



George Johnson Education Centre

Self-Harm Guidance and Policy

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Introduction and Context

This guidance is aimed at keeping students safe and well in order for them to thrive and learn in line with the SESN's overall aim. 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.

Educational staff can play an important role in preventing self-harm, building resilience and supporting students, peers and parents of students currently engaging in self-harm.

2. Purpose

This document provides guidance for staff and volunteers working in our George Johnson Education Centre who may come into contact with students who self-harm.

3. Aims

- To increase understanding and awareness of self-harm
- To alert staff to warning signs and risk factors
- To provide support to students who self-harm and their peers and parents/carers
- To provide support to staff dealing with students who self-harm

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/hitting/punching/bruising the head or other parts of the body
- Scouring or scrubbing the body excessively
- Inappropriately using aerosols
- Episodes of alcohol/drug/substance misuse
- Eating disorders

This is not an exhaustive list.

Risk Factors

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
- 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

Triggers

A number of factors may trigger the self-harm incident, including:

- Family relationship difficulties (the most common trigger)
- Difficulties with peer relationships e.g. break-up of relationship (the most common trigger for older adolescents)
- Bullying
- Significant trauma e.g. bereavement, abuse
- Self-harm behaviour in other students (contagion effect)
- Self-harm portrayed or reported in the media

- Difficult times of the year e.g. anniversaries
- Trouble in school or with police
- Feeling under pressure from families, school or peers to conform or achieve
- Exam pressure
- Times of change, e.g. parental separation/divorce
- Feeling out of control

Warning Signs

Staff may become aware of warning signs, which indicate a student is experiencing difficulties that may lead to thoughts of self-harm. It is therefore of utmost importance that all instances 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 acted upon as a matter of urgency in a calm and contained manner. This must then be referred immediately to the Designated Safeguard Lead (DSL) verbally within the first instance and then followed up by entering concerns on CPOMS. The DSL will then act in accordance with SESN's Child Protection Policy and the LSCB procedures <https://www.lincolnshire.gov.uk/LSCB>.

Possible warning signs include:

- Changes in eating / sleeping habits (e.g. student 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
- Risk-taking behaviour (Substance misuse, unprotected sex)
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing e.g. loss of pride in appearance and being reluctant to roll sleeves up in front of other people or wearing long sleeves even in very hot weather
- Increased levels of aggression or bullying
- Obvious cuts, scratches or burns which do not look accidental in nature
- Frequent alleged accidents which cause physical injury
- Regularly bandaged limbs
- Reluctance to take part in physical activity which requires a change of clothing
- Giving away possessions

What keeps self-harm going?

Once self-harm (particularly cutting) is established, it may be difficult to stop.

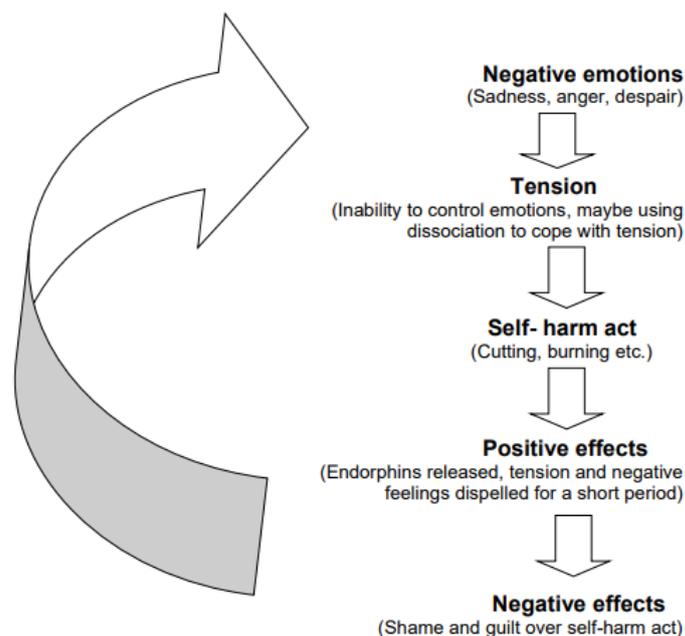
Self-harm can have a number of functions for the student and it becomes a way of coping.

Examples of functions include:

- Reduction in tension (safety valve)
- Distraction from problems
- Form of escape
- Outlet for anger and rage
- Opportunity to feel
- Way of punishing self or others
- Way of taking control
- Care-eliciting behaviour
- A means of getting identity with a peer group
- Non-verbal communication (e.g. of abusive situation)
- Suicidal act
- Communication with others that something bad is happening

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.



Residential settings

There is a possibility that a student that attends our Education Centre may be living at a residential setting. There are likely to be more opportunities for a young person to self-harm when in residential care. As the environment might make them feel more vulnerable especially if it is a new setting. Some additional triggers such as;

- Loneliness
- separation from parents/carers/friends/familiar routines and places
- possible issues with bullying
- isolation from peer group
- being in an unfamiliar environment

could all be relevant factors which could increase stress and anxiety. It is important to ensure that a risk assessment is in place (see appendix 3). Good liaison with residential staff and mental health professionals and services is critical and lines of communication need to be clearly established.

Strategies would need to focus on helping the young person build resilience such as providing a secure attachment figure, maintaining education provision, promoting contact with family including siblings, promoting talents and interests, promoting friendships and helping the young person manage their emotions and take responsibility. Positive role models who can show empathy and warmth and be non-judgemental as well as providing structure and support will be protective factors.

Roles and responsibilities

Centre Manager

The Centre Manager has responsibility for establishing effective safeguarding procedures with regard to self-harm, thereby ensuring the duty of care of students and staff. This could be supported by the implementation of a self-harm policy and using the self-harm guidelines checklist for schools (see appendix 1).

Staff and Volunteers

Students may choose to confide in any member of school staff if they are concerned about their own welfare, or that of a peer. Students may present with injuries to first aid or reception staff in the first instance and it is important that these frontline staff are aware that an injury may be self-inflicted, and that they pass on any concerns. School staff may experience a range of feelings in response to self-harm in a student such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to students it is important to try and maintain a supportive and open attitude – a student who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust. The member of staff will:

- Endeavour to enable students to feel in control by asking what they would like to happen and what help they feel they need
- Reassure them that they can get the help they need
- Listen actively (See appendix 5 'How do I start a conversation with a student')
- Be non-judgemental
- Avoid asking a student to display injuries or scars or describe what they do
- Avoid asking a student to stop self-harming as this may be the only coping strategy they have
- Be re-assuring and support them to seek help

Staff must not work outside their remit.

Confidentiality

Students are entitled to expect personal information to remain confidential. This means that the information should not be disclosed to anyone including the child's parents unless, having considered all the circumstances, it is considered necessary for one of the following reasons.

- In the interest of health and safety of the child
- For the prevention or detection of crime

Even then care must be taken to limit disclosure to only those who 'need to know'. Students should be made aware that confidentiality will be maintained but that it cannot always be guaranteed. If you consider that a young person is at risk of harming him/her-self or others then confidentiality cannot be kept. It is important not to make promises of confidentiality that you cannot keep, even though the young person may put pressure on you to do so. If this is explained at the outset of any meeting the young person can make an informed decision as to how much information they wish to divulge.

Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should consult the Designated Safeguard Lead for Child Protection. Once informed, the DSL will decide on the appropriate course of action. This may include:

- Assess the situation, administer first aid and/or call for an ambulance for emergency assistance
- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse, social services
- Arranging an appointment with a counsellor
- Removing the student from lessons immediately if remaining in class is likely to cause further distress to themselves or their peers
- Remaining with the student at all times if they are acutely distressed

Risk assessment

It is important to ensure that there is a risk assessment in place, which relates to the self-harming behaviour, possible triggers and strategies to be used to minimise risk. These must be shared with all staff to allow for awareness and identification of possible concerns.

Liaison with Child and Adolescent Mental Health Service (CAMHS)

Staff can contact their local CAMHS service prior to any referral being made. The Designated Safeguard Lead for Child Protection will be the most appropriate person to do this consultation. If a referral is requested or recommended by CAMHS then SESN will follow their normal procedures. Liaison with CAMHS colleagues will continue via the Designated Safeguarding Lead.

Meetings

Any meetings with a student, their parents or their peers regarding self-harm should be recorded in writing including:

- Dates and times
- An action/health plan
- Concerns raised
- Details of anyone else who has been informed
- Risk assessment (See appendix 3)

This information should be stored in the student's confidential child protection/safeguarding file.

Issues regarding contagion, multiple or copycat behaviours

When a young person is self-harming it is important to be vigilant in case close contacts of this individual are also self-harming. Occasionally a number of students in the same peer group are harming themselves. Self-harm can become an acceptable way of dealing with stress within a peer group and may increase peer identity. This can cause considerable anxiety in staff, parents and carers, as well as in other students. Each individual may have different reasons for self-harming and should be given the opportunity for one to one support; however, it may also be helpful to discuss the matter openly with the group of students involved. In general it is not advisable to offer regular group support for students who self-harm. Where there appears to be linked behaviour or a local pattern emerging, a multi-agency strategy meeting should be convened.

It is important to encourage students to let staff know if one of their group is in trouble, upset or showing signs of self-harming. Our Student Wellbeing Ambassador offers support to our students and encourages them to discuss their difficulties with staff. 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

one of the designated teachers for safeguarding children. When a young person is self-harming it is important to be vigilant in case close contacts with the individual are also self-harming.

SESN offer onsite counselling through NW Counselling Hub. This support should be offered as an option to gain further support.

Managing PE/Sport Lessons

PE/Sport colleagues need to be aware that students who self-harm should be actively encouraged to participate and adjustments to normal clothing guidelines may need to apply such as a need for a long sleeve top and alternative changing areas.

Training for Staff

SESN staff access training regularly on self-harm. Staff giving support to students who self-harm may experience all sorts of reactions to this behaviour in students (e.g. anger, helplessness, rejection); it is helpful for staff to have an opportunity to talk this through with work colleagues or senior management. Staff taking this role should take the opportunity to attend training days on self-harm or obtain relevant literature.

Guidance and Procedures Approved by:



CEO, Richard Bell

Date: January 2019

Appendix 1: Self-Harm Guidelines – Checklist:

Supporting the development of effective practice

The school has a policy or protocol approved by the governing body concerning self-harming	Yes
Ensure the self-harm policy links to other relevant policies e.g. anti-bullying, drugs and alcohol and safeguarding	Yes
ALL new members of staff receive an induction on self-harm procedures and confidentiality	Yes
ALL members of staff (teaching and non-teaching) receive regular training on child protection procedures	Yes
The school has clear channels of communication that apply to this issue	Yes
All members of staff know who to go to if they know a young person is self-harming	Yes
If student is receiving support, a regular minuted review meeting is held to document actions, ensuring progress and impact.	Yes
A risk assessment is completed involving student, parent(s) and all other involved people if appropriate	Yes
Staff are supported throughout all processes concerned with this issue	Yes
Staff know how to access support for themselves and students	Yes
Students know who to go to for help	Yes
The school has a culture that encourages students to talk, adults to listen and believe	Yes
Students are consulted on any curriculum provision (e.g. in PSHE) and pastoral support provided	Yes
Planned Personal, Social, Health Education (PSHE) provision is in place that incorporates emotional health and well-being including lessons on self-harm	Yes

Appendix 2: Including Self-Harm within a taught Personal Social Health Economic education (PSHEe) programme

Effective provision for health and wellbeing in schools underpins successful learning. Schools have a statutory duty to promote students' wellbeing. Good schools actively promote health and wellbeing because they recognise that healthy children and young people with high self-esteem learn and behave better at school. Good schools understand well the connections between students' physical and mental health, their safety and their educational achievements. Key to the successful promotion of health and well-being is a whole school approach underpinned by the support and commitment of a school's leadership and management. One aspect of a high quality curriculum that contributes to health and wellbeing is the PSHEe programme. PSHEe is a progressive planned programme of learning opportunities and experiences that help children and young people grow and develop as individuals and as members of families and of social and economic communities. The most effective PSHEe education employs a wide range of active learning and assessment approaches and provides frequent opportunities for children and young people to reflect on their own and other people's experiences so they can use and apply their learning in their own lives.

Effective teaching of education on self-harm within a PSHEe curriculum:

- Opportunities to learn about self-harm as part of a planned programme about emotional health and well-being issues and managing stress, including where to access further information and support.
- Opportunities to promote their own emotional health and build up their resilience to cope with difficult circumstances.
- Opportunities to discuss, explore and challenge the role of the media around body image
- Opportunities to discuss the relationship between body image and self-esteem.
- Clear ground rules/working agreement should be established to provide a framework for lessons and discussions. This is particularly important when discussing sensitive issues. The learning environment needs to encourage students to express views and opinions, whilst respecting the views of others.
- Teaching and learning methods should ensure that students take an active role in the lesson and ultimately take responsibility for their own learning. Plenaries and lesson summaries allow students to reflect on and assimilate what they have learned. Activities should provide an appropriate level of challenge and allow students to develop their knowledge, skills, attitudes and understanding.

Further support, guidance and resources:

- The non statutory National Curriculum programmes of study for PSHEe can be accessed at: www.education.gov.uk
- Samaritans can provide support and information. They have developed a range of lesson plans for 14-16 year olds on emotional health and wellbeing (the DEAL programme) including one on self-harm which can be accessed from www.samaritans.org
- A clip that examines a young girl's experience of self-harming. <http://www.bbc.co.uk/learningzone/clips/coping-with-selfharm/11900.html>
- Childline can provide support and information. The website also has a range of resources to support a lesson including a case study and video clips. www.childline.org.uk/selfharm
- Young Minds can provide support and information. The website also has a range of case studies www.youngminds.org.uk/selfinjury
- Information about self-harm and resources (including video clips on people talking about self-harm) <http://www.thesite.org/healthandwellbeing/mentalhealth/selfharm>
- National self-harm network www.nshn.co.uk
- <http://www.tes.co.uk/teaching-resource/Talking-About-Self-harm6175238/> A video clip of two young men who have self-harmed
- www.b-eat.co.uk Beating eating disorders website provides helplines, on-line support and network of UK wide self help groups to adults and young people
- 'Getting the lowdown' DVD clips and activities relating to self-harm. A copy is available from your school's Educational Psychologist.
- All websites were accessible at time of going to print. It is recommended that before showing any of the content to young people the person leading the session views the content to ensure it is appropriate for the needs of the learners.

Appendix 3: How do I start a conversation with a young person about self-harm?

Self-harming tends to be secretive and often associated with guilt and embarrassment. This can present challenges when trying to approach the subject of self-harm with a young person.

- It is important that the adult checks their own feeling and thoughts before asking any questions. If the feelings and thoughts are negative in anyway, they will be communicated to them non-verbally and this may hinder the helping process.
- It is important to young people to have someone to talk to who listens properly and does not judge.
- Resist the temptation to tell them not to do it again, or promise you that they won't do it.
- Take a non-judgemental attitude towards the young person. Try to reassure the person that you understand that the self-harm is helping them to cope at the moment and you want to help.

When adults are concerned that a young person is self-harming they often worry about saying the wrong thing and making the issue worse. The following approaches may help alleviate some of this concern:

- See the person, not the issue, talk in a genuine way.
- I've noticed that you seem bothered/ worried/preoccupied /troubled. Is there a problem?
- I've noticed you have been hurting yourself and I am concerned that you are troubled by something at present.
- We know that when young people are bothered/ troubled by things, they cope in different ways and self-harm is one of those ways. Those who do this need confidential support from someone who understands issues in relation to self-harm. Unfortunately I don't have the skills to help, but I would like to help you by asking (insert name of person e.g. counsellor) to see you. Would you agree to this?