Peacehaven Community School

Self-Harm Policy

Document Management

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Introduction

Our school takes a whole school approach to safeguarding which is based upon an attitude of 'it could happen here'. This includes the possibility that children attending our school may be engaging in self-harm.

Self-harm is a safeguarding issue and all incidents or concerns about self-harm will be reported to the Designated Safeguarding Lead (DSL) and responded to in line with our Child Protection and Safeguarding Policy.

This self-harm policy outlines the broad response to incidents of self-harm, with staff taking further guidance from the following two East Sussex County Council (ESCC) resources:

- Self Harm Toolkit
- Self Harm Guidance

What is Self-harm?

Self-harm can take many different forms and as an individual act can be hard to define. However, in general self-harm (also known as self-injury or self-mutilation) is the act of deliberately causing harm to oneself either by causing a physical injury, by putting oneself in dangerous situations and/or self-neglect. Common methods of self-harm can include:

- cutting
- poisoning
- overeating or under eating
- exercising excessively
- biting themselves
- picking or scratching at their skin
- burning themselves
- hitting themselves or walls/hard surfaces
- misusing alcohol, prescription, and other drugs
- pulling out hair
- inserting objects into their body
- having unsafe sex
- getting into fights.

Why do people self-harm?

Self-harm may be linked to bad experiences that are happening now, or in the past. There

are times when the reason is unknown. The reasons can also change over time and will not be the same for everybody. (NHS August 2023)

Some of the reasons that people may self-harm include:

- expressing or coping with emotional distress
- trying to feel in control
- a way of punishing themselves
- relieving unbearable emotional distress
- a cry for help
- a response to intrusive thoughts

Identifying self-harming

There are signs which may indicate a child is in distress and may be harming themselves, or at risk of self-harm. The most obvious sign is physical injuries which are observed on more than one occasion, they may appear too neat or ordered to be accidental and do not appear consistent with how the young person says they were sustained. (No harm done)

Other signs can include:

- changes in eating and sleeping habits
- wearing heavy clothes, even in the winter
- poor level of school attendance
- increased isolation from school friends and family
- giving away possessions
- talking about self-harming or suicide
- drug and alcohol misuse
- appear more distressed
- expressing feelings of failure, uselessness, or loss of hope
- risk taking behaviour
- lowering of school or college grades

Initial response to self-harm

The initial response to self-harm being identified will be determined by the presentation of the child and any physical injuries at that time. We will always treat any child who has self-harmed with respect and provide them with support.

If a child discloses self-harm, we will listen to them and reassure them that they will be supported.
We will not promise to keep the self-harm a secret.

The DSL will be informed of any incident of self-harm, so that they can complete a risk assessment and determine next steps.

Where children have physical injuries, such as cuts, burns or other wounds, these will be treated in line with our first aid policy.

If there are immediate concerns about the effect of an overdose, or serious physical injuries are present then emergency services will be called.

If suicidal intent is expressed by the child, then the DSL will contact the Child and Adolescent Mental Health Service (CAMHS) at the Single Point of Advice (SPOA) for advice that day.

If suicidal intent is expressed by the child, then we will not send a child home unless we know an appropriate adult is there to care for them.

Ongoing response to self-harm

Once all immediate concerns have been resolved, through the initial response, the DSL will complete an individual safety plan with the child who has been self-harming. The template for this is taken from the ESCC Self-Harm Toolkit:

- Secondary-safety-plan
- Primary-safety-plan

The safety plan is to support the child with managing their behaviour and will be shared with parents/carers. The self-harm toolkit can be used when safety planning, to consider less harmful ways of coping.

In addition to the safety plan the DSL will complete a Safeguarding Risk Reduction Plan (SRRP), to support the identification of risk factors and control measures. The template for this will be taken from the ESCC Self-Harm Toolkit.

SRRPs will be cocreated with children (dependent on age/stage) along with parents/carers and any other relevant professionals/agencies which may be involved.

SRRPs will be reviewed at agreed intervals and updated or ceased as necessary.

Recording self-harm incidents

All incidents of self-harm, along with the response and outcome, will be recorded on

CPOMS.

All meetings with a child, their parents or carers or peers regarding self-harm will be recorded on CPOMS.

SRRPs will be logged on CPOMS, along with any reviews and updates.

Support for children who are self-harming

We will identify a key member of staff who the child who is self-harming is willing to speak with; they will provide a listening ear and non-judgmental support.

We will make referrals to (where criteria have been met) and or seek advice and guidance from internal services, such as the school counsellor or Mental Health School Team (MHST) practitioner.

We will make referrals to (where criteria have been met) and or seek advice from external services, such as CAMHS.

We will provide children with signposting (as appropriate) to external sources of support such as Child Line or the E-Wellbeing 'Let's talk about self-harm' leaflet.

Support for other children

We recognise that when one child is self-harming, it is possible that other children in the same peer group may engage in similar behaviour; we will be vigilant of such occurrences.

We recognise that other children may have worries or concerns about their friends or peers but may be worried that they are betraying a confidence by telling someone. We will encourage all children to inform school staff if they know one of their group is showing signs of self-harm and reassure them that self-harm can be dangerous, and they are taking responsible action by talking to an adult.

Support for staff

Staff awareness of self-harm, and the ESCC Self-Harm Toolkit, and how to respond to it will be included in the induction programme for new staff and within annual whole school safeguarding training for established staff.

Support for parents

Self-harm learning networks, including resources, are accessible to support parents and carers of a young person engaging in self-harming behaviour. Further information can be found on the E-Wellbeing Website.

The Young Minds conversation prompts document can support parents and carers in starting a conversation with their child or young person about self harm.

Young minds also provide a useful Parents' Guide to Support for Self-Harm.