Self-Harm & Self Injury Policy

BETHANY SCHOOL

CURTISDEN GREEN

GOUDHURST

KENT

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Revision History

Version	Date Issued	Reason for Issue
1.0	January 2022	New policy
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4.0	January 2025	Review
5.0	October 2026	Review

Self-Harm & Self Injury Policy

Introduction

Self-harm or self-injury is where a person harms or injures themselves on purpose. Self-harm or self-injury is often a way of a young person of coping with what is happening to them or experiences they are having or have had in the past.

Aims

- To provide support to students who self-harm and to reduce this coping mechanism for managing difficult feelings.
- To provide guidance and signposting to parents/carers and peer groups as they support a child/friend who is self-harming
- To provide support and information to staff who knowingly have contact with students who are engaging in self-harm or who are at increased risk of doing so.
- To also ensure that staff have robust guidelines to assist with the safe management of students who are self-harming.
- To create a whole school approach to help to develop self-esteem and emotional literacy to reduce students using self-harm as a strategy for managing difficult feelings.
- To minimise the impact on the school community of students who self-harm.
- To ensure that students are safe whilst studying and living at school.

Definition of Self-Harm

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Self-harm is any behaviour in which a person deliberately causes physical harm to themselves as a way of coping with difficult emotions, distressing thoughts, overwhelming situations, or psychological pain. Self-harm may or may not be associated with suicidal thoughts or intent.

Definition of Self-Injury

Self-injury is a form of self-harm that involves the deliberate damaging of body tissue without suicidal intent. It is often used as a coping mechanism to manage emotional distress, anxiety, anger, trauma, or feelings of numbness.

Examples of Self-Harm and Self-Injury

Examples may include, but are not limited to:

- Cutting, scratching, or carving the skin
- Burning the skin
- Hitting, punching, or bruising oneself
- Biting oneself
- Pulling out hair (trichotillomania)
- Picking at wounds to prevent healing
- Inserting objects into the body
- Deliberately causing fractures or other injuries
- Taking an overdose of medication or ingesting harmful substances
- Engaging in behaviours intended to cause physical harm to oneself
- • Episodes of alcohol/drug abuse or over/undereating at times may be acts of deliberate Self-Harm.

School Policy Statement

The school recognises that self-harm and self-injury are indicators of emotional distress and that pupils who self-harm require a supportive, compassionate, and non-judgemental response. Any concerns regarding self-harm will be treated seriously,

managed in line with safeguarding procedures, and addressed with the aim of promoting the pupil's safety, wellbeing, and access to appropriate support.

Note: Not all self-harm is linked to suicidal intent; however, all incidents of self-harm should be assessed carefully, and appropriate safeguarding measures should be considered.

Self-harm is not necessarily indicative of suicidal intention however it can lead to accidental death and cause permanent health problems or scarring.

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Behavioural Signs and how they can be observed

School staff may become aware of warning signs which indicate a student is self-harming. These warning signs should always be taken seriously and staff observing any of these warning signs should liaise with the Wellness Centre and/or the Pastoral Lead.

Behaviour	How it Can be Observed
Inappropriate clothing for warm weather and/or sleeves over hands, tights in warm weather, long skirts trousers	Staff may observe clothing inappropriate for the weather. Peers and parents guardians may notice clothing choice is covering a lot of the young persons body or not suitable for weather. This could be a gradual or sudden change. Staff may also recognise pupils refusing to change for games or wear appropriate clothing. This may present as refusing to remove jumpers or hoodies.
Unexplained cuts, bruises particularly on wrists, forearms, thighs and chest	The pupil may show their wounds to their peers or a member of staff may see wounds during lessons such as PE. The pupil may also make excuses about would that do not match the wound itself such as; cat scratches when they do not have a pet or bramble scratches when they have not fallen.
Changes in sleeping/eating habits (e.g student may appear overly tired)	Staff may observe this in lessons. Staff on duty during lunch may notice changes in attendance to dining hall or catering staff may notice overeating or changes in eating habits. Parents/guardians may observe pupil awake at unusual times or finding sleep difficult. Boarding parents or housekeepers may notice hoarding of foods particularly unhealthy snacks like sweets. There may also be evidence of unusual disposal of packaging such as in

	communal bins or hidden amongst other rubbish.
Increased social isolation from friends or family	Peers may observe the lack of 'joining in' or presence in social groups or interacting on soical media. Parents/guardians may notice isolation in own room or at home
Changes in activity or mood (e.g. more aggressive or more introvert)	Staff, peers, parents and guardians may notice changes in mood or behaviour, more argumentative, more quiet, more secretive, low in mood, unhappy, sad, aggressive, etc
Lowering in academic achievement	Staff will see this reflected in grades and performance in school life. Level of contribution to lessons may change
Talking or joking about self-harm or suicide or it may be evident in internet searches or posts/algorithms.	Peers may notice the young person drawing attention to social media with self-harm or suicide themes. They may joke about it in conversation or opening discussing it. They may draw on things they have seen or searched for on social media. Staff may overhear conversations in the classroom or playground. Parents/guardians may become aware of a search criterion on the internet which is concerning.
Participating in risky behaviours	Peers may become concerned that young person is taking drugs, abusing alcohol, or participating in risky sexual behaviours. Parents/guardians may witness young person intoxicated or 'high'. They may notice lack of contraception and multiple sexual partners.
Notable changes in appearance	Staff may notice subtle changes in make-up or hair dye, jewellery may also be present. Peers may observe changes in friendship groups and how young person

	dresses outside of school. Parents/guardians may notice changes in appearance; piercings and tatoos may occur (this may just signify a change not necessarily self-harm)

Risk Factors

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

Individual Factors:

- Low self-esteem;
- Anxiety/depression;
- Poor problem-solving/communication skills;
- Recent trauma could be physical, sexual or emotional;
- Drug/alcohol abuse and other risk-taking behaviour;
- Sudden changes in personal academic performance;
- Adverse Childhood events e.g. childhood abuse, domestic violence.

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

Other risk factors:

- inappropriate advice or encouragement from internet websites or chatrooms;
- experimentation, ‘dares’, bravado or ‘copycat behaviour’;
- concerns about unwanted pregnancy (including an attempt to terminate this);
- domestic abuse and/or substance misuse in the home;
- media influence;
- issues surrounding religious or cultural identity.

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Reasons for the self-harm cycle to continue:

Once self-harm, particularly cutting, is established, it may be difficult to stop. Self-harm can have a number of functions and can become an embedded way of coping, for example:

- Reduction in tension (safety valve);
- Distraction from problems;
- Form of escape from life struggles;
- Outlet for anger and rage;
- Opportunity to feel real or feel some feelings;
- Way of punishing self;
- Way of taking control
- To not feel numb;
- To relieve emotional pain through physical pain;
- Care-eliciting behaviour;
- Means of getting identity with a peer group;
- Non-verbal communication (e.g., of abusive situation).

When a pupil inflicts pain upon him 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 the stopping of self-harm difficult. Pupils 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.

Suicidal Ideations

Although self-harm is non-suicidal behaviour and relied on as an attempt to cope and manage, it must be recognised that the emotional distress that leads to self-injury can also lead to suicidal thoughts and actions or accidental death. It is therefore important that all incidents of self-harm are taken seriously and that the underlying issues and emotional distress are thoroughly investigated, and necessary emotional support given in order to minimise any greater risk. Any mention of suicidal intent should always be taken seriously and the Safeguarding and Child Protection Policy should be followed immediately. The biggest priority of staff's response being to ensure the student is placed in a safe environment before all else.

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If a student expresses suicidal ideation either through speaking, internet search engines or online through messaging apps;

- If a student is discovered to be using a search engine, internet search or the school receives an alert via the filtering and monitoring software, the student should be removed from lessons and brought to Wellness Centre for an assessment.
- Staff remain calm and allow the pupil to speak freely and openly without judgement or interruption if a student is speaking to them about their mental health.
- If the student will attend the Wellness Centre then bring them to the Wellness Centre. If the student is not willing to attend then contact the Wellness Centre and see if they can attend to the student
- Nurses at the Wellness Centre to assess the pupil and may complete a well-being score if deemed necessary.
    - Specific risk factors for suicide include:
    - Underlying vulnerability (sexual or physical abuse, sexual orientation, gender identity, neurodiversity);
    - anxiety, substance misuse, social adversity, family history of suicide, mood disorder, previous attempts to take own life;
    - Stress event (trouble in law/school, bullying, bereavement);
    - State of mind including anxiety, dread, hopelessness, anger;
    - Facilitation; does the pupil have a method/plan, access to a weapon, internet searches;
    - Failure to identify safety factors;
- If the pupils is deemed high risk the decision may be taken for them to be sent home ensure they are in safe place and ensure they stay in that safe place until someone can collect them if they are deemed in immediate risk of harm to self or others.
- The Designated Safeguarding Lead (DSL) or Deputy DSL will agree with the duty nurse on arranging a face-to-face meeting prior to collection with pupil if possible or contact with the most suitable adult for overseas boarders. The meeting ensure the pupil and parent/guardian are aware of support lines and apps that may be beneficial until structured support is found/started.
- The meeting should establish where the pupil is most at risk and where a safety plan needs to be put in place. If the safety plan needs to happen at school the

Senior Nurse will create one and share it with the pupil and parent/guardian before the teaching/support staff involved in the plan.

- Ensure the parent/guardian understands the next steps are to get a GP appointment to ensure the pupil is safe. If pupil is an oversees boarder they must be seen by the School GP at Marden Medical Centre and a plan created with the GP.
- Parents/guardians are asked to share the outcome of the meeting with the GP and any subsequent referrals

Strategies in Bethany School for Pupils who Self-Harm

- To ensure all staff members are aware of Bethany's Self-Harm and Self Injury Policy.
- To encourage to be vigilant and, if they have any concerns regarding the possibility of a pupil self-harming they pass their concerns to the Wellness Centre, DSL, Pupil Welfare Officer or deputy DSL. The Wellness Centre will keep a record of pupils who are known to self-harm or if a concern has been raised they will add them to a 'watch' list.
- To foster a balanced, supportive, non-judgemental, helpful, confidential and safe environment in line with the "Positive Mental Health and Well-Being at Bethany School" document.
- To encourage students who have concerns about a friend to voice their concerns to a member of staff and reassure them that their concerns will be taken seriously.
- To ensure students and staff are aware of support that is available within the school by use of displays, school literature and PSHCE education
- All staff having an important role to play, including observations of students and raising concerns
- To make all students, staff families aware of the support that is available externally including school counsellor and apps and helplines available. This information can be obtained via the Wellness Centre

The school recognises that:

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- Every class of pupils is likely to contain individuals who will self-harm at some point. It can be isolating and sometimes disturbing to others especially parents/guardians;
- Self-harm is not attention seeking. Most self-harm is often done in secret;
- Self-harming can be habit forming and some people believe they can become physically addicted to it;
- GP assessment and monitoring of the support plan is an integral part of supporting the student who is self-harming;
- The reaction that a student receives when they disclose their self-harm has a major impact on whether they go to get help and recover;
- For many pupils stopping or reducing self-harm is a long and slow process. The pupil needs the opportunity to build up the coping skills gradually. The school understands that the support offered needs to focus on the underlying individual needs and not just the behaviour;
- All matters of self-harm are considered a Child Protection Issue.

Procedure to follow where there is suspicion of Self-harm or self-injury

Where there are concerns that a pupil is self-harming, the response of that member of staff should be calm, measured and reassuring. The pupil needs to understand the school is there to support them and help them in any way they can. Acknowledge the courage it has taken to make the disclosure but explain the limits of your confidentiality. Explain the importance as to why this information needs to be shared.

The concern should then be discussed with the designated safeguarding lead, deputy safeguarding lead or the Senior Nurse at the Wellness Centre and a Green safeguarding form completed.

It is important that the Senior Nurse at the Wellness Centre has all the information they need including the disclosure and all factors surrounding it. An assessment of the student will take place and a well-being score completed if one has not been done already and deemed appropriate. The assessment will determine the extent of how the self-harm is affecting the pupil and explain what the next steps are and how the school can support them. If the disclosure is very minor i.e. no visible marks and no repetitive behaviour it may be that after a discussion with the DSL the decision is made to monitor the pupil regularly for a specified amount of time.

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There will be a self-harm register kept at the Wellness Centre including those pupils who are being monitored for self-harm behaviours as they are deemed at risk.

Required Response by the DSl, Deputy DSL, Senior Nurse or Pupil Welfare Officer at the Wellness Centre

pupil will be given 24 hrs to discuss the disclosure with their parent/guardian. Unless it is decided that informing the parents/guardians will put the pupil at greater risk (see child protection policy). This needs to be clearly documented on the assessment and documentation generated from meetings with the pupil.

The Senior Nurse on duty, DSL, deputy DSL or pupil welfare officer will organise a face-to-face meeting or telephone consultation, (whichever is deemed most appropriate) with the parents/guardians of the pupil (as long as it is safe to do so) to discuss next steps and an action plan and how to access support through the school and outside agencies. Support strategies will be discussed and documented in the Support/Safety plan/Individual Healthcare Plan. This could include;

- Distraction Techniques
- School/Private Counsellor
- Utilising helplines
- Utilising Phone Apps like Calm Harm or meditation apps
- Identifying supportive Staff or Staff the pupil has a good rapport with

The pupil must be assessed by the GP as soon as possible. This may generate a referral to the Child and Adolescent Mental Health Team depending on the severity of the self-harm. If necessary, the Senior Nurse will liaise with the GP and any other service involvement. A support/safety plan or IHCP will be completed by the Senior Nurse at the Wellness Centre. If other levels of support are deemed necessary information can be found on Kent support level guidance - Kent Safeguarding Children Multi-Agency Partnership (kscmp.org.uk). This may also include the school counsellor/Psychotherapist or private counselling psychotherapy. Any pupil who is believed to have self-harmed or be 'at risk' of self-harm will be encouraged to have counselling/psychotherapy.

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In the Boarding community if a boarder is highlighted or discloses they are self-harming this must be discussed with the parent/guardian as a priority unless it would put the pupil at greater risk to do so. The boarder must have an assessment by their registered GP and if they are an oversees boarder by the GP surgery used by Bethany School. It is the responsibility of the DSL, Head of boarding and Senior Nurse collectively to make a decision as to whether or not their needs can be met within boarding. If there is a disagreement the DSL in conjunction with the Headmaster will make the overriding decision. Relevant staff will be made aware and may become part of the support plan.

If the pupil refuses to see the GP or engage with support services then the DSL and the school nurse will have a consultation with the Headmaster, to decide upon a course of action which might in, extreme situations, include pupils being asked to not attend school.

The Senior Nurse, DSL, Deputy DSL or Pupil Welfare Officer will liaise with parents and senior staff and keep them informed of any concerns. This should ideally be done with the pupil's full consent and understanding.

The situation will be monitored regularly by the Wellness Centre with meetings with the pupil depending on the assessment of need.

Responsibility of the Pupil Where a Disclosure of Self-harm has been made

- Maintain dialogue with the Wellness Centre and staff members to ensure they are getting the help and support they need.
- Wounds must be clean, well dressed, monitored and any self-inflicted wound must be kept covered.
- Pupils must never photograph or share images or information of their self-harm/injury. If this situation is occurring and affecting others the pupil will be held accountable under the behaviour policy with a discussion from the DSL, Senior Nurse and parents/guardians.
- Pupils are expected to engage with the support services offered to them. If these are not successful or the pupil feels they are not beneficial or not working then they should discuss this with their parents/guardian, DSL, Senior Nurse or GP.

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Parents/Guardians are expected to support the school in its response to self-harm/injury and work in partnership with the school to support the pupil. Parents/Guardians will be asked to collect pupils who are deemed to be at risk of harming themselves in school, or if another situation around their self-harm/injury occurs and it is felt they are a risk to themselves or others if they remain in school.

Parents/carers must understand that if the school's policy is not upheld then the school have the right to remove the student on the grounds of the protection and best interests of their child's fellow pupils.

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Helplines and Support

Young Minds – Self-Harm information and support

Harmless

National Service for People who Self-Harm

Shout – Support for people under 25

https://giveusashout.org/

Childline 9am-12 midnight 0800 1111

Under 19 can call and speak with a counsellor 365 days a year

Sift – Understanding self-harm together

https://sift.org.uk/get-information/for-people-who-self-harm/

Spurgeons- self-harm safety plan

https://spurgeons.org/resources-and-courses/resources/mental-health-resources/self-harm-safety-plan/

The Mix

Offers support to anyone under 25 about anything that's troubling them.

Email support available via their online contact form.

Free 1-2-1 webchat service available.

Free short-term counselling service available.

Opening times:

4pm - 11pm, seven days a week

0808 808 4994

https://www.selfharm.co.uk

Online support for 14-19 year olds

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Samaritans

116 123 Someone is available to talk anytime, any day.

Calm Harm App

Home - Kooth

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The current master version is in the Staff Team under School Policies.