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**Title:** **Self-Harm: Early Intervention and Support in Schools**

**Date:** **April 2016**

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## **1. Overview**

While self-harm and suicide are separate issues, there are clear and established inter-dependencies. Individuals who self-harm are communicating emotional distress as are those who attempt or complete suicide. In responding to these issues, the primary responsibility of education settings is to safeguard children and young people to minimise the risk of self-harm or suicide and in achieving this, ***it is essential that all emotional distress is taken seriously.***

This policy, however, focuses primarily on the issue of self-harm and the responsibilities of both the Education Department (ED) and education settings in responding to this.

Research indicates that that up to one in ten young people engage in self-harming behaviours. While prevalence is significantly higher across the 11-19 population, all school staff have a significant and central role both in responding to and supporting pupils who self-harm and the peers of those pupils engaging in self-harm.

This policy aims to support education settings in responding to this issue.

## **2. Scope**

This policy applies to all staff in education settings.

## **3. Responsibilities and distribution**

Managers are responsible for ensuring that all staff read and understand the policy and that all members of the school community are aware of their responsibilities under it.

## **4. Policy/ standards**

It is the responsibility of the ED to:

- I. Support education settings to ensure that staff feel competent and confident in responding to and supporting pupils who are either suspected or actively engaging in self-harming behaviour. In this respect, a focus on early intervention and support. In achieving this;
- II. Provide comprehensive guidelines for education settings to support their activity in this area;
- III. Support all schools directly or indirectly by providing a regular visiting service from appropriately qualified professionals (e.g. Educational Psychology);
- IV. Provide suitable continuing professional development (CPD) for the schools' and wider education workforce and;
- V. Work with partner agencies to establish and clarify thresholds to support education settings in their decisions to either signpost or consider appropriate, onwards referral and involvement from more specialist services e.g. Child and Adolescent Mental Health Service (CAMHS).

It is the responsibility of education settings to:

- I. Develop, publish, disseminate and implement a policy to inform practice in this area. Appendix A provides a template policy.
- II. Keep the policy under review within the school development plan (SDP).
- III. Identify a named person to oversee/ co-ordinate the school's responsibilities in this area. This might be the designated teacher for safeguarding.
- IV. Ensure staff are both suitably developed through structured CPD and appropriately familiar with ED guidelines in responding to self-harm in schools.

## **5. Further information and related documents**

The document '*Self-harm – Guidelines for Schools*' represents good practice guidance for schools on behalf of the ED. This document further references a range of additional information and related documents.

This policy has been developed in consultation with CAMHS.

## **6. Recommendations and Guidelines**

It is recommended that education settings review and update their existing policies to reflect this ED policy.

### CHANGE HISTORY

Version	Date Issued	Issued by	Reason for Change
0.1			First Draft for review
0.2	April 2016	Principal Educational Psychologist	Updated to reflect new Department name and job titles/contacts.

### APPROVAL

Presented To	Approved by:	Date
Senior Management Team		
ESC Minister		

### ADDITIONAL INFORMATION

Planned review date:	Distribution:	
Associated policies	Name	Reference

## **Appendix A**

### **Template Policy**

#### **Self-harm: Early Intervention and Support in Schools**

##### **1. Introduction**

Research indicates that up to one in ten young people engage in self-harming behaviours. School staff play an important role both in responding to self-harm and in supporting pupils and peers of those pupils currently engaging in self-harm.

##### **2. Scope**

This document describes the school's approach to self-harm. This policy is intended as guidance for all staff including non-teaching staff and Governors (where appropriate).

This document should be read in conjunction with the Education Department document '*Self-harm – Guidelines for School Staff*' which provides comprehensive guidance for schools in responding to and supporting pupils presenting with self-harming behaviour.

##### **3. Aims**

This policy aims to:

- Increase staff understanding and awareness of self-harm
- Alert staff to warning signs and risk factors
- Provide support for staff responding to pupils who self-harm
- Ensure that pupils who self-harm and their peers are able to access appropriate support

##### **4. Definition of Self-Harm**

Self-harm is any deliberate, non-suicidal, behaviour where the intent is to cause harm to one's own body. This might include, 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 or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

While self-harm and suicide are separate, individuals who self-harm are communicating emotional distress as are those who attempt or complete suicide. Clearly it is essential that all emotional distress is taken seriously to minimise the chance of self-harm and suicide.

## **5. Risk factors**

The following 'risk' factors, particularly in combination, may make a young person particularly vulnerable to self-harming behaviour:

<b>Individual Factors</b>	<b>Family Factors</b>	<b>Social Factors</b>
<ul style="list-style-type: none"> <li>• Depression/ anxiety</li> <li>• Poor communication skills</li> <li>• Low self-esteem</li> <li>• Poor problem-solving skills</li> <li>• Hopelessness</li> <li>• Impulsivity</li> <li>• Drug or alcohol abuse</li> <li>• Unreasonable expectations of self</li> </ul>	<ul style="list-style-type: none"> <li>• Unreasonable expectations</li> <li>• Neglect or physical, sexual or emotional abuse</li> <li>• Poor parental relationships and arguments</li> <li>• Child being in residential care</li> <li>• Depression, self-harm or suicide in the family</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty in making relationships/ loneliness</li> <li>• Being bullied or rejected by peers</li> <li>• Persistent experiences of perceived failure</li> </ul>

## **6. Warning signs**

School staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to thoughts of self-harm. These warning signs should ***always*** be taken seriously and staff observing any of these warning signs should share this information with and seek further advice from the school's designated teacher for safeguarding.

Possible warning signs include:

- Changes in eating/sleeping habits (e.g. pupil may appear over 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
- Evidence of substance misuse (e.g. drugs or alcohol)
- Expressing feelings of failure, uselessness or loss of hope
- Changes in physical appearance e.g. becoming unkempt, adopting a minority clothing style
- Variable school attendance and/or persistent lateness

## **7. Responding to pupils who self-harm**

### **Responding to a disclosure of self-harm**

Pupils 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 self-harm disclosure (e.g. anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection). Staff should, however, try and maintain a supportive and open attitude in order to offer the best possible help to pupils. Clearly, a pupil who has chosen to share their concerns with a member of school staff is showing considerable courage and trust.

### **Confidentiality and information sharing in school**

Pupils need to be made aware that it may not be possible for school to offer confidentiality. If school considers a pupil is at risk of seriously harming themselves then confidentiality cannot be kept. It is important that staff do not make promises of confidentiality that cannot be kept - even if a pupil puts pressure on an individual to do so.

Any member of staff aware of a pupil engaging in or suspected to be at risk of engaging in self-harm, should consult the school's Designated Teacher for Safeguarding. Following the report, the designated teacher will decide on the appropriate course of action and in line with the school's/ Department's policy and procedures for safeguarding. In all cases a written record (signed and dated) will be made and saved within the pupil's file.

### **Initial response from staff**

Depending on the circumstances of the actual or suspected self-harming behaviour, specific consideration should be given to the following:

- In the case of an acutely distressed pupil, the immediate safety of the pupil is paramount and an adult should remain with the pupil at all times
- If a pupil has self-harmed in school, a first aider should be called for immediate help (where appropriate)
- Immediately removing the pupil from lessons, if remaining in class is likely to cause further distress to themselves or peers
- Arranging appropriate professional support/assistance from school-based services (e.g. school counsellor)
- Onwards referral to more specialist services and support within Health and Social Services

In the case of a pupil who has expressed suicidal thoughts and feelings, staff must remain with the pupil until the pupil can be accompanied to meet with the school's designated teacher for safeguarding. At no time should the pupil be left unsupervised. Consideration will be given to the need to contact parents/carers to inform them of the situation and (as appropriate) ask them to collect the pupil to take them to hospital.

## **8. Further considerations**

### **Peer group**

It is important to encourage pupils to let school know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences. As such, friends need to know that self-harm can be dangerous and that by seeking help and advice for a friend they are acting responsibly and being a good friend. Peers should also be reassured that their friend will be treated in a caring and supportive manner and that they are not responsible for either the well-being or choices of their friend. 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 with the school's Designated Teacher for Safeguarding.

### **Contagion**

When a pupil is self-harming, it is important to be vigilant in case close contacts with the individual are also self-harming. Occasionally, schools discover that a number of pupils in the same peer group are harming themselves and this behaviour can be viewed as an 'acceptable' coping strategy. This is known as contagion and can potentially raise levels of anxiety both with the pupils concerned, their peers and within the school community. In such cases, school should liaise with the school's link educational psychologist (EP) to consider the need for a co-ordinated, multi-agency response.

## **9. Support for staff**

Responding to and supporting pupils who self-harm can be emotionally demanding. It is also acknowledged that some individuals may find this type of work particularly demanding due to their own experiences. Staff involved in this area of work should have the opportunity to discuss this with colleagues and/or appropriate professionals such as the school's EP. In addition, staff should attend suitable training to support their role.