

Managing Self-Harm Policy 2018

1. Introduction

There are many reasons why children and young people try to harm themselves, and once they start, it can become a compulsion. This is why it is so important to spot self-harming as soon as possible and do everything you can to help.

Self-harm is not usually a suicide attempt or a cry for attention but, instead, it is often a way for children and young people to release overwhelming emotions. It is a way of coping and so whatever the reason, it should be taken seriously.

Self-Harm is the fourth most common concern that children and young people contact Childline about*. There were over 19,000* Childline counselling sessions about self-harm in 2014/15. In 2013/14 there were 34,517* Childline counselling sessions with children who talked about suicide – a 116% increase since 2010/11*.

Self-harming behaviour can start at an early age and there is an increase in primary school presentation, however, this rises steeply in pre-adolescence and adolescence. Recent research indicates that over half of 11- 14 year olds have self-harmed or know someone who has self-harmed** and in addition, there has been a 70% increase in 10-14 year olds attending A and E for self-harm related reasons over the two years preceding 2014***. School staff can play an important role in preventing self-harm and also in supporting children, peers and parents of children currently engaging in self-harm.

Since 2010 staff in Plymouth schools and colleges have been offered free STORM CYP training (Skills Training On Risk Management Children and Young People)**** through Plymouth CAMHS. The STORM definition of self-harm includes self-injury and behaviours with suicidal intent. There are separate courses for Assessment and Safety Planning for Suicide Risk and for Assessment and Safety Planning for Self Injury Risk.

NSPCC Childline Annual report 2015/16. **Childline, YouthNet, Self-harm and Young Minds Poll (Feb 2015). *Health and Social Care Information Centre (2014). **** Robinson J, Green G, Spittal MJ, Templer K, Bailey E. STORM in schools: the acceptability and efficacy of delivering Skills-based Training on Risk Management (STORM) in Australian secondary schools.*

2. Scope

This document describes the school's approach to self-harm. This policy is intended as guidance for all staff including non-teaching staff and governors.

3. 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 children who self-harm. To provide support to children who self-harm and their peers and parents/carers.

4. Definition of Self-Harm

Self-harm is any self-injurious behaviour where the intent is to deliberately cause harm to one's own body or suicidal thoughts or actions. Examples of self-injurious behaviour are:

- 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.

5. 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. - Poor problem-solving skills.
- Hopelessness. - Impulsivity. - Drug or alcohol abuse/misuse. - Having additional needs/SEND

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. - Interest in social networking/websites that focus on self-harm or suicide

STORM training enables understanding of the full range of risk factors and the level of risk associated with them.

6. Warning Signs

School staff may become aware of warning signs which indicate a child is experiencing difficulties that may lead to thoughts of self-injury or suicide. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the Designated Safeguarding Lead (DSL) in the school or their Deputy/Deputies (DDSL): (DSL) James Gentile, Marc Leader, Britta Nicholls and Laura Warren (DDSL) Lizaine Arnold and Jo Penk

Possible warning signs include:

- Changes in eating / sleeping habits (e.g. child may appear overly tired if not sleeping well). - Increased isolation from friends or family, becoming socially withdrawn.
- Changes in activity and mood e.g. more aggressive or introverted than usual. - 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 appearance.

7. Staff Roles in working with children who self-harm

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

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

Following the report, the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead will make an assessment of the level of risk and decide on the appropriate course of action. This may include: - Contacting parents / carers. - Contacting the relevant statutory agencies e.g. Children, Young People and Families or the Police. - Arranging other professional assistance e.g. doctor, nurse, etc. - Consulting with another agency, e.g. CAMHS or the Educational Psychology Service - Arranging an appointment with a counsellor. - Immediately removing the child 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 child, the immediate safety of the child is paramount and an adult should remain with the child at all times.

If a child has self-harmed in school a first aider should be called for immediate help.

8. Further Considerations

Any meetings with a child, their parents or their peers regarding self-harm should be recorded in writing including: - Dates and times. - An action plan. - Concerns raised. - Details of anyone else who has been informed. - Notes of supervision or consultation

The above information should be stored in the child's child protection file.

It is important to encourage children to let a member of staff know if one of their peers 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 the Designated Lead for Safeguarding or their Deputy.

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 children in the same peer group are harming themselves.

Where a young person has been self-harming and the protective factors that have been put in place are outweighed by the remaining risks, advice should be sought from the 'Gateway' team in Children, Young People and Families Services to determine whether or not the threshold for formal child protection intervention has been met.

9. Link Documents

Child Protection and Safeguarding Policy.

10. Review of Policy

This Policy will be reviewed on a bi-annual basis or in light of updated national/local guidance, whichever is the sooner.

November 2018

Review due November 2020