



Self- Harm Policy

May 2018

Statement of intent

Queen Mary's High School has a commitment to supporting the social and emotional development of young people and safeguarding their well-being. This includes the necessity to have measures in place within school to promote an understanding of self-injury and ways to support young people to prevent and respond to observed or reported self-harm.

Recent 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 (for example girls). The purpose of this policy is:

- to increase understanding of self-harm
- to recognise warning signs for self-harm
- to provide clear guidelines about how to act if a disclosure of self-injury is made
- to provide clear guidelines about the limits of confidentiality
- to be aware of appropriate short and long term intervention approaches; and
- to identify a designated member of staff to monitor and record all incidents of self-harm and next steps taken.

The three main underlying elements of this policy are to ensure that the school addresses areas related to prevention, protection and support of vulnerable students.

Prevention:

- a positive and reflective school atmosphere with an expectation that all staff and students support one another
- curriculum activities and opportunities which equip students with the skills that they need to stay safe as well as recognise and communicate their fears or concerns
- opportunities to reflect on these topics
- use of Youth Peer Mentors to raise and discuss problems with the students and
- an open-door policy of all pastoral staff.

Protection:

- by all staff following procedures, ensuring that they are all suitably trained and supported to respond appropriately and sensibly to child protection concerns.

Support:

- students know which adults they can approach if they are worried or in difficulties
- maintain an ethos where students feel secure, are encouraged to talk and are listened to and
- every effort is made to establish effective working relationships with parents and colleagues from other agencies.

Definition of self-harm

Self-harm is a wide definition that includes eating disorders, self-injury, risk-taking behaviour and drug / alcohol misuse. This policy focuses on the self-injury aspect of self-harm; however, support is available for any behaviour which is deemed to be harmful to our students.

Self-harm is any deliberate, non-suicidal behaviour that inflicts physical harm on the body and is aimed at relieving emotional distress. Self-harm can include, but is not limited to, cutting, scratching, burning, biting, punching, ingesting, picking and hair pulling.

Self-harm tends to arise from very difficult and intense emotions and can be a way of releasing these emotions without attracting the attention of others. People who self-injure usually make a great effort to hide their injuries and scars, and are often uncomfortable about discussing their inner emotional or outer physical pain. It can be difficult for young people to seek help, perhaps due to the stigma associated with self-injury and associated mental health issues.

Self-harm is not:

- attention seeking
- a form of manipulation
- a developmental or personality disorder
- a suicide attempt or
- painless – it does hurt.

Risk factors associated with self-injury:

Risk factors make it more likely that a young person will engage in self injurious behaviour. A risk factor is anything that increases emotional distress for a young person, this can include, but is not limited to:

- sexual abuse
- physical abuse
- emotional neglect / separation / loss
- stress – academic work or family-related
- bullying
- negative thought patterns / low self-esteem
- recent trauma and
- mental health issues such as depression / anxiety.

It is important to note that a young person may experience the above risk factors but this does not mean that they **will** engage in self-harm.

Warning signs for self-injury

Warning signs of self-injury can include:

- poor function in school, such as changes in academic progress or social functioning
- unexplained, frequent injuries
- wearing long sleeves or excessive jewellery
- behaviour changes (evasive or secretive behaviour) and
- possession of sharp objects.

Procedures for managing a disclosure of self-harm

Queen Mary's High School is committed to creating an ethos in school that encourages young people to feel confident enough to disclose concerns they may have about their own or other's self-harming behaviour.

The school also acknowledges that students in crisis may choose to self-harm on the school site so this policy covers procedures for 'self-harm disclosures' and 'self-harm on-site incidents'.

Self-harm disclosure

The safety and welfare of a self-harming student is paramount.

The incident will be recorded along with action taken following the disclosure on the Safeguarding Concern form (see Appendix 1)

The following procedures will be undertaken following a disclosure:

1. The Designated Safeguarding Lead (DSL) needs to be informed and a copy of the disclosure/concern form completed by the member of staff and held by the Designated Safeguarding Lead for central collation.
2. Parents / carer will then be contacted to discuss the matter with them. Advice will usually include a request for the parent / carer to make an urgent appointment with the family GP to seek specialist support from CAMHS or other appropriate medical intervention.
3. The limits of confidentiality must be discussed (please see below).
4. A decision will be made as to whether Safeguarding involvement is required to look at longer term intervention and support based on the individual needs and circumstances of the student.
5. In school, the student will be expected to cover injuries appropriately.
6. The student will receive support from the Pastoral Support Co-ordinator and may be referred to WPH for additional support particularly as an interim measure prior to a GP / CAMHS appointment. Parental consent will be sought if this is felt necessary. Fraser Competency guidelines will be considered by the counsellor as part of this referral and for students 16 years of age and older.
7. Parents / carers will be asked to keep the school informed of any advice, guidance and treatment received from CAMHS / the GP / external agencies to ensure that the school is better placed to support the student.
8. Consultation support to staff and/or parents may be offered by the Pastoral Support Co-ordinator.
9. Liaison with other agencies will be carried out as appropriate.
10. Following an incident where a student has been hospitalised, a full risk assessment will be undertaken by the school that will incorporate advice from the relevant external agencies as to how best support the student and facilitate their return to school. The return to school will only be agreed once the school is satisfied that the student poses no risk to herself/himself and will have no detrimental effect on other students or the wider school community.

11. The school will support the student's attendance at relevant external appointments and asks parents / carers to keep the PAM, Designated Safeguarding Lead or Pastoral Support Co-ordinator informed of any advice, guidance and treatment received or planned by CAMHS / external agencies to ensure that the school is better placed to support the student.

Self-harm on-site incident

The safety and welfare of a self-harming student is paramount. However, the school also has to be mindful of the welfare and safety of other students, who may themselves have certain confidential vulnerabilities.

If a self-harm incident occurs on the school site or during a school organised activity such as a trip, then emergency medical help will be sought. This might include, but not be restricted to an overdose or serious self-injury. The emergency services will be called and attendance at the nearest Accident and Emergency department sought.

In order to ensure that appropriate support is in place, it will be necessary to ensure that a risk assessment is completed in liaison with external agencies before a student returns to school. The risk assessment will be based on the written advice from the external agencies that are involved post-incident, such as CAMHS. This is to ensure that QMHS is able to provide the correct support for the student.

Any student found in possession of self-harm paraphernalia may be subject to a period of withdrawal and subsequent risk-assessment prior to return whilst the specific needs are identified and the school is informed of how to best support the student.

Therefore, the following procedure will be followed after a self-harm event carried out on-site or during a school-organised activity:

1. Emergency services will be called. Attendance at the nearest Accident and Emergency [A&E] department. This will trigger the involvement of external agencies, such as CAMHS or Children's Services depending on the nature of the incident and the opinion of the attending A&E medically trained personnel.
2. The Designated Safeguarding Lead (DSL) or the Pastoral Support Co-ordinator will ensure that the parents/carers are informed of the incident and advise attendance at A&E.
3. Work will be set to support the student, during a period of time when she/he may be absent from school.
4. The Designated Safeguarding Lead (DSL) will complete a copy of the disclosure/concern form to be held for central collation.
5. The limits of confidentiality must be discussed.
6. The Designated Safeguarding Lead (DSL) or Pastoral Support Co-ordinator will maintain contact with the relevant external agencies.
7. A risk assessment will be undertaken by school that will incorporate advice from the relevant external agencies as to how best support the student and facilitate their return to school. The return to school will only be agreed once the school is satisfied that the student poses no risk to herself/himself and will have no detrimental effect on other students or the wider school community.

8. The school will support the student's attendance at relevant external appointments and asks parents / carers to keep the PAM, Designated Safeguarding Lead (DSL) or Pastoral Support Co-ordinator informed of any advice, guidance and treatment received or planned by CAMHS / external agencies to ensure that the school is better placed to support the student.

Confidentiality

Students need to be made aware that it **is not** possible for staff to offer complete confidentiality. It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

Parents/carers will always be told about disclosures of self-harm unless telling parents places the child at risk, in which case a discussion with MASH will be actioned.

Staff awareness

Key pastoral staff receive regular training to develop an understanding of ways to respond to self-harm and the therapeutic approaches that can be used to support young people with emotional distress.

All staff understand the need for the immediate reporting of any disclosure or anything that they see that is of concern. This expectation will be reiterated at each annual safeguarding update at the start of each school year.

Appendix 1

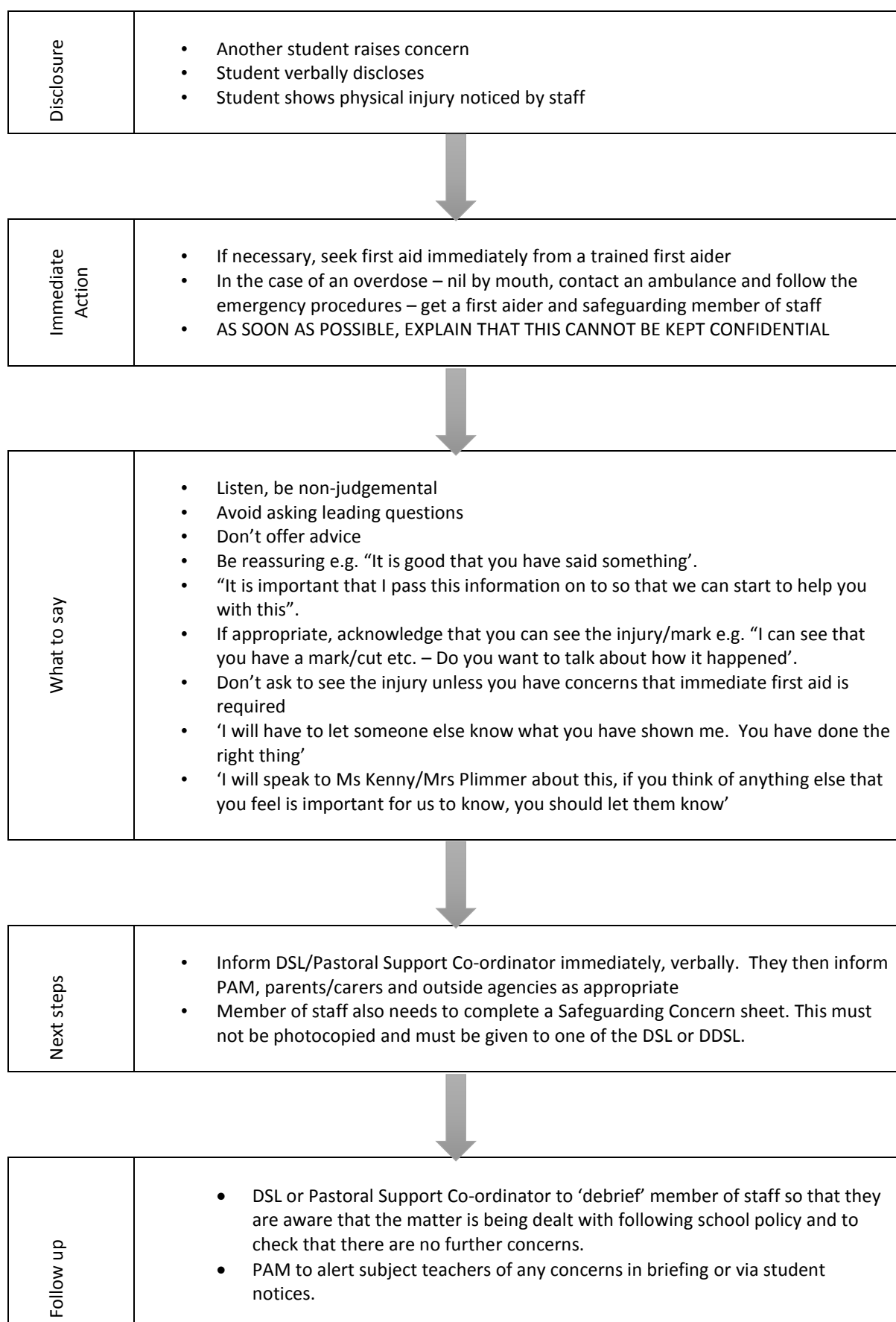


**QUEEN MARY'S HIGH SCHOOL
SAFEGUARDING CONCERN FORM**

Child's Name :
Child's DOB :
Date and time of concern:
Account of the concern: (what was said, observed, reported and by whom)
Additional information : (context of concern/disclosure)
Response : (what did you do/say following the concern being raised)
Name :
Signature :
Position in school :
Date and time of this statement :
Action and response of DSP/DDSP/Head Teacher
Signed: _____ Date: _____

Appendix 2

Self-harm: Procedures for staff



Appendix 3

Information for parents/carers on self-harm

(From the "Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm" published January 2012)

It can be difficult to find out that someone you care about is harming him or herself. As a parent / carer you may feel angry, shocked, guilty and upset. These reactions are normal, but what the person you care about really needs is support from you. They need you to stay calm and to listen to them. The reason someone self-harms is to help them cope with very difficult feelings that build up and which they cannot express. They need to find a less harmful way of coping.

What is self-harm?

Self-harm is any behaviour such as self-cutting, swallowing objects, taking an overdose or running in front of cars etc. where the intent is to deliberately cause harm to self.

How common is self-harm?

Over the last forty years there has been a large increase in the number of young people who harm themselves. A recent large community study found that in 15-16 year olds, approximately 6.9% of young people had self-harmed in the previous year.

Is it just attention seeking?

Some people who self-harm have a desire to kill themselves. However, there are many other factors which lead people to self-harm, including a desire to escape, to reduce tension, to express hostility, to make someone feel guilty or to increase caring from others. Even if the young person does not intend to commit suicide, self-harming behavior may express a strong sense of despair and needs to be taken seriously. It is not just attention seeking behaviour.

Why do young people harm themselves?

All sorts of upsetting events can trigger self-harm. Examples include: arguments with family members, the break-up of a relationship, failure in exams or bullying at school. Sometimes several stresses occur over a short period of time and one more incident can be the final straw.

Young people who have emotional or behavioural problems or low self-esteem can be particularly at risk from self-harm. Suffering a bereavement or serious rejection can also increase the risk. Sometimes young people try to escape their problems by taking drugs or

alcohol. This often only makes the situation worse. For some people self-harm is a desperate attempt to show others that something is wrong in their lives.

What can you do to help?

Try to:

- ☑ Keep an open mind
- ☑ Make the time to listen
- ☑ Help them find different ways of coping
- ☑ Go with them to get the right kind of help as quickly as possible

Some people you can contact for help, advice and support are:

Your family doctor / GP

School Health

Young Minds Parents Information Service Tel: 0808 802 5544

Papyrus HOPElineUK Tel: 0800 0684141

The Samaritans Tel: 08457 90 90 90

MIND Information line Tel: 0845 766 0163

In an emergency – go to the A&E department of your nearest hospital