

# Torquay Girls Grammar School Self-Harm Policy

Policy Information	
Policy Owner	Assistant Headteacher - DSL
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## Introduction

Torquay Girls Grammar 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 and agencies.

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 support students who self-harm. It is designed so that students seeking help will feel secure in knowing how we can support them, giving staff a structure for the early identification of self-harming behaviour and supporting student's recovery. It is also intended to support the well – being of staff who support students who self-harm.

#### Associated Guidance and Documentation:

1. Torquay Girls Grammar Safeguarding and Child Protection Policy
2. Torquay Girls Grammar School Behaviour Policy (The power to search and confiscate prohibited items)
3. Keeping Children Safe in Education, DfE, September 2023
4. Working together to safeguard children, DfE, July 2018 (Factual updates in 2020)
5. Mental health and behaviour in schools, 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. Self-injury is normally a sign that a person is feeling intense emotional pain and distress

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

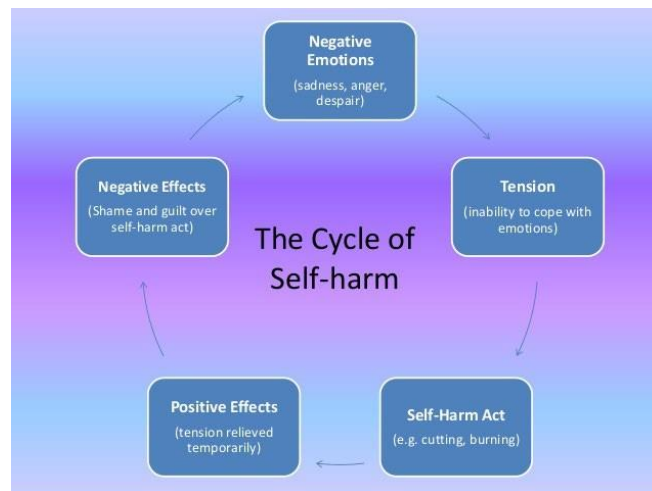
Other explanations from students about why they self-harm include:

- 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 themselves 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 TGGs are expected to be vigilant and report concerns immediately and record these on CPOMS, 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 SEND. 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 their 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 their emotional distress.

Self-harm in younger students is unusual but not unknown, so it is 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 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, emotional or neglect)
- Current experience of abuse (physical, sexual, emotional or neglect)
- Experience of domestic abuse
- The self-harm or death by suicide of someone close to them
- Confusion about sexuality and gender
- 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 their 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. Parents must be informed with the knowledge of the student unless informing their parents could place them at harm.

## 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.
- 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 overriding reason not to. The decision not to involve parents/carers should be taken in consultation with the **DSL or Deputy DSL only**.
- 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.
- The student may need to go home if they are not well enough to stay in school.
- 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:
  - A TGGs Risk assessment
  - An Early Help Assessment could be completed if appropriate threshold has been met.

Referral to:

- School Nurse Team
- School Counselling service.
- Well being Ambassador
- Social Care
- Checkpoint

- 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 Year / Safeguarding leadership team will record all of the actions taken using CPOMS.
  1. A copy of the risk assessment which should be sent to all staff.
  2. Copies of all documentation should be uploaded to CPOMS
  3. 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 On call should be contacted and a personal belongings search conducted in the presence of two members of staff 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 staff.
- If the student is in hospital - a CAMHS Referral may be activated by the hospital and the School Nurse will be informed.
- If appropriate, a Level 3 behaviour incident will be investigated

A member of the SLT or Safeguarding leadership team will always Check in / offer Supervision for staff member who has supported a student who has reported self-harm or suicide ideation.

**Section 8 – Confidentiality**

Confidentiality is a key concern for students; however, TGGS'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 themselves 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 they 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, safeguarding 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 and should be used by a Head of Year 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 they are not alone.
- Help the student express their 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 they are speaking. These will all give clues as to how someone is truly feeling.
- Empathise with the student – imagine walking in their 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 their 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 preferably a member of the safeguarding leadership team.

### **Tips for developing an risk assessment / 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 risk assessment or action plan is a useful way of providing this. Risk assessments and action plans need to have achievable outcomes 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 (please note not all of these activities will not be possible or appropriate within school and are intended to give a broader range of suggestions for students and parents)**

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.
- Use guided meditation

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. TGGs implements effective antibullying and child protection policy with means of identifying and supporting students with emotional difficulties.

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, schoolteacher, counsellor. Knowing how to access a crisis line is also important. CAMHS crisis number 0808 196 8708.

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, not feel lonely 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 Children and Family Health Devon Child and Adolescent Mental Health Service (CAMHS)**

Urgent/emergency referrals can be made by contacting C&FHD CAMHS CRISIS on: 0808 196 8708  
If you are open to the Children & Family Health Devon CAMHS Team, please phone:

0330 0245 321

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

0800 0232122 or complete a [Request for service form](#)

[Mental Health Schools Team referral form for Low Level Cognitive Behaviour Therapy](#)

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 <https://www.youngminds.org.uk/>

Young Devon: [info@youngdevon.org](mailto:info@youngdevon.org) +44 (01752) 691511 <https://www.youngdevon.org/>

Samaritans: 116123 <https://www.samaritans.org/how-we-can-help/contact-samaritan/>

Child Line: 0800 1111 [www.childline.org.uk](http://www.childline.org.uk)

National Self-Harm network: [www.nshn.co.uk](http://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. They may need guidance to reframe and articulate their feelings.

### 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 their HOY / DSL / DDSL will need to speak with their parents/carers so that they can help the student to keep safe.**

**Torquay Girls Grammar School - Pupil Risk Assessment Record –  
Management of Health and Safety**

A. Details	School	Pupil Name	School Year	Date of Enrolment	Date of Birth
<b>B. What are the behavioural patterns that present health and safety hazards?</b>					
<b>C. What risks do they pose and to whom?</b>					<b>Estimate Risk Level H/M</b>
<b>D. What measures are in place to reduce the risks?</b>					<b>Mitigated Risk Level H/M/L</b>
<b>E. What further action is needed to reduce the risk?</b>					<b>Residual Risk Level H/M/L</b>
<b>F. What activities cannot be reasonably managed without disproportionate cost?</b>					
<b>Assessor Name:</b>					
<b>Assessor position:</b>					
<b>Assessor 2 name:</b>					
<b>Assessor 2 position:</b>					
<b>Date:</b>					
<b>Date:</b>					