




**The Hyndburn Academy**

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## Self-Harm Policy

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Head Teacher Signature:	
Ratified by Governors:	

## **Introduction**

The Hyndburn Academy is committed to safeguarding and promoting the welfare of students and expects all staff and volunteers to share this commitment. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of self-harming and follow our procedures to ensure that children receive effective support and protection. The school works in partnership with other children's services.

The procedures contained in this policy apply to all staff and governors.

## **Section 1 – Context**

This policy has been put in place to ensure that we have a consistent approach from staff who deal with students who self-harm. It is designed so that those students seeking help will feel secure in knowing how we can deal with them, giving staff a structure for the early identification of self-harming behaviour and for dealing with the problem.

### **Associated Guidance and Documentation:**

1. Keeping Children Safe in Education, DfE, September 2024
2. Working Together to Safeguard Children, DfE, February 2024
3. Mental Health and Behaviour in School, DfE, November 2018

## **Section 2 – What is self-harm?**

The nature and meaning of self-harm varies greatly from child to child and the reason or trigger for each action may differ on each occasion. Essentially, self-harm is any behaviour where a person intentionally sets out to harm themselves. This may be an impulsive act or may be planned.

Self-harm is a relatively common problem that is frequently misunderstood and kept hidden. Therefore, it is not surprising that myths and stereotypes have grown around the subject. Most commonly there is a belief that self-harm is an 'attention seeking behaviour'.

Self-harm is a term that is used to describe a range of actions and behaviour. It is important to be aware of signs that a student is self-harming. Below is a non-exhaustive list of some of the behaviours that some people might consider to be self-harm:

- Scratching or picking skin.
- Cutting body.
- Tying something around body.
- Inserting things into body.
- Scouring/scrubbing body excessively.
- Hitting, punching self.
- Pulling out hair.
- Over/under eating.
- Excessive drinking of alcohol.
- Taking non-prescription drugs.
- Burning or scalding.
- Hitting walls with head and/or fist.
- Taking an overdose or swallowing something dangerous.
- Self-strangulation.
- Risky behaviours such as running into the road.

### **Section 3 – Why do people self-harm?**

During adolescence, students may encounter particularly painful emotional events for the first time. They often do not know where to go for help and have not developed sufficient problem-solving skills to overcome these difficulties on their own. As a result, they experience feelings of helplessness and hopelessness which can lead them to self-harm or attempt suicide.

The three most common reasons why young people self-harm are:

- **Tension relief** – some young people are unable to deal with their unpleasant feelings and find self-harm as a way of relieving stress and tension.
- **Self-punishment** – young people who self-harm often have low self-esteem and feel that they are worthless or bad people who should be punished.
- **To express distress** – for some young people self-harm is a way of showing others how bad they are feeling. They may use this as a way of reaching out to get help.

It may be helpful to understand that when a student 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.

Students 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.

### **Section 4 – How can staff identify signs of self-harming?**

All staff at The Hyndburn Academy are expected to be vigilant and report concerns immediately if they notice the following signs:

- Changes in clothing to cover parts of the body, e.g., wearing long-sleeved tops.
- Reluctance to participate in previously enjoyed physical activities, particularly those that involve wearing shorts or swimsuits, for example.
- Changes in eating and/or sleeping habits.
- Changes in consumption of drugs/alcohol.
- Changes in levels of activity or mood.
- Increasing isolation from friends/family.

Self-harm occurs more frequently in students with learning disabilities. In those with severe learning disabilities, self-harm can form part of the student's profile of behaviour (for example, a student with autism biting his/her arms repeatedly). Any change in the frequency, severity or site of self-harm in these students is a cause for concern. Self-harm may be the only way a student with communication difficulties can display his/her emotional distress.

Self-harm in younger students is unusual but not unknown, so it is really important to be aware that behaviours such as hair pulling, small surface cuts, head banging and self-grazing/scratching may be signs of self-harm.

### **Section 5 – Factors which may contribute to self-harming.**

Staff should be aware that the factors that students identify as contributing or triggering self-harm include:

- Being bullied.
- Experiencing poor mental health.
- Having a parent who has poor mental health.
- Stress and worry about schoolwork and exams.

- Feeling under pressure from family, school or peers to achieve or conform.
- Feeling isolated.
- Difficulties in peer relationships, including the breakup of a relationship.
- Not getting on with parents/carers or other family members.
- Family relationship difficulties, including parents/carers separating or divorcing.
- Bereavement.
- Past experience of abuse (physical, sexual or emotional).
- Current experience of abuse (physical, sexual or emotional).
- Experience of domestic abuse.
- The self-harm or suicide of someone close to them.
- Confusion about sexuality.
- Low self-esteem.
- Feeling unhappy with yourself.
- Feeling isolate, rejected or bullied due to race, culture or religion.
- Being in trouble with the school or the police.
- Difficult times of the year (e.g., anniversaries).
- Use of alcohol or drugs.
- Feelings of rejection socially, or within their family.
- Termination of pregnancy.
- Self-harm behaviour in social group.
- Self-harm portrayed in the media.

## **Section 6 – Suicidal thoughts and self-harm.**

Suicidal ideation (a term often used by mental health practitioners) is where a young person expresses a genuine desire to die. Thoughts of hopelessness such as “I wish I was dead” are common. It is therefore important to explore the meaning behind the words the young person says. This can be because a student has a serious depression with low self-esteem, low mood, inability to see that his/her situation could improve, nothing to live for and no chance of ever being happy.

Suicidal ideation is rare. If staff encounter a student who demonstrates these thoughts, they should immediately contact a DSL in school.

## **Section 7 – School procedures when a student self-harms.**

Any member of the school staff who knows a student who may be thinking of self-harming must report this to the Designated Safeguarding Lead (DSL) using CPOMS or a paper copy of the Cause for Concern form if the member of staff does not have access to CPOMS.

### **What to do if a child discloses thoughts of self-harm and/or superficial injury.**

Keep calm and give reassurance to the student.

- Focus on the student, not the behaviour or reasons for it and remember the student may be reluctant to talk about self-harm.
- It is important not to make promises of confidentiality even though the student may put pressure on you to do so.

- Report the disclosure immediately to the Designated Safeguarding Lead using CPOMS or a paper copy of the Cause for Concern form if the member of staff does not have access to CPOMS.
- The DSL will request for a member of staff to inform the student's parents/carers of the situation and be actively involved in the handling of the situation unless there is some overriding reason not to. The decision not to involve parents/carers should be taken in consultation with the DSL or Deputy DSL.
- Some instances of self-harm are Child Protection issues. In this case the procedures laid down in the school's Child Protection and Safeguarding Policy must be followed by the Designated Safeguarding Lead. There must be no promise of confidentiality made to the student and they must be told that the DSL will be informed.
- The following procedures may be considered as part of a pupil action plan:
  - A Safety Plan.
  - An Early Help Assessment could be completed.
- Referrals to any outside agencies will be discussed and actioned.
- It may be necessary to hold a multi-agency meeting with those involved to discuss the way forward. If this is the case then the procedures laid down in the Child Protection and Safeguarding Policy should be followed.

**A student engages in serious self-harm with/without suicidal ideation, requiring medical treatment e.g., injury or overdose (however small).**

Required action is the same as above but also includes:

- If a member of staff finds that a student is in possession of dangerous equipment, then a DSL should be contacted and PLW should be used by the member of staff.
- If physical harm has been done, the student should be taken to a first aider for medical assessment and care. If appropriate, emergency services may be called by a DSL.

**Section 8 – Confidentiality.**

Confidentiality is a key concern for students; however, students need to know that it is not possible to offer unconditional confidentiality. If you consider that a student is at risk of seriously harming him/herself or others, then confidentiality cannot be kept. It is important to make no promises of confidentiality that you cannot keep, even though the student may put pressure on you to do so. If this is explained at the outset of any meeting the student can make an informed decision as to how much information he/she wishes to divulge.

**Section 9 – How to help a student who self-harms.**

Continued support for a student who self-harms will normally be undertaken by a member of the pastoral team or an external specialist. It may be that a student identifies an alternative member of staff who they wish to support them.

The two main skills to employ when exploring these issues are effective listening skills and honest talking, for example:

- Let the student know that you care and that he/she is not alone.
- Help the student express his/her emotions.
- Be an active listener; use your eyes as well as your ears to truly pay attention to what someone is saying or not saying. Watch the student's facial expression and the posture that accompanies the words he/she is speaking. These will all give clues as to how someone is truly feeling.
- Empathise with the student – imagine walking in his/her shoes.
- Be positive about what the student is saying without being dismissive.
  - Know when to listen and when to talk.

- Do not try to solve the problem or say the “right” thing.
- Don’t give advice too quickly or evaluate how the students are feeling and define their experiences for them.
- Be aware of what you can and cannot do to help and be prepared to discuss this with the student sensitively. Do not make promises you cannot keep.
- Use open questions rather than closed ones to help the student explore his/her concerns.
- Encourage and support the student to talk to others such as parents/carers or other professionals.
- Encourage and support the student in seeking appropriate help.
- Do make sure you have an opportunity to “debrief” if necessary, following the disclosure.
- Do not attempt to keep information to yourself, share it with an appropriate colleague and log onto CPOMS.

### **Coping with distress using self-soothing.**

- Using stress management techniques such as relaxation or massage.
- Having a bubble bath.
- Stroking a cat or other animal.
- Going to the park and looking at things around you (birds, flowers, trees).
- Listening to the sounds as you walk.
- Listening to soothing music.

Sometimes it can be helpful to find other ways of discharging emotion which are less damaging than self-harm:

- Clenching ice cubes in the hand until they melt.
- Writing, drawing and talking about feelings.
- Writing a letter expressing feelings, which need not be sent.
- Listening to loud music.
- Physical exercise.

An important part of prevention of self-harm is having a supportive environment which is focussed on building self-esteem and encouraging healthy peer relationships. An effective anti-bullying policy and a means of identifying and supporting students with emotional difficulties is an important aspect of this.

It is helpful to identify the support in a student’s life and how to contact them. Examples are friends, family, schoolteacher, counsellor. Knowing how to access a crisis line is also important.

In the longer term a student may need to develop ways of understanding and dealing with the underlying emotions and beliefs. Regular counselling/therapy may be helpful. Support from family members or carers are likely to be an important part of this.

It may also help if a student joins a group activity such as a youth club, a keep fit class or a school-based club which will provide opportunities for them to develop friendships and feel better about themselves. Learning stress management techniques, ways to keep safe and how to relax may also be useful.

### **Section 10 – Support organisations**

Young Minds: 0808 802 5544 [www.youngminds.org.uk](http://www.youngminds.org.uk)

Samaritans: 116123 <https://www.samaritans.org/how-we-can-help/contact-samaritan/>

Child Line: 0800 1111 [www.childline.org.uk](http://www.childline.org.uk)

National Self-Harm Network: [www.nshn.co.uk](http://www.nshn.co.uk)

## Appendix A – How to help a student who self-harms.

Talking with students about self-harm is not always easy. It is difficult to talk about and many people worry that if they talk about self-harm, they might make things worse.

There is **NO EVIDENCE** to suggest that talking about self-harm will encourage young people to harm themselves. In fact, feedback from students is that they want to talk. However, this needs to be done sensitively since our responses can sometimes be uncaring.

**SLEEP** is an acronym to help you remember 5 important steps when talking to students about self-harm.

- **Stop.**
- **Listen.**
- **Empathise.**
- **Explore what they are saying.**
- **Plan what you will do.**

### Stop and make time to talk.

- Remember that if a student approaches you, it is you that they want to talk with.
- The student may not find it easy to talk so they need to be given time. Don't try to have a rushed conversation.
- If you are in the middle of doing something or are busy, then let the student know that you will make a time to talk with them. Make a time there and then so that they know that you are taking them seriously.
- Give the student your undivided attention. Show them that they are important and that you care.
- Make sure that where you meet is private so that you can have an open and honest conversation without interruption.

### Listen to what the student is saying.

- Listen carefully to what the student is saying. Listening signals that you care and will encourage them to talk.
- They may feel embarrassed or ashamed of what they have done so be patient and give them time.
- You don't have to jump in and try and fix things. Just listen to what the young person is saying.

### Empathise with how they are feeling.

- Students need to know that you understand how they are feeling.
- **DO NOT** be judgemental or shocked by what they say. This will signal that it's not ok to talk about these things and they may be less open.
- Empathise with how they are feeling. Acknowledge that they are feeling distressed and that they must be feeling really bad.
- Reassure them that things can change. They have made an important step by talking with you today.

**Explore what the young person is saying.**

- Be curious and explore what the student is really saying.
- Students might say that “they wish that they were dead”. These words are frightening but they do not necessarily mean that the student is suicidal.
- Often students say these things because they are feeling hopeless or frustrated and don’t know what to do. Check this out and explore what the student means.

**Plan what you will do.**

- The final stage is to agree the next steps. In most situations this can be agreed collaboratively with the student.
- You need to decide who you need to talk with to keep the student safe. A student may not always want their parents or carers to know but if they are at risk of seriously hurting themselves their parents need to know.
- Tell the student that you are concerned about their safety. Because you are worried about them the DSL will need to speak with their parents/carers so that they can help the student to keep safe.