



Policy on Preventing Self-Harm Ensuring the Emotional Well-being and Welfare of Pupils Child Protection and Pastoral Care - Preventing Pupil Self-Harm

The care of those who are sick in the community is an absolute priority which must rank before every other requirement so that there may be no doubt that it is Christ who is truly served in them (R.St.B. Chapter 36)

Introduction

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. This harm may occur with or without suicidal intent; or may be symptomatic of, or associated with, a known medical condition or intellectual disability. 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.

Scope

This document describes the School's approach to self-harm. This policy is intended as guidance for all members of staff.

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 and their peers and parents/carers

Definition of Self-Harm

Self-harm 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

Risk Factors

The following risk factors, particularly in combination, may make a pupil particularly vulnerable to self-harm with suicidal intent (*) or self-harm without suicidal intent.

Individual Factors

- **Previous attempts at suicide (most powerful risk predictor)**
- Depressions / anxiety (*)
- Conduct disorder (*)
- Poor problem-solving / coping skills (*)
- Drug or alcohol abuse (*)
- Psychiatric illnesses (*)
- Recent bereavement (*)
- Chronic physical illness (*)
- Early loss experience (*)
- Anniversary phenomenon (of past losses or major life events) (*)
- Failure at school (*)
- Perfectionism and over-achievement as a result of pupils having high expectations of themselves (*)
- Poor communication skills
- Low self-esteem
- OCD
- Hopelessness
- Impulsivity

Family Factors

- Disruptive and unsupportive family background (*)
- Unreasonable expectations (*)
- Depression, self-harm or suicide in the family (*)
- Poor parental relationships and arguments

- Neglect or physical, sexual or emotional abuse

Social Factors

- Difficulty in making relationships / loneliness (*)
- Copycat behaviour after an incident of self-harm by another person (*)
- Being bullied or rejected by peers (*)

Warning Signs

School staff may become aware of warning signs which indicate that 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 the Designated Safeguarding Lead – The Deputy Head Master, and in his absence the Director of Pastoral Care or any Deputy Designated Safeguarding Lead. It is much safer to be cautious and act on concern than to do nothing.

Possible warning signs include:

- Changes in eating / sleeping habits (e.g. pupil 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 clothing and inappropriateness of clothing e.g. long sleeves in hot weather

Staff roles in working with pupils who self-harm

Pupils may choose to confide in a member of the 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, 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 the 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 the Designated Safeguarding Lead - the Deputy Head Master, and in his absence, the Director of Pastoral Care, or any Deputy Designated Safeguarding Lead, or the Governor with responsibility for Child Protection.

Following the report, the Designated Safeguarding Lead / Governor will decide on the appropriate course of action. This may include:

- Meeting with the distressed pupil
- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse, social services
- Arranging an appointment with a counsellor
- Contacting the Emergency Services, where appropriate
- Immediately removing a 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 and concerns reported to the Designated Safeguarding Lead.**
- This should be followed by a written report on MyConcern.
- Staff should note that, whilst it is important to support a pupil, they should be careful not to substitute support for professional help
- **If a pupil has self-harmed in School, resulting in injury or a compromise to health, a first aider or the Health Centre should be called for immediate assistance.**
- Not all cases of self-harm relate to suicidal intent and one must always be aware of the fact that pupils may engage in a variety of high risk behaviours
- All members of staff are expected to act to prevent all high risk behaviours occurring within the School, and support any other interventions undertaken to reduce the risk of such behaviour occurring outside the School
- Staff who are aware that a pupil is engaging in, or is at risk of engaging in, high-risk activities should consult with the relevant HsM or Director of Pastoral Care for further advice

Self-harm as a symptom of a medical condition or intellectual disability

- Where it is known that a pupil has a propensity to engage in self-harm that is symptomatic or associated with a known medical condition or intellectual disability, the Designated Safeguarding Lead, in cooperation with other qualified staff and external treating professionals (where applicable) will devise an individual

programme of management to prevent or reduce the likelihood of the pupil engaging in self-harm at School

- The programme will complement any other management procedures adopted outside the School setting to address the self-harm behaviour
- The programme of management will be monitored on an on-going basis and modified as appropriate to maximise socially adaptive behaviour

Further Considerations

Any meetings with a pupil, 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

This information should be stored in the pupil's child protection file.

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 with the Designated Safeguarding Lead.

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. In these instances, the School will consider a range of strategies to support the peer group.

AFN (27th November 2017)



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