



Self-Harming Policy

Policy Information	
Policy Owner	Ruth Westwood
Issue Version	2.0
Approving Committee	MAT
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Adoption of the Policy

This Policy has been adopted and reviewed by the Trustees of Transforming Futures Trust

Signed - CPG Members

Date: 18.10.23

1. Introduction

- 1.1. It is thought that around 13% of young people may try to hurt themselves on purpose at some point between the ages of 11 and 16, but the actual figure could be much higher.

Girls are thought to be more likely to self-harm than boys, but this could be because boys are more likely to engage in behaviours such as punching a wall, which isn't always recognised as self-harm or doesn't come to the attention of hospitals.

The number of children aged nine to twelve admitted to hospital having hurt themselves intentionally rose from 221 in 2013-14 to 508 in 2019-20. Recent research has identified that self-harm is spreading down the age range somewhat, indicating increasing incidences of mental health issues in this younger age range.

2. Scope

- 2.1. This document describes Transforming Futures Trust MAT approach to self-harm. This policy is intended as guidance for all staff including non-teaching staff, executive committee and governors/trustees.

Aims

- 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

3. Definition of Self-Harm

- 3.1. Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body, for example:

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head, fists or other parts of the body

- Scouring or scrubbing the body excessively

4. Risk Factors

- 4.1. The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

Individual Factors:

- Depression / anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse

Family Factors:

- Unreasonable expectations
- Neglect or physical, sexual or emotional abuse
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family

Social Factors:

- Difficulty in making relationships / loneliness
- Being bullied or rejected by peers

5. Warning Signs

- 5.1. Transforming Futures Trust MAT staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should **always** be taken seriously.
- 5.2. 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

- Changes in clothing, not taking care of clothing/appearance, wearing loose clothing covering limbs even when it is warm, avoiding PE

6. Staff roles in working with students who self-harm

- 6.1. Students may choose to confide in a member of staff if they are concerned about their own welfare, or that of a peer. 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 and maintain a supportive and open attitude – a student who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.
- 6.2. Students need to be made aware that it is not possible for staff to offer complete confidentiality. **If you consider a student is at serious risk of harming themselves then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.
- 6.3. Staff observing any of these warning signs or who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should record it as a Child Protection concern on CPOMS or using the school form and give it to one of the designated safeguarding leads.
- 6.4. Following the report, the designated safeguarding lead will decide on the appropriate course of action.

This may include:

- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse, social services through referral to appropriate services for the area in which the student resides.
- Arranging an appointment with a counsellor
- Immediately removing the student from lessons if their remaining in class is likely to cause further distress to themselves or their peers
- **In the case of an acutely distressed student, the immediate safety of the student is paramount, and an adult should remain with the student at all times**
- **If a student has self-harmed in school a first aider should be called for immediate help**

7. Further Considerations

7.1. Any meetings with a student, their parents or their peers regarding self-harm should be recorded in writing including:

- Dates and times
- An action plan
- Concerns raised
- Details of anyone else who has been informed

7.2. This information should be recorded on the child's CPOMS log.

7.3. It is important to encourage students to let you know if one of their peers is in trouble, upset or showing signs of self-harming.

Friends can worry about betraying confidences so they need to know that self-harm can be very dangerous, and that by seeking help and advice for a friend they are taking responsible action & being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner.

7.4. The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. Any member of staff wishing for further advice on this should consult one of the designated safeguarding leads.

7.5. When a young person is self-harming it is important to be vigilant in case close contacts with the individual are also self-harming. Occasionally schools discover that a number of students in the same peer group are harming themselves. This is a phenomenon sometimes called 'contagion'

8. Students Should:

- Ensure all wounds are cared for properly and bandaged appropriately.
- Do not display fresh or open wounds.
- When talking to teachers or friends about your self-injury, focus on the emotional reasons behind your distress and not on the self-injury itself.
- Avoid talking graphically about your injuries to other pupils or describing the methods you use.
- Never encourage anyone to try self-injury themselves.
- When under emotional distress or feeling the urge to self-injure at school, talk to a teacher, or staff member as soon as possible.
- Discuss any additional support you feel you may need while you are going through emotional distress.

- Be aware that the teachers and designated self-injury staff are there to help you. The more you can talk to them the better able they will be to give you the support and help you need.
- Endeavour to seek fun and laughter every day.
- If you are worried that a friend may be self-injuring then do talk to a member of staff for support and guidance.
- If you are concerned that a friend may be suicidal, or has mentioned suicide, then alert a member of staff straight away.
- If the Head teacher feels there may be a risk of contagion amongst the peer group within a base of self-harm, then the student may be asked to keep old scars covered at all times to help prevent further students undertaking in self-harm.

9. Parents Should

- Understand and endorse the school's self-injury policy.
- Educate yourself regarding self-injury and discuss the subject with your child.
- If your child is self-injuring, work closely with the school and take an active role in deciding the best course of action for your child.
- Keep the school informed of any incidents outside of school that you feel they should know about.
- Take care of yourself and seek any emotional support you may need in dealing with your child's self-injury.

10. A Tiered Prevention Approach

- 10.1. The primary reason for engaging in non-suicidal self-injury (NSSI) is emotion regulation. This includes individuals experiencing high levels of depression or anxiety and those who are under-aroused (i.e., feeling numb or disconnected).

NSSI can also be used for social reasons. For example, individuals can use NSSI to isolate themselves or withdraw from social situations, or it can help an individual gain attention from others.

- 10.2. The concept of NSSI having a social function has led to exploration into understanding social contagion. Social contagion is defined as the presence and spread of behaviour in at least two people in the same social network within a short period of time (Rosen & Walsh, 1989) or statistically significant clusters of people who engage in the same behaviour (Walsh & Rosen, 1985). Social contagion should not be confused with assortative relating, which refers to self-selecting a friend group from peers who engage in similar behaviours and may have similar

experiences. Both social contagion and peer selection exist among youth who self-injure (Moyer & Nelson, 2007; Prinstein et al., 2010).

- 10.3. Walsh (2006) recommends three strategies for school professionals to minimize risk contagion: reducing communication about NSSI in the school or among peer groups, reducing public exhibit of scars and wounds, and providing short-term psychosocial treatment (short-term counselling and assessment) individually to students.

10.4. A tiered approach to intervention strategies

	Primary Prevention	Secondary Prevention	Tertiary Care
Tier 1 Level of Support	<ul style="list-style-type: none"> • Creating school-wide policies and procedures • Providing staff education at all levels • Classroom guidance focusing on emotion regulation and coping skills 	<ul style="list-style-type: none"> • Classroom guidance aimed at discussing self-harm, wounds, and physical care 	
Tier 2 Level of Support		<ul style="list-style-type: none"> • Small group intervention focused on coping skills and emotion regulation • Social network identification 	
Tier 3 Level of Support		<ul style="list-style-type: none"> • Individual student meeting to determine function of NSSI to determine if referral for tertiary care is needed or if brief intervention is sufficient 	<ul style="list-style-type: none"> • Referral of student to extended services • Check in with student

Although attention to policy and warning signs is important, equally important is attention to the driving forces behind NSSI and how to defuse those before they take hold. NSSI is related to emotion dysregulation, negative cognitions, and inadequate coping responses. Therefore, primary prevention efforts in the schools can target these aspects to train individuals at a young age how to identify and regulate emotions and cognitions.

- 10.5. Classroom guidance could include handouts and discussion of feeling faces worksheets or posters. Another tool is board games that include feeling and affective words and ask students to identify times when they have felt these emotions so they can begin to connect actual experiences to feeling words
- 10.6. Primary prevention efforts also need to include a step-by-step process for how to cope. Although mental health professionals and school personnel want students to engage in adaptive coping strategies, Trepal, Wester, and Merchant (2015) discovered that, regardless of engagement in NSSI, the more adaptive coping strategies young adults used, the more maladaptive coping strategies they also used. Further, individuals who self-injured reported the greatest number of coping strategies employed. This suggests that individuals who utilize multiple coping methods are potentially not using them effectively but are jumping from one

method to another in hopes that one will work. Therefore, primary prevention efforts can be vital because they increase a youth's perception of their ability to effectively manage a stressful event. This process of walking through coping strategies may include breaking down coping step by step. For example, instead of suggesting students take a walk when they experience a high level of anxiety, school counsellors can teach the students how to take a walk mindfully. What do they see? What do they hear? What are they feeling both internally and on the surface of their skin? This breakdown of coping may also entail some guided imagery, such as how they can they imagine some of the intense emotion being pushed out of their pores while they are walking until it reaches a manageable level (Wester & Trepal, 2017). If students are provided with this information and education prior to engaging in NSSI, their appraisal of the situation may be altered when a stressful event occurs because they may have the tools to engage in effective coping strategies. This could then prevent the engagement in NSSI altogether, eliminating the possibility of contagion to others.

- 10.7. In secondary prevention, school staff would target students who are already engaging in NSSI. Secondary prevention could occur at any of the three tiers of support. Targeted tertiary prevention, which typically occurs in Tier 3, engages with students who chronically or severely self-injure and requires a much more systemic and targeted intervention than most schools can feasibly offer (ASCA, 2012, 2015); however, school personnel still have a role to play in helping identify and refer students who need wrap-around services to address chronic NSSI to appropriate services for the area in which the student resides. Addressing chronic NSSI can also assist in decreasing social contagion in a peer group. Although schools have roles in each of the three levels of prevention, the most strategic and effective use of school resources would be to intervene at the primary and secondary levels of prevention.
- 10.8. More details of the secondary and tertiary prevention strategies can be found in the source document:

NSSI in the schools: A tiered prevention approach for reducing social contagion by:
Kelly L. Wester, Carrie Wachter Morris, and Breton Williams
[K Wester NSSI 2017.pdf \(uncg.edu\)](#)

Appendix 1 – Version Control Amendments

Version No	Date	Summary of Changes