



SIR ROBERT PATTINSON ACADEMY

SELF-HARM POLICY

Reviewed in Academy:
Approved by Governors:
Review date

June 2024
10 June 2024
June 2027

SELF-HARM PROTOCOL

IT IS IMPORTANT THAT ALL ATTEMPTS OF SUICIDE OR DELIBERATE SELF-HARM ARE TAKEN SERIOUSLY AND THE YOUNG PERSON LISTENED TO CAREFULLY. ALL MENTION OF SUICIDAL THOUGHTS SHOULD BE NOTED AND REPORTED APPROPRIATELY FOLLOWING THE ACADEMYS SAFEGUARDING POLICY AND PROCEDURES. REPORT IMMEDIATELY TO THE SAFEGUARDING TEAM. RECORD INFORMATION ACCURATELY ON A GREEN FORM.

IF THERE IS NO IMMEDIATE DANGER TO THE CHILD, OR IF YOU NEED SOME ADVICE OR INFORMATION, YOU CAN CONTACT THE CHILDREN SERVICES CUSTOMER SERVICE CENTRE (CSC) ON 01522 782111. IF IT IS OUTSIDE NORMAL OFFICE HOURS YOU CAN CONTACT THE EMERGENCY DUTY TEAM (EDT) ON 01522 782333

PURPOSE

In keeping with the Academy's values, vision and aims, this policy aims to address the issue of self-harm:

- How to deal with pupils who self-harm and how to offer support in the short and long-term;
- To provide support depending upon the individual needs of the pupil;
- To help all pupils improve their self-esteem and emotional literacy;
- How to support staff members who come into contact with people who self-harm;
- How to prevent self-harm from spreading within the Academy;
- To have clear guidelines for staff – who needs to be informed, when do parents and outside agencies need contacting?
- Education about self-harm for pupils and staff.

What is self-harm?

Self-harm is a wide definition that includes eating disorders, self-injury, risk-taking behaviour and drug / alcohol misuse. This policy focuses on the self-injury aspect of self-harm.

Self-harm is a coping mechanism. An individual harms their physical self to deal with emotional pain, or to break feelings of numbness by arousing sensation.

Self-harm is any deliberate, non-suicidal behaviour that inflicts physical harm on the body and is aimed at relieving emotional distress. Physical pain is often easier to deal with than emotional pain, because it causes 'real' feelings. Injuries can prove to an individual that their emotional pain is real and valid. Self-harming behaviour may calm or awaken a person. Yet self-harm only provides temporary relief, it does not deal with the underlying issues. Self-harm can become a natural response to the stresses of day-to-day life and can escalate in frequency and severity.

Self-harm can include but is not limited to, cutting, burning, banging, bruising and scratching.

Self-harm is often habitual, chronic and repetitive; it tends to affect people for months and sometimes years.

People who self-harm usually make a great effort to hide their injuries and scars, and are often uncomfortable about discussing their emotional inner or physical outer pain. It can be difficult for young people to seek help from the NHS or from those in positions of authority, perhaps due to the stigma associated with seeking help for mental health issues. Self injury is usually private and personal, and it is often hidden from family and friends. People who do show their scars may do so as a reaction to the incredible secrecy of their emotions and feelings which they are unable to share, and one should not assume that they are attention seeking, although attention may well be needed.

Self-harming behaviours

Factors that motivate people to self-harm include a desire to escape an unbearable situation or intolerable emotional pain, to reduce tension, to express hostility, to induce guilt or to increase caring from others.

Even if the intent to die is not high, self-harming may express a powerful sense of despair and needs to be taken seriously. Moreover, some people who do not intend to kill themselves may do so because they do not realise the seriousness of the method they have chosen or because they do not get help in time.

Examples of Self-harming behaviour

- Cutting
- Taking an overdose of tablets
- Swallowing hazardous materials or substances
- Burning, either physically or chemically
- Over/under medicating, e.g. misuse of insulin
- Punching/hitting/bruising
- Hair-pulling/skin-picking/head-banging
- Episodes of alcohol/drug abuse or over/ under eating at times may be deliberate acts of self-harm.
- Risky sexual behaviour

Risk factors associated with self-harm:

- Mental health disorders including depression and eating disorders;
- Drug/alcohol abuse, and other risk-taking behaviour;
- Recent trauma e.g. death of relative, parental divorce;
- Negative thought patterns, and low self-esteem;
- Bullying;
- Abuse – sexual, physical and emotional;
- Sudden changes in behaviour and academic performance.

Suicide:

While self-harm and suicide are separate, those who self-harm are in emotional distress and those who end their lives are also in emotional distress. It is vital that all emotional distress is taken seriously to minimise the chances of self-harm, and suicide. All talk of suicide and warning signs must be taken extremely seriously.

What causes self-harm

The following risk factors, particularly in combination, may make a young person vulnerable to self-harm, although are not limited to:

Individual factors:

- Depression/anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Substance misuse
- Bereavement
- Perfectionism
- Exam pressure

Family factors

- Unreasonable expectations
- Neglect or abuse (physical, sexual or emotional)
- Child being Looked After
- Poor parental relationships and arguments
- Parental separation and / or loss
- Depression, deliberate self-harm or suicide in the family

Social Factors:

- Difficulty in making relationships/loneliness
- Persistent bullying or peer rejection
- Easy access to drugs, medication or other methods of self-harm.
- Copied self-harm behaviour (contagion effect)
- Difficult times of year e.g. anniversaries
- Criminal behaviour
- Accessing or difficulties within Academy

Warning signs

There may be a change in the behaviour of the young person that is associated with self-harm or other serious emotional difficulties, these may not be visible. Signs to be aware of may include:

- Changes in eating/sleeping habits
- Increased isolation from friends/family
- Changes in activity and mood, e.g. more aggressive than usual or more withdrawn
- Lowering of academic grades
- Talking about self-harming or suicide
- Frequent injuries (i.e., cuts, bruises, burns) with suspicious explanations.
- Wearing trousers and long sleeves in warm weather (to cover injuries).
- Wearing bangles, bracelets and wristbands (to cover injuries).
- Low self-esteem or an increase in negative self-talk.
- Difficulty handling emotions or easily overwhelmed.
- Extremely sensitive to rejection.
- Self-defeating comments and attitude.
- Extreme emotional ups and downs (due to the cycle of self-injury).
- Difficulty functioning at Academy, work or home.
- Relationship problems.
- Avoiding sports or other activities that would require showing more of one's body.
- The presence of behaviours that often accompany self-injury: eating disorders, drugs/alcohol misuse, excessive risk-taking.
- Discovery of tools used for self-injury (broken disposable razors, lighters, un-bent paper clips).
- Bloodied wads of tissue or toilet paper, blood on clothing.
- First aid supplies being used quickly.
- Rubbing of arms, especially wrist, through sleeves (cuts often itch while they are healing).
- Withdrawing from activities once enjoyed.
- Increased time alone.
- Increased time with peers who self-injure.

What keeps the self-harm cycle 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, 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)
- Suicidal act.

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.

How to respond

Immediate response to self-harm

When a young person presents themselves with concerns about self-harm or when we are asked to look into a concern about a child our immediate response needs to be calm and measured. The professional should indicate they feel confident they can be supportive (no matter how anxious they may feel) as this will gain not only the child/young person's confidence

Initially acknowledge the courage it has taken for the child/young person to seek help and acknowledge the self-harm. At this point it is important to communicate your acceptance of the situation and let them know you care but also to let them know the limits of your confidentiality, explain the reason why the information needs to be shared in order to keep them safe.

Required responses

If you find a young person who has self-harmed, try to keep calm, give reassurance and follow the first-aid guidelines. In the case of an over-dose of tablets, however small, advice must be obtained from a medical practitioner (Accident and Emergency department or GP).

When considering what action and support the young person needs, continue to maintain their trust and involve them in decisions.

Parents will be contacted by the worker to whom the disclosure is made or in consultation with the designated lead.

Discuss your concerns with the young person's parents, unless to do so would place the young person at further risk (see Child Protection Procedures and/or Academy safeguarding policies and procedures). If parents/carers are not contacted the reason must be documented and consultation with an Early Help Advisor if available.

Working with a young person who is self-harming can be distressing. Seek support from colleagues and the designated person for child protection in your agency.

A Safeguarding Lead will need to complete the self-harm reporting form for each disclosure. Depending on the nature and severity of the self-harm they will also need to choose appropriate and proportionate responses from the list below:

- Continue to monitor the self-harm and discuss with someone who will be able to build a relationship with the young person and provide advice, for example through Academy pastoral systems.
- Provide the young person with information and advice sheet support services (page 20 and 21) continue to consider whether further assessment and support may be needed.
- If you are concerned about a young person complete an EHAF including the risk assessment to provide full details of needs and concerns.
- Discuss with the young person, their parents, year head and any other agencies your plans. Identify strengths, skills and risk factors and make a plan to address any vulnerability. If you cannot identify the necessary agency send EHAF to Early Help Panel.
- If you identify child protection concerns, follow Academy/ agencies procedures around how to make a referral. Document any reported concerns and record who you spoke to, the time, date and any advice they have given you to follow.

Confidentiality

Confidentiality is a key concern for young people, and they need to know that it may not be possible for you to offer this. If you consider that a young person is at serious risk of harming him or herself or others, then information needs to be shared. 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, then the young person can make an informed decision as to how much information he or she wishes to divulge.

Make sure that as part of your conversation you work out together who are the best people to tell. Discuss with the young person the importance of letting his or her parents know, unless telling them would put the young person at higher risk. Discuss any fears he or she may have about this. Work through together what words you will use to explain to parents/ carers so that there are no surprises.

The Head Teacher will:

Appoint a staff member.

Ensure staff will be made aware of the policy which will be stored on the VLE. Staff will also receive training on identifying and reporting self-harm concerns.

The Governing Body will:

- Decide whether self-harm education should be in the Academy curriculum, and how it should be addressed;
- Ensure that education about self-harm neither promotes or stigmatises.

All staff are expected to:

- Listen to pupils in emotional distress calmly and in a non-judgemental way;
- Report concerns re: self-harm to Designated Safeguarding Officer;
- Not make promises (e.g. assuring confidentiality) which can't be kept. Reassure pupils that in order to seek health and happiness people need to know about their problems so that they can help;
- Guide pupils towards seeking health and happiness.

The Designated Staff member will:

- Coordinate response to issues around self-harm;
- Promote problem-solving techniques and non-harmful ways to deal with emotional distress;
- Enable pupils to find places for help and support;
- Widen knowledge about self-harm and mental health disorders;
- Be aware of health and safety issues such as first-aid and clearing up if a self-harm incident take place at Academy.

The Pastoral Leads will:

- Provide accurate information about self-harm;
- Be aware of their legal responsibilities – when they can help, and when they cannot;
- Keep records of self-harm incidents and concerns;
- Liaise with the local services about help available for people who self-harm;
- Keep up-to-date with information about self-harm;
- Look at provisions for people who self-harm, such as long-sleeved uniforms and PE kits, and time out of lessons when under intense stress;
- Liaise with Designated staff member.
- Contact parent(s) at the appropriate time(s). If possible, invite parents in for a face to face meeting. If there are immediate concerns about the student's safety and well-being a telephone call may be necessary. Involve the student in this process. Inform the parent(s) about appropriate help and support for their child that is available. Provide information booklet for parents;
- Monitor the pupil's progress following an incident;
- Know when to seek help to deal with their own feelings and distress;
- Inform the First Aider and offer an opportunity for the student to discuss self-harm with her.

Students will be expected to:

- Not display open wounds/injuries. These must be dressed appropriately;
- Talk to the appropriate staff member if they are in emotional distress;
- Alert a teacher if they suspect a fellow student of being suicidal or at serious risk of harm to them-selves, and know when confidentiality must be broken.

Parents will be encouraged to:

- Endorse the Academy's approach to self-harm education and pastoral care;
- Work in partnership with the Academy;
- Contact their GP and ask for advice and support for the young people.

SELF-HARM NOTIFICATION



Parent/Carer Notification

Academy Name: Sir Robert Pattinson Academy

Student Name:

I have been notified by telephone that ***student name*** may have self-harmed. I have also received the following advice/information/support.

- Self-harm Support Information via Email
- Signposts to support organisations via Email
- Advised to seek a GP appointment (if appropriate)
- I have been invited to attend a parental meeting (if appropriate)
- I have chosen not to receive any of the above advice/support/information

Parent's/Carer's Name: _____

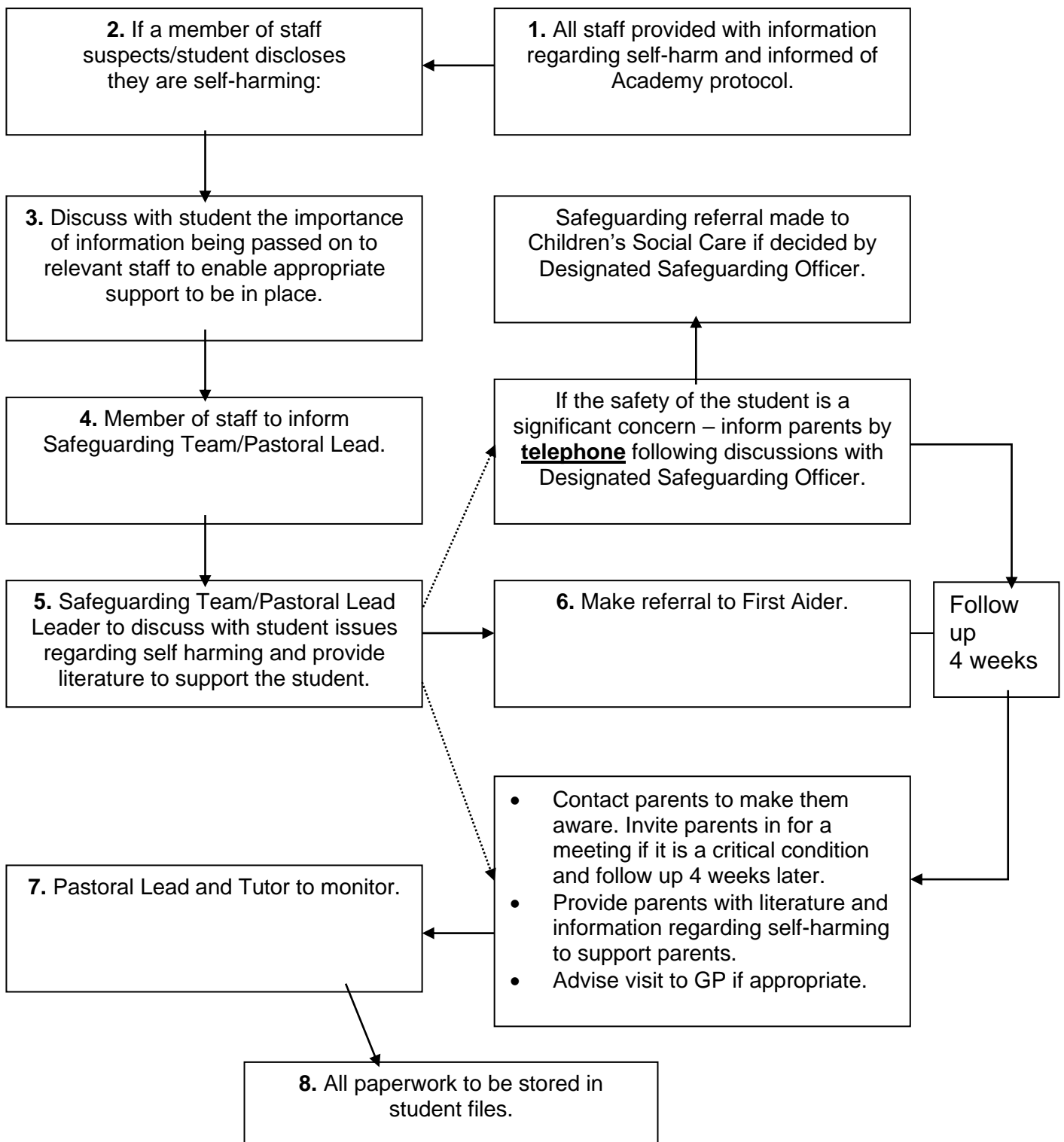
Parent's/Carer's Signature: _____

Date: _____

Please enter a cross in the box for each of the advice/information/support you have received. Thank you.



Self-Harm Referral Pathway





STUDENT CAUSING CONCERN – SELF-HARM

Name: _____ Form: _____

HOUSE: _____ Date: _____

Concern as raised by: _____ (Outline concern)

Date: _____

Discussion with student and Safeguarding officer:

Date: _____

- Student informed of reasons for parental involvement.
- Phone call made to _____ on _____ time _____
- Parents invited to a meeting Yes Date _____ N/A
- Student given Self-harm Support Guide
- Self-harm support information emailed to parent/carer
- Self-harm Notification paperwork sent to parent Date _____
- Self-harm Notification received back Date _____

Meeting with parents – brief outline of discussion points:

Parents advised to contact GP if concerned Date _____

Follow up meeting arranged on _____ at _____ in 4 weeks.

House Team informed and asked to monitor

Safeguarding officer taking Lead Role:

Additional support available if necessary

Weekly sessions with Pastoral Lead

Summary of follow-up meeting with parents:

Date _____