



Saint Joseph's
CATHOLIC SCHOOL

Self-Harm Policy

Version 4.0 June 2021

ST JOSEPH'S CATHOLIC SCHOOL
CHURCH ROAD
LAVERSTOCK
SALISBURY
SP1 1QY

Success Criteria:

The school will be alert to the issue of self-harm and arrange appropriate support for pupils affected by it.

Context/Aim:

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

Aims:

- To increase understanding and awareness of self-harm
- To alert staff to warning signs and risk factors
- To look at ways of preventing self-harm spreading within the school (Contagion Effect)
- To provide support to staff dealing with pupils who self-harm
- To provide support to pupils who self-harm and their peers and parents/carers

Monitoring Procedures:

<u>By Whom:</u> Governors' Pastoral and Ethos Committee	<u>When:</u> Biennially	<u>How:</u> Designated Safeguarding Lead DSL will update the Governors' Pastoral and Ethos Committee with numeric incidents of self-harm and inform governors of any need to update or change items in the Policy. Reports from the Pastoral and Ethos Committee will be shared with the Full Governing Body.
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Evaluation:

<u>By Whom:</u> Designated Safeguarding Lead/Safeguarding Officers	<u>When:</u> Biennially	<u>How:</u> Report from Head teacher OR Designated Safeguarding Lead to the Pastoral and Ethos Committee based on the annual Safeguarding Audit in October
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Revision History:

<u>Version</u>	<u>Approved and Ratified</u>	<u>Review Date</u>	<u>Additional notes</u>
V 4.0	June 2021	June 2023	Review and update post-COVID response
V 3.0	January 2017	January 2019	Complete re-write
V 2.6	March 2014	March 2015	None
V 2.5	March 2013	March 2014	None
V 2.4	March 2012	March 2013	None
V 2.3	March 2011	March 2012	None
V 2.2	January 2010	January 2011	None
V 2.1	January 2009	January 2010	None
V 2.0	January 2008	January 2009	None
V 1.0	January 2007	January 2008	None

Vision Statement:

St Joseph's is a co-educational, 11-16 Catholic voluntary-aided school in the diocese of Clifton and the county of Wiltshire. Our aim is to provide a caring educational environment where each person is valued and is given the dignity due to a child of God.

At the heart of our school is the Christian vision of the human person. We want each member of our community to grow as an individual witness to the gospel values of love, truth and justice. We want each pupil to be healthy in mind, body and spirit.

Each member of our community should feel safe and secure in the learning environment. We aim to develop a sense of self-discipline and responsibility in our pupils. Everyone in our community should show respect for themselves, respect for others and respect for the environment.

We believe that each pupil should have the opportunity to enjoy and achieve to their full potential. We are committed to praising and celebrating achievement. We want our pupils to have high expectations of themselves to understand the value of service to others and our responsibility as stewards of the environment. Everyone has a contribution to make in helping to build the common good. We aim to equip our pupils with the ability to make good choices in their lives based on the positive relationships and values they have learned in St Joseph's.

We aim to help each of our pupils to develop morally and spiritually. We want them to achieve economic well-being while being mindful of the needs of others who are less fortunate.

We are committed to aspiring for excellence in all that we do for the sake of the Gospel.

Head teacher

National Policies and guidance/courses referred to and incorporated into SJCS Policy:

Document/Course Title:	Document/Course Date:
Keeping Children Safe in Education	September 2020
Wiltshire Council – Essential information for Head teachers and Governing Bodies	September 2016
WSCB (Wiltshire Safeguarding Children Board) Revised Multi-Agency Thresholds for Safeguarding Children	September 2014
Working Together to Safeguard Children	March 2015
Advanced Child Protection Course	September 2016
What to do if you are worried a child is being abused	March 2015
Information Sharing	March 2015
Prevent Duty Guidance: for England & Wales	July 2015 (revised version)
WRAP Training	September 2015

Other SJCS Policies that relate to this Policy:

Safeguarding Policy
Behaviour Policy
E-Safety Policy
Health and Safety Policy
First Aid Policy and Procedures
Safer Recruitment Policy
Staff Code of Conduct Policy
Whistleblowing Policy

1. Introduction

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, 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 parents of pupils currently engaging in self-harm.

2. 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 head or other parts of the body
- Scouring or scrubbing the body excessively

People self-harm to cope with emotional distress or to communicate that they are distressed. There are multiple factors that can motivate someone to self-harm including intolerable emotional pain, a desire to escape an unbearable situation, to reduce tension, to express hostility, to induce guilt or in some cases to increase caring attention from others. Some people who self-harm can have a strong desire to take their own lives.

Suicide: People who self-harm are at increased risk of future suicide. Death may occur as the result of an accident or miscalculation of the risks of the self-harming behaviour. In some cases, it can be intentional.

3. 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 family

Social Factors

- Difficulty in making relationship / loneliness
- Being bullied or rejected by peers
- Easy availability of drugs, medication, or other methods of self-harm.

A number of factors may trigger the self-harm incident, including:

- Family relationship difficulties (the most common trigger for children and younger adolescents)
- Difficulties with peer relationships, e.g. break-up of relationship (the most common trigger for older adolescents)
- Bullying
- Significant trauma e.g. bereavement, abuse
- Self-harm behaviour in other students (contagion effect)
- Self-harm portrayed or reported in the media
- Difficult times of the year, e.g. anniversaries
- Trouble in school or with the police
- Feeling under pressure from families, school or peers to conform/achieve
- Exam pressure
- Times of change, e.g. parental separation/ divorce.

4. 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 one of the Safeguarding Team: Designated Safeguarding Lead (DSL) Mr Bazen or Deputy Designated Safeguarding Leads (DDSLs) Mrs Ridley, Mrs Snell, Mr Bartel or Miss Brignall.

Possible warning signs include:

- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood e.g. more aggressive or introverted than usual
- Lowering in 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'. This is not to say that all young people who are goths or emos will self-harm, but it can be an aspect of this trend.
- Accessing information on-line relating to self-harm including forums and YouTube.
- Reluctance to take part in activities when arms/legs would be visible. This can include PE lessons or not removing clothing in hot conditions
- Displaying evidence of self-harm e.g. cuts to forearms or head banging

The Cycle of Self-Harm: If a person inflicts pain on themselves, their body produces endorphins. These are natural pain relievers and can give temporary relief from distress and induce a feeling of peace. This can become an addictive sensation which in turn makes it difficult for the person to stop the self-harm behaviours. Self-harming can cause physical pain, but the person may report that this is easier to manage than the emotional pain which led to the self-harm in the first instance. The cycle also results in the person feeling a sense of shame or guilt. Within the school setting staff can encourage a pupil who is self-harming to replace the self-harm behaviours with safer/coping activities such as these helpful strategies. Refer to 'self-harm booklet' (see appendix 1) which is used to support students/parents and (appendix 4) which provides a guide for parents

- find someone to talk to about your feelings, such as a friend or family member.
- talking to someone on the phone, e.g. you might want to ring a helpline such as Childline –free calls: 0800 1111
- engaging with support services e.g. CAMHS. It is also important to try and follow any advice they give you.
- writing and drawing about your feelings, sometimes it can be hard to talk about feelings.
- scribbling on and/or ripping up paper.
- listening to or playing music.
- going for a walk, run or other kind of exercise
- getting out of the house and going somewhere where there are other people e.g. joining Youth Club, scouts or Cadets.
- keeping a diary, using the well-being journal
- having a bath/using relaxing oils, ensuring you get enough sleep, try to relax before going to bed, switch off your mobile phone or computer.
- watching a favourite film

Management of the Contagion Effect: Staff who have been made aware that a pupil is self-harming must remain vigilant in case their peers are also self-harming. Self-harm can become an acceptable way of dealing with stress and anxiety within a friendship group and can enable pupils to have a sense of identity.

Each individual pupil may have different reasons for self-harming and should be given the opportunity for one-to-one support. It is not appropriate for the school to offer regular group support. However, the Pastoral Team in discussion with other professionals e.g. Mental Health Support Team or School Health Nurse and where relevant parents, may feel that open discussions with the friendship/peer group about self-harm may be helpful in some instances. We need to be aware that young people often communicate to one another through social media.

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

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 pupil such as: anger, sadness, shock, disbelief etc. However, in order to offer the best possible help to pupils 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 considerable amount of courage and trust. See appendix 2 (Do and Do Not)

Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a pupil 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 pupil puts pressure on you to do so. 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 one of the Safeguarding Team as detailed earlier.

Following the report, the DSL or DDSL will decide on the appropriate course of action. This may include:

- Contacting parents / carers
- Contacting the School Nurse
- Arranging external professional assistance e.g. doctor, nurse, social services
- Arranging an appointment with a counsellor
- Immediately removing the pupil 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 pupil, their immediate safety is paramount, and an adult should remain with the pupil at all times
- If a pupil has self-harmed in school a first aider should be called for immediate help

Management of First Aid

- If the young person requires first aid they must be seen immediately, support should be requested from a First Aider. They will assess any injuries and provide appropriate treatment if the injuries are minor.
- In the case of an acutely distressed pupil, their immediate safety is paramount, and a member of staff should remain with them at all times.
- In the case of a serious injury or possible drugs overdose the pupil must be sent to hospital via ambulance and parents informed. In a situation where school staff believe that informing parents may place the pupil at further risk of harm this decision must be recorded, and a member of staff should accompany the pupil to hospital.

6. 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

This information should be stored in the pupil's child protection file and on SIMs with safety plans and risk assessments being completed with the student and shared with parents/carers. These are to be reviewed at regular interviews and staff made aware of students who they need to remain vigilant about.

It is important to encourage the pupil to let you 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 that 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.

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 one of the Safeguarding Team: Designated Safeguarding Lead (DSL) Mr Bazen or Deputy Designated Safeguarding Leads (DDSLs) Mrs Ridley, Mrs Snell, Mr Bartel or Miss Brignall.

When a young person is self-harming, it is important to be vigilant in case close contacts with the individual are also self-harming. Occasionally schools discover a number of pupils in the same peer group are harming themselves.

Responsibilities of the Pupil who is Self-Harming:

Pupils who self-harm need support from school staff but with the appropriate help they must learn to take responsibility for their own self-harm.

- Seek support from Reception/First Aider
- The pupil must be discreet.
- They must cover wounds and where possible any scars.
- They must not bring dangerous objects into school which could inflict injury on themselves or others.
- They must follow any safety plan and speak with the appropriate (named) member of staff if they are in emotional distress.
- They must not encourage others to self-harm.

Responsibilities of Parents:

Working in partnership with parents/carers is a key to supporting the pupil who is self-harming. Parents would be expected to:

- Support the school's approach to self-harm education of the whole school community and pastoral care.
- Work in partnership with the school and any other relevant agencies.

Appendix 2 – Do and Do Not: Advice for Staff

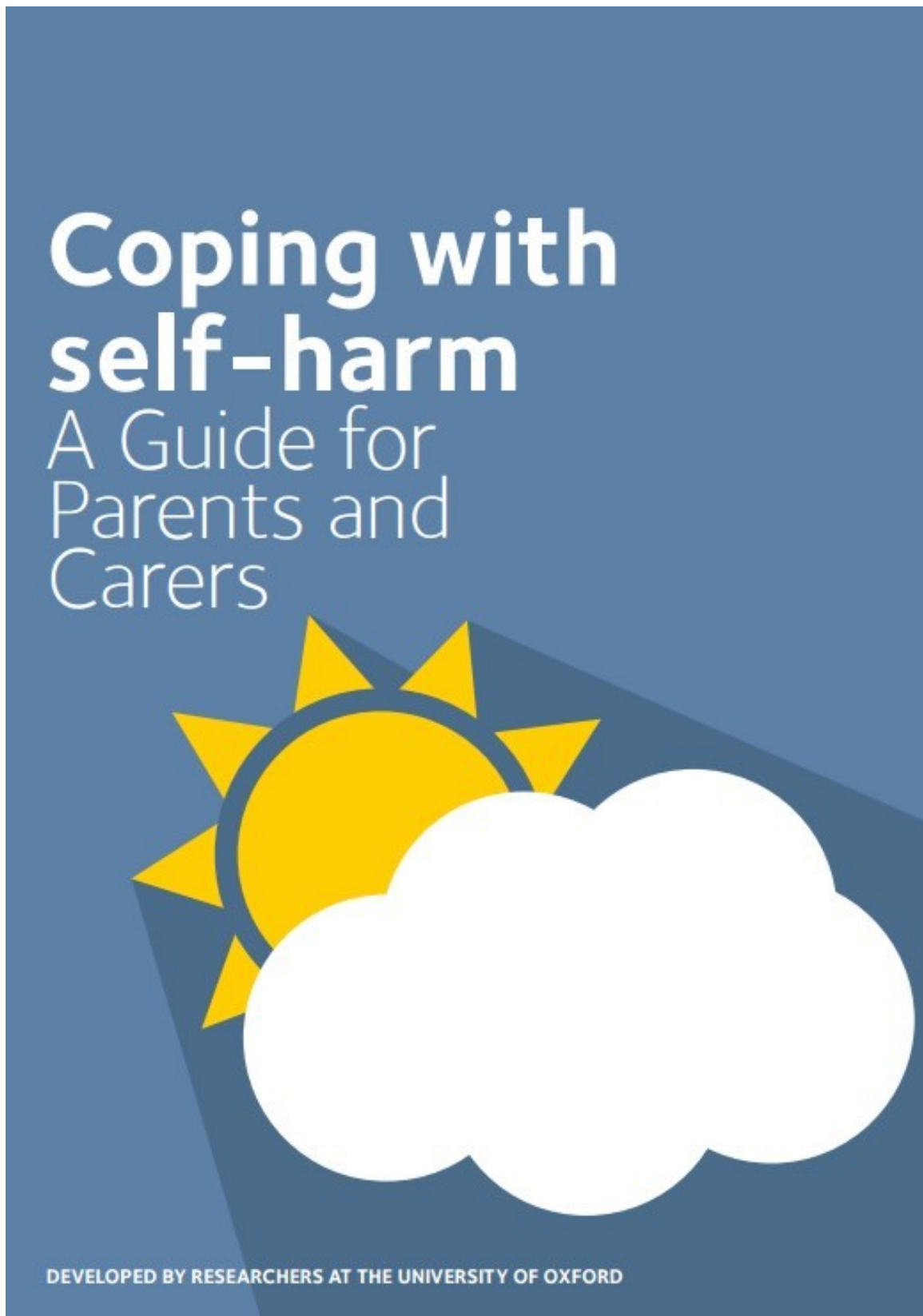
DO

- DO stay calm and do not show anxiety, disapproval, or disgust. Be prepared to be shocked, then...
- DO listen to the pupil, just being listened to can be a brilliant support and bring great relief to someone; particularly if they have never spoken to anyone about their self-harming before.
- DO make it clear that you cannot guarantee confidentiality
- DO calmly ask any relevant questions, – try and build rapport with the pupil, whilst you ascertain what is happening for them
- DO observe the pupil's non-verbal clues, look at their body language, does what they say and what you see match up? What is the underlying mood state, is it anger? Sadness? Frustration?
- DO reassure the pupil, they need to know that they will be supported
- DO report the self-injury to the Safeguarding Team and Reception (First Aider)

DO NOT

- DON'T panic – self-harm is a complex issue, and each pupil will have a different reason or story behind their behaviour – panicking will not help the pupil feel safe and contained.
- DON'T send the pupil away – make some time for them – either help them find other ways of coping or support them in getting the right kind of support
- DON'T be judgemental you must keep an open mind about the behaviour and don't refer to it as "attention seeking"
- DON'T work alone: you may still see the pupil alone, but you will need to offload with an appropriate colleague and discussing with a professional from another agency can be helpful
- DON'T give them your mobile number or begin texting the pupil. It is more appropriate and professional for you to help the pupil identify their supportive network, than for you to take this upon yourself

Appendix 3: Fact Sheet on Self-Harm for Parents



About this guide

This guide was developed from talking to parents and carers of young people and is aimed at helping parents, carers, other family members and friends cope when a young person is self-harming. It includes information on the nature and causes of self-harm, how to support a young person when facing this problem and what help is available.



DEVELOPED BY RESEARCHERS AT THE UNIVERSITY OF OXFORD

What is self-harm?

Self-harm is behaviour that is done deliberately to harm oneself. At least 10% of adolescents report having self-harmed. Self-harm can include, for example:

- self-cutting
- taking an overdose
- hitting or bruising
- intentionally taking too little or too much medication
- burning
- hanging
- suffocation

Although some people who self-harm may be suicidal, self-harm is often used as a way of managing difficult emotions without being a suicide attempt. However, self-harming can result in accidental death.

Is your child self-harming?

As a parent, you might suspect your child is self-harming. If you are worried, watch out for these signs:

- Unexplained cuts, burns or bruises
- Keeping themselves covered; avoiding swimming or changing clothes around others
- Being withdrawn or isolated from friends and family
- Low mood, lack of interest in life or depression
- Blaming themselves for problems or expressing feelings of failure, uselessness, hopelessness or anger

“I think for parents... it’s important to know that you are not alone”

HealthTalk.org parent interview

What makes a young person vulnerable to self-harm?

Individual Factors: e.g., depression, anxiety, low self-esteem, hopelessness, poor problem-solving, impulsivity, eating disorders, drug or alcohol abuse, bullying (e.g., because of race or sexuality)

Family Factors: e.g., mental health difficulties in the family, poor parental relationships, drug/alcohol misuse in the family, unreasonable expectations, conflict between young person and parents, excessive punishments or restrictions, family history of self-harm, abuse, neglect

Social Factors: difficulties in peer relationships, bullying, peer rejection, abuse, availability of methods of self-harm, friends who self-harm, media and internet influences

Reasons for self-harm

Self-harm can serve several different functions:

- to manage extreme emotional upset
- to reduce tension
- to provide a feeling of physical pain to distract from emotional pain
- to express emotions such as hurt, anger or frustration
- a form of escape
- an effort to regain control over feelings or problems
- an attempt to punish themselves or others
- to elicit care from others
- to identify with a peer group
- self-harm can also be a suicide attempt

"If you're hurting so badly in your head, to harm yourself on your skin... stops the feelings in your head."

Healthtalk.org parent interview

Possible future problems

- Self-harm can be a serious problem
- Repeated self-harm is common following a first episode
- Depending on the method, self-harm can lead to serious physical damage, including permanent scarring, the medical effects of a dangerous overdose, etc.
- Self-harm may be linked to other problems, such as depression, anxiety, eating disorders or drug and alcohol use, for which specific treatment may be required
- Individuals who have self-harmed are at higher risk of suicide than other young people, although the risk is still low

For these reasons, it is important where possible to tackle self-harming behaviour early.

Finding out about self-harm

Some children may tell their parents about their self-harm; other parents find out from friends, teachers or medical staff.

Discovering that your child is self-harming can be very upsetting and stressful. Parents may experience a range of emotions, including anger, sadness, helplessness, shame or disgust. It is normal to feel strong emotions and important to try and understand and accept them so that you don't risk misdirecting them at your child. Try to think of their behaviour as an expression of deep emotions they can't handle any other way.

"We worked out that if she sent me a blank text, I knew that she needed some company or a cuddle or some distraction."

HealthTalk.org parent interview

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Supporting your child

- Have a conversation, but don't bring up self-harm straight away
- You could organise this around another activity, like a walk or drive
- Ask if anything is worrying them and how they are feeling
- Let them know you are not judging them or putting them down, and that you love them and that will not change
- Show that you are prepared to listen to what your child has to say
- If your child does not want to talk, see if they will write you a note, email or text message about how they feel
- Ask if they would rather speak to someone else (e.g., a GP, counsellor or helpline)
- If your child is able to be open about their self-harm, try to help them work out feelings and situations that may trigger it
- Try to think together of ways to handle strong feelings that don't involve self-harm (see "Alternatives to Suggest" on page 7 for ideas)
- Help them think through their problems and see possible solutions
- Encourage them to think about the long view and how things may change in the future

Other ways to help:

- Take talk of suicide very seriously
- Don't let self-harm become the focus of your relationship with your child
- Try to deal with self-harm in a matter-of-fact manner
- Let your child know that their emotions are real and important
- Remind your child of their strengths and abilities
- Reassure them that you do not think they are a failure whatever their difficulties
- Explain to your child that you want to help but may not know the best thing to do, and try to come up with a solution together (e.g., visiting the GP)
- Work out with your child how to make it more difficult for them to self-harm (e.g., by storing medication securely or removing sharp objects)
- Watch for signs of bullying or abuse that may be triggering self-harm



"I used to ask, 'On a scale from nought to ten, with nought being the worst and ten being the best, how low are you feeling?'"

HealthTalk.org parent interview

Managing injuries from self-harm

If you are concerned about a wound (e.g., if it is too deep to manage at home) or other serious injuries you should seek emergency medical help through your local Accident and Emergency service

Overdoses:

- Get your child to an emergency department as soon as possible
- Try to find out what they have taken and tell emergency medical staff
- If your child won't tell you, look around for empty pill bottles or blister packs

"I went into practical mode. Maybe practical mode was easier to deal with than emotional mode. So you buy your antiseptic and you buy your cotton wool and you look after the cuts because that's the easy bit."

HealthTalk.org parent interview

Cuts and Wounds:

- Apply pressure to bleeding cuts using a bandage or towel (a tea towel may be less likely to stick to the wound)
- Clean the wound under running tap water and apply a sterile adhesive dressing
- If the wound has become infected (e.g., swelling, pus forming or spreading redness), encourage your child to seek medical help

Burns:

- Cool with cold water for 10 to 30 minutes, then cover with cling film
- Don't use ice or any creams or greasy substances such as butter

For more information on handling wounds and burns, and information about when to see a doctor, see www.nhs.uk or ring NHS Direct on 111.

Scars:

- If your child has scars they are embarrassed about, you can look into commercial products that may help them fade
- Scars can also be covered by makeup
- Remind your child that most scars will eventually fade

Alternatives to self-harm

Because self-harm is helping your child to cope with difficult feelings, it is important to think of other ways they might manage their feelings. These can include distraction, stress management techniques, and thinking of alternative methods of discharging extreme emotions. Sometimes joining a social activity or sports group can be helpful as a distraction. This can also provide a form of social support.

Some people find that putting off harming themselves can decrease or get rid of the urge. Reducing the accessibility of objects that might be used for self-harm (e.g., pencil sharpeners, knives, medication etc.) may help to delay the impulse to self-harm.

“Don’t give up. There is help out there.”

Healthtalk.org parent interview

Alternatives to suggest

Soothing/Stress Relief/Distraction:

- Going for a walk, looking at things and listening to sounds
- Create something: drawing, writing, music or sculpture
- Going to a public place, away from the house
- Keeping a diary or weblog
- Stroking or caring for a pet
- Watching TV or a movie
- Getting in touch with a friend
- Listening to soothing music
- Having a relaxing bath

Releasing emotions:

- Clenching an ice cube in the hand until it melts
- Snapping an elastic band against the wrist
- Drawing on the skin with a red pen or red paint instead of cutting
- Sports or physical exercise
- Using a punchbag
- Hitting a pillow or other soft object
- Listening to or creating loud music

When to seek further help

If you are concerned about your child, particularly if the self-harm or distress increases or you notice problems such as anxiety or low mood, you should seek further help.

- This is best done through your general practitioner (GP), who may refer your child to a community Child and Adolescent Mental Health Services (CAMHS) where an assessment would be done and a plan made for support and treatment
- If your child is reluctant to get help or doesn't acknowledge the risks you can still receive advice from your GP
- Telephone advice lines can give you information (see sources of information at the back of this booklet)
- If your child goes to hospital for any reason related to self-harm, they should be seen by someone who will talk to them about self-harm and assess their mental well-being. If it is not clear whether this has happened, ask the staff about it

Telling others

Think carefully about who to tell about your child's self-harming. This includes thinking about their possible reactions, and balancing your child's need for privacy with your need for support.

Many parents say secrecy can make things more difficult: it can add to the pressure on both parents and child, and take away sources of help and comfort from other family members.

Talking to people you trust can be a huge help. If you haven't told family members yet, you might consider speaking to a counsellor or calling a helpline to work through your feelings and decide how and when you might broach the topic of your child's self-harm with friends and family.

"As soon as you mention family mental health problems to a friend, it is quite common to have them reply, 'Do you know, I have that as well.'"

Healthtalk.org parent interview

Other family members

You and your child can think together about how much you want to tell other family members, including brothers and sisters, about the self-harm

- Explain to other children and close family that your child is going through a difficult time – you do not need to give details
- Siblings may feel angry or that their sibling who is self-harming is being selfish and causing distress in the family
- You are still the parent: don't be afraid to set boundaries on your child's behaviour (e.g., how they treat siblings)
- Remember your other children need your attention and support as well
- Try to help them manage their feelings
- Watch for similar behaviours in your other children
- Remind them of other ways to cope: e.g., talking, relaxation, sports or art
- Listen to them and remind them that you love them
- The wider family may or may not understand why a child would self-harm, so you and your immediate family will have to think about how they might react and how you want to manage this

"Don't ever be ashamed of talking about self-harm... I guarantee there are fifty other people in the same boat."

HealthTalk.org parent interview

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