



Self-Harming Policy

Approved by: Senior Leadership Team & Trustees

Date of last review: September 2024

Date of next review: September 2025

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 support services.

The procedures contained in this policy apply to all Staff and Trustees.

Section 1 - Context

This policy has been put in place to ensure that we have a consistent approach from staff who deal with students, should they 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.

Section 2 - What is self-harm?

The nature and meaning of self-harm vary greatly from student to student 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'.

However, self-harm usually is carried out in private and over a long period before help is sought. 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

Section 3 - Why do people self-harm?

During adolescence, students may encounter particularly 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:

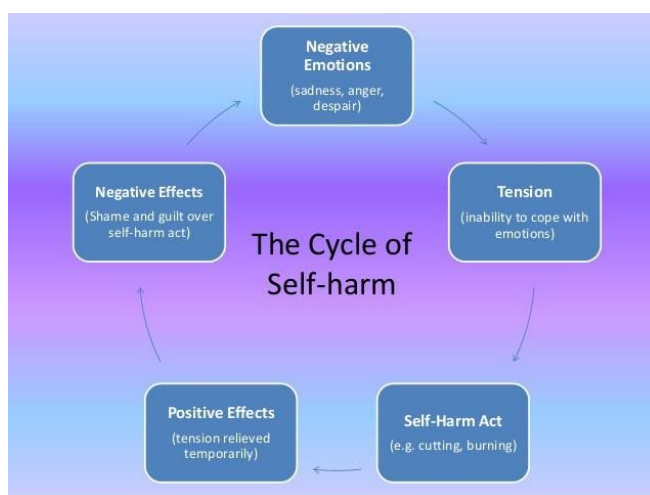
- That physical pain is easier to control than emotional pain.
- It is a way of coping with past and current events.
- Rarely, it can be a way of becoming a part of a group.

- 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 themselves 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.



Section 4 – How can staff identify signs of self-harming?

All staff at Northleigh House School 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, swimsuits, or summer wear.
- 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 can occur 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 their emotional distress.

Section 5 - 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
- Difficult family relationships, including parents/carers separating or divorcing
- Bereavement
- Previous 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 their 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 authorities
- 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

Section 6 - 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 their 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 immediately follow the protocols outlined in Section 7.

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.

Section 7 - School procedures when a student self-harm

Any member of the school staff who knows a student who may be thinking of self-harming must report this to the Designated Safeguarding Leads.

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 Leads.
- 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 overriding reason not to. The decision not to involve parents/carers should be taken in consultation with the DSL or Deputy DSL.
- The Designated Safeguarding Lead will then liaise with all appropriate personnel. The DSLs will take the lead and following the harmless guidelines found in Appendix A, B and C for creating a plan of support for the student.
- Some instances of self-harm are Child Protection issues. 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 as part of their action plan:
 - A Wellbeing Support Plan
 - An Early Help Assessment could be completed
- It may be necessary to hold a Child in Need (CIN) 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.

Section 8 – Confidentiality

Confidentiality is a key concern for students. However, 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 themselves 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 they wish to divulge.

Section 9- 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 Wellbeing 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 they are not alone.
- Help the student express their emotions.
- Be an active listener; use your eyes as well as your ears to truly pay attention to what someone is saying. Watch the student's facial expression and the posture that accompanies the words they are speaking. These will 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 student maybe 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 their 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(s).
- Check they are taking appropriate care of any wounds e.g. antibacterial wipes/dressings etc.

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.

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.

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 antibullying 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, a keep fit class or a school-based club, 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.

Section 10 - Referrals

Initially please refer to the school Deputy DSL or DSL, who will advise which referral is appropriate.

- Wellbeing referral for Support Plan
- Early Help Referral
- Call Front Door for immediate risk & significant harm – telephone 01926 414144

Section 11 - Support organisations

Young Minds: 0808 802 5544 www.youngminds.org.uk

Samaritans: 116123 <https://www.samaritans.org/how-we-can-help/contact-samaritan/>

Child Line: 0800 1111 www.childline.org.uk

National Self-Harm network: www.nshn.co.uk

For further guidance please refer to the Self Harm Support and Guidance.

Review: September 2025