

# Self-harm & Self Injury Policy

BETHANY SCHOOL  
CURTISDEN GREEN  
GOUDHURST  
KENT

<b>Copy Location(s)</b>	<b>Master: School Office Policy File Copies:</b>
-------------------------	--

<b>Document Approved</b>	<b>February 2022</b>
<b>Date of Revision (if applicable)</b>	
<b>Date for Review</b>	<b>February 2023</b>

## Contents

### Self-harm and Self Injury Policy

1. Introduction
2. Aims
3. Definition of Self-Harm
4. Behavioural Signs and how they can be observed
5. Risk Factors
6. Reasons for the self-harm cycle to continue:
7. Suicidal Ideations
8. Strategies
9. Protocol
10. Procedure to follow where there is suspicion of Self-harm or self-injury
11. Required Response by the DSL, Deputy DSL or Senior Nurse at the Wellness Centre
12. Responsibility of the Pupil Where a Disclosure of Self-harm has been made
13. Helplines and Support

#### **1. Introduction**

It is estimated that a quarter of 14 year olds have self-harmed but this figure could be much higher. Research suggests that self-harming behaviours begin at the average age of 12 years old.

#### **2. Aims**

- To provide support to students who self-harm and to reduce this coping mechanism for managing difficult feelings.

- To provide guidance and signposting to parents/carers and peer groups as they support a child/friend who is self-harming
- To provide support and information to staff who knowingly have contact with students who are engaging in self-harm or who are at increased risk of doing so.
- To also ensure that staff have robust guidelines to assist with the safe management of students who are self-harming.
- To create a whole school approach to help to develop self-esteem and emotional literacy to reduce students using self-harm as a strategy for managing difficult feelings.
- To minimise the impact on the school community of students who self-harm.
- To ensure that students are safe whilst studying and living at school.

### 3. Definition of Self-Harm

Self-harm is a coping mechanism and 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
- Episodes of alcohol/drug abuse or over/undereating at times may be acts of deliberate Self-Harm.

Self-harm is not necessarily indicative of suicidal intention however it can lead to accidental death and cause permanent health problems or scarring.

### 4. Behavioural Signs and how they can be observed

School staff may become aware of warning signs which indicate a student is self-harming. These warning signs should always be taken seriously and staff observing any of these warning signs should liaise with the Wellness Centre and/or the Pastoral Lead.

Behaviour	How it Can be Observed
Inappropriate Clothing for warm weather and/or sleeves over hands, tights in warm weather, long skirts trousers	Staff may observe clothing inappropriate for the weather. Peers and parents guardians may notice clothing choice is covering a lot of the young persons body

	or not suitable for weather. This could be a gradual or sudden change.
Unexplained cuts, bruises particularly on wrists, forearms, thighs and chest	The pupil may show their wounds to their peers or a member of staff may see wounds during lessons such as PE.
Changes in sleeping/eating habits (e.g student may appear overly tired)	Staff may observe this in lessons. Staff on duty during lunch may notice changes in attendance to dining hall or catering staff may notice overeating or changes in eating habits. Parents/guardians may observe pupil awake at unusual times or finding sleep difficult
Increased social isolation from friends or family	Peers may observe the lack of 'joining in' or presence in social groups or interacting on social media. Parents/guardians may notice isolation in own room or at home
Changes in activity or mood (e.g. more aggressive or more introvert)	Staff, peers, parents and guardians may notice changes in mood or behaviour, more argumentative, more quiet, more secretive, low in mood, unhappy, sad, aggressive, etc
Lowering in academic achievement	Staff will see this reflected in grades and performance in school life. Level of contribution to lessons may change
Talking or joking about self-harm or suicide	Peers may notice the young person drawing attention to social media with self-harm or suicide themes. They may joke about it in conversation or opening discussing it. They may draw on things they have seen or searched for on social media. Staff may overhear conversations in the classroom or playground. Parents/guardians may become aware of a search criterion on the internet which is concerning.
Participating in risky behaviours	Peers may become concerned that young person is taking drugs, abusing alcohol, or participating in risky sexual behaviours. Parents/guardians may witness young person intoxicated or 'high'.
Notable changes in appearance (e.g. becoming a goth)	Staff may notice subtle changes in make-up or hair dye, jewellery may also be present. Peers may observe changes in friendship groups and how young person dresses outside of school. Parents/guardians may notice changes in appearance; piercings and tatoos may

	occur (this may just signify a change not necessarily self-harm)
--	--

## 5. Risk Factors

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

Individual Factors:

- Low self-esteem
- Anxiety/depression
- Poor problem-solving/communication skills
- Recent trauma could be physical, sexual or emotional
- Drug/alcohol abuse and other risk-taking behaviour
- Sudden changes in personal academic performance
- Adverse Childhood events e.g. childhood abuse, domestic violence

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

Other risk factors:

- inappropriate advice or encouragement from internet websites or chatrooms
- experimentation, 'dares', bravado or 'copycat behaviour'
- concerns about unwanted pregnancy (including an attempt to terminate this)
- domestic abuse and/or substance misuse in the home
- media influence
- issues surrounding religious or cultural identity

## 6. Reasons for the self-harm cycle to continue:

Once self-harm, particularly cutting, is established, it may be difficult to stop. Self-harm can have a number of functions and can become an embedded way of coping, for example:

- Reduction in tension (safety valve)
- Distraction from problems
- Form of escape
- Outlet for anger and rage
- Opportunity to feel real
- Way of punishing self
- Way of taking control
- To not feel numb
- To relieve emotional pain through physical pain
- Care-eliciting behaviour
- Means of getting identity with a peer group
- Non-verbal communication (e.g., of abusive situation)

When a person inflicts pain upon him 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 the stopping of self-harm difficult. 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.

## **7. Suicidal Ideations**

Although Self-Harm is non-suicidal behaviour and relied on as an attempt to cope and manage, it must be recognised that the emotional distress that leads to self-injury can also lead to suicidal thoughts and actions or accidental death. It is therefore important that all incidents of Self-Harm are taken seriously and that the underlying issues and emotional distress are thoroughly investigated, and necessary emotional support given in order to minimise any greater risk. Any mention of suicidal intent should always be taken seriously and the school policy for Child Protection and safeguarding should be followed immediately. The biggest priority of staff's response being to ensure the student is placed in a safe environment before all else.

## **8. Strategies**

- To ensure all staff members are aware of Bethany's Self-Harm and Self Injury Policy
- To encourage to be vigilant and, if they have any concerns regarding the possibility of a pupil self-harming they pass their concerns to the Wellness Centre, DSL or deputy DSL. The Wellness Centre will keep a record of pupils who are known to self-harm or if a concern has been raised
- To foster a balanced, supportive, non-judgemental, helpful, confidential and safe environment in line with the "Positive Mental Health and Well-Being at Bethany School" document
- To encourage students who have concerns about a friend to voice their concerns to a member of staff and reassure them that their concerns will be taken seriously
- To ensure students and staff are aware of support that is available within the school by use of displays, school literature and PSHCE education
- All staff having an important role to play, including observations of students and raising concerns
- To make all students, staff families aware of the support that is available externally including school counsellor and apps and helplines available. This information can be obtained via the Wellness Centre

## **9. Protocol**

The school recognises that:

- Every class of young people is likely to contain individuals who will self-harm at some point. It can be isolating and sometimes disturbing to others especially parents/guardians
- Self-harm is not attention seeking – most self-harm is often done in secret
- Self-harming can be habit forming and some people believe they can become physically addicted to it

- GP assessment and monitoring of the support plan is an integral part of supporting the student who is self-harming
- The reaction that a student receives when they disclose their self-harm has a major impact on whether they go to get help and recover
- For many young people stopping or reducing self-harm is a long and slow process. Students need the opportunity to build up the coping skills gradually. The school understands that the support offered needs to focus on the underlying individual needs and not just the behaviour
- All matters of self-harm are considered a Child Protection Issue

#### **10. Procedure to follow where there is suspicion of Self-harm or self-injury**

- Where there are concerns that a pupil is self-harming, the response of that member of staff should be calm, measured and reassuring. The pupil needs to understand the school is there to support them and help them in any way they can. Acknowledge the courage it has taken to make the disclosure but explain the limits of your confidentiality. Explain the importance as to why this information needs to be shared.
- The concern should then be discussed with the designated safeguarding lead, deputy safeguarding lead or the Senior Nurse at the Wellness Centre
- It is important that the Senior Nurse at the Wellness Centre has all the information they need including the disclosure and all factors surrounding it. An assessment of the student will take place using Appendix 1 and a well-being score completed if one has not been done already. The assessment will determine the extent of how the self-harm is affecting the pupil and explain what the next steps are and how the school can support them. If the disclosure is very minor i.e. no visible marks and no repetitive behaviour it may be that after a discussion with the DSL the decision is made to monitor the pupil weekly for a specified amount of time, documented in an individual Healthcare plan (IHCP).
- There will be a self-harm register kept at the Wellness Centre

#### **11. Required Response by the DSI, Deputy DSL or Senior Nurse at the Wellness Centre**

- The pupil will be given 24 hrs to discuss the disclosure with their parent/guardian. Unless it is decided that informing the parents/guardians will put the pupil at greater risk (see child protection policy). This needs to be clearly documented on the assessment and documentation generated from meetings with the pupil. The Senior Nurse, DSL or deputy DSL will organise a face-to-face meeting with the parents/guardians of the pupil (as long as it is safe to do so) to discuss next steps and an action plan and how to access support through the school and outside agencies. Support strategies will be discussed and documented in the IHCP. This could include;
  - Distraction Techniques
  - School/Private Counsellor
  - Utilising helplines

- Utilising Phone Apps like Calm Harm or meditation apps
- Identifying supportive Staff or Staff the pupil has a good rapport with
- The pupil must be assessed by the GP as soon as possible. This may generate a referral to the Child and Adolescent Mental Health Team depending on the severity of the self-harm. If necessary, the Senior Nurse will liaise with the GP and any other service involvement. An IHCP will be completed by the Senior Nurse at the Wellness Centre. If other levels of support are deemed necessary information can be found on [Kent support level guidance - Kent Safeguarding Children Multi-Agency Partnership \(kscmp.org.uk\)](http://kscmp.org.uk). This may also include the school counsellor/Psychotherapist or private counselling psychotherapy. Any pupil who is believed to have self-harmed or be 'at risk' of self-harm will be encouraged to have counselling/psychotherapy.
- In the Boarding community if a boarder is highlighted or discloses they are self-harming this must be discussed with the parent/guardian as a priority unless it would put the pupil at greater risk to do so. The boarder must have an assessment by their registered GP and if they are an overseas boarder by the GP surgery used by Bethany School. It is the responsibility of the DSL, Head of boarding and Senior Nurse collectively to make a decision as to whether or not their needs can be met within boarding. If there is a disagreement the DSL will make the overriding decision. Relevant staff will be made aware and may become part of the support plan.
- If the pupil refuses to see the GP or engage with support services then the DSL and the school nurse will have a consultation with the Headmaster, to decide upon a course of action which might in, extreme situations, include pupils being asked to not attend school.
- The Senior Nurse, DSL or Deputy DSL will liaise with parents and senior staff and keep them informed of any concerns. This should ideally be done with the pupil's full consent and understanding.
- The situation will be monitored regularly by the Wellness Centre with meetings with the pupil depending on the assessment of need.

## **12. Responsibility of the Pupil Where a Disclosure of Self-harm has been made**

- Maintain dialogue with the Wellness Centre and staff members to ensure they are getting the help and support they need
- Wounds must be clean, well dressed, monitored and any self-inflicted wound must be kept covered
- Pupils must never photograph or share images or information of their self-harm/injury. If this situation is occurring and affecting other the pupil will be removed and a plan put in place with a discussion from the DSL, Senior Nurse and parents/guardians.
- Pupils are expected to engage with the support services offered to them. If these are not successful or the pupil feels they are not beneficial or not

working then they should discuss this with their parents/guardian, DSL, Senior Nurse or GP.

**Parents** are expected to support the school in its response to self-harm and work in partnership with the school to support the pupil. Parents will be asked to collect pupils who are deemed to be at risk of harming themselves in school, unnecessarily exposing their wounds or talking about their self-harm to their peer group.

**Parents/carers must understand that if the school's policy is not upheld then the school have the right to remove the student on the grounds of the protection and best interests of their child's fellow students.**

### 13. Helplines and Support

[Young Minds](#) – Self-Harm information and support

**YoungMinds Textline Text YM to 85258**

Provides free, 24/7 text support for young people across the UK experiencing a mental health crisis.

All texts are answered by trained volunteers, with support from experienced clinical supervisors.

Texts are free from EE, O2, Vodafone, 3, Virgin Mobile, BT Mobile, GiffGaff, Tesco Mobile and Telecom Plus.

Texts can be anonymous, but if the volunteer believes you are at immediate risk of harm, they may share your details with people who can provide support.

Opening times: 24/7

[Harmless](#)

National Service for People who Self-Harm

[Childline](#) **9am-12 midnight 0800 1111**

Under 19 can call and speak with a counsellor 365 days a year

[The Mix](#)

Offers support to anyone under 25 about anything that's troubling them.

Email support available via their online contact form.

Free 1-2-1 webchat service available.

Free short-term counselling service available.

Opening times:

4pm - 11pm, seven days a week

0808 808 4994

<https://www.selfharm.co.uk>

Online support for 14-19 year olds

[Samaritans](#)

116 123 Someone is available to talk anytime, any day.

[Papyrus](#) – Prevention of Young Suicide

Includes HopeLink - A Safety Plan for anyone with Suicidal thoughts or ideations

[Calm Harm App](#)

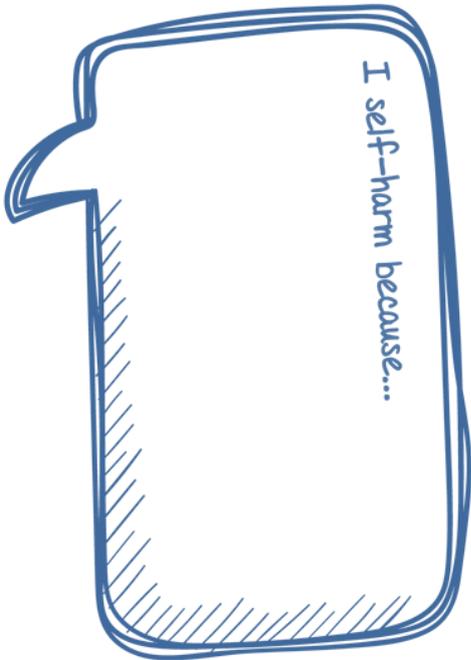
When/how did it start?

What makes it worse better?

Pros and cons of self-harm

What usually happens before?

My Strengths



I self-harm because...

My main difficulties

My future/life goals

Significant events

What happens afterwards?

My life now

Support and care plan

Keeping me safe

In a crisis