

Managing Self-Harm Policy

Mission Statement

WeST holds a deep seated belief in education and lifelong learning. Effective collaboration, mutual support and professional challenge will underpin our quest to ensure that all of the children and adults we serve are given every opportunity to fulfil their potential and succeed in life.

Person(s) responsible for updating the policy:	Director of Safeguarding
Date Approved:	17/12/2024
Date of next review:	December 2027

WeST Core Values

WeST holds four core values which underpin the engagement, motivation and retention of employees, no matter what their role in the organisation.

- **Collaboration**
Creating a shared vision and working effectively across boundaries in an equitable and inclusive way to skillfully influence and engage others. Building and securing value from relationships, developing self and others to achieve positive outcomes.
- **Aspiration**
Having high expectations, modelling the delivery of high quality outcomes. Showing passion, persistence and resilience in seeking creative solutions to strive for continuous improvement and excellence.
- **Integrity**
Acting always with the interests of children and young people at our heart, and with a consistent and uncompromising adherence to strong moral and ethical principles. Communicating with transparency and respect, creating a working environment based on trust and honesty.
- **Compassion**
Recognising need in others and acting with positive intention to promote well-being and improve outcomes.

Providing Accessible Formats

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1. Introduction

- 1.1 There are many reasons why pupils try to harm themselves, and once they start, it can become a compulsion. This is why it is so important to spot self-harming as soon as possible and do everything you can to help.
- 1.2 Self-harm is common in young people: at least 10% report having self-harmed. It is more common in females than males, especially in early adolescence. Self-harm is much less frequent in younger children, but under the age of 11 self-harm is more common in boys than in girls
- 1.3 Self-harm is not usually a suicide attempt or a cry for attention. It is often a way for pupils to release overwhelming emotions. It is a way of coping and so whatever the reason, it should be taken seriously.
- 1.4 Self-harm may include overdose (self-poisoning), hitting, cutting, burning, pulling hair, picking skin, head banging and self-strangulation.

2. Scope

- 2.1 This document describes the trust's approach to self-harm. This policy is intended as guidance for all staff and those in governance.
- 2.2 This policy covers self-harm (section 4) and does not cover other issues such as over-eating, food restriction or risk-taking behaviours such as consuming drugs and alcohol.

3. Aims

- 3.1 To increase understanding and awareness of self-harm.
- 3.2 To alert staff to warning signs and risk factors associated with self-harm
- 3.3 To provide support to staff dealing with students who self-harm.
- 3.4 To provide support to students who self-harm, their peers and parents/carers.

4. Definition of Self-Harm

- 4.1 Self-harm is any self-injurious behaviour where the intent is to deliberately cause harm to one's own body, or suicidal thoughts or actions. Examples of self-injurious behaviour are:
- a) Cutting, scratching, scraping or picking skin
 - b) Swallowing inedible objects
 - c) Taking an overdose of prescription or non-prescription drugs
 - d) Swallowing hazardous materials or substances
 - e) Burning or scalding
 - f) Hair-pulling
 - g) Banging or hitting the head or other parts of the body
 - h) Scouring or scrubbing the body excessively

5. Risk Factors¹

5.1 The following risk factors, particularly in combination, may make a pupil vulnerable to self-harm:

5.2 **Individual Factors:**

- a) Depression / anxiety
- b) Poor communication skills
- c) Low self-esteem
- d) Poor problem-solving skill
- e) Hopelessness
- f) Impulsivity
- g) Drug or alcohol abuse / misuse
- h) Having additional needs / SEND
- i) Adverse Childhood Experiences / trauma

5.3 **Family Factors:**

- a) Unreasonable expectations being placed on the young person
- b) Neglect or physical, sexual or emotional abuse
- c) Poor parental relationships and arguments
- d) Depression, self-harm or suicide in the family
- e) Adverse Child Experiences / trauma

5.4 **Social Factors:**

- a) Difficulty in making relationships / loneliness
- b) Being bullied or rejected by peers
- c) Interest in social networking/websites that focus on self-harm or suicide

6. Warning Signs

6.1 School staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to thoughts of self-injury or suicide. These warning signs should **always** be taken

¹ [STORM](#) or [ASIST](#) training enables understanding of the full range of risk factors and the level of risk associated with them. As per the WeST Suicide Prevention policy all WeST schools should make the names of staff who have been trained in STORM or ASIST widely known.

seriously and staff observing any of these warning signs should seek further advice from the Designated Safeguarding Lead (DSL) or a Deputy Designated Safeguarding Lead (DDSL).

6.2 Possible warning signs include:

- a) Changes in eating / sleeping habits (e.g. pupil may appear overly tired if not sleeping well)
- b) Increased isolation from friends or family / becoming socially withdrawn
- c) Changes in activity and mood (e.g. more aggressive or introverted than usual)
- d) Lowering of academic achievement
- e) Talking or joking about self-harm or suicide
- f) Abusing drugs or alcohol
- g) Expressing feelings of failure, uselessness or loss of hope
- h) Changes in appearance, including clothing (e.g. wearing long sleeves in a heatwave)

7. Working to prevent self-harm

7.1 Helping children and young people learn healthy and adaptive ways of coping with stress, build resilience and self-esteem helps to promote good mental health for life. The risk of self-harm can be significantly reduced by the creating a supportive environment in which healthy relationships are fostered.

7.2 Schools in WeST will:

- Support pupil's social and emotional development
- Teach effective emotional coping skills
- Build a positive school community that encourages children to seek support when they are distressed
- Educate school staff to understand self-harm and what may underlie self-harming behaviour
- Work with families and provide them with information about promoting pupil's social and emotional learning and understanding self-harm
- Increase resilience through the curriculum and other school-based activities
- Provide activities that enable pupils to raise their self-esteem and feelings of self-worth

8. Staff Roles in working with pupils who self-harm

8.1 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 in a student such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to students it is important to try and maintain a supportive and open attitude. A pupil who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.

8.2 Pupils and staff need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a student is at serious risk of harming themselves then confidentiality cannot be kept.** It is important staff do not to make promises of confidentiality that cannot be kept even, if a pupil puts pressure on them to do so.

8.3 Any member of staff who is aware of a pupil engaging in, or suspected to be at risk of engaging in self-harm, should immediately follow the school's safeguarding referral process.

- 8.4 Following the report, the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead will make an assessment of the level of risk and decide on the appropriate course of action². This may include:
- a) Contacting parents / carers
 - b) Contacting the relevant statutory agencies e.g. children’s social care or the police
 - c) Arranging other professional assistance, e.g. doctor, nurse, etc.
 - d) Consulting with another agency, e.g. CAMHS or the Educational Psychology Service
 - e) Arranging an appointment with a counsellor
 - f) Immediately removing the pupil from lessons if their remaining in class is likely to cause further distress to themselves or their peers
- 8.5 In the case of an acutely distressed pupil, the immediate safety of the pupil is paramount and an adult should remain with the student at all times.
- 8.6 If a pupil has self-harmed in school a first aider should be called for immediate help and the appropriate action taken, including calling 999 for an ambulance if needed.

9. Further Considerations

- 9.1 Any meetings with a pupil, their parents/carers or their peers regarding self-harm should be recorded on CPOMs, under the category “Emotional Wellbeing: self-harm.” The following details should be included:
- a) Date and time
 - b) Outline of concerns raised
 - c) Details of the action(s) taken
 - d) Details of anyone else who has been informed
 - e) Notes of supervision or consultation
- 9.2 It is important to encourage pupils to let a member of staff know if one of their peers is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be very dangerous and that by seeking help and advice for a friend they are taking responsible action and being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner.
- 9.3 The peer group of a pupil 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 the Designated Lead for Safeguarding or their Deputy.
- 9.4 When a pupil is self-harming it is important to be vigilant in case close contacts with the individual are also self-harming (so called ‘contagion’). Occasionally schools discover that a number of students in the same peer group are harming themselves.
- 9.5 Where a pupil has been self-harming and the protective factors that have been put in place are outweighed by the remaining risks, advice should be sought from the childrens’ social services³ to determine whether or not the threshold for formal child protection intervention has been met.

10. Linked Policies and supporting documents:

² See appendix A, taken from Oxford University’s publication, “Young people who self-harm. A guide for school staff.”

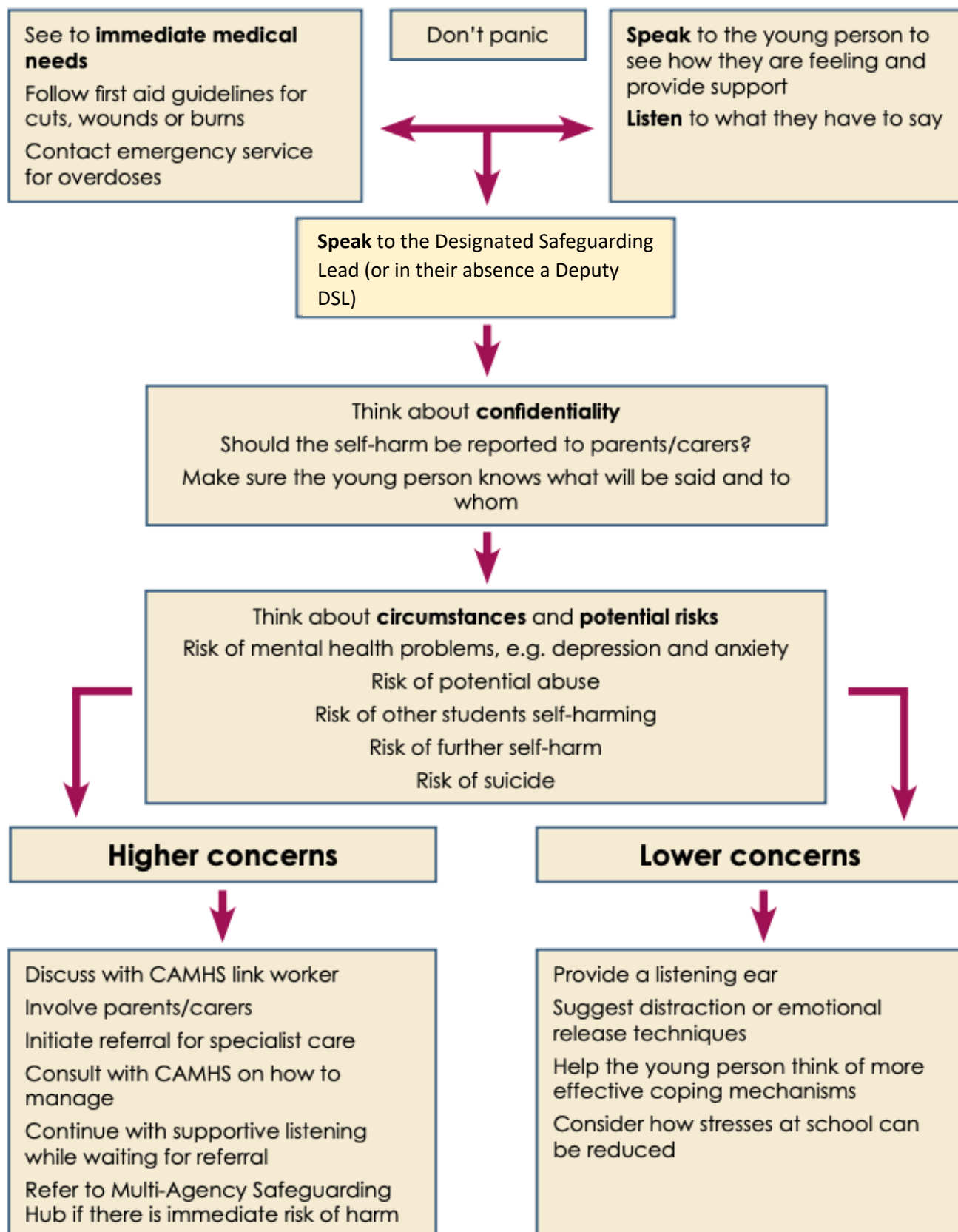
³ Contact details for the relevant Safeguarding Childrens Partnership are available in the Safeguarding policy

- Safeguarding Policy
- Suicide Prevention Policy
- [Keeping Children Safe in Education](#)
- [Young people who self-harm. A guide for School Staff](#) (Oxford University, 2018)

11. Version History

Version and Date	Notes
Version 1 – July 2022	New policy
Version 2 – December 2024	Reviewed; no changes

Appendix A: Self-harm at school what to do⁴ (to be used in conjunction with the safeguarding policy)



⁴ Taken from Oxford University (2018) [Young people who self-harm. A guide for school staff](#)
Version 2 - December 2024

Appendix B: things to consider when talking to pupils about self-harm⁵

How to approach the topic of self-harm

You may be the first person to notice that a pupil has been self harming. This can be distressing and it can be hard to know what to do. It is important that you don't ignore signs of self harm. If you suspect self harm, let the pupil know that you have noticed a difference in their behaviour and be open about your concerns in an empathetic and caring manner. Pupils will respond best if your action is calm, non-judgmental, and understanding.

Start with sharing your concerns about their well-being and encouraging them to open up, such as by saying:

"I've noticed that [then state the changes you have observed in their behaviour, e.g. becoming withdrawn or irritable or angry] and I'm wondering if maybe things are difficult for you at the moment?"

If you have explicit concerns around self-harm move on to more specific questions about self-harm, such as:

"I've also noticed that you've [voice your observations, e.g. got some scars or have been covering up] I know that sometimes this can be a sign that someone is harming themselves. Can I ask if you've self harmed?"

Helpful questions and statements

To understand why a pupil may be self harming it is important to have an open conversation about their reasons. It can be helpful to convey that you understand some of the functions of self harm to encourage the young person to open up. For example, you could say:

"I wonder what are the sorts of things that make you feel like harming yourself?"

If this does not lead to the pupil opening up, you could add something like:

"Sometimes people self harm as a way of managing strong and difficult feelings or emotions. I'm wondering if that might be why you hurt yourself?"

or

"I know that people self harm for many different reasons and that they often experience a range of different emotions. I wonder if you are able to help me understand what leads you to self harm?"

It's best to be direct

Some people are concerned about talking about self harm. However, research shows that asking about self-harm or suicidal thoughts does not put the idea into people's heads. Ask direct questions but in a kind and empathetic manner. Ensure that what you say, your facial expression and your body language all convey compassion, non-judgement and empathy.

Language to avoid

Sometimes negative terms are used for self harm, such as 'attention-seeking' or 'manipulative'. This language is unhelpful and may make it harder for a person to open up or ask for help. Some people do need attention but aren't able to find a positive way to get it. Creating a supportive and non-judgemental atmosphere will make it easier for a person to seek help.

⁵ This appendix is based on the advice in "[Young people who self-harm. A Guide for school staff](#)" (Oxford University, 2018)
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Appendix C – Useful resources

Information and support for children and young people:

- Childline: 0800 1111
- Papyrus: www.papyrus-uk.org
- Young Minds: www.youngminds.org.uk
- Samaritans: www.samaritans.org
116 123
- Harmless: www.harmless.org.uk

Resources for Schools

- [Building suicide-safer schools and colleges: a guide for teachers and staff](#)
- [Young people who self-harm. A guide for school staff](#)

Resources for Parents

- [Coping with self-harm: a guide for parents and carers.](#)
- [Healthtalk.org modules on parents' experiences of self-harm](#)
- [No Harm Done](#) (information for school staff and parents)
- [Royal College of Psychiatrists](#)
- The Parent's Guide to Self Harm. (By Jane Smith, Oxford: Lion Hudson)