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# Shoreham Academy

## Self-Harm Response Policy

Updated: October 2016

Next Review: October 2018

## 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 students, peers and parents currently engaging in self-harm.

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

## 2. Aims

- To increase understanding and awareness of self-harm.
- To alert staff to warning signs and risk factors.
- To provide guidance to staff dealing with students who self-harm.
- To promote a team based response to incidents of self-harm.
- To establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to.

## 3. Definition of Self-Harm

'Deliberate self-harm is a term used when someone injures or harms themselves on purpose...common examples include overdosing, hitting, cutting, burning oneself, pulling out hair, picking skin'.

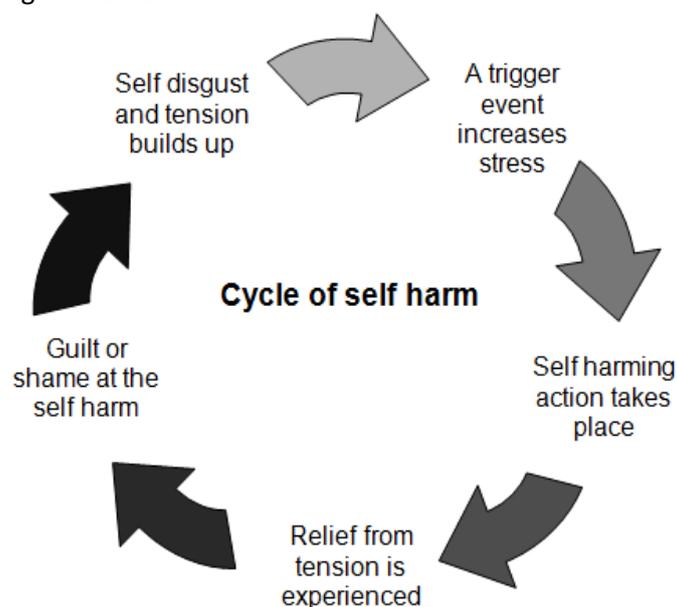
*Royal College of Psychiatrists (Mental Health and Growing up Factsheet) 2004*

## 4. Understanding Self-Harm

Self-Harm is a way of expressing very deep distress. Often, people don't know why they self-harm. It is a means of communicating which cannot easily be put into words or even into thoughts and has been described as an inner scream. Afterwards, people feel better able to cope with life again, for a while.

People who self-harm often conceal what they are doing rather than draw attention to it because they may feel ashamed, afraid, or worried about other people's reactions. Sometimes people exhibit their injuries. In all cases these are signs of distress to be met with concerned compassion.

Self-harm is a coping mechanism. It is not appropriate to dictate that this behaviour should stop. This pressure may trigger further tension and be more than the person can manage, leading potentially to an increase in self-harming behaviour.



## **Risk factors that lead to Self-Harm**

The following are examples of risk factors, particularly in combination, which may make a young person especially vulnerable to self-harm:

Depression/Anxiety  
Poor communication skills  
Low self-esteem  
Poor problem-solving skills  
Hopelessness  
Impulsivity  
Drug or alcohol abuse  
Bullying  
Academic pressure: under or over achieving  
Family difficulties: divorce, domestic violence, parental illness, poverty  
Abuse: physical, emotional, sexual, neglect  
Bereavement  
Peer group pressure – copy cat self-harm  
Mental illness  
Factors to do with sexuality

## **5. Warning signs**

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may trigger self-harming behaviour.

Possible warning signs include:

- Changes in eating/sleeping habits (e.g. student 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.
- Out of character changes.

## **6. Staff Roles in working with students who Self-Harm**

Students may choose to confide in a member of 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 student such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to students it is important to try to maintain a supportive and open attitude – a student who has chosen to discuss their concerns with a member of staff is showing a considerable amount of courage and trust.

An empathic, kindly response is called for. This reduces anxiety and promotes a context of care and support. Students need to be made aware that it may not be possible for staff to offer complete confidentiality. If a member of staff considers a student is at serious risk of harming themselves then confidentiality cannot be kept. It is important not to make misleading promises of confidentiality even if a student puts pressure on.

7. What to do if a child discloses self-harm or you suspect self-harm?

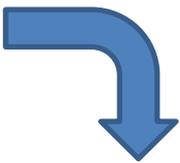
### Checklist for Staff

**Awareness of Self-Harm**

- Suspected**
- Observed**
- Reported**
- Disclosed**



**Medical attention needed?**



**Medical room  
or  
First Aider**



**Pastoral Manager  
or  
Safeguarder**  
(see contact list on 'R' drive/Self-Harm Response or in the staff room)



- **First Response: Calm and Compassion**

When responding to self-harm, staff should remain calm, working to the principles set out above and always keep the safety of the young person as central.

If the young person involved has an injury that requires medical treatment then this should be the first response offered: Medical room or first aider.

In the case of an acutely distressed student involved in self-harming, the immediate well-being of the student is paramount and the student should be taken to the relevant Pastoral Manager, or if not available, another Safeguarder.

- **Context**

Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm, should inform a Safeguarder as soon as possible and not leave it until the end of the day.

Several staff are trained to listen and respond to students who self-harm. Ideally the student will be able to identify a staff member whom they feel comfortable enough with.

## **8. Safeguarders**

- **New Role:** The Self-Harm Response Policy introduces the new role of Safeguarder. This is a member of staff who has undergone training to respond appropriately to students caught up in self-harming behaviour.
- **Role Title:** The title 'Safeguarder' was given careful consideration. Safeguarding is associated with protection and care.
- **Staff:** Staff who have undergone the training include senior staff members, teachers, teaching assistants and non-teaching staff. It is highly likely that an appropriate Safeguarder will be available.
- **Staff List:** A list of Safeguarders can be found in the staff-room or on the 'R' Drive under Self-Harm Response.

### **Role and Responsibilities**

- Maintain familiarity with the Self-Harm for Safeguarders training.
- Work within limits of competence.
- Record meetings and outcome using the standard Child Protection procedure
- Foster a working knowledge of the Low-Moderate-High Risk and Vulnerability chart.

## Self-Harm Risk and Vulnerability Index

	Low	Moderate	High
<b>Severity and risk</b>	<ul style="list-style-type: none"> <li>➤ Surface scratching</li> <li>➤ Infrequent verbal reference to death and dying or self-harm “joking”</li> <li>➤ Copycat behaviour</li> <li>➤ Mood changes</li> <li>➤ CYP directs anger at self-writing, drawing and language consistently expresses high levels of anger/sadness/fear</li> </ul>	<ul style="list-style-type: none"> <li>➤ More serious incidents of self-harm, not requiring medical attention (e.g.: cigarette burn, cutting, bruising)</li> <li>➤ Over interest and identification with death/dying – including internet, music etc.</li> <li>➤ Increase in drug or alcohol misuse</li> <li>➤ Withdrawal from normal/habitual social contact</li> <li>➤ Unpredictable behaviour</li> <li>➤ Pulling hair out (bald patches)</li> <li>➤ Evidence of bulimic tendencies or other eating disorders</li> <li>➤ Concealing of weight loss</li> <li>➤ Parent/carer concern regarding mood, isolation etc.</li> <li>➤ Extreme anxiety</li> </ul>	<ul style="list-style-type: none"> <li>➤ Self-harm requiring medical attention</li> <li>➤ Increased frequency/severity of self-harm incidents</li> <li>➤ Suicidal ideation – could be identified by: <ul style="list-style-type: none"> <li>• Parental knowledge</li> <li>• Family and Friends reports</li> <li>• School incidents</li> <li>• Use of specific social networks (Internet)</li> </ul> </li> <li>➤ Significant harm resulting from eating disorder. Eg: fainting, collapse, refusing to eat, medical condition</li> </ul>
<b>Vulnerability</b>	<ul style="list-style-type: none"> <li>❖ Low self esteem</li> <li>❖ Short term behaviour disturbance</li> <li>❖ Mild over activity/inattention</li> <li>❖ Wetting/soiling</li> <li>❖ Subject of ridicule and teasing by peers</li> <li>❖ CYP cannot sustain friendships</li> <li>❖ Family experiencing divorce/separation</li> <li>❖ Short term crisis in family</li> <li>❖ Young carer with support</li> <li>❖ Teenage parent with support</li> <li>❖ Parent/carer with mental health issues</li> </ul>	<ul style="list-style-type: none"> <li>❖ CYP living in split homes (2 or more)</li> <li>❖ CYP living across LA/PCT boundaries</li> <li>❖ CYP living in habitually moving families</li> <li>❖ Death of parent or significant family member</li> <li>❖ Homelessness</li> <li>❖ History of not keeping appointments</li> <li>❖ CYP has a disability</li> <li>❖ Young carer without support</li> <li>❖ Teenage parent without support</li> <li>❖ Excluded from school or non-attendance</li> <li>❖ Black or minority ethnic (BME) groups</li> <li>❖ Subject to bullying</li> <li>❖ Domestic violence in the home</li> <li>❖ Attention Deficit/Autistic Spectrum (ADHD/ASD)</li> <li>❖ Low levels of social support</li> <li>❖ Break up of CYP’s relationship/peer relationship</li> </ul>	<ul style="list-style-type: none"> <li>❖ Previous suicide attempts</li> <li>❖ Looked after child (LAC)</li> <li>❖ Learning disability (LDD)</li> <li>❖ Subject to child protection plan</li> <li>❖ Chronic neglect</li> <li>❖ Life limiting illness/in receipt of palliative care</li> <li>❖ In detention or recently discharged</li> <li>❖ Asylum seeking CYP</li> <li>❖ Young offenders</li> <li>❖ Parent/carer with medical health/substance misuse problems</li> <li>❖ Subject of systematic bullying (including cyber bullying)</li> <li>❖ Violent or criminal behaviour towards others</li> <li>❖ Victim of crime/abuse</li> <li>❖ Witness to/involved in suicide of another</li> </ul>

## Same Day Procedures for Safeguarders

Information received from or about  
a student who is self-harming



- Meet with student in a quiet, private area
- Listen with kindness
- Reassure as appropriate
- Don't offer misleading promises about confidentiality
- Don't ask the student to promise to stop the self-harming behaviour
- Record the meeting and action decided using the Child Protection logging system



Consider risk and vulnerability factors



### **Low risk and low vulnerability**

Agree with the student an appropriate way forward such as:

- Offer of counselling referral
- A follow-up meeting with Safeguarder
- Peer Mediation for troubled relationships
- Pastoral management intervention
- Employ self-harm information leaflet when appropriate
- Record meeting using the Child Protection logging system



### **Moderate risk/High risk and vulnerability**

- Consult with Pastoral Manager, Mandy Colburn, Jeanette Salter or Sandie Sneddon
- Decision to be made in consultation regarding a parent call home with (ideal) or without student's consent
- Record meeting using the Child Protection logging system

## Safeguarders – Contact List

*In the first instance contact a Safeguarder from Group 1*

### GROUP 1

Chapman Sharon	Sixth Form PM	Ext. 313
Colburn Mandy	Assistant CPO	Ext. 280
Lee Jacqui	Wells PM	Ext. 246
Molli Giovanna	Wells PM	Ext. 303
Symons Lyn	Kipling PM	Ext. 294
Tabor Steve	Doyle PM	Ext. 310/278
Salter Jeanette	CPO	Ext. 238

### GROUP 2

Steponitis Teresa	Director of Inclusion	Ext. 266
Edwards Mel	Inclusion Co-ordinator	Ext. 236
Carter Steph	TA	Ext. 236/277
Sharp Jane	SENCO	Ext. 277
Gander Sam	TA	Ext. 236/277
Sneddon Sandie	Couns. Tue/Wed	Ext. 275

**ALL DATA REFERRED IN THIS DOCUMENT IS AVAILABLE ON THE  
'R' DRIVE UNDER SELF-HARM RESPONSE**

