

Students who self-harm: Guidance for Schools

Approved by RET Board

Approved on August 2024

RET contact Safeguarding Lead

Revision due Every 2 years



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Staff should always read the Safeguarding and Child Protection Policy and Procedure on their school website in conjunction with this guidance.

1. Introduction

- a. Research indicates that up to one in ten young people in the UK engage in self-harming behaviour (Samaritans) and the ratio is 3:1 girls to boys. The Mental Health Foundation/ Camelot Foundation (2006) suggest that there are “probably two young people in every secondary classroom who have self-harmed at some time”. (The Truth about Self-harm, London MHF/CF). The Charity Young Minds suggests that ‘In 2018-19, 24% of 17-year-olds reported having self-harmed in the previous year, and seven per cent reported having self-harmed with suicidal intent at some point in their lives.’
- b. Self-harm is an emotive and challenging issue for all concerned. Self-harm can affect people from all family backgrounds, religions and cultures. School staff can play an important role in preventing self-harm and also in supporting students who are engaging in self-harm behaviours, their peers and parents.
- c. Self-harm can be a short term behaviour that is triggered by particular stresses and resolves fairly quickly or it may be part of a long term pattern of behaviours that are associated with more serious emotional/mental health issues.
- d. School staff should be aware that where there are multiple underlying risk factors the likelihood of further self-harm is greater.

2. Definition of Self-Harm

- a. Self-harm is any deliberate behaviour where the intent is to deliberately cause harm to one’s own body.
- b. People self-harm to cope with emotional distress and anxiety or to communicate that they are distressed. There are multiple factors that can motivate someone to self-harm including intolerable emotional pain, a desire to escape an unbearable situation, to reduce tension, to express hostility, to induce guilt or in some cases to increase caring attention from others.
- c. Some people who self-harm can have a strong desire to take their own lives.

3. Examples of Self-Harm Behaviours

There are many types of self-harm or self-injury these can include:

- Hair pulling (this can include eyelashes and eyebrows).
- Cutting, scratching, biting, scraping or picking skin.
- Swallowing hazardous materials or substances or inedible objects.
- Burning or scalding.
- Banging or hitting the head or other parts of the body.
- Scouring or scrubbing the body excessively.
- Punching, hitting, bruising.
- Risk taking behaviour e.g. unsafe sexual behaviour, substance misuse, running in front of moving vehicles.
- Taking an overdose of prescription or non-prescription drugs or under medicating, particularly in relation to prescribed medications e.g. misuse of insulin.
- Episodes of Alcohol/drug abuse or over/under eating at times may also be a deliberate act of self-harm

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4. Suicide

- a. People who self-harm are at increased risk of future suicide. Death may occur as the result of an accident or miscalculation of the risks of the self-harming behaviour. In some cases it can be intentional.

5. Risk Factors

- a. Children and young people often can't explain why they self-harm. However, the following risk factors, particularly in combination, may make children and young people vulnerable to self-harm:
 1. Individual factors:
 - Depression/anxiety
 - Poor communication skills
 - Low self-esteem
 - Poor problem-solving skills
 - Hopelessness
 - Impulsivity
 - Drug or alcohol abuse.
 - Neurodiversity and sensory over/underload
 2. Family factors:
 - Unreasonable expectations
 - Neglect or abuse (physical, sexual or emotional)
 - Poor parental relationships and arguments
 - Depression, deliberate self-harm or suicide in the family.
 3. Social Factors:
 - Difficulty in making relationships/loneliness
 - Persistent bullying or peer rejection
 - Easy availability of drugs, medication or other methods of self-harm.
- b. A number of factors may trigger the self-harm incident, including:
 - Family relationship difficulties (the most common trigger for children and younger adolescents)
 - Difficulties with peer relationships, e.g. break-up of relationship (the most common trigger for older adolescents)
 - Bullying
 - Significant trauma, e.g. bereavement, abuse
 - Self-harm behaviour in other students (contagion effect)
 - Self-harm portrayed or reported in the media
 - Difficult times of the year, e.g. anniversaries
 - Trouble in school or with the police
 - Feeling under pressure from families, school or peers to conform/achieve
 - Exam pressure
 - Times of change, e.g. parental separation/ divorce.
 - Undiagnosed or diagnosed sensory needs

6. Warning Signs

- a. School staff are often in the best position to witness the warning signs which may indicate a student is experiencing difficulties that could lead to thoughts of self-harm or suicide. If staff are able to identify

the warning signs, they can also play a key part in helping the student to begin the process of breaking the cycle of self-harm.

b. Possible warning signs include:

- Increased isolation from friends or family, becoming socially withdrawn.
- Lowering of academic achievement.
- Changes in appearance, wearing different clothing, changing image e.g. becoming a 'goth' or 'emo'. This is not to say that all young people who are 'goths' or 'emos' will self-harm, but it can be an aspect of this trend.
- Accessing information on-line relating to self-harm including social media, forums and YouTube.
- Reluctance to take part in activities when arms/legs would be visible. This can include PE lessons or not removing clothing in hot conditions.
- Changes in eating/sleeping habits (e.g. young person may appear overtly tired if not sleeping well)
- Changes in activity and mood, e.g. more aggressive or introverted than usual.
- Talking or joking about self-harm or suicide.
- Abusing drugs or alcohol.
- Expressing feelings of failure, uselessness or loss of hope.
- Displaying evidence of self-harm, e.g. cuts to forearms or head banging.
- Taking items that could be used for self-harm e.g. scissors, sharpeners

7. The Cycle of Self-Harm

- a. If a person inflicts pain on themselves, their body produces endorphins. These are natural pain relievers and can give temporary relief from distress and induce a feeling of peace. This can become an addictive sensation which in turn makes it difficult for the person to stop the self-harm behaviours.
- b. Self-harming can cause physical pain, but the person may report that this is easier to manage than the emotional pain which led to the self-harm in the first instance. The cycle also results in the person feeling a sense of shame or guilt.
- c. Within the school setting safeguarding staff can encourage a student who is self-harming to replace the self-harm behaviours with safer/coping activities.

8. Management of the Contagion Effect

- a. Staff who have been made aware that a student is self-harming must remain vigilant in case their peers are also self-harming. Self-harm can become an acceptable way of dealing with stress and anxiety within a friendship group and can enable students to have a sense of identity.
- b. Each individual student may have different reasons for self-harming and should be given the opportunity for one-to-one support. It is not appropriate for the school to offer regular group support. However, the Safeguarding Team in discussion with other professionals, e.g. CAMHs, School Health Nurse and parents/carers, may feel that open discussions with the friendship/peer group about self-harm may be helpful in some instances. We need to be aware that young people often communicate to one another through social media.

9. When A Student Makes a Disclosure of Self-Harm (whether they are known self-harmers or not)

- a. Students may choose to confide in a member of school staff if they are concerned about their own health and wellbeing, or that of a peer.
- b. If a student approaches a member of staff, they should listen to them in a non-judgemental way.

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- c. Maintain a supportive and open attitude, a student who has chosen to discuss their concerns with a member of staff is showing a considerable amount of courage and trust.
- d. The student needs to be made aware that it will not be possible for the member of staff to offer complete confidentiality.
- e. The information will need to be shared on a need-to-know basis. Staff may be concerned that this will prevent the student from continuing to share their concerns, but it is vitally important for them to know what will happen to any information they do share.
- f. With regards to any incidents of self-harm one of the initial judgements made by the member of staff who the student has approached must be whether the student requires first aid treatment. If this is the case see: Management of First Aid.
- g. If first aid is not required, the member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should speak to the Designated Safeguarding Lead immediately and *importantly before the student leaves the school site*.
- h. If first aid is required the action above should be taken once a child has been safely escorted to the school medical officer.

10. The DSL, DDSL or Safeguarding Manager's Action

- a. The DSL, DDSL or Safeguarding Manager must see the student immediately to sensitively ascertain whether the student has any kind of sharp in their possession.
- b. If so, this must be safely removed, photographed and disposed of by either the DSL, the DDSL OR a member of the Leadership Team.
- c. Sharps should not be confiscated by anyone else unless the Headteacher has given express permission and the staff member understands how to record and dispose of the sharps safely. This is because sharps that have been used to self-harm will have potentially been contaminated. If a staff member has open cuts or does not understand how to handle sharps they are at risk of harm.
- d. Sharps may include: razor blades, pen knives, glass shards, broken sharpeners, bent paperclips (non-exhaustive list).
- e. All sharps incidents should be reported immediately to the DSL and the Headteacher. It may be that immediate action needs to be taken regarding consequences for putting others at risk on site. Headteachers/DSLs should take advice from the RET Safeguarding Team.
- f. The DSL/DDSL should ensure that parents are contacted and invited in to discuss the issue sensitively. They should be informed that the school has a legal duty of care to students and that it must inform support services. These may be Early Help or MASH dependent particularly if this is the first instance or a serious instance of self-harm.
- g. The DSL/DDSL should then do one or more of the following:
 - an Early Help referral
 - a MASH referral
 - a CAMHS or external mental health team referral
 - Inform a professional (e.g. CAMHS) working with a known self-harmer of the repeat incidence and the circumstances surrounding it.
- h. In circumstances where it is felt that the Local Authority are not taking adequate action to improve the situation for a child, it may be necessary to do repeat referrals

11. Record Keeping

- a. Any member of staff who has witnessed or been made aware of self-harm must write up what has been said and document any wounds seen and either upload to CPOMs within 24 hours or email to the DSL/DDSL to upload within 24 hours.
- b. It is crucial that Safeguarding staff note details of disclosures, associated telephone calls, conversations with staff and parents and referrals made/responses received on the CPOMs file.

12. Case Management

- a. The DSL/DDSL needs to ensure that a student who has experienced self-harm is sensitively supported over the long term. This may include:
 - Organising frequent 'check-ins' which give the student opportunity to talk through difficulties.
 - Making key pastoral staff aware of the issues and giving them advice regarding how to be vigilant but sensitive.
 - Key staff keeping in close contact with parents/carers and supporting professionals, e.g. CAMHs.
 - Bag/possession checks agreed with parents and the student (dependent upon whether this is appropriate).
 - A risk assessment and contract for the student and parents/carers to sign to say that they understand that to bring sharps on site is strictly forbidden and will result in consequences as it puts other staff and students at risk of harm.
 - Organising for the student to have counselling on site from a third-party qualified provider.
 - Calendared 'reviews'.

13. Management of First Aid

- a. If the student requires first aid, they must be seen immediately, support should be requested from the Medical Officer or qualified First Aider. They will assess any injuries and provide appropriate treatment if the injuries are minor. In the case of an acutely distressed student, their immediate safety is paramount and a member of staff should remain with them at all times. It may be necessary to fetch the DSL/DDSL who might ask for parents/carers to be called in to take the child for medical or mental health provision immediately.
- b. In the case of a serious injury or possible drugs overdose the student must be sent to hospital via ambulance and parents informed immediately.
- c. Any such first aid or intervention must be recorded on CPOMs as soon as possible.

14. Parent/Carer Contact and Child Protection

- a. Parents should virtually always be informed of self-harm events in children aged 11-18. They have a legal right to information about their child.
- b. Parental ignorance of such events leads to mistrust and the breakdown of relationships between child, home and school.
- c. Very often, a child is embarrassed by what they have done and does not want their parent/carer to know because it will upset the parent/carer.
- d. This is NOT a reason not to speak to parents. Instead talk to a child about how important it is for them to have support. Tell them that they can decide whether school staff or they tell the parent either over the phone or in person (either must take place at school and checks must be in place to ensure the parent/carer does know).
- e. If a child becomes extremely agitated by this and you believe this may lead to further self-harm, telephone the MASH to seek their advice – get this advice emailed to you and upload it to CPOMs.
- f. Remember that you are the adult and they are the child and whilst you will always try to follow their wishes, it is only in a situation where school staff believe that informing parents may place the student at further risk of harm where parents/carers would not be spoken to.
- g. When you inform a parent/carer that a child has self-harmed, it is always better to do so in person if at all possible. Do not tell them this with a sibling or another child present. Such a message should be delivered sensitively in a quiet private space.

- h. If the DSL/DDSL does suspect that talking to parents/carers would put the child at further risk, the MASH should be telephoned immediately and this should be followed up with a written referral before the child leaves school that day. Advice should be sought from the MASH as to whether the child should be sent home and whether parents should be contacted. It is always prudent to ask MASH to follow this up with an email confirming instructions which should be uploaded to the child's CPOMs account.

15. Removal and Disposal of Sharps and Managing Difficult Situations

- a. Sharps should only be removed from students by members of Leadership or DSL/DDSL/Safeguarding Managers.
- b. Leadership members/DSLs, DDSL and Safeguarding Managers have a legal right to search a student's possessions if they suspect that the student has something that may harm themselves or others.
- c. Where possible, another adult should be in the room.
- d. Where possible, the staff searching should always be the same sex as the student.
- e. Where possible, the student should be asked to place a sharp on a table or desk.
- f. Consideration should be given to whether the student needs a responsible person present.
- g. If a bag search is necessary, always ask the student whether all parts of the bag are safe to search.
- h. Try to turn bags and pockets inside out rather than putting your hand into a space.
- i. Always look inside a bag/pocket before putting your hand into a space.
- j. Be aware that sharps may be concealed in socks, shoes or underwear. If you believe that a student has a sharp concealed on their person, you can ask them to remove their shoes or show you their belt and turn out their own trouser and/or shirt pockets. You cannot ask them to take off anything but a jumper or blazer. You cannot search underwear or shirts/skirts/trousers that are being worn.
- k. If a child refuses a search, you are within your rights to call the parent to ask them to come in for the search and/or call the police to do the same. You may need to make the student aware of this.
- l. If a child leaves the room without permission with belongings, one member of staff should follow at a distance to ensure others are not at risk and to watch to see if a student is trying to dispose of sharps. The other member of staff should call parents/carers and/or the police as appropriate to explain what has happened.
- m. If a child locks themselves in a toilet, the staff member should stand outside the toilet and wait. The toilet will need to be searched by site staff once the student leaves just in case a sharp has been deposited which would put others at risk.
- n. If a sharp e.g. broken sharpener, tiny glass shard, small razor blade, bent paper clip has been removed, the Medical Officer should be asked to bring gloves and the school sharps box to the room. The sharp should be photographed next to a ruler and the date/time/student name/staff witness names should be added to the photograph and it should be uploaded to CPOMs to the student's case file.
- o. Staff should NEVER put the sharp in the normal bin, even if it is a paperclip.
- p. If a sharp e.g. knife, bladed weapon is removed, it should be handled either with gloves on or carefully with a paper towel around the handle and placed in a drawer that is locked in a locked office. The police must always be called on the discovery of a bladed weapon either via 999 or 101. You should expect and anticipate police attendance to school that day if a bladed weapon has been confiscated.
- q. If you are not sure if something is classed as a bladed weapon e.g. a letter opener, call either your police liaison officer or 101 and RET and send the photograph over for advice.

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- r. Not all students who bring bladed weapons on to site will intend to hurt someone else BUT any bladed weapon on site puts others at risk e.g. what if it is taken by another student, what if the student brushes past another with a bladed weapon in their bag.
- s. An incident should not involve more staff than it has to – do not allow it to become ‘a circus’ with adult passers by stopping to ‘help’ and chat.
- t. Bladed weapon incidents must be treated seriously by the Headteacher/DSL who will need to call RET for advice.

16. If a Student Threatens Suicide

- Try to keep them with you whilst a phone and written referral is made to the MASH.
- Inform parents/carers immediately unless to do so would put the child at further risk of harm.
- It may be necessary to take the student to hospital.
- Where possible, ensure that a suicide prevention trained staff member attends.
- Call Papyrus helpline for on-the-spot advice 0800 068 4141.

17. Risk Assessments and Safety Plans for Students Who Self Harm

- a. A risk assessment should be in place for any student who self-harms for when they are on the school site.
- b. A risk assessment should be in place for any student who self-harms and wants to participate in an off-site event or trip. All off-site education visits and trips must be agreed by the Headteacher and the person holding this position and the DSL and/or DDSL for the school must see the list of students who are due to go on the trip or visit with sufficient time in advance of the trip or event that risks can be assessed.
- c. Staff members taking trips should never be ignorant of self-harming students, they must be informed.
- d. It may be prudent to ask for a meeting with associated mental health practitioners so that the risk assessment is informed by them.
- e. This should be created in RET Systems risk assessments and the confidential button should be used so that only designated staff can read and confirm they have read (confirm button).
- f. Safety plans for in school, may be written by school staff but only in consultation with medical professionals since school staff are not qualified mental health experts and do not possess the expertise. If a student friendly safety plan exists, it should be coordinated with a school risk assessment, and not used as an alternative.
- g. Risk assessments and/or safety plans for weekends, holidays and evenings (at home and when the school is not in loco parentis) cannot and should not ever be written by school staff although staff may be asked to contribute ideas in a meeting which informs the risk assessment/safety plan.

18. Responsibilities of the Student who is Self-Harming

- a. Students who self-harm need support from school staff but with the appropriate help they must learn to take responsibility for their own self-harm
 - Seek support from the School Nurse.
 - The student must be discreet.
 - They must cover wounds and where possible any scars.
 - They must not bring dangerous objects into school which could inflict injury on themselves or others.
 - They must follow any action plan and speak with the appropriate (named) member of staff if they are in emotional distress.
 - They must not encourage others to self-harm.

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- It may be appropriate for them and/or their parents/carers to sign an agreement with the school.

19. Responsibilities of Parents

- a. Working in partnership with parents/carers is a key to supporting the student who is self-harming. Parents would be expected to:
 - Support the school's approach to self-harm education of the whole school community and pastoral care.
 - Work in partnership with the school and any other relevant agencies.
 - Inform the school of self-harm or issues surrounding self-harm so that it can properly support the student.

20. Legislation, Statutory Guidance and Advice – please see following links:

- [Supporting students with medical conditions](#)
- [First Aid in Schools](#)
- [Searching, Screening and Confiscation](#)
- [No Harm Done: a guide for professionals on self-harm: Mentally Healthy Schools](#)