



Minimising Self- Harm Policy 2018-2020

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Electronic copies of this plan are available from	Armfield Website
Hard copies of this plan are available from	Armfield Academy
Date of next review	September 1 st 2020 / Change in legislation / Policy
Person responsible for Review	M. Kilmurray/ Gary Fletcher

Introduction

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours, and that this figure is higher amongst specific populations, including young people with special educational needs. Academy staff can play an important role in preventing self-harm and also in supporting students, peers and parents of students currently engaging in self-harm.

Scope

This document describes the academy's approach to self-harm. This policy is intended as guidance for all staff including support staff and governors.

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

Definition of Self-Harm

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 or other parts of the body
- Scouring or scrubbing the body excessively

There is no such thing as 'safe self-harm'.

Risk Factors

The following risk factors (particularly in combination) may make a young person particularly vulnerable to self-harm:

- 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

Warning Signs

Academy 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 and staff observing any of these warning signs should seek further advice from one of the designated members of staff for safeguarding at the academy.

Possible warning signs include:

- Changes in eating/sleeping habits (e.g. a student may appear tired if not sleeping well)
- Increased isolation from friends or family and/or 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 and overall appearance

Staff Roles in working with students who self-harm

Students may choose to confide in a member of academy staff if they are concerned about their 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 and rejection. In order to offer the best possible help to students, it is vital to try and maintain a supportive and open attitude as a student who has chosen to discuss their concerns with a member of academy staff is showing a considerable amount of courage and trust.

Students must be made aware that it is not possible for staff to offer complete confidentiality. If a student is considered at serious risk of harming themselves, then confidentiality cannot be kept. It is critical not to make promises of confidentiality that cannot be kept, even if a student puts pressure on a member of staff to do so.

Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm must consult one of the designated members of staff for safeguarding children (see previous page) and refer in writing to Armfield Academy confidential uk as soon as possible. On receipt of this report, the designated member of staff will decide on appropriate action. Responding to urgent health needs will be the first priority.

Further actions (which are likely to be simultaneous) may include:

- Calling First Aid if a student has self-harmed in (or on the way to) academy
- Securing the immediate safety of the student is paramount and in the case of an acutely distressed student, an adult should remain with the student at all times
- Contacting parents/carers
- Immediately removing the student from lessons to avoid further distress
- Arranging further professional assistance e.g. doctor, nurse, social services, counsellor

- Working with other agencies to support a return to academy following a period of hospitalisation, responding appropriately to medical needs and associated support requirements. This may include a phased return, the formulation of a Healthcare Plan and adjusted timetable arrangements (non-exhaustive list)

Further Considerations

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

- Dates and times
- Details of any action plan created
- Concerns raised
- Details of anyone else who has been informed
- Any other relevant information

This information should be stored in the student's child protection file.

It is important to encourage students to alert staff if one of their friendship groups 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 and being a good friend.

Students should also be made aware that their friend will be treated in a caring and supportive manner. The peer group of a young person who self-harms may value an 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 members of staff for safeguarding children.

When a young person is self-harming, it is important to be vigilant in case close contacts with the individual are also self-harming and to respond accordingly if this is the case.

This policy is adapted from a model policy developed through the Institute of Psychiatry programme designed to help academy staff prevent and support eating disorders and self-harm.

Date: September 2018	Policy/Activity: Minimising Self- Harm Policy	Assessor: GFL
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Number	Protected Characteristics	Any Concerns Arising?	Details of Concerns	Recommendations
1	Disability	✓	Information accessibility	Make a range of accessibility tools available e.g. 'text to audio', large text, etc. as needed.
	Example: physical disabilities, learning difficulties or medical needs	✓	Accessibility	Keep accessibility arrangements under review
	Young carer/carer			
2	Gender	✓		FCAT Gender Policy
	Females/Males			
3	Sexual Orientation			
	Example: Gay, Lesbian			
4	Gender Reassignment			
	Gender Reassignment			
5	Race/Ethnic Group			
	Example: Black, Asian, Chinese, etc.			
6	Pregnancy/Maternity			
	Pregnancy or maternity/paternity			
7	Marriage/Civil Partnership			
	Marriage/Civil Partnership			
8	Religion or Beliefs			
	Example: Jewish, Muslim, Christian etc.			
9	Age			
	Age			

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