not always easy. It is difficult to talk about and many people worry that if they talk about self-harm, they might make things worse.

There is NO EVIDENCE to suggest that talking about self-harm will encourage young people to harm themselves. In fact, feedback from students is that they want to talk. However, this needs to be done sensitively.

SLEEP is an acronym to help you remember 5 important steps when talking with students about self-harm:

- **Stop** - be available to talk. Remember that if a student approaches you, it is you that they want to talk with. The student may not find it easy to talk so they need to be given time. Do not try to have a rushed conversation. If you are in the middle of doing something, or are busy, then let the student know that you will make a time to talk with them. Make a time there and then so that they know you are taking them seriously. Give the student your undivided attention. Show them that they are important and that you care. Make sure that where you meet is private so that you can have an open and honest conversation without interruption
- **Listen**
- **Empathise** - students need to know that you understand how they are feeling. Do not be judgemental or shocked by what they say. This will signal that it is not all right to talk about these things, and they may be less open. Acknowledge that they are feeling distressed. Reassure them that things can change. They have made an important step by talking with you today.
- **Explore** what they are saying - be curious and explore what the student is really saying. Students might say that "they wish they were dead". These words are frightening, but they do not necessarily mean that the student is suicidal. Often students say these things because they are feeling hopeless or frustrated and do not know what to do. Explore what the student means.
- **Plan** what you will do - the final stage is to agree the next steps. In most situations this can be agreed collaboratively with the student. You need to decide who you need to talk with in order to keep the student safe. A student may not always want their parents or carers to know, but if they are at risk of seriously hurting themselves, their parents need to know. Tell the student that you are concerned about their safety. Because you are worried about them the DSL or appropriate member of the House staff will need to speak with their parents/carers so that they can help the student to keep safe.
- **harmLESS** provides a series of questions you can ask the young person. The questionnaire and linked responses are designed to be completed online. The questionnaire can be found at: <https://www.harmless.nhs.uk/assessment/>
This questionnaire should only be completed if a member of staff is directed to do so by the DSL or Deputy DSL.

The websites below offer information about where to seek support for anyone who self-harms or if someone is worried about a friend or family member who self-harms. It includes a list of free listening services, explains the role of the GP in offering support and lists organisations who specialise in helping those who self-harm.

<https://www.nhs.uk/conditions/self-harm/>

www.childline.org.uk

www.youngminds.org.uk

www.nshn.co.uk

www.nopanic.org.uk

www.kooth.com