

Loxley Hall School



Supporting Students
who
Self- Harm
Policy

Introduction

Loxley Hall is committed to safeguarding and promoting the welfare of students and expects all staff and volunteers to share this commitment. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of self-harming and follow our procedures to ensure that children receive effective support and protection. Our school works in partnership with other children's services and charities. The procedures contained in this policy apply to all staff, governor, stakeholders and trustees.

Context

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 support them, giving staff a structure for the early identification of self-harming behaviours and for helping students with their behaviours.

The following guidance has been used whilst constructing this policy:

1. Guidance for professionals working with children and young people who self-harm 2017 (<https://www.oxfordhealth.nhs.uk/harmless>)
2. Guidelines for professionals who work with children and young people who self-harm: B&NES CAMHS, Oxford Health NHS Foundation Trust,
3. Loxley Hall School Safeguarding Policy
4. Loxley Hall School Relationship Management Policy
5. Keeping Children Safe in Education, DfE, September 2019
6. Working together to safeguard children, DfE, September 2019
7. Mental health and behaviour in school, DfE, June 2014
8. Young Minds, Registered Charity 1016968
9. Guidance from Savana, Registered Charity 1148466
10. Charlie Weller Memorial Trust, Registered Charity 1109984
11. Self-harm UK
12. NSPCC
13. Childline
14. The Samaritans
15. Savana

Loxley Hall wish to extend their thanks to Nikki Taylor, Savanna, for guidance in writing this policy

What is self-harm?

The nature and meaning of self-harm can vary greatly from child to child and the reason or trigger for each action may differ on each occasion. Essentially though, self-harm is any behaviour where a person intentionally sets out to harm or hurt themselves. This may be an impulsive act or may be planned. Self-harm is a type of behaviour that is frequently misunderstood and often kept hidden. Therefore, it is not surprising that myths and stereotypes have grown around the subject. Most commonly there is a belief that self-harm is an 'attention seeking behaviour' Given that most self-harm is carried out in private and over a long period before help is sought, it is hard to give credence to this perception. Another belief is that self-harm is something that groups of students do together. Whilst it is important to be aware that within friendship groups, some individuals may self-harm, it is rare that students self-harm in front of others. Self-harm is a term that is used to describe a range of actions and behaviours. It is important to be aware of signs that a student is self-harming. Below is list of some of the behaviours that some people might consider to be self-harm; this list is not exhaustive.

- With-holding or controlling food
- Deliberately inducing vomiting
- Scratching or picking skin
- Cutting body
- Tying something around body
- Inserting things into their body
- Scouring/scrubbing body excessively
- Hitting, punching one-self
- Pulling out hair
- Over/under eating
- Excessive drinking of alcohol
- Taking non-prescription drugs
- Abusing prescription drugs or illicit drugs
- Burning or scalding
- Hitting walls with head and/or fist
- Taking an overdose or swallowing something dangerous
- Self-strangulation
- Risky behaviours such as running into the road

If a behaviour causes harm to the individual, or deliberately places them in a dangerous situation or environment with the potential to cause themselves harm this is classed as a potentially harmful behaviour.

Recent trends related to self-harming

A Lancet Psychiatry study found that in 2014, 6% of people had self-harmed, up from 2% in 2000 - with the highest rate in those aged 16-24.

It is almost impossible to say how many young people are self-harming. This is because very few teenagers tell anyone what's going on, therefore it is incredibly difficult to keep records or have an accurate idea of scale. It is thought that around 13% of young people may try to hurt themselves on purpose at some point between the ages of 11 and 16, but the actual figure could be much higher.

In 2014, figures were published suggesting a 70% increase in 10-14 year olds attending A&E for self-harm related reasons over the preceding 2 years. This is a trend that continues to increase year on year. Recent data estimates:

- 1 in 4 young people will have thoughts of self-harm over the course of a year.
- Of those who report thoughts of self-harm less than half will act on them and go on to harm themselves.
- Average age to start self-harming is around 13 years
- Half of young people who self-harm will harm themselves more than once
- Ratio of male : female self-harm is approximately 1:4 (Hawton et al, 2002)
- 10.6% of secondary school students self-harm (Office of National Stats 2000)
- In the UK, suicide is the second most common cause of death for 15-24 year olds, after road traffic accidents
- Only 1:5 16 - 24 year old with suicidal thoughts would seek help from a GP (Samaritans 2003)
- 1 in 3 adolescents who die by suicide are under the influence of alcohol at the time of death
- 40-60% of suicides have at least one previous episode of deliberate self-harm (Hawton, 2004)

Girls are thought to be more likely to self-harm than boys, but this could be because boys are more likely to engage in behaviours such as punching a wall, which isn't always recognised as self-harm or doesn't come to the attention of hospitals.

In reality, self-harm doesn't happen to one type of person, it can't be predicted and scarily, we don't really know how many people are going through it.

Why do people self-harm?

During adolescence, students may encounter particularly painful emotional events for the first time. They often do not know where to go for help and have not developed sufficient problem-solving skills to overcome these difficulties on their own. As a result, they experience feelings of helplessness and hopelessness, which can lead them to self-harm or attempt suicide. The three most common reasons why young people self-harm are:

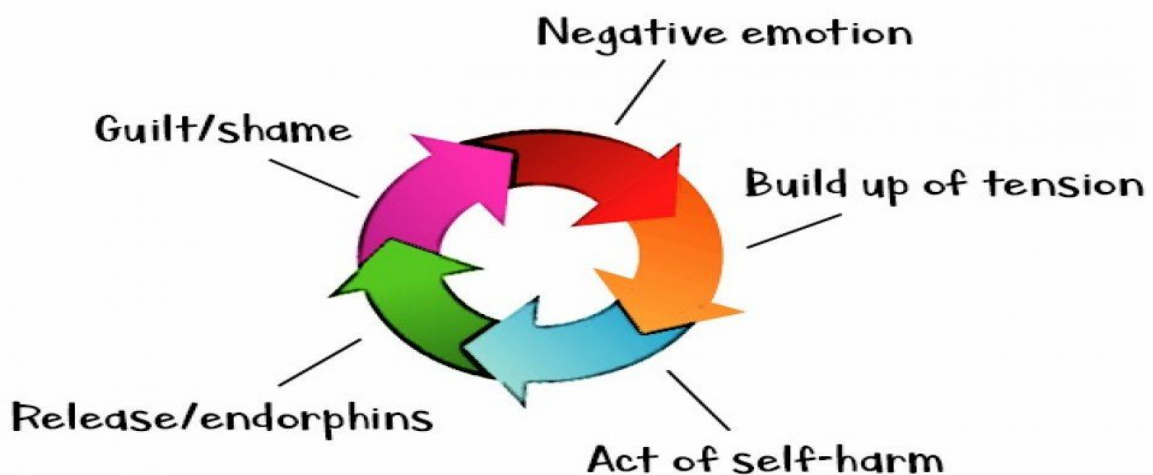
- Tension relief - several young people are unable to deal with their unpleasant feelings and find self-harm as a way of relieving stress and tension.
- Self-punishment- young people who self-harm often have low self-esteem and feel that they are worthless or bad people who should be punished.
- To express distress - for some young people self-harm is a way of showing others how bad they are feeling.

They may use this as a way of reaching out to get help Other explanations from students about why they self-harm include:

- That physical pain is easier to control than emotional pain
- It is a way of coping with past and current events
- Rarely, it can be a way of becoming a part of a group

Some students may only self-harm once or twice in response to a particular difficulty, however, it can also become a regular activity that is hard to stop and may indicate more serious and longstanding emotional distress. It may be helpful to understand that when a student inflicts pain upon themselves the body responds by producing endorphins, a natural pain reliever that gives temporary relief or a feeling of peace. The addictive nature of this feeling can make self-harm difficult to stop.

Students who self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self-harm initially. The following is an illustration of the cyclical nature of self-harm and demonstrates how such behaviour may become addictive. (Self-harm, UK)



How can staff identify signs of self-harming?

All staff at Loxley Hall are expected to be vigilant and report concerns immediately. Current guidelines promote following Loxley Hall Safeguarding Procedures to report concerns.

Some behaviours that may suggest a student is self-harming:

- Covert behaviours
- Changes in clothing to cover parts of the body, e.g. wearing long sleeved tops
- Reluctance to participate in previously enjoyed physical activities, particularly those that involve wearing shorts or swimsuits, for example
- Changes in eating and/or sleeping habits
- Changes in consumption of drugs/alcohol or discussions of such behaviours
- Changes in levels of activity or mood
- Increasing isolation from friends/family.

Self-harm occurs more frequently in students with learning disabilities. In those with severe learning disabilities, self-harm can form part of the student's profile of behaviour (for example, a student with autism biting his/her arms repeatedly). Any change in the frequency, severity or site of self-harm in these students is a cause for concern. Self-harm may be the only way a student with communication difficulties can display her/his emotional distress. Self-harm in younger students is unusual but not unknown, so it is really important to be aware that behaviours such as hair pulling, small surface cuts, head banging and self-grazing/scratching may be signs of self-harm.

Factors which may contribute to self-harm

Staff should be aware of factors that students identify as contributing or triggering self-harm include:

- Family pressures eg if the student is a carer
- Confusion with self-identity
- Pressures of Social Media or reality TV
- Being bullied (at school or at home)
- Experiencing poor mental health
- Having a parent who has poor mental health
- Stress and worry about family issues; illness, relationship breakdown etc
- Feeling under pressure from family, school or peers to achieve or conform
- Feeling isolated or uncared for
- Difficulties in peer relationships, including the breakup of a relationship
- Not getting on with parents/carers or other family members
- Family relationship difficulties, including parents/carers separating or divorcing
- Bereavement
- Previous experience of abuse or neglect (physical, sexual or emotional)
- Current experience of abuse (physical, sexual or emotional)
- Experience of domestic abuse
- The self-harm or suicide of someone close to them
- Confusion about sexuality
- Low self-esteem
- Feeling unhappy with yourself
- Feeling isolated, rejected or bullied due to race, culture or religion
- Being in trouble in school or with the police
- Difficult times of the year (e.g. anniversaries)
- Use of alcohol or drugs
- Feelings of rejection socially, or within their family
- Termination of pregnancy
- Self-harm behaviour in social group
- Self-harm portrayed in the media
- Loss of a pet
- Peer pressure

This list is not exhaustive.

Suicidal thoughts and self-harm

Self-harm by cutting is not usually associated with suicidal thoughts but can be thoughts or behaviours used as an expression of distress or to relieve distress. Suicidal ideation (a term often used by mental health practitioners) is where a young person expresses a genuine desire to die. Thoughts of hopelessness such as "I wish I was dead" are common. It is therefore important to explore the meaning behind the words the young person says. This can be because a student has a serious depression with low self-esteem, low mood, inability to see that his/her situation could improve, nothing to live for and no chance of ever being happy.

Suicidal ideation is rare. If staff encounter a student who demonstrates suicidal thoughts they should immediately follow the Safeguarding protocols and discuss concerns with a Safeguarding Lead immediately

Frequent suicidal ideation, with or without self-harm, is a cause for referral for specialist assessment to consider a formal diagnosis, updated risk assessment and treatment options.

Loxley Hall procedures when a student self-harms

Any member of the school staff who knows a student who may be thinking of self-harming must report this to the Designated Safeguarding Lead (DSL) immediately.

Loxley Hall Safeguarding Team:

Mr M Snowden - Designated Safeguarding Lead

Mr D Bownds - Deputy Designated Safeguarding Lead

Mr R Kizis - Deputy Designated Safeguarding Lead

Mr A Teague - Deputy Designated Safeguarding Lead

What to do if a child discloses thoughts of self-harm and/or superficial injury

- Keep calm and give reassurance to the student.
- Focus on the student, not the behaviour or reasons for it and remember the student may be reluctant to talk about self-harm.
- It is important not to make promises of confidentiality even though the student may put pressure on you to do so.
- Report the disclosure immediately to the Designated Safeguarding Lead by discussion then formally on My Concern Safeguarding Software.

The DSL will request for a member of staff to inform the student's parents/carers of the situation and be actively involved in the handling of the situation unless there is some overriding reason not to. The discussions with parents / carers and other agencies or referrals will be made by Loxley Hall Safeguarding Team.

If the student has injuries or marks

Any superficial injuries that require treatment can be treated and recorded by one of the First Aid Team.

Injuries and marks should be discussed with the Safeguarding Lead and recorded on MyConcern software.

Any concerns around self-harm will require review of Risk Assessment and Individual Behaviour Plan (IBP). Staff may consider constructing a Behavioural Intervention or Support Plan.

The Safeguarding Team may be advised to make a referral to CAMHS, Trailblazer Project, family GP, School Nurse or other agencies and avenues of support.

If a student causes significant harm to themselves

Staff should call for immediate assistance from one of the Safeguarding Team and it may be decided to transport the student to hospital or call for Emergency Services.

Confidentiality

If you consider that a student is at risk of seriously harming himself or others, then confidentiality cannot be kept. It is important not to make promises of confidentiality that you cannot keep, even though the student may put pressure on you to do so.

How to help a student who self-harms

The two main skills to employ when exploring these issues are effective listening skills and honest talking, for example:

- Let the student know you care and that s/he is not alone.
- Help the student express his/her emotions.
- Be an active listener; use your eyes as well as your ears to pay attention
- Watch the student's facial expression and the posture that accompanies the words s/he is speaking. These will all give clues as to how someone is truly feeling.
- Empathise with the student - imagine walking in his/her shoes
- Be positive about what the student is saying without being dismissive.
- Know when to listen and when to talk
- Do not try to solve the problem or say the "right" thing.
- Don't give advice too quickly or evaluate how the students are feeling and defining their experiences for them.
- Be aware of what you can and cannot do to help and be prepared to discuss this with the student sensitively. Do not make promises you cannot keep.
- Use open questions rather than closed ones to help the student explore his/her concerns.
- Encourage and support the student to talk to others, such as parents/carers or other professionals.
- Encourage and support the student in seeking appropriate help.

Do make sure you have an opportunity to "debrief" if necessary following a disclosure. It is extremely important that you consider your own Mental Health and the possible affect that students self-harm or disclosure may have on your well-being. Ask your Safeguarding Team for support or talk to a trusted colleague about your feelings and well-being.

What else can we do to help?

It is important that students feel that their concerns are being taken seriously and that they have an element of control over the process. A negotiated action plan is a useful way of providing this. Action plans need to have achievable targets and agreements about whom to involve, when and other possible next steps.

Recommended Distraction Activities

Replacing the cutting or other forms of self-harm with safer activities can be a positive way of coping with the tension. The distraction activities are individual and may depend upon the reason for the initial harm.

Activities that involve the emotions intensely can be helpful eg:

- Contacting a friend, family member or helpline.
- Going for a walk/run or other forms of physical exercise.
- Getting out of the house and going to a public place e.g. a cinema.
- Reading a book.
- Colouring /painting /clay modelling
- Keeping a diary
- Looking after an animal.
- Watching TV.
- Listening to music or singing along.
- Going shopping.
- Cooking/eating your favourite meal.
- Coping with distress using self-soothing tasks eg mindfulness strategies
- Using stress management techniques such as relaxation or massage.
- Having a bubble bath.
- Stroking an animal
- Going to the park
- Listening to music.

Sometimes it can be helpful to find other ways of discharging emotion which are less damaging than self-harm:

- Pinging an elastic band on your wrist
- Clenching ice cubes in the hand until they melt.
- Writing, drawing and talking about feelings.
- Writing a letter expressing feelings, which need not be sent.
- Drawing feelings-some young people find it hard to articulate what they feel
- Going into a field and "screaming".
- Hitting a pillow /soft object.
- Listening to loud music
- Boxing / HITT activities
- Physical exercise
- Red pens to draw on selves-this can help as for some it is about seeing the blood that calms them
- Stress ball
- Sensory stimulation / sensory room

The ethos promoted by Loxley Hall of Building Relationships and promoting change lends itself well to the successes in helping students to offer alternative behaviours

other than self-harm. An important part of prevention of self-harm is having a supportive environment which is focused on building self-esteem and encouraging healthy peer relationships. An effective antibullying policy and a means of identifying and supporting students with emotional difficulties is an important aspect of this.

It is helpful to identify the support people in a student's life and how to get in touch with them; examples are friends, family, school staff, neighbours. It is also beneficial if the student and their family knows how to access crisis contacts at times of distress.

In the longer term a student may need to develop ways of understanding and dealing with the underlying emotions and beliefs. Regular counselling or therapy from external agencies may be helpful. Support from family members or carers are likely to be an important part of this.

In addition, it may also help if the student joins a group activity such as a youth club, a keep fit class, Scouts or Cadets which will provide opportunities for them to develop friendships and feel better about themselves.

Learning stress management techniques, ways to keep safe and how to relax may also be useful.

Support Organisations

Childline 08001111

NSPCC

Young Minds: 0808 802 5544 www.youngminds.org.uk

Samaritans: 08457 90 90 90

Child Line: 0800 1111 www.childline.org.uk

National Self-Harm network: 0800 622 6000 www.nshn.co.uk

Give us a Shout; www.giveusashout.org Text 85258

Charlie Weller Memorial Trust www.cwmt.org.uk

Savana www.savana.org.uk

Stem4 www.stem4.org.uk

www.mentalhealth.org.uk

www.princes-trust.org.uk

Appendix 1 - How to help a student who self-harms.

There is NO EVIDENCE to suggest that talking about self-harm will encourage young people to harm themselves. In fact, feedback from students is that they want to talk. However, this needs to be done sensitively since our responses can sometimes be seen as uncaring.

SLEEP is an acronym to help you remember 5 important steps when talking with students about self-harm.

Stop

Listen

Empathise

Explore what they are saying

Plan what you will do Stop and make time to talk

Remember that if a student approaches you it is you that they want to talk with.

The student may not find it easy to talk so they need to be given time.

Do not try to have a rushed conversation.

If you are in the middle of doing something or are busy, then let the student know that you will make a time to talk with them.

Make a time there and then so that they know you are taking them seriously.

Give the student your undivided attention. Show them that they are important and that you care.

Make sure that where you meet is private so that you can have an open and honest conversation without interruption.

Listen to what the student is saying

Listen carefully to what the student is saying. Listening signals that you care and will encourage them to talk.

They may feel embarrassed or ashamed of what they have done so be patient and give them time.

You do not have to jump in and try and fix things. Just listen to what the young person is saying

Empathise with how they are feeling

Students need to know that you understand how they are feeling

DO NOT be judgemental or shocked by what they say. This will signal that it is not OK to talk about these things and they may be less open.

Acknowledge that they are feeling distressed and that they must be feeling awful.

Reassure them that things can change.

They have made an important step by talking with you today. Explore what the young person is saying

Be curious and explore what the student is really saying

Students might say that "they wish they were dead".

These words are frightening but they do not necessarily mean that the student or person is suicidal.
Often students say these things because they are feeling hopeless or frustrated and do not know what to do.

A student may not always want their parents or carers to know but if they are at risk of seriously hurting themselves their parents need to know.
Tell the student that you are concerned about their safety.
Inform them that you are worried for their health and safety and you will need to speak to the one of the Safeguarding Team.
They may need to speak with their parents/carers so that they can help the student to keep safe.
Reassure them that they have been brave in trusting you to help them and you are going to help as much as your role allows.

