



# Tibshelf Community School

## Self Harm Policy

Policy Status	Date	CHAIR OF COMMITTEE	Minute No:
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Ratified by Full Governors	08/07/2015	Ruth Spencer	GB/10/07.15
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# Contents

1.0	Introduction .....	3
2.0	Aims.....	3
3.0	Objectives.....	3
4.0	Principles.....	4
5.0	Self Harm Inflictions.....	4
6.0	Risk Factors .....	4
7.0	School Procedures.....	5
8.0	How Staff Can Help .....	6
9.0	Risk Assessments .....	6
10.0	Confidentiality.....	6
11.0	Signposting.....	7
12.0	School Ethos.....	7
13.0	Self Harm Care Pathway .....	8
Appendix A	Self-harm Practice Guidance, Nov 2015 (Derbyshire Safeguarding Children Board	

## 1.0 Introduction

Tibshelf School fully recognises its responsibilities for Child Protection and Safeguarding. This policy should be read in conjunction with the Tibshelf School Child Protection and Safeguarding Policy.

Despite the fear and anxiety self-harming behaviour provokes, it is a very common problem particularly among children and young people. Working with children and young people who self-harm can evoke a wide range of emotions including anger, frustration and sadness which often reflect the emotions of the child or young person who is self-harming.

It is not easy to tell if someone is self-harming and children and young people find it difficult to approach people for support. This is partly because children and young people feel ashamed and guilty about their behaviour. The stigma associated with self-harm can prevent children and young people getting the support and information they need to establish better ways of coping. Therefore it is essential when a student makes a disclosure to a member of staff it is not dismissed and is taken seriously.

## 2.0 Aims

The aims of this policy are:

- To increase understanding and awareness of self-harm amongst staff and parents/carers.
- To alert staff, parents and carers to warning signs and risk factors
- To provide support to those around the student who self-harm, including staff, parents/carers and peers.
- To create a culture in school where it is acceptable to report self-harm and talk about it.

## 3.0 Objectives

- To provide a consistent approach for supporting the students who self-harm.
- To provide early intervention and support for the student's emotional wellbeing.
- To have effective signposting to ensure students are accessing the appropriate level of support.
- To ensure that staff have appropriate training to support student needs.

It is important to give students time to talk and space in order to explore some of the difficulties that may have occurred. Staff then need to be aware of types of help and support that may be available or needed. It is also important to acknowledge that self-harm is not automatically an indicator of mental illness.

## 4.0 Principles

Safeguarding arrangements in our school are underpinned by two key principles:

1. Safeguarding is everyone's responsibility: all staff, governors and volunteers should play their full part in keeping children safe.
2. A child-centred approach: a clear understanding of the needs and views of children.

## 5.0 Self Harm Inflictions

Self Harm refers to the *deliberate* self infliction of damage to one's own body, including but not limited to:

1. Cutting, scratching, scraping or picking skin.
2. Swallowing inedible objects.
3. Overdosing on prescription or non-prescription drugs
4. Swallowing hazardous materials or substances
5. Burning or scalding
6. Hair pulling
7. Banging or hitting the head or other parts of the body
8. Scouring or scrubbing the body excessively

Note - Self -harm does NOT usually refer to substance misuse or eating disorders.

## 6.0 Risk Factors

- Depression/anxiety/stress/academic worry
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse
- Unreasonable expectations
- Neglect or physical, sexual or emotional abuse
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family
- Difficulty in forging friendships
- Being bullied or rejected by peers
- Lack of self esteem

## 7.0 School Procedures

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm or suicide. Possible warning signs include:

1. Changes in eating / sleeping habits.
2. Increased isolation from friends or family, becoming socially withdrawn.
3. Changes in family circumstances, divorce, violence, not getting on with parents etc.
4. Changes in activity and mood e.g. more aggressive or introverted than usual.
5. Lowering of academic achievement.
6. Talking or joking about self-harm or suicide.
7. Abusing drugs or alcohol.
8. Expressing feelings of failure, uselessness or loss of hope.
9. Changes in appearance example becoming a goth.

Any staff concerned about a student's emotional health and wellbeing should speak to the appropriate person in charge of safeguarding. They will coordinate the appropriate sharing of information to key staff such as the head of era or form tutor who has daily contact with the student and who can monitor and offer support in the first instance. The Head of Year should also inform Deputy Head - Pastoral, School Health, and Pastoral Support Manager. Head of Year or Pastoral Support Manager should contact parents for a discussion and share concerns.

Staff supporting students that self-harm **MUST** be aware of effective strategies in helping student cope. Support information can be gathered via the staff handbook, key staff and INSET.

A student may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. Students need to be made aware that it is not possible for staff to offer complete confidentiality. If you consider a student is at serious risk of harming then confidentiality cannot be kept.

***If any member of staff feels a student is in immediate danger of harm, normal child protection procedures should be followed.***

***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.***

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

***Where possible it is essential staff do not work alone but have support mechanisms in place.***

Where self-harming behaviour is confirmed, the student should be referred to member of staff responsible for safeguarding in the first instance, for an initial assessment of the student's emotional health and a further referral must go to the school MAT which will then advise the appropriate course of action from one of the following:

1. CAMHS Referral
2. School Health Support
3. School Counselling
4. Pastoral Support
5. Peer Counselling

Parents will be informed of the outcome of the assessment.

## **8.0 How Staff Can Help**

Children and young people can be helped by:

Recognising signs of distress and finding a way of talking to the young person about how they are feeling.

Listening to their worries and feelings, and taking them seriously.

Staying calm.

Being clear about the risks but making sure they know that with help it is possible to stop self harming.

Making sure they get the right help as soon as possible.

## **9.0 Risk Assessments**

It is recognised that someone who has self-harmed is at greater risk of suicide than the general population. However, this does not mean that everybody that has self-harmed is an immediate risk.

Consideration may need to be given to the completion of a risk assessment. If a person is referred to specialist mental health services this will be completed as part of a mental health assessment by a specialist mental health professional such as a specialist nurse, mental health psychiatrist.

The school will liaise with appropriate professionals in the managing and implementation of any risk assessment and communicate fully with them.

## **10.0 Confidentiality**

Taking into account age and understanding, professionals should always involve children and young people in discussion and decision making about their treatment and care. Further advice and support should be obtained from professionals, managers and safeguarding representatives in schools, with reference to organisational protocols.

Similarly there should be clear explanation about what is going to happen and the choice and rationale for certain treatments. Information may be required from parents and carers or friends but in most cases the young person's agreement would be required before information is shared.

Information should be shared when:

- A child is not old enough to take responsibility for themselves.

- They are at risk of harm from other people.
- They require urgent medical treatment.
- They are behaving in a violent or abusive manner whilst being seen within the service.
- They are at risk of serious injury to themselves.
- The child or young person has expressed intent to seriously hurt or injure themselves

If the self-harm act has occurred after 48 hours -

And involves ingestion • serious lacerations • excessive dose /omission of prescribed medication

Urgent medical attention/ advice should be sought from Childs' GP, NHS Direct or attend the Accident & Emergency Department or the Children's Emergency Department

## 11.0 Signposting

The school has a policy for supporting students who are self-harming or at risk of self-harming. You must report the conversation or disclosure to one of the members of staff in charge of Child Protection.

For further information and guidance see Safeguarding Young People Self Harm NHS Handbook.

Mr Kenworthy  
Mr Pollard  
Mrs Lloyd  
Miss Dunn  
Miss Hosie

They will discuss this and decide the next steps.

## 12.0 School Ethos

To create a culture that encourages young people to talk and adults to listen and believe.

## 13.0 Self Harm Care Pathway

LISTEN TO THE YOUNG PERSON

SEE DOES AND DON'TS ON THE STAFF HELP GUIDE

