

Self-Harm Policy

Expansive Learning Wigan School

2023/24

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Version 3

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1. Scope

This policy applies to all staff at Expanse Learning Wigan School (Hereafter the School)

2. Introduction

Our school 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 students are respected and valued. We are alert to the signs of self-harming and follow our procedures to ensure that students receive effective support and protection.

The school works in partnership with other children's services.

The procedures contained in this policy apply to all staff and governors.

3. 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 deal with them, giving staff a structure for the early identification of self-harming behaviour and for dealing with the problem.

4. What is self-harm?

The nature and meanings of self-harm 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 themselves. This may be an impulsive act or may be planned.

Self-harm is a relatively common problem that is frequently misunderstood and 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 behaviour. It is important to be aware of signs that a student is self-harming. Below is a non-exhaustive list of some of the behaviours that some people might consider to be self-harm:

- *Scratching or picking skin*
- *Cutting body*
- *Tying something around body*
- *Inserting things into body*
- *Scouring/scrubbing body excessively*
- *Hitting, punching self*
- *Pulling out hair*
- *Over/under eating*
- *Excessive drinking of alcohol*
- *Taking non-prescription 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*

5. 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** – a number of 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 himself or herself 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.

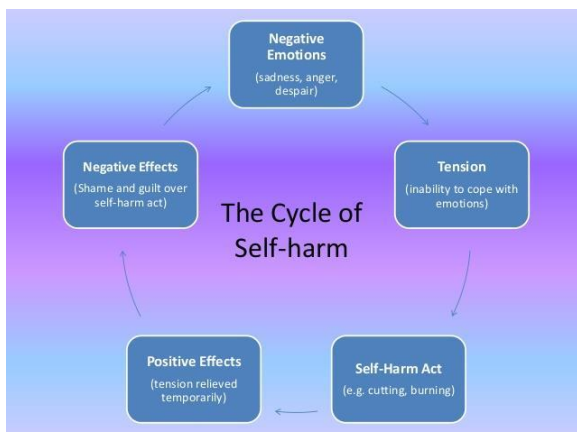
Students who self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self-harm initially.

The following is an illustration of the cyclical nature of self-harm and demonstrates how such behaviour may become addictive.

6. How can staff identify signs of self-harming?

All staff are expected to be vigilant, and report concerns immediately, if they notice the following signs:

- 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
- 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.

7. Factors which may contribute to self-harming

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

- Being bullied
- Experiencing poor mental health
- Having a parent who has poor mental health
- Stress and worry about schoolwork and exams
- Feeling under pressure from family, school or peers to achieve or conform
- Feeling isolated
- 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
- Past experience of abuse (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

8. Suicidal thoughts and self-harm

Self-harm by cutting is not usually associated with suicidal thoughts but as described previously, it 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 these thoughts, they should raise it immediately with the Designated Safeguarding Lead.

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

9. School 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) using DATABRIDGEMIS.

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 using DATABRIDGEMIS..
- 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 over-riding reason not to. The decision not to involve parents/carers should be taken in consultation with the DSL or available DSO.
- The Designated Safeguarding Lead will then liaise with the Head Teacher. The DSL will take the lead in completing the entry on DatabridgeMIS and liaise with the relevant professionals.
- Some instances of self-harm are Child Protection issues. In this case the procedures laid down in the school's Child Protection and Safeguarding policy must be followed by the Designated Safeguarding Lead. There must be no promise of confidentiality made to the student and they must be told that the DSL will be informed.
- If there are no child-protection concerns and it is not deemed a referral to CAMHS is required, then the following procedures may be considered:
 - A care Plan
 - An Early Help Assessment could be completed
 - Referral to:
 - *Start Well*

- *School Counsellor*
- *School Nurse*
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- *Social Care*
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It may be necessary to hold a multi-agency meeting with those involved to discuss the way forward. If this is the case, then the procedures laid down in the Child Protection and Safeguarding Policy should be followed.

The DSL will report all of the actions taken using DATABRIDGEMIS.

- Details of parent/carer contact
- Details of any underlying causes
- Level of support and details of strategies put in place
- Update the Student Individual Risk Assessment where appropriate
- Copies of all documentation should be uploaded to DATABRIDGEMIS
- Details of any further support put in place for the child e.g., external agencies etc

A student engages in serious self-harm with/without suicidal ideation, requiring medical treatment. e.g., injury or overdose (however small).

Required action is the same as above but also includes:

- If a member of staff finds that a student is in possession of dangerous equipment, then the DSL should be contacted and a Call Out (over walkie-talkie) should be used by the member of staff.
- If physical harm has been done the student should be taken to a first aider for medical assessment and care. If appropriate, emergency services may be called by the DSL.
- If the student is in hospital - a CAMHS Referral may be activated by the hospital and the DSL will be informed.

10. Confidentiality

Confidentiality is a key concern for students; however, Expanse Learning Safeguarding and Child Protection Policy states students need to know that it is not possible to offer unconditional confidentiality. If you consider that a student is at risk of seriously harming him/herself 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. If this is explained at the outset of any meeting the student can make an informed decision as to how much information s/he wishes to divulge.

11. How to help a student who self-harms.

Continued support for a student who self-harms will normally be undertaken by a member of the pastoral team or an external specialist. It may be that a student identifies an alternative member of staff who they wish to support them.

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 truly pay attention to what
- Someone is saying or not saying. Watch the student's facial expression and the posture that accompanies the words they are speaking. These will all give clues as to how someone is truly feeling.
- Empathise with the student – imagine walking in their 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.
- Do not attempt to keep information to yourself, but share it with an appropriate colleague

12. Tips for developing an action plan together

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 jointly negotiated action plan is a useful way of providing this. Action plans need to have achievable targets and agreements about whom to involve and other possible next steps. Students may benefit from being encouraged to establish more positive daily routines (eating, sleeping etc) or may need to establish a greater social network, for example, by taking on a new activity.

13. Distraction activities

Replacing the cutting or other forms of self-harm with safer activities can be a positive way of coping with the tension. What works depends on the reasons behind the self-harm. Activities that involve the emotions intensely can be helpful.

Examples:

- 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.
- Keeping a diary.
- Looking after an animal.
- Watching TV.
- Listening to music or singing along.
- Going shopping.
- Cooking/eating your favourite meal.

14. Coping with distress using self-soothing

- Using stress management techniques such as relaxation or massage.
- Having a bubble bath.
- Stroking a cat or other animal.
- Going to the park and looking at the things around you (birds, flowers, trees).
- Listening to the sounds as you walk.
- Listening to soothing music.

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

- 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.
- Going into a field and “screaming”.
- Hitting a pillow /soft object.
- Listening to loud music
- Physical exercise

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 anti-bullying 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, schoolteacher, counsellor. Knowing how to access a crisis line is also important.

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

It may also help if the student joins a group activity such as a youth club or a keep fit class, 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.

Referrals

Referrals to Child and Adolescent Mental Health Service (CAMHS)

This service offers advice and consultation by professionals and emergency assessment as required, for students under the age of 18.

15. Support organisations

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

16. Monitoring arrangements

This policy will be reviewed every 12 months but can be revised as needed.

Impact of non-compliance

Staff:	Disciplinary action
Student:	Suspension, Temporary Exclusion, Permanent Exclusion
Legislation/organisational:	Reputational damage, statutory and non-regulated compliance.
Compliance lead:	Pastoral Manager
Policy Reference:	ELWS-SAFG-POL-0007_(Sep23)
Version:	4
Agreed policy location:	Company Intranet and Company Webpage
Review Schedule:	12 Months
Does the policy require Governor approval?	No

Approval

Prepared by Lisa Heyes 01/09/2023  Pastoral Manager	Approved by Richard King 01/09/2023  Director	Counter Signatory Tony Brown 01/09/2023  CEO
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Version Control

Version	Date	Revision	Review Date
1	01/03/2021	First Issue	01/03/2022
2	21/03/2022	Revision – data	21/03/2023
3	22/03/2023	Policy Reviewed	21/03/2025
4	01/09/2023	Policy reviewed and updated in accordance with legislation changes	31/08/2024
5			