

St Bede's School

Self-Harm Policy

IF A CHILD IS IN DANGER OF DEATH, INCLUDING REPEATED AND/OR CREDIBLE THREATS OF SUICIDE, RING 999 IMMEDIATELY AND ASK FOR POLICE & AMBULANCE

1. Introduction

Research indicates that up to one in ten young people in the UK engage in self-harming behaviours, and that this figure is higher amongst specific populations, including young people with Special Educational Needs. School staff can play an important role in preventing self-harm and also in supporting children, peers and parents of children 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 adults including non-teaching staff.

3. Aims

- To increase understanding and awareness of self-harm
- To alert staff to warning signs and risk factors
- To provide support to staff dealing with children who self-harm
- To provide support to children who self-harm and their peers and parents/carers

4. Definition of Self-Harm

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body 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

5. Risk Factors

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

- Individual Factors:
 - Depression / anxiety
 - Poor communication skills
 - Low self-esteem
 - Poor problem-solving skills
 - Hopelessness
 - Impulsivity
 - Drug or alcohol abuse
- Family Factors
 - Unreasonable expectations
 - Neglect or physical, sexual or emotional abuse
 - Poor parental relationships and arguments
 - Depression, self-harm or suicide in the family
- Social Factors
 - Difficulty in making relationships / loneliness
 - Being bullied or rejected by peers

6. Warning Signs

School staff may become aware of warning signs which indicate a child is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the Designated Safeguarding Lead (DSL), Mr Andrew Platts.

- Possible warning signs include:
 - Changes in eating / sleeping habits (may appear overly tired)
 - Increased isolation from friends/family, become socially withdrawn
 - Changes in activity/mood - more aggressive/introverted than usual
 - Lowering of academic achievement
 - Talking or joking about self-harm or suicide
 - Abusing drugs or alcohol
 - Expressing feelings of failure, uselessness or loss of hope
 - Changes in clothing e.g. becoming a goth, emo, etc

7. Staff roles in working with children who self-harm

- Children 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 child such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to children it is important to try and maintain a supportive and open attitude – a child

who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.

- Children need to be made aware that it may not be possible for staff to offer confidentiality. If you consider a child is at serious risk of harming themselves then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a child puts pressure on you to do so.
- Any member of staff who is aware of a child engaging in or suspected to be at risk of engaging in self-harm should consult the DSL.
- Following the report, the DSL will decide on the appropriate course of action. This may include:
 - Contacting parents/carers
 - Arranging appointment with an educational psychologist/counsellor
 - Arranging professional assistance e.g. doctor, nurse, social services
 - Immediately removing the child from lessons if their remaining in class is likely to cause further distress to themselves or their peers
- In the case of an acutely distressed child, the immediate safety of the child is paramount and an adult should remain with the child at all times
- If a child has self-harmed in school a first aider should be called for immediate help

8. Further Considerations

- Any incidents (including meetings with a child/parents/peers) should be recorded in writing, which may include the filling in of the 'Recording Form for Safeguarding Concerns' and/or records in the school's 'Incident Log'
- It is important to encourage children to let you know if one of their group 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 & being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner.
- 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 the DSL.
- When a child 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 children in the same peer group are harming themselves.