



**KINGSDOWN
SCHOOL**

Self-Harm Policy and Procedure

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Introduction

Kingsdown school 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.

1. Context and purpose

This policy has been put in place to ensure that we have a consistent approach from staff who deal with students who self-harm. populations, including young people with special educational needs. School 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. Associated Guidance and Documentation

1. Guidance for professionals working with children and young people who self-harm 2017 (<https://www.oxfordhealth.nhs.uk/harmless>)
2. Kingsdown School Child Protection and Safeguarding Policy 2019
3. Kingsdown School Behaviour Policy (the power to search and confiscate prohibited items)
4. Keeping Children Safe In Education, DFE, September 2019
5. Working Together to Safeguard Children, DFE, September 2018
6. Mental Health and Behaviour in School, DFE, November 2018
7. Kingsdown Anti-Bullying Policy 2019
8. Kingsdown Drugs and Alcohol Policy 2019

3. Definition of 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 though, 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 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
- Banging/hitting/bruising the head or other parts of the body
- 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 hazardous
- Self-strangulation
- Risky behaviours such as running into the road
- Inappropriately using aerosols
- Episodes of alcohol/drug/substance misuse

4. 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

5. Why does self - harm happen?

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 a young people self-harm are:

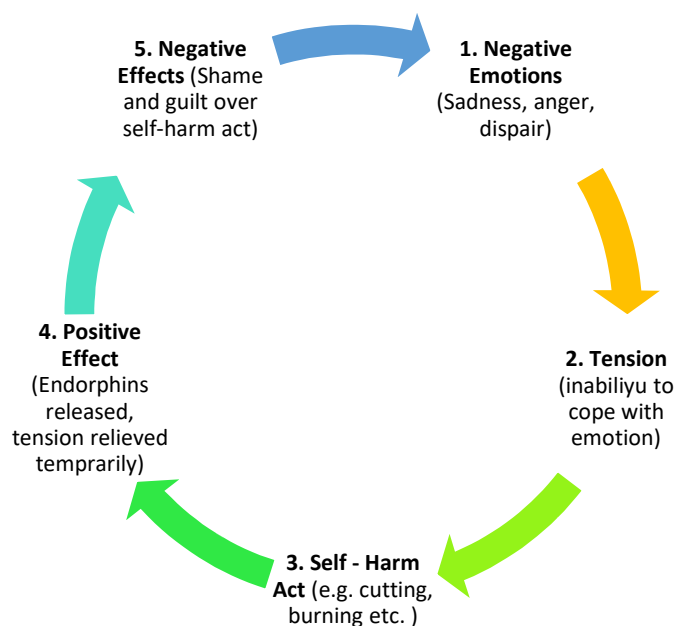
- **Tension relief** - a number of young people are unable to deal with their unpleasant feelings and find self-harm as a way of relieving stress and tension.
- **Self-punishment** – Young people who self-harm often have low self-esteem and feel that they are worthless or bad people who should be punished.
- **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.

Other explanations from students about why they self-harm include:

- That physical pain is easier to control than emotional pain
- It is a way of coping with past and current events
- Rarely, it can be a way of becoming a part of a group
- Some students may only self-harm once or twice in response to a particular difficulty, however, it can also become a regular activity that is hard to stop and may indicate more serious and longstanding emotional distress.

6. 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.



7. How can staff identify signs of self-harming?

All staff at Kingsdown School are expected to be vigilant and report concerns via CPOMS or if more serious in person 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 enjoyable physical activities, particularly those that involve wearing shorts or swimsuits.
- 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 her/his 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.

8. Suicidal thoughts and self-harm

Self-harm by cutting is not usually associated with suicidal thoughts but as described previously, it can be thoughts or behaviours used as an expression of distress or to relieve distress.

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 follow the protocols outlined in Section 10 of this document.

Frequent suicidal ideation with or without self-harm is a cause for referral for specialist assessment to consider a diagnosis of depression or other conditions, risk and treatment options.

9. School procedures when a student self-harm

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 in person if severe.

10. 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 that 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 (DSL) using CPOMS or email cp@kingsdownschool.co.uk if the staff member 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 (DDSL).
- The DSL or DDSL will then liaise with the relevant Progress Leader. The Progress Leader will take the lead in completing the harmLESS online questionnaire and following the harmLESS guidelines found in Appendix A, B and C for creating a plan of support for the student.
- Some instances of self-harm are Child Protection issues. In this case the procedures laid out by the school's Child Protection and Safeguarding Policy must be followed by the DSL. There must be no promise of confidentiality made to the student and they must be told that the DSL will be informed.
- If there are no child-protection concerns and it is not deemed a referral to CAMHS is required, then the following procedures may be considered as part of the harmLESS action plan:
 1. A Pastoral Support Plan
 2. An Early Help Assessment could be completed.

Referral to:

- School Counsellor
- Emotional and Social Hub
- Social Care
- Youth workers
- Other support agencies

It may be necessary to hold a multi-agency meeting with those involved to discuss the way forward.

The lead person will report all of the actions taken using CPOMS.

Example of typical CPOMS entry

1. Confirm parent/carer contact
2. Details of incident/underlying issues (fact based)
3. Outcome of harmLESS assessment (Appendix B)
4. Level of support and details of strategies put in place from list of harmLess strategies (Appendix C)

Overview of harmLESS Strategies (Appendix C and D)			
Level 1	Level 2	Level 3	Level 4
<ul style="list-style-type: none"> • Complete the Level 1 First Stage Support Plan • Provide basic information about self-harming • Create and give the student a copy of the safety plan • Arrange a follow up meeting 	<ul style="list-style-type: none"> • Complete the Level 2 Support Plan • Provide basic information about self-harming • Create and give the student a copy of the safety plan • Arrange a follow up meeting • Make the tutor and teachers aware of how they are feeling 	<ul style="list-style-type: none"> • Complete the Level 3 TAHMS/ CAMHS referral plan • Provide basic information about self-harming • Create and give the student a copy of the safety plan • Arrange a follow up meeting • Make the tutor and teachers aware of how they are feeling • Submit a TAHMS/ CAMHS referral 	<ul style="list-style-type: none"> • Complete the Level 4 Urgent CAMHS referral plan • Provide basic information about self-harming • Create and give the student a copy of the safety plan • Arrange a follow up meeting • Make the tutor and teachers aware of how they are feeling • Make an urgent telephone CAMHS referral

11. 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 member of the Safeguarding team should be contacted
- If physical harm has been done the student should be taken to the Medical Room for medical assessment and care. If appropriate, emergency services may be called by the medical officer.
- If the student is in hospital - a CAMHS Referral may be activated by the hospital and a referral to MASH will be made by the school.

12. Confidentiality

Confidentiality is a key concern for students; however, Kingsdown School's Child Protection Policy states 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 not to make 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 s/he wishes to divulge.

13. 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 protocols in Appendix A, B and C should be used by a progress leader to support the young person when directed to do so by the DSL or Deputy DSL.

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

- Let the student know you care and that s/he 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 s/he 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 defining 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 a disclosure.
- Do not attempt to keep information to yourself, but share it with an appropriate colleague

14. Support organisation

Child line: 0800 1111 (Freephone 24 hr helpline) www.childline.org.uk

Samaritans: 08457 90 90 90

Young Minds: 0808 802 5544 www.youngminds.org.uk

National Self-Harm Network: 0800 622 6000 www.nshn.co.uk

No Panic: www.nopanic.org.uk

Kooth: www.kooth.com

Apps: Available from the Apps store

Catch it

Calm Harm

Youper

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 seen as uncaring.

SLEEP is an acronym to help you remember 5 important steps when talking with 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 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.

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 is 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 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.
- The harmLESS questions provide a way of exploring this.

Plan what you will do

- The final stage is to agree the next steps. In the majority of situations this can be agreed collaboratively with the student.
- You need to decide who you need to talk with in order 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.

Appendix B- Assessing self-harm and planning support

harmLESS provides a series of questions you can ask the young person. The questionnaire and linked responses are designed to be completed online.

The questionnaire can be found at: <https://www.harmless.nhs.uk/assessment/>

This questionnaire should only be completed if a member of staff is directed to do so by the DSL or Deputy DSL

Appendix C- Creating an action plan with the student

A completed questionnaire will produce one of the four responses below. A support plan will be created for each student and will be linked to one of the levels below.

Level 1 – First Step It seems as if this student has thoughts of self-harm but has not actually acted on them

Level 2 – Support It seems as if this student has harmed themselves but is not actively planning to end their life.

Level 3 – TAHMs/ CAMHS referral It seems as if this student is regularly harming themselves but does not have any active plans to end their life

Level 4 – Urgent CAMHS/MASH referral It seems as if this student is actively planning to end their life or has made a past serious suicide attempt.

Appendix D – Safety Plan (Support/Risk Assessments)

Student name:	Date
Year Group:	Name of person completing form:
Progress leader:	Role of person completing form:

Please highlight relevant level

Level 1 – First Step It seems as if this student has thoughts of self-harm but has not actually acted on them
Level 2 – Support It seems as if this student has harmed themselves but is not actively planning to end their life.
Level 3 – TAHMs/ CAMHS referral It seems as if this student is regularly harming themselves but does not have any active plans to end their life
Level 4 – Urgent CAMHS/MASH referral It seems as if this student is actively planning to end their life or has made a past serious suicide attempt.

Please tick all options that apply below

- I will let your **parent/carer** know how you are feeling
- I will let your **tutor and teachers** know how you are feeling
- I will complete a Early Help Assessment
- I will complete a referral to TAHMs/CAHMs or another appropriate agency

If you were worried about yourself, you could talk with (*Add relevant names and information*)

Friend
Adult
Professional involved

If you were very worried about your safety or had hurt yourself:

<p>In school – See Go to Mrs Ridley for medical care See your progress leader See a member of the safeguarding team (Ms Magenty or Ms Agambar)</p> <p>Outside of school Talk with your GP After school and weekends Call 111 Go to the Accident & Emergency Department (call 999)</p>

If you are feeling that you might hurt yourself, these things might **help you to ride out this feeling**:

<p>Distracting activities (e.g. music, gaming, reading)</p> <ul style="list-style-type: none"> • Mood lifting activities (e.g. watch comedy, play instrument, internet) • Physical activities (e.g. walking, running, cycling, dance) • Social activities (e.g. text or talk to friends, social media) • Other activities (e.g. playing with pets, hobbies, cooking) <p>1.</p>
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2.


3.

If you want more information, these links might be useful:

Child line: 0800 1111 (Freephone 24 hr helpline) www.childline.org.uk
Samaritans: 08457 90 90 90
Young Minds: 0808 802 5544 www.youngminds.org.uk
National Self-Harm Network: 0800 622 6000 www.nshn.co.uk
No Panic: www.nopanic.org.uk
Kooth: www.kooth.com

Signed by: 
Emma Leigh-Bennett

Date : 28th April 2020

Signed by: 
Lynne Scragg

Date : 28th April 2020