



Highsted Grammar School

Self-harm Policy

SELF-HARM POLICY

Highsted's pastoral support systems and PSHCEE programme play a key part in helping young people to develop in self-confidence and belief. However, we also recognise a national and local increasing trend of mental health problems, some of which are inevitably seen within the school environment. While the team at Highsted are not mental health experts, the level of risk to a student will attempt to be determined and parents/outside agencies involved as necessary, in order to support each student.

BACKGROUND INFORMATION

Self-harm is often a very private, intimate act and is sometimes associated with ritualistic behaviour, for example, always cutting in a certain way or wrapping razors in a particular towel. For many, self-harm is a means of creating an identity by destroying the self – it becomes a part of who they are, rather than what they do. Staff working with students who are self-harming need to be aware that there are periods when these students are accessible and some where they are not. No act of self-harm should be considered as minor. Once a student has self-harmed, they have broken through a boundary and may move on to more serious acts of self-harm and/or suicide. As such, this policy also makes reference to working with students who may be considering suicide.

Profile of Young People Who Self-Harm

Associated behaviours and conditions include:

- eating disorders
- alcohol and drug abuse
- mental illness
- low spirits
- extreme risk taking
- family dysfunction
- other relationship breakdowns

The Positive Value of Self-Harming Behaviours, e.g. cutting, to the Student

- Diverts from the pain of memories, i.e. quite literally it allows them to “cut off” from the pain of the memories
- It proves to the cutter that they are alive
- Metaphor of cutting problems in two
- Seeing problems run away with the blood
- Preferable to create a mess outside rather than having inner mess/turmoil
- Creates a mess that can be cleaned up, as inner pain cannot be
- Punishes the cutter and/or the cause
- Produces endorphins which make the cutter feel good
- Can be addictive
- It is linked to dissociation – cutters can dissociate and watch themselves self-harm. Under extreme duress, people are capable of the most profound dissociation, a common feature of self-harm
- Cutting is familiar, a comfort zone
- Cutting can be easier than talking – cutters create wounds that speak for them
- May be seen as the only option

In seeking to help young people who self-harm we need to find ways of giving them words to talk with, rather than self-harm.

Supporting Staff Who Work with Students Who Self-Harm

Staff need to be careful that they do not internalise the feelings of the student with whom they are working, or feel any degree of blame. In creating a space for these young people to reflect and share, staff need to ensure that they have a system of sharing and caring for themselves. Staff may, for example, find it helpful to have a debrief with their pastoral team leader. We need to recognise that we are all vulnerable to having difficult memories stirred up. Anyone experiencing problems in working with a student who is self-harming should talk to either the Assistant Headteacher for the key stage, or the Designated Safeguarding Lead for advice and discussion on the best way forward.

Supporting Students Who Self-Harm

Confidentiality must not be promised to any student, including Senior School students.

Years 7 - 11

The parents/carers of all Year 7 – 11 students must be told. Recognising that we are not a mental health team and as such are not qualified to determine a student's mental state, students should never be asked to speak to their parents first, prior to the school contacting home, in any instance of self-harm. If the school is concerned about the response shown by parents to a situation then the matter should be discussed by the **Designated Safeguarding Lead and the Headteacher**.

Senior School Students

While recognising that our Senior School students are young adults, school policy is that the parents/carers of all Senior School students must be told about any self-harm for the same reasons as detailed for Years 7 – 11. Any decision not to contact home should only be made by either the Designated Safeguarding Lead or Headteacher, following close consultation with the Head of House and key stage Learning Mentor, and then only in the most exceptional of cases.

The Question of Suicide

Any student who is considering suicide should be considered a high risk student. Any such student should be referred immediately to the **Designated Safeguarding Lead or Headteacher** as a matter of urgency.

Professionals help students who self-harm:

- By being non judgemental
- By staying calm
- By quietly and unobtrusively communicating kindness and caring

Talking with Students Who Self-Harm

When talking with students about self-harm, staff may find the list below useful as a possible structure for any conversation, as well as for later discussions with parents. Please note that this is not a prescriptive/exhaustive list. As with so much pastoral work, much will depend on the existing relationship between the member of staff and student:

Has a student done this before? When? How often? How?



Is there depression/delusions/hallucinations prompting self-harm/suicidal thoughts?

Are there significant life events e.g. child protection issues, bullying, bereavement, divorce?
NB: any child protection issues must be referred to the Designated Safeguarding Lead immediately.

Is there considered intent e.g. plans/notes?

Is self-harm/suicide perceived as a solution? What to?

Does a student feel helpless, worthless, out of control?

Do they have a medical illness/condition contributing to self-harm?

Is there a family history/peer culture of self-harm/suicide?

Is there any rejection by peer group/social isolation?

Is there any indication of substance abuse?

What is your personal intuition of the level of risk? This is often the most valuable insight of all.

Write-Ups

Self-harm discussions should be written up in the usual manner on the school's green 'Safeguarding Incident / Welfare Concern' forms. Staff should:

- Maintain close monitoring and liaison with the Designated Safeguarding Lead.
- Share and clearly record all decisions made
- Detail the reasons why actions were taken, as well as the reasons for those that weren't taken

Possible Personnel and Agencies of Support

Possible methods of support may include:

- Discussion with the Child Social Services
- Discussion with the CAMHS self-harm support team
- In-school support/coaching
- Referral to the school nurse
- Referral to CAMHS via the family GP or directly by the school, with the family's consent
- Completion of a Kent Family Support Framework (KFSF) / Early Help Notification (EHN), with the family's permission
- Referral to Specialist Children's Services, if the family do not give their consent

The Designated Safeguarding Lead maintains resources on self-harm/suicide for any member of staff wanting to read/talk further.

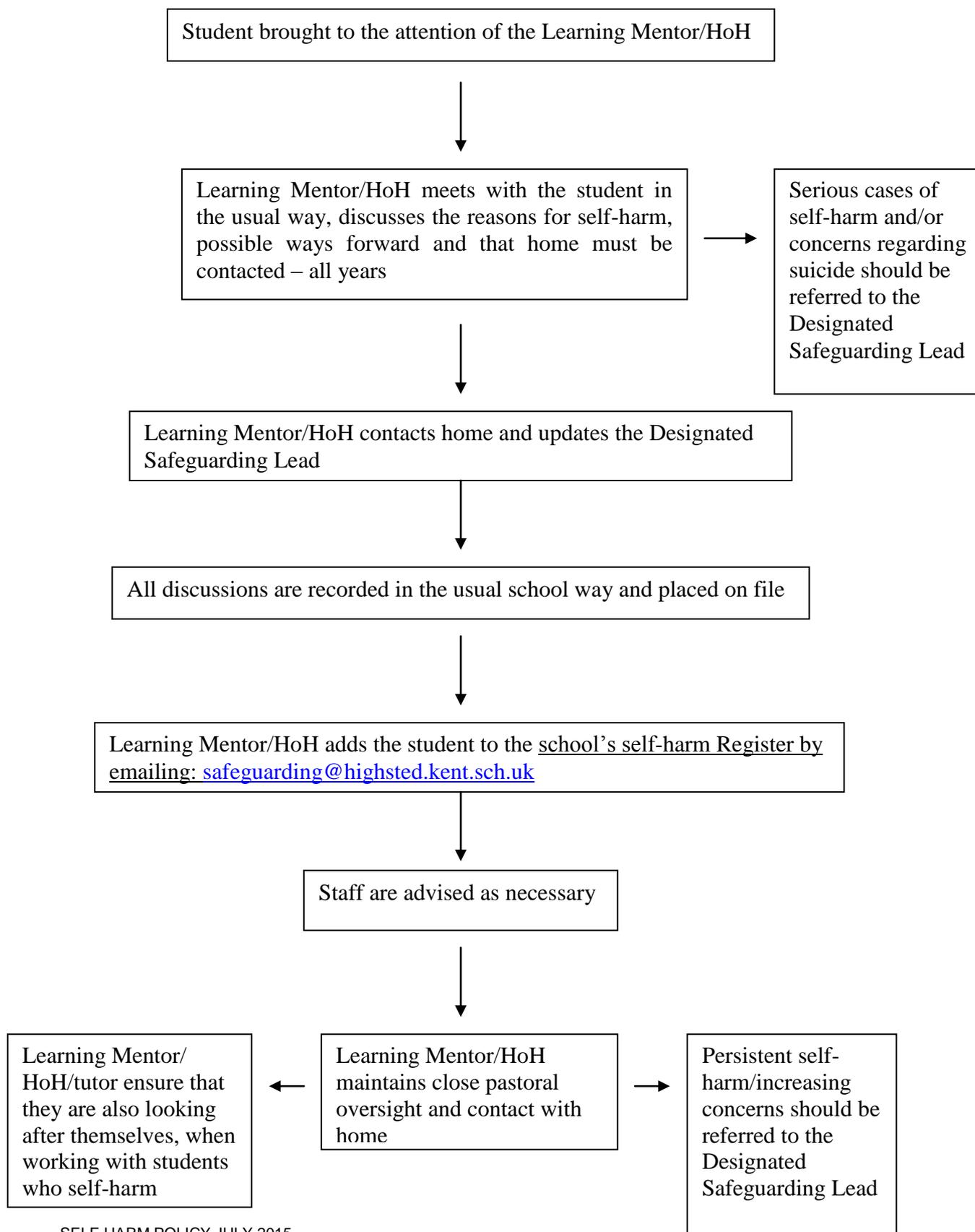
Drawn up: June 2003

Reviewed: May 2005; July 2009

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Flow Chart of Procedure for Working with a Student at Risk from Non-Accidental Self-Harm/Suicide





Highsted Grammar School

SAFEGUARDING INCIDENT / WELFARE CONCERN FORM

Student Name:	
Year Group and House:	
Name (including position) of person completing form:	
Date of the incident/concern:	
Full details of the incident/concern/initial actions taken:	
<i>continue on a separate sheet if necessary and attach all evidence of communication</i>	
Were there any witnesses?	
YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
If yes, who?	
Signature:	Date form completed and referred to DSL:
Tiers of Intervention (SDL only)	Full details of the action(s) taken:
<i>Tick one tier/box only</i> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> <i>Justification:</i>	<i>continue on a separate sheet if necessary</i>
DSL signature:	Date response initiated: