



Stanchester

Academy

Self-Injury Policy 2022-23

Signature:

A handwritten signature in black ink, appearing to read 'Gregg Mockridge', written over a light blue horizontal line.

Gregg Mockridge
Head teacher

Approval Date: 7th July 2022

Review Date:

Self-injury Policy and Procedures

This policy applies to all children and staff of Stanchester Academy.

This document describes the school's approach to self-injury. This policy and procedure is intended as guidance for all staff, governors and volunteers. It should be read in conjunction with the Safeguarding and Child Protection policy and Medical Policy.

Aim

The overall aim is to ensure that staff are able to recognise and act swiftly and appropriately to all cases of self-injury.

Objectives

- To increase understanding and awareness of self-injury
- To alert staff to warning signs and risk factors
- To provide support to staff dealing with students who self-injure
- To provide support to the pupils

Defining self-injury and suicide

Self-injury is a broad term that can be used to describe the various things that young people do to hurt themselves physically. It includes:

- Cutting or scratching the skin
- Burning/branding with cigarettes/lighters
- Scalding
- Overdose of tablets or other toxins
- Tying ligatures around the neck
- Punching oneself or other surfaces
- Banging limbs/head and hair pulling

Self-injury is understood as physical injury inflicted as a means to manage an extreme emotional state. The terms 'suicide' and 'suicidal behaviour' mean a deliberate act that is intended to end one's life.

Why do children and young people self-injure?

Each individual's relationship with self-injury is complex and will differ, therefore avoid making judgments or assumptions about motivation to self-injury.

However self-injury is often primarily a **coping strategy** which can serve various functions including:

Dealing with distressing experiences and difficult emotions: children and young people may resort to self-injury at times when they feel overwhelmed, exposed, anxious, stressed, angry or unable to cope. Self-injury can lead to feelings of relief, calmness and of being in control.

- **To feel real:** some children and young people also self-injury to deal with feeling unreal, numb, isolated, disconnected. Self-injury in these circumstances can awaken the young person and lead to feeling more real, more alive, functioning and able to cope in the short term.
- **Enlist help or concern:** for some young people self-injury is a way of expressing their distress non-verbally, often in the absence of the ability (for whatever reason) to articulate this verbally. Self-injury should not be dismissed as ‘attention –seeking’ behaviour, however superficial it appears. It is almost always a sign that something is wrong and needs to be taken seriously.
- **Keeping people away:** some children and young people self-injury with the intention of making themselves unattractive to others or to keep people at bay.
- **Physical pain:** some children and young people self-injury because physical pain seems more real and therefore easier to deal with than emotional pain. Young people may feel that their injuries are evidence that their emotional pain is valid. For some the sight of blood and bleeding represents a release of emotions.

Academy staff may become aware of warning signs which indicate a child or young person is experiencing difficulties that may lead to thoughts of self-injury or suicide. These warning signs should **always** be taken seriously and staff observing any of these warning signs should seek further advice from the designated safeguarding lead or the deputy safeguarding lead or school counsellor or senior leadership team

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating /sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-injury or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE, swimming or other outside activities
- Lateness to or absence from school

Initial response

Children and young people report that telling someone about self-injury or suicidal feelings can initially make their situation worse. It may set off a chain of events that the child or young person had not anticipated leading to more worry and distress.

Young people often worry about the reaction they will get from a professional and the effect it will have on relationships with family and friends. This can prevent those seeking help.

It can take a lot of courage to make a disclosure of self-injury or thoughts of suicide to an adult. Regardless of how you feel about what you have been told by the young person, they may have chosen you because they trust you. This could be the first time they have told anyone so your reaction is very important.

Helpful tips when considering your response to a disclosure of self-injury:

- Be clear about the limits of confidentiality from the start. Remember you cannot keep it secret if they are at risk of harm or anyone else is at risk of harm.
- Acknowledge their distress and show concern e.g. “that sounds very frightening. Let’s see what we can work out together to help”
- Use **active listening**. For example; “Can I just check that I have understood what you mean?”
- Do not focus solely on the self-injury but try to understand the reasons why they have self-injury
- Be non-judgemental and do not react with shock or distaste
- Present yourself as confident and in control (however you may feel inside) for example: “Let’s work through this together to find a way forward.
- Talk at their pace and give them time to talk.
- Don’t make promises. Be realistic about what you can and can’t do. However, don’t avoid talking about self-injury with the child. Talking about it won’t make matters worse but ignoring it may make the young person feel alone and unheard.
- Be interested in them as a person and not just as someone who has a self-injury
- Do not tell them to stop or make ultimatums. This will not work.
- Ask the young person what they want to do and plan the next steps together e.g. complete a support action plan.

Looking after yourself

If someone confide in you about a concern for their own welfare, or that of a peer, you may experience a range of feelings in response to self-injury in a young person such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to children and young people it is important to try and maintain a supportive and open attitude – a child who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.

Confidentiality

Children and young people need to be made aware that it may not be 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 child puts pressure on you to do so.

Any member of staff who is aware of a child or young person engaging in or suspected to be at risk of engaging in self-injury should consult one of the safeguarding team. You will need to record on MyConcern or complete a cause for concern form detailing your concern and any actions taken.

In discussion with the safeguarding team will decide on the appropriate course of action.

This may include:

- Completing a flow chart
- Completing a coping and safety plan
- Issuing supportive literature to the young person and their family
- Contacting parents/carers unless clear reason not to
- Arranging for professional assistance e.g. doctor, school nurse, social services
- Arranging an appointment with the school counsellor
- Immediately removing the child from lessons if their remaining in class is like to cause further distress to themselves or their peers
- In the case of an acutely distressed child, the immediate safety of the child is paramount and an adult should remain with the child at all times
- If a child or young person has a self-injury in school, a first aider should be called for immediate help to assess the injury.
- If the self-injury is serious and needs emergency care, an ambulance should be called

Further considerations

Any meetings with a child or young person, their parents/carers or their peers regarding self-injury should be recorded on MyConcern or in writing including:

- Dates and times
- A support action plan. Please see example and supporting notes.
- Concerns raised
- Details of anyone else who has been informed

This information should be filed in the child's safeguarding file in the safeguarding office.

It is important to encourage children or young people to let you know if one of their group is in trouble, upset or showing signs of engaging in self-injury. Friends can worry about betraying confidences so they need to know that self-injury can be very dangerous and that by seeking help and advice for a friend they are taking responsible action and being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner.

When a young person is engaging in self-injury it is important to be vigilant in case close contacts with the individual are also engaging in self-injury. Also the peer group of a young person who engages in self-injury may value the opportunity to talk with a member of staff either individually or in a small group.

Further information available:

www.somersethealthinschools.co.uk

www.youngminds.org.uk

www.selfharm.co.uk

www.papyrus-uk.org

Appendix A: Coping and Safety Plan

My warning signs (*warning signs are changes in thoughts, feelings, moods, behaviour or physical symptoms. Knowing your warning signs can help you take action early*)

My warning signs:

My moments of calm (*when you're having thoughts or feelings that overwhelm you, it's easy to get caught up in the pain you're feeling and forget the positives in your life*)

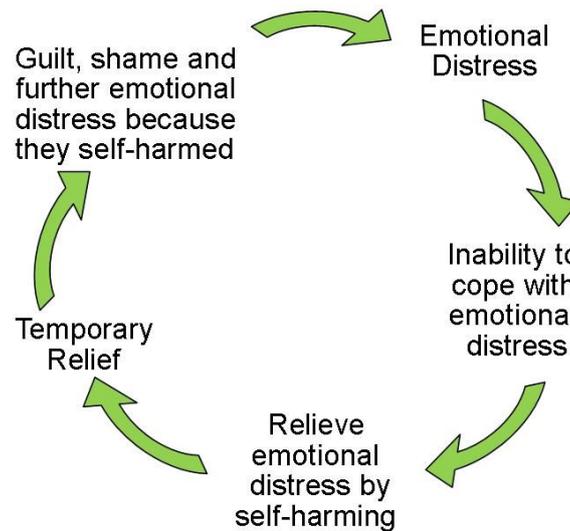
Make my environment safe (*having a safe place is important, this includes making the environment around you safer or taking yourself out of unsafe situations or stressful situations*)

Friends and family I can talk to (*write down the names and contact phone numbers of people you feel really safe with – the people you go to when things are tough. If you don't feel you can talk to friends or family about your feelings, you might find it helpful to speak with:*

- Child line
- NSPCC
- Kooth
- Samaritans

My supporters:

Appendix B: Cycle of Self-injury



RECOGNISE > RESPOND > REACT > FOLLOW UP

S - Sit attentively at an angle

It is important to sit attentively at an angle to the person who uses the service. This means that you can look at the person directly and shows that you are listening to the person seated beside you and that you are conveying interest.

O - Open posture

It is important for a practitioner to have an open posture. This means not sitting or standing with your arms folded across your chest as this can sometimes signal that you are defensive or that you are anxious. If a practitioner has an open posture the person may be more inclined to elaborate on their concerns.

L - Leaning forward

It important that practitioners lean forward towards the person using the service. This shows that you are interested in what the person is talking about. It is also possible that the person may be talking about personal issues and so may speak in a lower or quieter tone of voice. In addition you may want to convey a message in a lower or quieter tone of voice if you are seated in a public environment.

E - Eye contact

Eye contact is important as this demonstrates that practitioners are interested and focused on the message that the person using the service is conveying. You can also develop a sense of the person’s emotional state by making eye contact, therefore, enabling you to judge the extent to which the person may be experiencing difficulty.

R - Relaxed body language

It is important to have a relaxed body language as this conveys to the person using the service that you are not in a rush. This will enable the person to develop their responses to questions in their own time.

RECOGNISE > RESPOND > REACT > FOLLOW UP

RECOGNISE

Discovered or informed or disclosure of a young person who is engaging in self-injury



RESPOND

Follow guidance above: cycle of self-injury and SOLER



Explain limits of confidentiality. Listen without judging. Establish risk factors, frequency, methods and intention if possible. Do not ask to see the self-injury but ask if they feel they need urgent medical attention.



REACT

Accurately record young person's voice

Explain your next steps > let them know what you're going to do, tell them you need to get advice. Thank them for sharing to alleviate guilt or shame. Reassure them. Ask them where they would like to go e.g. back to lesson, quiet space (make sure adult present) if end of school day, do not let them leave until flow chart completed.

Speak with member of safeguarding team

You will be asked to record on MyConcern or complete cause for concern form. You may be asked to call home and speak to parent/carer.



FOLLOW UP

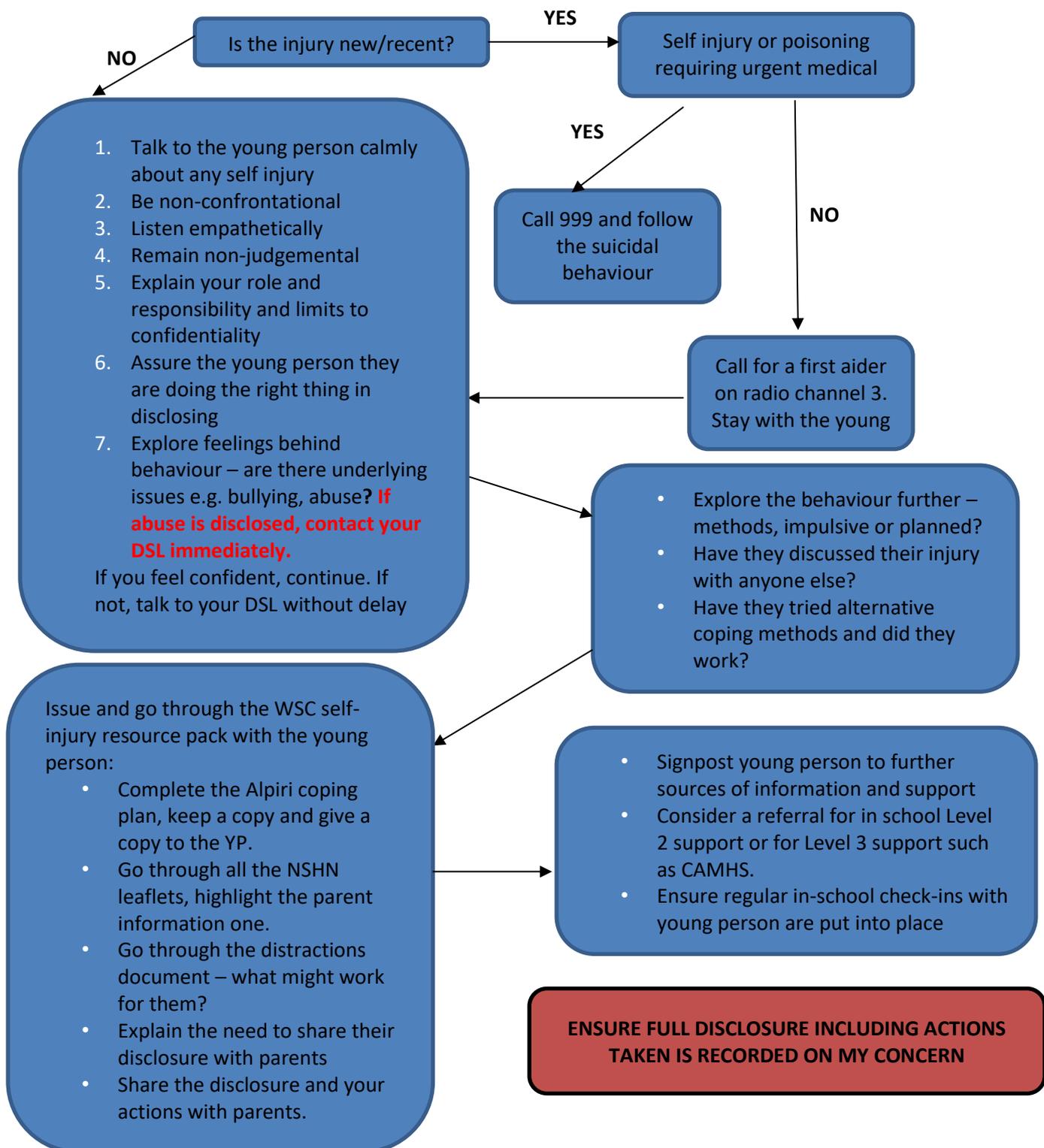
- *Complete advice given by safeguarding team*
- *May be asked to make contact with the young person*
- *May be asked to pass on alternative strategies to the young person*
- *May be asked to complete Coping and Safety Plan with young person*

Guidance to safeguarding team: If member of staff/volunteer shares self-injury concern:

- Read the concern or disclosure
- Ask the member of staff/volunteer how they are feeling?
- Ask the member of staff how the young person presented to them.
- Depending on their reply, how the young person does the self-injury, any underlying problems or any know history will determine next steps.
- Ask the member of staff to record on MyConcern. Tell them you will speak to them again when you've spoken with another member of safeguarding team.
- You strategize with another safeguarding team member
- Determine next steps: *may include asking staff member to call home and speak with parents/carer – someone must call home to inform parent/carer – this must be done **within 2 hours of the disclosure/concern raised, advise to seek medical advice from GP, if during afternoon session – action immediately. If unable to speak with parent/carer, call second contact on SIMs, young person not to leave site until appropriate adult has been informed. Consider if the adult should collect young person from school.***
- Record updates, include decision making and rationale.
- Follow up – check in parents/carer, young person or if appropriate ask the reporting member of staff to complete.
- Record all information on MyConcern.

Appendix C: Support Flowchart- Self Injury

Following a disclosure of self-injury, you should remain calm and non judgemental. Find a quiet, safe place to talk to the young person and give them your full attention.





Distractions that can help...

DISPLACEMENT

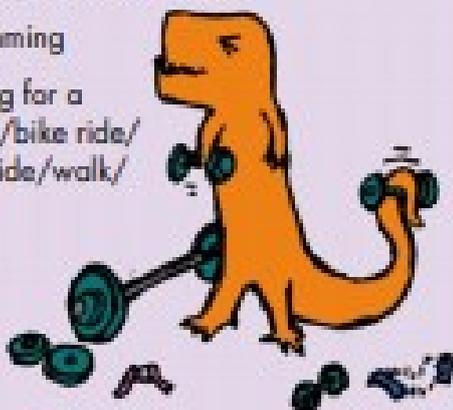
1. Drawing on yourself in red marker
2. Snapping an elastic band on your wrist
3. Putting on fake or henna tattoos and then peeling them off
4. Putting plasters or bandages on where you want to self-harm
5. Mix warm water and food colouring and put it on your skin
6. Make ice cubes with added red food colouring and rub them on where you want to self-harm
7. Squeezing ice cubes
8. Chewing leather
9. Use stage makeup to create fake injuries
10. Use skin coloured plasticine, smear it on your skin, cut into the plasticine (carefully) pour fake blood or food colouring into the fake cut.
11. Draw yourself or around your arm on a piece of paper, draw the harm you are imagining then destroy the picture
12. Take a photo of yourself when you are feeling upset, write all over it how you are feeling then destroy the picture.
13. Take a hot shower and use a good exfoliating body wash and a sponge or glove and scrub!
14. Draw over all your old scars, which will provide a repetitive action and hopefully will relieve urges.
15. Bite into a chilli

REINFORCING

1. Thinking about not wanting scars in the summer
2. Thinking about not wanting to go into hospital
3. Set yourself a target e.g. 10 minutes and promise yourself not to harm in this time, once you get to the 10 minute point, set a new target of 15 minutes and continue
4. Use a glowstick, when you feel the urge to harm, snap the glowstick to start it glowing tell yourself that you can't harm until it stops glowing. The glow will last for a few hours by which time your urges will hopefully have passed

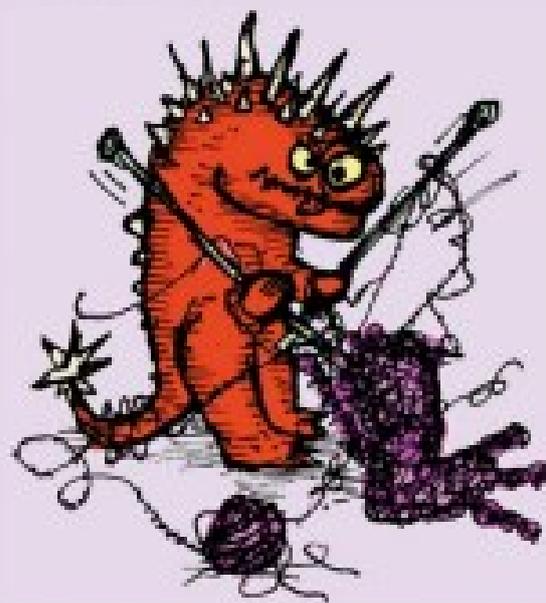
PHYSICAL

1. Exercise - Sit ups etc.
2. Going to the gym
3. Punching a punch bag
4. Having a pillow fight with the wall
5. Shouting and screaming
6. Ripping up paper into small pieces
7. Popping bubble wrap
8. Popping balloons
9. Playing with a stress ball
10. Plucking your eyebrows
11. Taking your anger out on a soft toy
12. Throwing socks against the wall
13. Dancing
14. Stamping your feet (with boots on)
15. Playing catch with a ball
16. Swimming
17. Going for a drive/bike ride/
bus ride/walk/
run



CREATIVE

1. Writing poetry, journals, letters, stories etc.
2. Doodling or scribbling on paper
3. Playing a musical instrument
4. Singing
5. Knitting
6. Sewing
7. Crocheting
8. Drawing or painting
9. Origami
10. Memorising poetry or song lyrics
11. Making a mix tape, compilation of your favourite music



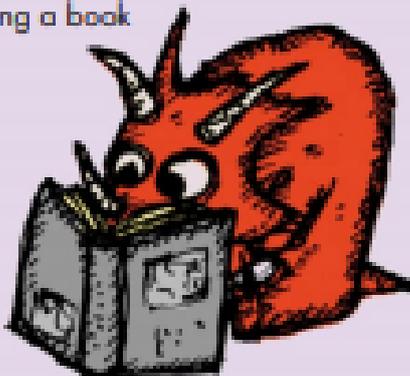
COMFORTING

1. Cuddling a soft toy/pillow
2. Allowing yourself to cry
3. Sleeping
4. Taking a shower or bath
5. Playing with a pet
6. Drinking hot chocolate
7. Wearing your pyjamas and watching daytime TV
8. Having a massage or massaging your own hands and feet



CONSTRUCTIVE

1. Doing school work, homework, paperwork
2. Writing a to do list
3. Untangling necklaces, string, wool
4. Organising your room, clothes photographs
5. Cleaning
6. Organising CD's, DVD's and books in genres, alphabetical and/or chronological order
7. Reading a book
8. Cooking, bake a cake or make cookies, meal
9. Calling a helpline, Samaritans, child line etc
10. Polishing furniture, jewellery
11. Posting on web forums/reply to posts
12. Writing a list of positive things in your life
13. Shredding
14. Dying hair
15. Painting your nails
16. Putting on false nails
17. Putting on fake tan
18. Stamping on cans for recycling (with sturdy shoes on)
19. Gardening



FUN

1. Watching your favourite TV show
2. Going to see a film, watching a DVD
3. Surf the internet
4. Listen to music, download new music
5. Dressing up, glamorous or silly
6. Using make up or face paints
7. Finger painting
8. Colouring in
9. Playing with play dough or modelling clay
10. Pop balloons
11. Jumping in puddles
12. Hunting for things on EBay
13. Planning an imaginary party
14. Looking for your perfect house in the paper
15. Write down your full name then make as many words out of it as possible
16. Counting anything, patterns on wallpaper, bricks on a wall, ceiling tiles
17. Playing computer games
18. Colouring or scribble over pretty women in magazines or cutting up magazines
19. Building things from Lego then destroy them and rebuild
20. Going to the zoo and renaming all the animals
21. Playing with a distraction toy such as a bedlam cube, geomag, or a tangle
22. Doing crosswords, word searches, suduko etc.
23. Naming all your soft toys
24. Play with a slinky
25. Going shopping to treat yourself



DISTRACTIONS WITH OTHERS

1. Generally being with other people
2. Phoning a friend
3. Helping someone else
4. Going to a public place
5. Visiting a friends
6. Hugs
7. Talking about your problems with someone close to you that knows what you are going through



INSPIRING

1. Looking up into the sky, cloud watching or star gazing
2. Watching a candle burning
3. Meditating
4. Picking an object a shell or rock for example and focusing on it very closely
5. Look at works of art
6. Watch fish, birds or butterflies
7. Yoga/Tai chi

