

St Nicholas Catholic High School

Self-Harm Policy

**Read in conjunction with Safeguarding Policy, and
Positive Wellbeing and Mental Health Policy**

Version Control

Current version	Previous version	Summary of changes made
2-March 23	1-March 22	No Changes Made
1	March 22	New Policy (Non-Statutory)

Policy Impact Statement	
This Policy has been implemented:	
Fully	
Partially	
Occasionally	
Not at all (give reasons why)	
Adapted From:	
CWAC	
CES	
Other- The Key	✓

1. Overview

Governing bodies and proprietors should ensure they have clear systems and processes in place for identifying possible mental health problems, including routes to escalate and clear referral and accountability systems. (Keeping Children Safe in Education, 2020)

Recent research indicated a sharp rise in the numbers of young people in the UK who engage in self-harming behaviours, and that this figure is higher amongst specific populations, including girls, and young people with special educational needs. Self-harming can be prevalent in friendship groups, and in some social subcultures.

A high number of children and young people on the autistic spectrum self-harm.

School staff can play an important role in preventing self-harm and also in supporting students, peers, and parents' carers and families of students who are engaging in self-harm.

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, and to give staff a structure for dealing with self-harm. This policy is designed to support all staff.

2. Policy Aims

As a school we have a responsibility to meet the needs of our students, and it is important that we all know how to best approach the issue of self-harm.

This policy aims to:

- To increase understanding and awareness of self-harm
- Alert staff to warning signs and risk factors
- Outline the ways in which we may provide support to students who self-harm, their peers and their parents or carers.

This policy must be read in conjunction with our Safeguarding policy and Positive Wellbeing and Mental Health Policy.

3. Definition of Self-Harm

3.1 Self-harm is a sign that a young person is experiencing significant emotional distress (see NICE guidelines). Self-harm is any behaviour where the intent is to deliberately cause harm to ones' own body, without causing death.

3.2 List of examples of self-harm is not exhaustive and can include:

- 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
- Pulling out hair or eyelashes
- Banging or hitting the head or others parts of the body Scouring or scrubbing the body excessively
- Biting parts of the body
- Under medicating (insulin)

3.3 Self-harm can also be linked to high risk behaviours including:

- Controlled eating patterns such as anorexia, bulimia or over eating Indulging in high risk behaviours such as car dodging
- Indulging in high risk sexual behaviours
- Destructive use of alcohol or drugs

3.4 Suicidal ideation or attempts

Unwanted emotions such as anger and frustration can be reasons for self-harm, which provides an unhealthy but often cathartic release for pent up feelings. In the autistic community self-harm can also become a fixed pattern of behaviour, or a way for a young person to show others how they feel.

3.5 Some young people plan to self-harm in advance, others do it suddenly. Some young people self-harm only a few times, but others do it regularly, and it can become an entrenched pattern of behaviour.

3.6 For many young people self-harming is very private and is a form of release that does not attract the attention of others. It can take place in private, be dealt with in private and then covered up with clothing.

3.7 Other terms that are used to describe self-harming are deliberate self-harm; self-inflicted harm; self-injury; deliberate self-injury.

3.8 It is important within the context of St. Nicholas that we use the term self-harm cautiously. Sometimes students within our cohort will engage in sensory seeking behaviours such as skin picking or scratching which are not form of self-harm. It is important that staff use calm contained language with the students around these behaviour and that we do not mislabel sensory seeking behaviour as self-harm.

4. What can make a young person self-harm?

The following risk factors may make a young person particularly vulnerable to self-harm:

4.1 Individual factors

Depression	Hopelessness
Anxiety	Impulsivity
The need for control	Poor communication skills
Low self-esteem or self-worth	Poor problem solving skills
Drug or alcohol abuse	Having a friend who self-harms
Eating disorders	Feeling powerless

4.2 Family Factors

Unreasonable expectations	Neglect
Physical abuse	Emotional abuse
Sexual abuse	Poor parenting
Family arguments or poor relationships	Depression, self-harm or suicide in the family
Family breakdown	

4.3 Social Factors

Loneliness or social isolation	Difficulties in making relationships
Being bullied	Rejection by peers
Feeling under pressure due to school or exams	Feeling the need to socially conform
	Exposure to self-harm via social media

Self-harming can make the young person concerned feel more in control and can reduce their feelings of tension and distress. If they feel guilty it can be a way of punishing themselves and relieving their guilt. Some young people feel better immediately after self-harming and then feel guilty about what they have done.

5. Potential Warning Signs

5.1 School staff may become aware of warning signs which indicate that a student is experiencing difficulties that may lead to thoughts of self-harm. These warning signs should always be taken seriously and staff who observe any of these warning signs must share their concerns with the Designated Senior Mental Health Lead or the relevant Year Leader or Learning Mentor.

Possible warning signs, may include the following examples but this is not an exhaustive list:

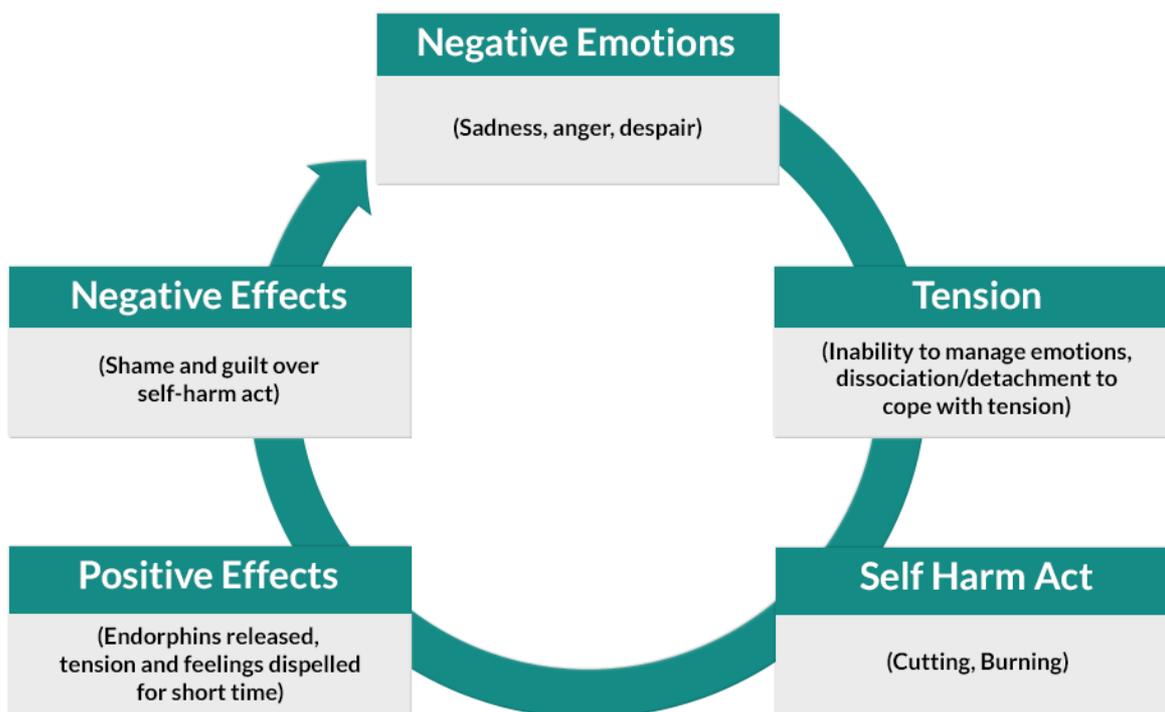
- Changes in eating or sleeping habits
- Changes in behaviour
- Increased isolation from friends or family, becoming more socially withdrawn
- Changes in activity and mood, for example becoming more aggressive or introverted
- Lower academic achievement
- Talking or joking about self-harm or suicide
- Evidence of abusing alcohol or drugs
- Expressing feelings of failure, uselessness or loss of hope

5.2 Those who are most likely to harm themselves badly:

- Use a dangerous or violent method of self-harm
- Self-harm regularly
- Are socially isolated
- Have a psychiatric illness

5.3 The cycle of self-harm

6. What can I do if I know that someone is self-harming?



6.1 Young people benefit from a non-judgemental approach from a person who is able to listen to them, foster a good relationship with them and encourage them to establish positive relationships with services (Royal College of Psychiatrists)

6.2 Students may choose to confide in a member of 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 the self-harm such as anger; sadness; shock; disbelief; guilt; hopelessness; disgust and rejection. However, in order to offer the best help a student to it is important for staff to maintain a supportive, professional and open attitude. Students who talk to staff about their self-harm are showing a great deal of courage and trust, and they should be reassured that they will be helped and supported without being judged.

6.3 If a young person self-harms in school then alert a first aider to administer first aid as soon as practically possible. The member of staff with the young person should remove any equipment that they consider to be dangerous in line with DfE guidance for *Screening, Searching and Confiscation*. They should stay with the young person until the first aider arrives, and together the members of staff will make an immediate plan to ensure the young person's safety.

6.4 Staff may chose to discuss some or all of the areas below with the student who has self-harmed or direct any concerns onto the relevant Year Leader who can triage the most relevant support.

- If they have taken any substances or injured themselves;
- Find out what is troubling them;
- Explore how imminent or likely self-harm might be;

- Find out what help or support the child or young person would wish to have;
- Find out who else may be aware of their feelings.
- How long have they felt like this?
- Are they at risk of harm from others?
- Are they worried about something?
- What have they been doing that helps?
- What are they doing that stops the self-harming behaviour from getting worse?
- What can be done in school or at home to help them with this?
- How are they feeling generally at the moment?
- What needs to happen for them to feel better?

6.5 If the self-harm is significant, the Deputy Safeguarding Lead (DSL) or one of the Deputy DSL should be notified. They will assess the level of risk that the young person poses to themselves, and will make a plan for immediate support of the young person.

6.6 Where the self-harm causes serious injury or is in the form of an overdose the emergency services must be called and parents informed immediately.

6.7 In the case of an acutely distressed student, the immediate safety of the student is paramount and an adult should remain with the student at all times.

6.8 We encourage students who have self-harmed to not display their wounds or injuries and to talk to a member of staff if they are upset or stressed.

6.9 If staff are emotionally affected by an incident of self-harm or a disclosure about self-harm, they are encouraged to talk to their line manager so that appropriate support can be provided for them.

7. Recording incidents of self-harm

Any discussion or meeting with a student, their parents/carers regarding self-harm should be recorded in writing including:

- Dates and times
- An action log
- Concerns raised
- Details of anyone else who has been informed
- Risk Assessment (if appropriate)
- Wellbeing Plan (if appropriate)

This information should be logged on CPOMS, for staff members without access to CPOMS this should be directed to the relevant Year Leader.

8. Assessment of risk and making referrals

8.1 In general, students are likely to fall into one of two risk categories:

- Medium risk pupils: Pupils with little history of self-harm, a generally manageable amount of stress, and at least some positive coping skills and some external support.
- High risk pupils: Pupils with more complicated profiles – those who report frequent or long-standing self-harm practices; who use high lethality methods, and/or who are experiencing chronic internal and external stress with few positive supports or coping skills.

8.2 It is important to ensure there are risk assessments in place which related to the self-harming behaviour, possible triggers and strategies to be used to minimise risk.

8.3 Schools should advise parents to visit their child's GP after any disclosure of self-harm. Schools can also refer to CAMHS for therapeutic support.

8.4 Managing PE lessons- PE 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.

9. What young people say they want.

The National Inquiry into self-harm (Truth Hurts, 2006) noted that following recommendations from young people to professionals when responding to self-harm.

- A non-judgemental outlet for exploring and sharing pain
- To feel supported
- To be listened to and understood
- To remain in control of how to express pain
- To be/feel respected
- To feel whole (not just seen as a self-harmer)
- To be spoken with honestly
- To be given practical advice on wound care
- To be able to tap on and out of support services
- Help to feel good about themselves
- Focus to not always be on self-harm
- Laugh and have fun
- Consistency from the adults responding
- To work at their own pace

10. Residential Visits and Educational Trips

Where a student who has self-harmed or who is at risk of self-harm/suicide has applied to take part in a residential visit or educational trip, the school will conduct a thorough risk

assessment to evaluate the suitability of the student's attendance. The safety of the student concerned, and other students and staff is paramount.

School staff will meet with parents and students and outline a timeline of risk assessments and plan reasonable adjustments. This risk assessment must then be submitted to the Designated Senior Mental Health Lead or Designated Safeguarding Lead.

The school will continue prior to the visit to consider the students recent history and stability, as well as the location of the visit, nature of activities and staff accompanying the visit.

Where the school is satisfied that the risk assessment demonstrates the young person is safe through reasonable adjustments and support then the students should be given permission to participate.

Should the school believe that this is not possible, independent advice would be taken to inform further steps.

Reviewed by SW&P Committee:	9 March 2023
Reviewed by FGB:	29 March 2023
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1. Sample Interview form- To be used at a meeting with a parent/carer and student on the student's return to school following a serious self-harm / wellbeing incident

Student's name:

Form:

Year Group:

Date:

Time:

Length of absence (number of school days):

Summary of incident:

Details of actions taken by School	Yes/No/N/A
Parent/Carer contacted	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Medical Advice given (GP/111/999)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Student taken for further medical assessment by:	
Parent/Carer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Members of Staff	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Emergency Services	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other action taken (Please specify)	

Details of outcome/treatment	Yes/No/N/A
Students discharged into Parents/Carers care	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Medical Advice given by:	
GP	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hospital	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Student taken for further medical intervention by:	
GP	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CAMHS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Please specify any actions following assessment/intervention and any other information medical professionals shared:	

Checklist for re-admission interview (to be completed by lead member of staff)	Y/N/N/A
Re-visit incident and establish what happened, what student used to self-harm, where they got it from, and where it is now. Apply school behaviour policy if appropriate.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Complete details / outcome of treatment section above in consultation with parent	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ask the parent /carer and student if they are confident that s/he is fit to return to school	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ask if any advice, verbal or written, has been given by a health professional regarding return to school	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Reiterate support network available in school;	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Complete/ Update a risk assessment and ensure this is signed by the parent /carer and student	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Once completed attach to CPOMS

2. Sample Risk Assessment for a student who self-harms.

Student's name:

Form:

Year Group:

Date:

Time:

Use the following statement to reduce risk of self-harm. Delete statements as necessary.

Potential Problem	Risk	Measures to reduce risk
<ul style="list-style-type: none"> • Dangerous implements such as blades and/or medication being brought into school 	<ul style="list-style-type: none"> • Serious injury to self, other students or staff at school. • Primary children: risk to very young children inadvertently accessing implements. • Cleaners may inadvertently hurt themselves. 	<ul style="list-style-type: none"> • Student is reminded of School's behaviour policy and zero tolerance to such items being brought into school. • Student may be asked to present him/herself at { <i>insert location</i> } and be asked to show that bag/locker does not contain such items. • Medication to be handed in by parent to school office with relevant documentation.
<ul style="list-style-type: none"> • Student self-harming on the school site between lessons and at break and lunch time 	<ul style="list-style-type: none"> • Serious injury to self and related impact on other students and members of staff. • The student becomes increasingly socially isolated and withdrawn; spiral of self-harm increases. • Financial cost of staff resource to escort student / supervise student is not sustainable 	<p>Student has explained to him/her the impact of self-harming on school site and is expected use communication card if s/he feels that s/ he may self-harm, and use the strategies that s/he has been given and/or contact the health professionals from whom s/he is receiving treatment</p> <ul style="list-style-type: none"> • Student is expected to share issues with appropriate adults not peers • Student must be open with parents and not come to school if s/he feels at risk in the morning • If necessary school will ask parent/carer to collect student from school
<ul style="list-style-type: none"> • Student leaves the classroom during the lesson in order to self-harm. 	<ul style="list-style-type: none"> • While unsupervised, the student may self-harm. • Agitated student effectively forced to remain in an environment s/he is endeavouring to leave s/he may hurt him/herself, other students or staff in the interim. • Student may abscond from classroom • Financial cost of staff resource to escort students / supervise student is not sustainable. 	<ul style="list-style-type: none"> • Student has explained to her/ him the impact of self-harming on school site and is expected to use a communication card if s/he feels that s/he may self-harm and use the strategies that s/he has been given and/ or contact the health professionals from whom s/he is receiving treatment • Student is expected to share issues with appropriate adults and not peers • Student must be open with parents/carers and not come

		<p>to school if s/he feels at risk in the morning</p> <ul style="list-style-type: none"> • If necessary school will ask parent/carer to collect student from school
<p>Student has overwhelming urge to self-harm while at school leading to volatile behaviour</p>	<p>Student may 'run away' / abscond in school to carry out the urges to self-harm, without any consideration for her/his own or others' safety.</p> <ul style="list-style-type: none"> • Staff are deployed to seek him/her out when this occurs (in pairs) posing a risk to themselves physically and emotionally. • Risk that other students see attempts at self-harming and are emotionally impacted. • Students urges increase and s/he is becoming increasingly reckless in decision making about self-harming. 	<p>School will seek professional help and reassurance that student is fit to be at school</p>
<ul style="list-style-type: none"> • Current friendship group of the student is reinforcing negative behaviours. 	<p>Student is finding it very difficult to break out of the cycle of self-harming.</p>	<p>Contact CAMHS to discuss situation and next steps</p>
<ul style="list-style-type: none"> • Student is targeting other vulnerable students to draw them into self-harming 	<p>Self-harming culture created: increased numbers of students involved.</p> <ul style="list-style-type: none"> • Higher risks to personal and general safety. 	<p>Contact CAMHS to discuss situation and next steps</p>
<p>Admissions of suicidal thoughts and intent to staff</p>	<ul style="list-style-type: none"> • Student may attempt to take his/her own life while on the school site. 	<ul style="list-style-type: none"> • Parents/carers contacted to advise them of thoughts / intent. • Seek urgent medical advice e.g. from GP or 111. In a medical emergency, i.e. the student is unconscious / having difficulty breathing / there is severe bleeding call 999
<ul style="list-style-type: none"> • Student may attempt to leave the school site in order to self-harm 	<ul style="list-style-type: none"> • Serious injury to self and exposure to vulnerable situations • Self-harming takes place away from school 	<ul style="list-style-type: none"> • Student expected to engage in all forms of academic and pastoral support within and beyond the school • Parents must be contactable if student is discovered to have left the school site / not

		arrived at school in the morning.
• Student unable to engage with education	• Student does not achieve full potential.	• Student expected to engage in all forms of academic and pastoral support within and beyond the school

Signed: (Student)

Signed: (Parent/Carer)

Signed: (Member of Staff)

Date:

Once completed attach to CPOMS