



WELLSWAY
SCHOOL

Policy on Self Harming

For review by: Assistant Principal, Student Support

Approved by: Senior Leadership Team

Date of last review: November 2022

Date of next review: November 2023

Introduction

Our school is committed to safeguarding and promoting the welfare of students and expects all staff and volunteers to share this commitment. We endeavor to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of self-harming and follow our procedures to ensure that children receive effective support and protection. The school works in partnership with other children's services.

The procedures contained in this policy apply to all staff and governors.

Section 1 - Context

This policy has been put in place to ensure that we have a consistent approach from staff who deal with students who 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 behavior and for dealing with the problem.

Associated Guidance and Documentation:

1. Guidance for professionals working with children and young people who self-harm 2017 (<https://www.oxfordhealth.nhs.uk/harmless>)
2. Guidelines for professionals who work with children and young people who self-harm: B&NES CAMHS, Oxford Health NHS Foundation Trust,
3. Wellsway School Child Protection and Safeguarding Policy
4. Wellsway School Behaviour Policy (The power to search and confiscate prohibited items)
5. Keeping Children Safe in Education, DfE, September 2022
6. Working together to safeguard children, DfE, July 2022
7. Mental health and behaviour in school, DfE, November 2018

Section 2 - What is self-harm?

The nature and meaning of self-harm varies greatly from child to child 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'

Given that most self harm is carried out in private and over a long period before help is sought, it is hard to give credence to this perception. 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 painful 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

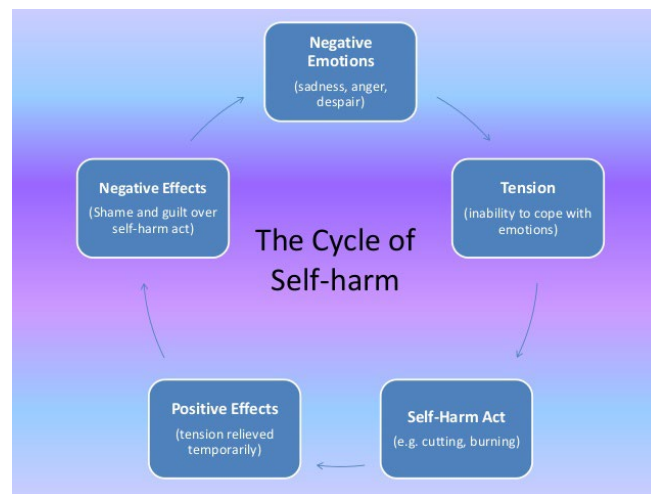
Other explanations from students about why they self-harm include:

- 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 himself or herself 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 Wellsway 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 or swimsuits, for example
- 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 occurs 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 her/his emotional distress.

Self harm in younger students is unusual but not unknown, so it is really important to be aware that behaviours such as hair pulling, small surface cuts, head banging and self grazing/scratching may be signs of self harm.

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 school work 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
- Family relationship difficulties, including parents/carers separating or divorcing
- Bereavement
- Past 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 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 the police
- 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 his/her 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 8.

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 harms

Any member of the school staff who knows a student who may be thinking of self-harming must report this to the Designated Safeguarding Lead (DSL) using CPOMS.

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 Lead using CPOMS or a paper copy of the school welfare concern form if the member of staff does not have access to CPOMS.
- 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 over-riding 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 the Head of House. The Head of House will take the lead in completing the harmless online questionnaire 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. In this case the procedures laid down in the school's Child Protection and Safeguarding policy must be followed by the Designated Safeguarding Lead. 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 the harmLESS action plan:
 - A Pastoral Support Plan
 - An Early Help Assessment could be completed

Referral to:

- School Nurse
- School Counselling service.
- Listening Support
- Compass
- Project 28
- Southside
- Parenting Classes

- Youth Workers
 - Mentoring Plus
 - Social Care
 - Off the record
- It may be necessary to hold a multi-agency 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.
- The Head of House will report all of the actions taken using CPOMS.

Example of typical CPOMS entry from the Head of House

1. Details of parent/carer contact
2. Details of any underlying causes
3. Outcome of the harmLESS assessment (Appendix B)
4. Level of support and details of strategies put in place from list of harmLESS strategies (Appendix C)

Overview of harmLESS Strategies (Appendix C and D)			
Level 1	Level 2	Level 3	Level 4
Complete the Level 1 First Stage Support Plan	Complete the Level 2 Support Plan	Complete the Level 3 CAMHS referral plan	Complete the Level 4 Urgent CAMHS referral plan
Provide basic information about self harming	Provide basic information about self harming	Provide basic information about self harming	Provide basic information about self harming
Create and give the student a copy of the safety plan	Create and give the student a copy of the safety plan	Create and give the student a copy of the safety plan	Create and give the student a copy of the safety plan
Arrange a follow up meeting	Arrange a follow up meeting	Arrange a follow up meeting	Arrange a follow up meeting
	Make the tutor and teachers aware of how they are feeling	Make the tutor and teachers aware of how they are feeling	Make the tutor and teachers aware of how they are feeling
		Submit a CAMHS referral	Make an urgent telephone CAMHS referral

5. A copy of the risk assessment (Level 4)
6. Copies of all documentation for 4 and 5 should be uploaded to CPOMS
7. Details of any further support put in place for the child e.g. school nurse or school counsellor

A student engages in serious self harm with/without suicidal ideation, requiring medical treatment. e.g. injury or overdose (however small).

Required action is the same as above but also includes:

- If a member of staff finds that a student is in possession of dangerous equipment then Student Support should be contacted and a Call Out should be used by the member of staff.
- If physical harm has been done the student should be taken to the Medical Room for medical assessment and care. If appropriate, emergency services may be called by Student Support.
- If the student is in hospital - a CAMHS Referral may be activated by the hospital and the School Nurse will be informed.

Section 8 – Confidentiality

Confidentiality is a key concern for students; however, Wellsway School's Child Protection Policy states 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 him/herself 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 s/he wishes 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 pastoral team or an external specialist. It may be that a student identifies an alternative member of staff who they wish to support them. The protocols in Appendix A,B and C should be used by a Head of House to support the young person when directed to do so by the DSL or Deputy DSL

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 s/he is not alone.
- Help the student express his/her emotions.
- Be an active listener; use your eyes as well as your ears to truly pay attention to what someone is saying or not saying. Watch the student's facial expression and the posture that accompanies the words s/he is speaking. These will all give clues as to how someone is truly feeling.
- Empathise with the student – imagine walking in his/her 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 students are 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 his/her 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

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. Activities that involve the emotions intensely can be helpful.

Examples:

- Contacting a friend, family member or helpline.
- Going for a walk/run or other forms of physical exercise.
- Getting out of the house and going to a public place e.g. a cinema.
- Reading a book.
- Keeping a diary.
- Looking after an animal.
- Watching TV.
- Listening to music or singing along.
- Going shopping.
- Cooking/eating your favourite meal.

Coping with distress using self soothing

- Using stress management techniques such as relaxation or massage.
- Having a bubble bath.
- Stroking a cat or other animal.
- Going to the park and looking at the things around you (birds, flowers, trees).
- Listening to the sounds as you walk.
- Listening to soothing music.

Sometimes it can be helpful to find other ways of discharging emotion which are less damaging than self harm:

- Clenching ice cubes in the hand until they melt.
- Writing, drawing and talking about feelings.
- Writing a letter expressing feelings, which need not be sent.
- Going into a field and “screaming”.
- Hitting a pillow /soft object.
- Listening to loud music
- Physical exercise

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 anti-bullying 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, school teacher, 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

Referrals to B&NES Child and Adolescent Mental Health Service (CAMHS)

All non-urgent referrals to CAMHS can be done online using this link:
<https://secureforms.oxfordhealth.nhs.uk/camhs/>

Urgent/emergency referrals can be made by contacting B&NES CAMHS on:

If you are open to the Bath and NE Somerset CAMHS Team, please phone:

01865 903 889

If you are new to CAMHS, please contact the mental health helpline:

0800 0232122

Make an online referral: <https://secureforms.oxfordhealth.nhs.uk/camhs/>

This service offers advice and consultation by professionals and emergency assessment as required, for students under the age of 18.

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

Appendix A - How to help a student who self-harms

Talking with students about self-harm is not always easy. It is difficult to talk about and many people worry that if they talk about self-harm they might make things worse.

There is **NO EVIDENCE** to suggest that talking about self-harm will encourage young people to harm themselves. In fact feedback from students is that they want to talk. However, this needs to be done sensitively since our responses can sometimes be seen as uncaring.

SLEEP is an acronym to help you remember 5 important steps when talking with students about self-harm.

- [Stop](#)
- [Listen](#)
- [Empathise](#)
- [Explore what they are saying](#)
- [Plan what you will do](#)

Stop and make time to talk

- Remember that if a student approaches **you** it is **you** that they want to talk with.
- The student may not find it easy to talk so they need to be given time. Don't try to have a rushed conversation.
- If you are in the middle of doing something or are busy then let the student know that you will make a time to talk with them. Make a time there and then so that they know you are taking them seriously.
- Give the student your undivided attention. Show them that they are important and that you care.
- Make sure that where you meet is private so that you can have an open and honest conversation without interruption.

Listen to what the student is saying

- Listen carefully to what the student is saying. Listening signals that you care and will encourage them to talk.
- They may feel embarrassed or ashamed of what they have done so be patient and give them time.
- You don't have to jump in and try and fix things. Just listen to what the young person is saying

Empathise with how they are feeling

- Students need to know that you understand how they are feeling.
- **DO NOT** be judgemental or shocked by what they say. This will signal that it is not OK to talk about these things and they may be less open.
- Empathise with how they are feeling. Acknowledge that they are feeling distressed and that they must be feeling really bad.
- Reassure them that things can change. They have made an important step by talking with you today.

Explore what the young person is saying

- Be curious and explore what the student is really saying
- Students might say that “they wish they were dead”. These words are frightening but they do not necessarily mean that the student person is suicidal.
- Often students say these things because they are feeling hopeless or frustrated and don’t know what to do. Check this out and explore what the student means.
- The [harmLESS](#) questions provide a way of exploring this.

Plan what you will do

- The final stage is to agree the next steps. In the majority of situations this can be agreed collaboratively with the student.
- You need to decide who you need to talk with in order to keep the student safe. A student may not always want their parents or carers to know but if they are **at risk of seriously hurting themselves their parents need to know**.
- Tell the student that you are concerned about their safety. **Because you are worried about them the DSL will need to speak with their parents/carers so that they can help the student to keep safe.**
- Section 8 of this policy (including the [harmLESS](#) questions) can help you plan what response is needed.

Appendix B - Assessing self-harm and planning support

harmLESS provides a series of questions you can ask the young person. **The questionnaire and linked responses are designed to be completed online. The questionnaire can be found at: <https://www.harmless.nhs.uk/assessment/>**

This questionnaire should only be completed if a member of staff is directed to do so by the DSL or Deputy DSL

How they answer these questions will inform a plan about the type of support they might require.

If at the end of this you are still unsure or worried about a student then phone your local CAMHS team.

HarmLESS Questions

How long have you had thoughts of wanting to hurt yourself?

Less than 2 weeks More than 2 weeks

Have you **actually** harmed yourself?

Yes No

Have you **recently** harmed yourself?

Yes No

Have you harmed yourself **more** than once?

Yes No

Have you ever thought that **life** is not worth living?

Yes No

Have you made any plans to **end** your life

Yes No

Have you ever **secretly** tried to end your life?

Yes No

Is anyone **supporting** you at the moment?

Yes No

Appendix C – Creating an action plan with the student

A completed questionnaire will produce one of the four responses below. The appropriate support plan for each level can be found in this appendix.

<p style="text-align: center;">Level 1 – First Step</p> <p>It seems as if this student has thoughts of self-harm but has not actually acted on them.</p>
<p style="text-align: center;">Level 2 – Support</p> <p>It seems as if this student has harmed themselves but is not actively planning to end their life.</p>
<p style="text-align: center;">Level 3 – CAMHS referral</p> <p>It seems as if this student is regularly harming themselves but does not have any active plans to end their life.</p>
<p style="text-align: center;">Level 4 – Urgent CAMHS referral</p> <p>It seems as if this student is actively planning to end their life or has made a past serious suicide attempt.</p>

Copies of the support plan linked to each level can be found in Appendix D

Appendix D –Safety Plan

harmLESS – Level 1 - First Step Plan

Young person's name:

Date

- I will **let your parent/carer know** how you are feeling.
- I will **let your tutor and teachers know** how you are feeling

If you were worried about yourself, you could talk with

Friend

Adult

Professional involved

If you were very worried about your safety or had hurt yourself:

Talk with your GP

Go to the Accident & Emergency Department

If you are feeling that you might hurt yourself, these things might **help you to ride out this feeling**:

- Distracting activities (e.g. music, gaming, reading)
- Mood lifting activities (e.g. watch comedy, play instrument, internet)
- Physical activities (e.g. walking, running, cycling, dance)
- Social activities (e.g. text or talk to friends, social media)
- Other activities (e.g. playing with pets, hobbies, cooking)

1.

2.

3.

If you want more information, these links might be helpful:

- Information and advice about local support from "**on your mind**" (www.onyourmind.org.uk)
- Free online support from **Kooth** (www.kooth.com)
- Information about **CAMHS** from (www.oxfordhealth.nhs.uk/children-and-young-people)

We will meet again to review how you are feeling on

Name of member of staff:

Copy for student and CPOMS

harmLESS – Level 2 - Support Plan

Young person's name:

Date

- I will **let your parent/carer know** how you are feeling.
- I will **let your tutor and teachers know** how you are feeling

If you were worried about yourself, you could talk with

Friend
Adult

If you are feeling down, these things might **help you to ride out this feeling**:

<ul style="list-style-type: none">• Distracting activities (e.g. music, gaming, reading)• Mood lifting activities (e.g. watch comedy, play instrument, internet)• Physical activities (e.g. walking, running, cycling, dance)• Social activities (e.g. text or talk to friends, social media)• Other activities (e.g. playing with pets, hobbies, cooking) <ol style="list-style-type: none">1.2.3.

If you want more information, these links might be helpful:

<ul style="list-style-type: none">• Information and advice about local support from "on your mind" (www.onyourmind.org.uk)• Free online support from Kooth (www.kooth.com)

We will meet again to review how you are feeling on

Helpers Name of member of staff:

Copy for student and CPOMS

harmLESS – Level 3 - CAMHS support plan

Young person's name:

Date

- I will write to CAMHS and ask them to meet with you.
- I will **let your parent/carer know** how you are feeling.
- I will **let your tutor and teachers know** how you are feeling

These are some things that could help you to keep safe:

If you were worried about yourself, you could talk with

Friend

Adult

Professional

If you were very worried about your safety or had hurt yourself:

Between 9:00am – 5:00pm, Monday to Friday, talk with your GP

After 5:00pm or at the weekends, telephone 111

Go to the Accident & Emergency Department

Any time contact Childline (0800 1111 or www.childline.org.uk)

If you are feeling that you might hurt yourself, these things might **help you to ride out this feeling:**

- Distracting activities (e.g. music, gaming, reading)
- Mood lifting activities (e.g. watch comedy, play instrument, internet)
- Physical activities (e.g. walking, running, cycling, dance)
- Social activities (e.g. text or talk to friends, social media)
- Other activities (e.g. playing with pets, hobbies, cooking)

1.

2.

3.

If you want more information, these links might be helpful:

- Information and advice about local support from **"on your mind"** (www.onyourmind.org.uk)
- Free online support from **Kooth** (www.kooth.com)
- Information about **CAMHS** from (www.oxfordhealth.nhs.uk/children-and-young-people)

We will meet again to review how you are feeling on

Name of member of staff:

Copy for student and CPOMS

harmLESS – Level 4 - Urgent CAMHS referral plan

Young person's name:

Date

- **I will telephone** CAMHS and ask them to meet with you.
- I will **let your parent/carer know** how you are feeling.
- I will **let your tutor and teachers know** how you are feeling

These are some things that could help you to keep safe:

If you were worried about yourself, you could talk with

Friend
Adult
Professional

If you were very worried about your safety or had hurt yourself:

Between 9:00am – 5:00pm, Monday to Friday, talk with your GP
After 5:00pm or at the weekends, telephone 111
Go to the Accident & Emergency Department
Any time contact Childline (0800 1111 or www.childline.org.uk)

If you are feeling that you might hurt yourself, these things might help you to ride out this feeling:

<ul style="list-style-type: none">• Distracting activities (e.g. music, gaming, reading)• Mood lifting activities (e.g. watch comedy, play instrument, internet)• Physical activities (e.g. walking, running, cycling, dance)• Social activities (e.g. text or talk to friends, social media)• Other activities (e.g. playing with pets, hobbies, cooking)
1.
2.
3.

We will meet again to review how you are feeling on

Name of member of staff:

Copy for student and CPOMS

Appendix E

Student Risk Assessment

Student's name: _____ Assessor: _____ Date: _____

Possible behaviour(s)

- 1
- 2

Behaviour	Frequency	Impact on Environment	Effective Strategies/ Controls Needed