

# Sibsey Free Primary School



## Self-Harm Policy

Approved by: Headteacher

Date: May 2023

Last reviewed on: May 2021

Next review due by: May 2025



## **1. INTRODUCTION**

Research indicates that the numbers of young people in the UK who are engaging in self-harming behaviours is increasing. The number who self-harm is highest 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 pupils, peers and also the parents of pupils currently engaging in self-harm.

Whilst self-harm can be 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 should always be taken seriously. Those who self-harm are usually suffering emotional or psychological distress.

Self-harming behaviour can start at an early age and there is an increase in primary school presentation.

The risk of self-harm can be significantly reduced by having a supportive environment in which pupils' self-esteem is raised, and healthy peer relationships are fostered.

When considering any incident of self-harm, it should be viewed in relation to other school policies, in particular the school's Child Protection & Safeguarding Policy, and should be reported to the school's Designated Safeguarding Lead.

## **2. SCOPE**

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

## **3. AIMS**

The main aim of this policy is to ensure staff are able to recognise and act immediately, responding appropriately to all incidents of self-harm, and to:

- increase understanding and awareness of self-harm.
- alert staff to warning signs and risk factors.
- provide support to staff dealing with pupils who self-harm.
- have in place a framework of intervention to provide support to pupils who self-harm and their peers and parents/carers.

## **4. DEFINITION OF SELF HARM**

Self-harm is any deliberate self-injurious behaviour where the intent is to inflict physical harm to one's own body and is aimed at relieving emotional distress, and includes suicidal thoughts or actions, 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 or liquids.
- Burning or scalding.
- Hair or eyelash pulling.
- Banging, punching or hitting the head or other parts of the body, including bruising.
- Scouring or scrubbing the body excessively.



- Deliberate bone breaking.
- Biting self.
- Sticking things into own body.

There are other less obvious self-harm behaviours, for example controlled eating patterns, risky behavior, showing anger/fighting/aggression.

Self-harm can present as visible or invisible signs.

## 5. RISK FACTORS

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

### INDIVIDUAL FACTORS:

- Recent trauma e.g. a death, parental divorce.
- Depression / anxiety.
- Poor communication skills.
- Low self-esteem/confidence/resilience.
- Poor problem-solving skills.
- Hopelessness.
- Impulsivity.
- Drug or alcohol abuse.
- Having additional needs/SEND.
- Exam stress/expectations
- Issues around sexuality.
- Issues around body image.
- Having a medical condition.

### FAMILY FACTORS

- Unreasonable expectations.
- Neglect or physical, sexual or emotional abuse.
- Domestic abuse present in the family.
- Poor parental relationships and arguments.
- Depression, self-harm or suicide in the family.
- Issues around religious or cultural identity.

### SOCIAL FACTORS

- Difficulty in making relationships/loneliness.
- Being bullied or rejected by peers.
- Interest in social networking, including inappropriate advice/encouragement from websites/chatrooms/group chats.

## 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 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 – Mr. Graeme Wright (Headteacher).



Possible warning signs include:

- Changes in eating / sleeping habits (e.g. pupil may appear overly 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 or suicide.
- Abusing drugs or alcohol.
- Expressing feelings of failure, uselessness or loss of hope.
- Changes in appearance e.g. image or clothing (dressing to disguise injuries).

## **7. STAFF ROLES IN WORKING WITH PUPILS WHO SELF-HARM**

Any member of staff who is aware of a pupil engaging in or suspected to be at risk of engaging in self-harm should consult the Designated Safeguarding Lead (Mr. Graeme Wright) or Deputy Lead (Mrs. Tracey Howsam).

Pupils may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer.

Pupils need to be made aware that it is not possible for staff to offer confidentiality. It is important for the member of staff not to make promises of confidentiality that cannot be kept.

If physical harm has occurred, the pupil should be given a medical assessment, and the necessary action taken. If the pupil has self-harmed in school, a first-aider will be called for to offer immediate help.

After being notified of an incident the DSL/DDSL will make an assessment and decide on the appropriate course of action. This may include:

- Contacting parents/carers.
- Contacting the relevant statutory agencies.
- Arranging professional assistance e.g. doctor, nurse, social services.
- Contacting other agencies e.g. CAMHS, Healthy Minds, Mental Health Support Team, Educational Psychology Service.
- Offering pastoral support.
- Removing the pupil from lessons if remaining in class is likely to cause further distress to themselves or their peers.

In the case of an acutely distressed pupil, the immediate safety of the pupil is paramount and an adult should remain with them at all times.

School staff may experience a range of feelings in response to self-harm in a pupil such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to pupils it is important to 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.

Staff who need support for their own feelings following an incident should seek support from the DSL or DDSL.



## **8. FURTHER CONSIDERATIONS**

Any meetings with a pupil, their parents or their peers regarding self-harm should be recorded in writing including:

- Dates and times.
- Concerns raised.
- Details of anyone else who has been informed.
- Notes of supervision or consultation.
- An action plan.

This information should be stored on the pupil's CPOMS record.

As a school, we encourage pupils to let an adult know if another pupil is in trouble or upset, this includes if they see another child is showing signs of having been hurt.

When a pupil is identified as self-harming it is important to be vigilant in case close contacts with that pupil are also self-harming. Occasionally it may be discovered that a number of pupils in the same class are harming themselves.

## **9. REVIEW**

This policy will be reviewed biennially or updated in the light of national/local guidance as necessary.

