



Engage MAT

Self-Harm Policy

Date of ratification December 2019

Date of review December 2022



Aims/Objectives of the policy

Within the Engage Trust we have a responsibility to meet the needs of our pupils, and it is important that we all know how to best approach the issue of self-harm. We know that young people remain concerned with the attitude of staff who lack understanding of self-harm. Unacceptable attitudes and comments of staff have a negative effect on the ways in which young people access help and support. Young people benefit from a non-judgmental approach from a member of staff who is able to listen to them, foster a good relationship with them and encourage them to establish positive relationships with services. At the Engage Trust it is vital, as staff, we continue to build positive relationships with our young people to enable us to better support them. This policy aims to encourage all of our staff to talk with young people about self-harm where they are aware that young people are struggling with their lives. Asking about self-harm does not increase the behaviour, and it is important that all school staff are confident in having these conversations. The aims are first and foremost to:

- Increase understanding and awareness of self-harm
- To alert staff to warning signs and risk factors
- To provide support to staff dealing with students who self-harm
- To provide support to students who self-harm and their peers and parents/carers
- To provide a clear and consistent approach to managing self-harm across the Engage Trust

Introduction

The term self-harm used in this policy refers to any act of self-poisoning or self-injury carried out by an individual, irrespective of motivation (NICE guidelines). This may include overdose (self-poisoning), hitting, cutting, burning, pulling hair, picking skin, head banging, self-strangulation. This policy does not cover other issues such as overeating/food restriction or risk-taking behaviours such as consuming drugs/alcohol.

Self-harm is common, especially among younger people. The Norfolk Well-being survey, undertaken by secondary school pupils in 2017, indicated that 6% of young people always/usually cut or hurt themselves when they have a problem that worries them or they are feeling stressed, with an additional 12% of young people who said that they sometimes use this coping strategy.

Self-harm increases the likelihood that the person will eventually die by suicide by between 50- and 100-fold above the rest of the population in a 12-month period. (NICE guidelines)

Self-harm is much less common in primary school age children, and more common behaviours are small shallow cuts, hair pulling, head banging and deliberate self-grazing or scratching.

Young people self harm for a variety of reasons, this can include:

- To feel in control
- To relieve tension
- As a form of punishing themselves
- To feel more connected and alive, if otherwise they feel detached
- As a way of communicating distress
- It can provide distraction
- As an opportunity for nurture and comfort
- As a coping strategy



Because self-harm can reduce tension and help control mood, it can be self-reinforcing and habit forming. Staff need to understand that it is difficult to break the cycle of self-harm:

Some factors that might make someone more at risk are:

- Experience of a mental health disorder. This might include depression, anxiety, borderline personality disorder and eating disorders
- Being a young person who is not under the care of their parents, or young people who have left a care home
- Being part of the LGBT+ community
- Having been bereaved by suicide

Young people with disabilities may also self-harm, and the National Autistic Society reports that about half of autistic people engage in self-injurious behaviour at some point in their life, and it can affect people of all ages. People with learning disabilities self-injure when:

- They feel they are not listened to
- They have been told off
- They have little or no choice about things
- They have been bullied
- They are involved in arguments, or hear other people arguing
- They are feeling unwell
- They have memories of a bereavement or abuse

<https://www.autism.org.uk/about/behaviour/challenging-behaviour/self-injury.aspx>

Self-harm behaviours in children and young people

Young people often hide their self-harm, but there are a number of signs that they may be self-harming. These include unexplained cuts, burns or bruises; keeping themselves covered; avoiding swimming or changing clothes around others. Signs of self-harm may be similar to signs of physical or other abuse as it is hard to know who inflicted the injury. It is important that staff are curious when asking children about an injury. If self-harm is a potential cause for concern, staff need to record and report any observations or conversations they have with pupils about injuries that could be self-harm or abuse, in accordance with the safeguarding policy.

Other non-specific signs of self-harm include becoming withdrawn or isolated; low mood, lack of interest, drop in academic grades; sudden changes such as becoming irritable, angry or aggressive; excessive self-blame for problems, expressing feelings of failure, uselessness or hopelessness.

Good practice in supporting children who self-harm

Staff talking to a young person need to take all self-harm seriously. Listen carefully in a calm and compassionate way, take a non-judgmental approach and try to reassure the student that they understand that self-harm is helping them to cope at the moment and that they want to help.

If you suspect self-harm, let the young person know that you have noticed a difference in their behaviour and be open about your concerns in an empathetic and caring manner. Young people will respond best if the reaction is calm, non-judgmental, and understanding. Staff could use a simple script such as;

‘I have noticed that (state the changes in their behaviour and what you have observed, such as becoming withdrawn, irritable or angry) and I am wondering if maybe things are difficult for you at the moment.’

If young people talk about self-harm, it is also important to check out if they are feeling suicidal, so the question ‘Have you ever felt like ending your life’ must also be asked. We will be following the Norfolk suicide prevention guidance:

<https://www.norfolklscb.org/about/policies-procedures/5-22-children-risk-suicide/>

Responding to a self-harm incident

If a student has self-harmed in school, keep calm and follow first aid guidelines. Acknowledge their pain – both their physical pain and their emotional pain which may have led to the self-harm. Talk to young people about wound care and the consequences of self-harm – in a sensitive and understanding manner. If you have immediate concerns about the effect of the self-harm injury including an overdose, call 999 immediately.

Students should be encouraged to hand over objects which they could use to self-harm. Staff should be aware that by removing these objects, we are taking away a coping strategy for that young person and therefore their risk to self may increase. If a student is not able to hand over objects to keep themselves safe, staff need to consider whether they are well enough to be at school. It may be helpful to create a self-soothe box or 'calm down kit' for young people to use instead of /after self-harm.

If there is an **imminent risk to life** from self-harm call the emergency services. Norfolk STEPs trained staff could use Restrictive Physical Intervention if necessary.

An Engage Trust Record of Concern will need to be completed and handed to a Designated Safeguarding Lead with clear details of triggers identified and scripts used. **At Compass bases, education staff must inform the young person's care coordinator as to update their risk assessments and offer advice on strategies.**

A young person's Risk Management Plan (RMP) must be updated if this is a new behaviour, highlighting any key triggers or useful de-escalation strategies.

Designated Safeguarding Leads will make a judgment on whether a referral needs to be made to CAMHS with parental consent (not appropriate if student is at a Compass Base).

Ligature Concerns within SSSFN

Designated staff will complete a general risk assessment of their base to ascertain potential ligature points. All pupils at risk of self-harm, particularly ligature risk, will have it clearly stated in their Risk Management Plan with a clear response for the staff team. Staff must complete a Record of Concern and

hand to their DSL if a young person uses or threatens a ligature. If a young person consistently threatens or uses ligature they must be in the presence of a member of staff at all times.

Ligature Concerns within Compass

All pupils at risk of self-harm, particularly ligature risk, will have it clearly stated in their Risk Management Plan with a clear response for the staff team. NSFT colleagues will complete a risk assessment as care-coordinators and will inform education staff of strategies to manage risk. If a young person is at imminent risk of life through a ligature then it would be best practice for staff to use the ligature cutting equipment which are stored in designated areas in the three Compass schools, staff should attempt to create airspace immediately using their hands whilst the ligature cutters are collected. All staff within Compass are trained by the therapy team in how to use the ligature cutting equipment.

Informing and supporting Parents/Carers

Parents/Carers must be informed of a young person's self-harm. Once a Record of Concern is completed, a Designated Safeguarding Lead will inform parents/carers themselves or will delegate to a key worker to complete the call.

It is also important that parents are provided with appropriate advice and support about how to support their child with self-harm. When talking to parents, we will refer to self-harm guidance for parents/carers:

<https://youngminds.org.uk/find-help/for-parents/parents-guide-to-support-a-z/parents-guide-to-support-self-harm/>

https://www.psych.ox.ac.uk/files/news/copy_of_coping-with-self-harm-brochure_final_copyright.pdf

Designated Safeguarding Leads will make a judgment on whether a referral needs to be made to CAMHS with parental consent (not required in Compass Bases as CAMHS support is on site with each student having an allocated care co-ordinator)

Supporting Friends

In schools, one student's self-harming behaviour can sometimes affect other students. If a student comes to us with concerns about a friend's self-harm, we will reassure them that telling a staff member is the right thing to do and that they have been a good friend. We will offer them the opportunity to speak to a trusted member of staff for support who the young person is comfortable talking to. Again, a Record of Concern will need to be completed and handed to a DSL.

Long term support for young people who self-harm

Young people may need help to understand and deal with the causes of the stresses they feel, and we will also wish to think about any resilience factors that can be strengthened. The support of someone who will listen when young people are facing difficulties is really important, and we will help young people to identify various people such as a trusted adult at home, a member of school staff, a friend who knows how to best support and when to ask an adult for help, a helpline (such as Child line or Young Minds) a young person could call.

Within Compass bases, NSFT colleague will work therapeutically with the young person to help manage risk, implement alternative coping strategies and work on underlying mental health conditions.

How staff will be supported

Within the Engage Trust, there are designated Mental Health First Aiders who are available to support colleagues and offer signposting for external or internal support. We acknowledge the potential difficulties that may arise for staff after having been involved in any level of self-harming behaviour. This can understandably have an impact on you, and it feels important that you know support is available. We would encourage you to acknowledge your feelings and seek support by talking to colleagues or members of your management team. Also looking out for warning signs that your colleagues may have had a difficult experience with regards to self-harm is vital. Checking in with them on a more regular basis would be helpful, if you are very worried about them please take this to your line manager.

. At Compass bases, staff can access support through the onsite therapy team, utilising group or individual supervision sessions. Mental Health Champions and First Aiders will offer training sessions to their staff teams to support positive wellbeing.

Whole school approach

It is important, as a Trust, that we promote wellbeing and mental health using appropriate resources to all our age groups. Taught predominantly through our PHSE topics, lessons will include focuses on positive mental health, coping strategies and how to look after each other. At the Engage Trust we focus on a

nurturing and containing environment that promotes resilience in young people, discourages bullying and promotes positive and safe relationships with peers and adults.

The below Flow Chart should be displayed in staff rooms or allocated staff only spaces across the Engage Trust.

