

Snowfields Academy

Self-Harm Policy

This Policy is divided into 6 sections:

1. Introduction to Self-harm
2. Approaching conversations about Self-harm
3. Supporting Self-harm incidences
4. Wellbeing plans and alternative strategies
5. Links to Other Policies
6. Appendices

1 Introduction to Self-harm

Young people self-harm for lots of different reasons, and each experience is unique to that individual. For most, it's a symptom of an underlying emotional difficulty, but self-harm may also indicate a more serious mental health condition. Teachers and school staff are ideally placed to build trusting relationships that provide a safe space for young people to express how they feel, and give them the opportunity to access the help and support they need.

Self-harm is a broad term that can cover a whole range of behaviours. According to the Royal College of Psychiatry these may include:

- Cutting, burning, bruising or scratching the skin with implements
- Overdosing with prescribed or non-prescribed medications or household cleaning products.
- More lethal actions such as trying to hang self or suffocate.

This list is by no means exhaustive, and you will encounter young people engaging in many more behaviours that aren't listed. Self-harm can be a physical manifestation of an emotional difficulty. In a moment of extreme emotional stress, a physical pain may feel preferable and can work to mask or distract from the underlying issues. It is important to determine the intent behind the action. Sometimes it can be an attempt by young people to feel something, some emotion, if they are experiencing emotional numbness or suppression of emotions

Disclosures of self-harm are on the rise, and the statistics make startling reading. A piece of research by Young Minds in October 2012 concluded that in the preceding

decade there had been a staggering 68% increase in teenage hospital admissions for self-harm (Young Minds and Talking Taboo, 2012).

However, it's almost impossible to say how many young people are self-harming. This is because very few teenagers tell anyone what's going on, so it's incredibly difficult to keep records or have an accurate idea of scale. It is thought that around 13% of young people may try to hurt themselves on purpose at some point between the ages of 11 and 16, but the actual figure could be much higher (selfharm UK et al, 2022).

The reasons for self-harm in young people are numerous. A 2014 survey discovered 25% of respondents identified bullying as an initial risk factor and a further 17% felt the cause of their difficulties stemmed from family relationships. Also, 61% of young people stated they self-harmed because they felt alone, 43% identified with feeling numb and 36% with sadness (selfharm UK et al, 2014). The key to tackling self-harm is to look beyond the behaviour and understand the underlying emotions.

That does not mean that it is easy to listen to somebody talk about their desire to self-harm or witness the results. The academy also recognises that student mental health and wellbeing is a responsibility of the academy.

Supporting students who express a desire to, or actually self-harm is one of the most anxiety causing issues for staff. There is naturally a lot of doubt around this topic, 'What if I say the wrong thing?' or 'Could I make the situation worse?' are very common questions.

There is no evidence to suggest that talking about self-harm will encourage young people to harm themselves. In fact, feedback from students and young people is that they want to talk. This needs to be done sensitively since our responses can sometimes be seen as uncaring.

The procedures detailed in this policy are designed to support staff in their efforts to support students who express thoughts of self-harm or display evidence of self-harm.

There is further information regarding self-harm in **Appendix D**.

2 Approaching conversations about Self-harm



Mental Health First Aid encourages the use of the acronym ALGEE be used when interacting with a mental health concern. ALGEE stands for:

1. **A – Approach, assess for risk of suicide or harm and assist with any injuries.** Consider the best place (or time) to start the conversation with the young person, keeping their privacy and confidentiality in mind. If the person does not want to confide in you, encourage them to talk to someone they trust. Consider the risk to others in the room (i.e. observing any self-injury) and assist in getting the young person to the Medical Room so they can self-administer first aid.
2. **L – Listen non-judgmentally.** Many people experiencing a challenge or distress want to be heard first, so let the person share without interrupting them. Try to have empathy for their situation. You can get the conversation started by saying something like, “I noticed that ...” Try to be accepting, even if you don’t agree with what they are saying. The main skills to employ when exploring these issues are effective listening skills and honest talking.
3. **G – Give reassurance and information.** After someone has shared their experiences and emotions with you, be ready to provide hope and useful strategies.
4. **E – Encourage appropriate professional help.** The earlier someone gets help, the better their chances of recovery. So, it’s important to offer to help this person learn more about the options available to them.
5. **E – Encourage self-help and other support strategies.** This includes helping them identify their support network, healthy coping strategies, therapy and intervention groups and creating a Wellbeing Plan.

When a young person discloses or shares information it can trigger an emotional reaction in us as staff. It is important that we consider our wellbeing, it might be appropriate to:

- 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.
- Refer to LAT Thrive for Staff Wellbeing resources. This is accessible via the LAT Portal [link here](#).

3 Supporting Self-harm incidences

Please refer to the Snowfields Academy Self-harm Procedure in **Appendix A**.

Reporting Self-Harm (actual incidences, suspicions or threats)

All reports regarding self-harm need to be made through Bromcom Safeguarding under the category of **Risk of Harm to Self**. The disclosure needs to be made as soon as possible and at the very least the same working day to alert the DSL/DDSLs. Staff should not leave the premises at the end of the day until this has been actioned.

Suspicions of Self-Harm and Students who Threaten Self-Harm

All support for the student will be through communication and empathy, therefore if a student discloses that they are thinking of self-harming then this needs to be treated in the same way as all other safeguarding disclosures. Use the ALGEE method outlined above to discuss how the student is feeling and alert SSMs or Senior Leaders to complete a Wellbeing Plan if one is not already in place.

Supporting Students who Self-Harm

If self-harm is observed, or staff are alerted of a student who is self-harming, staff can enlist the support of the Student Services Managers (SSMs) or a member of SLT.

Any self-injury will need medical attention, the best practice is for the student to be supported to administer their own first aid, so they know how to manage any self-injury outside the academy.

It is important that our approach to self-harm empowers our young people to be able to keep themselves (and others) safe, therefore students will be encouraged to administer their own first aid to any self-injuries under the supervision of the Medical Team. This will allow students to know how to treat any injuries in the future.

Also, it is not our role to minimise the degree of self-harm. Such as 'it's not drawn blood' or 'it's only a tiny pin prick'. The scale and degree of self-harm needs to be assessed by the DSL and treated and recorded in the same way. Often this is a cry for help and runs the risk of escalating.

Using **ALGEE** to approach the young person can help support us in having conversations around the young person's self-harm;

A- Approach the young person, Assess the level of risk and Assist them:

- Do any self-inflicted injuries require the emergency services or medical attention?
- Are any other students exposed to self-harm? If so, to keep all students safe, the young person will need to leave the room, or have the other students leave the room. For example, 'I notice that you might be finding things difficult right now, to keep yourself and others in the room safe, let's leave the room for a moment'.
- If available students can be escorted to SSMs or a member of SLT.
- If expressing suicidal ideation, DSLs must be alerted immediately.
- Keep calm and give reassurance to the student letting them know that you care.
- It is important that a young person does not feel ashamed about their self-harm.
- If there is refusal to hand over the self-injury object, then we are unable to keep the child safe and therefore the DSLs will need to be alerted.

L- Listen non-judgmentally:

- Remember to focus on the student, not the behaviour or reasons for it and remember the student may be reluctant to talk about self-harm.
- 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.
- Do not try to solve the problem or say the "right" thing.
- Don't give advice too quickly or evaluate how the student is feeling and defining their experiences for them.
- Do not pressurise and avoid using direct or leading questioning- focus on 'how' questions, rather than 'why'.
- Empathise with the student – imagine walking in their shoes.

See **Appendix B: Question Prompt Suggestions** if you are unsure how to start a conversation

G- Give reassurance and information:

- Be positive about what the student is saying without being dismissive.
- 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.
- Empathise with the student – imagine walking in their shoes.
- It is important not to make promises of confidentiality even though the student may put pressure on you to do so.
- Reassure the student and re-emphasise the fact that you will have to pass details on, and who you will pass them to.

E- Encourage appropriate professional help:

- The SSM, members of SLT and student toilets have posters on display which signpost where students can access external support.
- Encourage the use of Kooth.
- It might be appropriate for DSLs to make a referral to CAMHS following incidents.
- Share crisis line information for students to use themselves.
- Staff can refer students for mental health support within and outside of the organisations, via the Head of Therapy, to help them develop ways of understanding and dealing with their emotions and beliefs.

E- Encourage self-help and other support strategies:

- Remind them that we need to keep them safe and try to re-direct the student to use another item to keep their hands moving. It needs to be considered that they potentially have a need to be using their hands, as movement of the hands and fingers enables a release of emotional energy. Using sensory items from the Therapy office or classroom regulation resources can aid with this.
- Help the young person in identifying family members or carers that are able to support them through this time. This could also include friends, school staff or a therapist.
- Learning stress management techniques, ways to keep safe and how to relax may also be useful.
- Continued support for a student who self-harms will normally be undertaken by the SSMs and wider therapy team, along with class teams. It may be that a student identifies an alternative member of staff who they wish to support them.

Students who are discussing Self-Harm in front of others

It is a matter of safety for all students that they are not exposed to incidences or discussions of self-harm. Therefore, while we don't wish to shame young people who self-harm, it is important that they understand that they are required to keep themselves and others safe when they feel they need to self-harm in line with our academy core value of Be Safe. This would also include any related discussions around self-harm content on social media.

When it is found that students are not keeping others safe, a reminder of the need to keep others safe should be sufficient. If this is not followed then use consequences can be used. A discussion with the Behaviour Lead/SLT member would also be triggered.

Alerting parents/carers

Following any incidents of self-harm the SSMs or a member of SLT will make contact with the students' family. Ideally this will take place on the same day as we acknowledge the importance of providing timely support to someone in distress. As well as directing caregivers to our Student Wellbeing section of the Snowfields Academy website, we will also endeavour to provide caregivers with any further information or support in this matter that are shared with us.

4 Wellbeing plans and alternative strategies

Creating a Wellbeing Plan

You can only have a meaningful discussion with a student if they are not in crisis. If a student is in crisis there are a variety of calming/soothing strategies that can be tried.

An important part of supporting and reducing self-harm is having a supportive environment which is focused on building self-esteem, identifying healthy coping strategies and encouraging healthy peer relationships. 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, teachers, teaching assistants or a therapist.

This information is then recorded on a Wellbeing Plan. This would typically be completed with their SSM or a member of SLT. The best practice for this would also include the students' caregivers. Students are made aware that this document will be shared with staff who work with them.

The Wellbeing Plans are stored on Bromcom.

It is important that students feel that their concerns are being taken seriously and that they have an element of control over the process. So, the Wellbeing Plan outlines how the student presents when they feel alright and the positive self-care activities they can establish to keep them feeling alright (i.e., getting enough sleep, eating healthily, going outside, not spending too much time gaming, etc).

It also identifies the triggers that can cause an emotional reaction and helps identify their key support staff in the academy (including the appropriate times that they can access these staff), as well as who is their support team outside the academy.

Students might need some suggestions to help complete the action plan element of the document, this section is used for the student to identify healthier coping strategies they can use when they are feeling overwhelmed (suggestions are listed in the following section).

In certain students, it will be necessary to outline what a crisis looks like and what they need to happen at this time. It is important that they understand that at this time staff might need to make decisions for them. Knowing how to access a crisis line is also important.

Calming, Soothing and Distraction Strategies

Replacing the 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 an emotional connection can be helpful.

See **Appendix C: Selfharm UK: Linked emotions and techniques to stopping self-harm** for a list of techniques that can be suggested linked to the emotions behind the self-harm.

5 Links to Other Policies

Our Self-Harm Policy has direct links to (and should be read in conjunction with) the following related policies, all of which are available on the intranet:

Health and Safety Policy

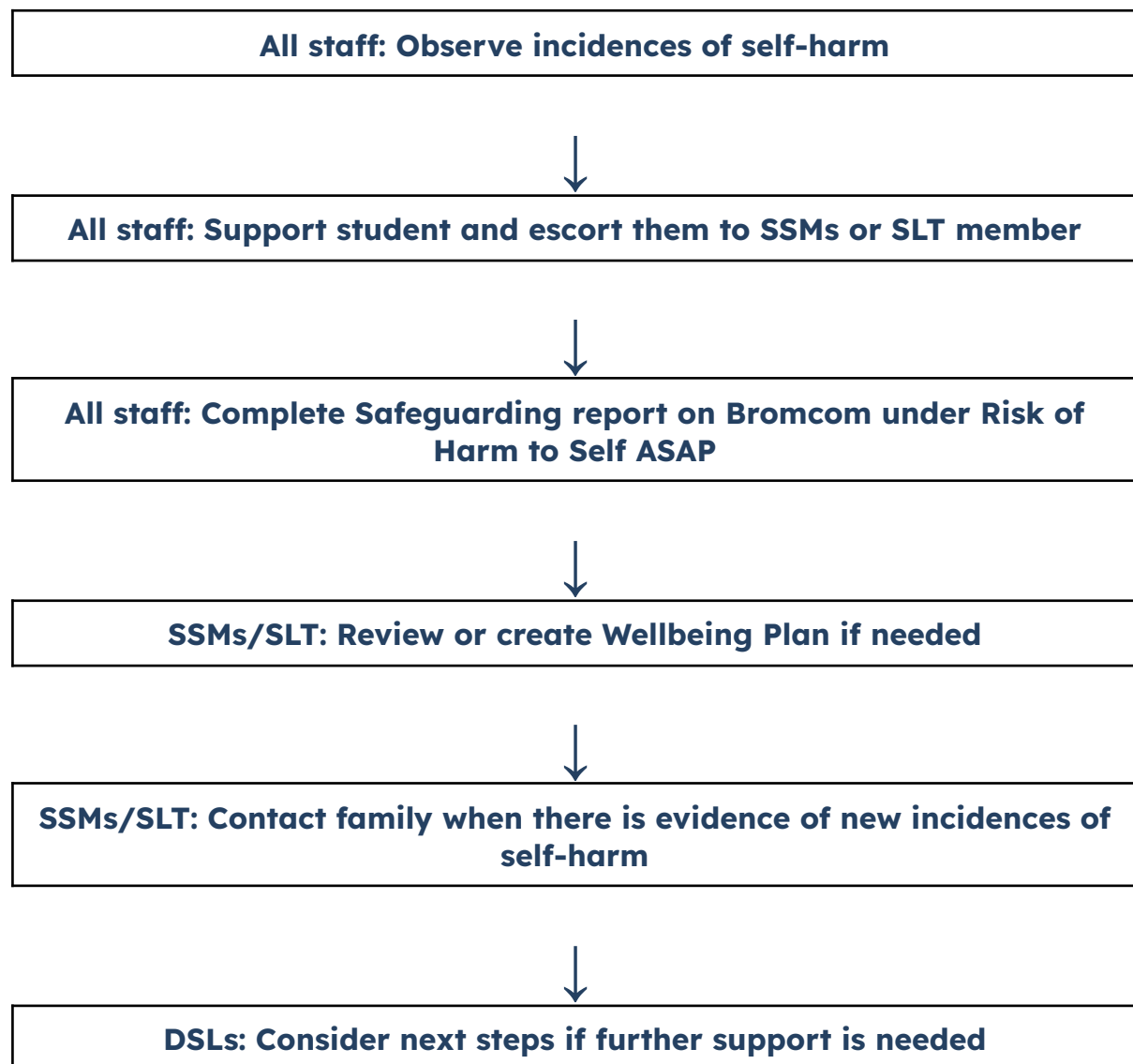
Behaviour Management Policy Safeguarding and Child Protection Policy

Special Educational Needs Policy Anti-Bullying Policy

This Policy will be monitored by the Senior Leadership Team and reviewed after requesting evaluative feedback from all key stakeholders. This will enable us to make the relevant and appropriate changes and ensure that this policy remains useful and user friendly.

6 Appendices

Appendix A: Procedure Flowchart



Appendix B: Question Prompt Suggestions

Establish time frame

- How long have you had thoughts of wanting to hurt yourself?
- How often do you get these thoughts?
- Do you feel able to fight these thoughts?

Actual behaviours

- Have you actually harmed yourself?
- What did you do?
- Did you need treatment?
- Have you recently harmed yourself?
- When was the last time?
- How often do you harm yourself?

Establishing triggers

- Did something happen before you hurt yourself that made you do this?
- Do you do this at home as well as at school?

Identifying suicidal ideation

- Have you ever thought that life is not worth living?
- When was the last time you felt like this?
- Have you made any plans to end your life?
- What are you planning to do?
- Have you started preparing for this?

Identifying support

- Is anyone supporting you at the moment?
- Have you told them what we have talked about today?

- Is there anything that can help when you feel this way that doesn't involve hurting yourself?

Appendix C: Self-harm UK: Linked emotions and techniques to stopping self-harm

Feelings	Stopping Technique
Anger and frustration	<ul style="list-style-type: none"> • Do some form of exercise such as going for a run or going swimming • Punch pillows • Shout • Jump up and down • Squeeze a stress ball • Rip up paper • Tidy your bedroom • Do some breathing exercises • Listen to loud music • Curl and uncurl your toes • Do some angry art such as graffiti • On paper, scribble down how you are feel using a black marker, screw it up and throw it away • Watch videos that make you laugh • Roll up a newspaper and hit it against a door
Sadness and fear	<ul style="list-style-type: none"> • Wrap yourself up in a blanket • Have a warm bath or shower • Go for a walk somewhere • Write a list of things you are thankful for • Listen to calming music and do some breathing exercises • Watch videos online that make you laugh • Start a journal or scrapbook containing how you feel as well as images that inspire you

	<ul style="list-style-type: none"> • Watch a film with an upbeat and positive story
Stressed out or not in control	<ul style="list-style-type: none"> • Write down how you are feeling and keep a thought diary • Write down a list of things that make you happy and do one of them • Make a mess and then tidy it up • Do some breathing exercises • Pop some bubble wrap • Lose yourself in an inspiring film • Squeeze a stress ball or play with Playdoh or clay • Draw, colour or paint something to express how you are feeling • Read a book or magazine
Shame, self-hatred, wanting to punish yourself	<ul style="list-style-type: none"> • Read something good someone has written about you • Do something someone else will be appreciative of • Talk to someone that cares about you • Do some form of exercise • Think of a safe place where you are happiest, close your eyes and picture yourself there • Draw, colour or paint something to express how you are feeling • Do some breathing exercises • Use a recipe to cook or bake something

Appendix D: Further information regarding self-harm

There are different functions of a persons' self-harm, these can include:

- Trying to manage the pain and trauma of abuse
- To feel real
- High levels of dissociation.
- Connect back to the here and now.
- To connect with somebody – we have to respond to self-harm.
- Surviving
- Cope with and manage feelings that are unbearable
- Self punishment

- Physical scars or actions

Also, the harm itself can be both direct and indirect:

Direct self-harm	Indirect self-harm
<ul style="list-style-type: none"> • Cutting • Burning • Compulsive skin picking • Scratching • Inserting objects into anus, penis, vagina, urethra, uterus with intention of causing harm. • Self-punching, hitting, slapping, biting, bruising. Self-stabbing • Head Banging • Hair pulling (trichotillomania) • Interfering with wound healing (bleach in wounds for example) • Inserting needles into wounds, skin • Pulling off skin and nails • Swallowing foreign objects • Bone breaking 	<ul style="list-style-type: none"> • Eating disorders/ Disordered eating. • Substance misuse • Self-poisoning (overdoses without suicidal intent) • Extreme risk taking (reckless driving, high risk sports) • Gambling • Over exercising • Over/underworking • Perfectionism • Promiscuity • Self-neglect/ always putting other people's needs first. • Smoking • Sexual revictimization • Staying in violent/abusive relationships

The self-harm can coincide with negative core beliefs:

- I am worthless.
- I don't deserve.
- I'm not good enough.
- I was a mistake.
- I shouldn't be here.
- I am bad
- I am evil

These negative core beliefs are very painful and can lead to negative self-beliefs such as:

- I am incompetent, inadequate, invisible, nothing, unlovable, unacceptable
- I am defective, imperfect, not as good as other people.

- I am different, weird, I don't fit in, there's something wrong with me, no one likes me.
- I don't count, I never get anything right, even when I try I will fail because I'm useless.

These can all lead to low self-esteem, self-dislike and self-hatred. All lead to emotional distress

Contributing factors There can be many factors that may lead a person to self-harm, some are listed below:

- Childhood trauma – sexual, physical, emotional abuse, rape, torture, neglect or abandonment.
- Recovered memories of abuse, disclosures of abuse not believed, keeping the abuse a secret.
- Death of primary caregiver
- Separation and divorce of parents.
- Having emotionally absent parents, feeling unsupported, invisible, not important.
- Insecure attachments
- Bullying
- Domestic violence
- Alcoholism/ mental illness in family a child or young person is exposed to.
- Communication deficiencies in family – not being allowed to express certain emotions – particularly emotions perceived as negative.
- Social marginalisation/ isolation
- Gender identity issues
- In care/ adopted/ fostered
- Role reversal in parent child relationship/ child has to become the parent.
- Having friends who self-harm.

- Low self esteem
- Pressure to achieve, perfectionism. May be both internal and external pressure.
- Negative core beliefs about self and other.

This is another good acronym:
I can CARE for them and for me

For them...

Concern, Acceptance, Respect, Empathy

For me...

Calm, Accept, Reach, Educate