



## **Self-Injury and Related issues Policy**

<b>Date Passed to Governors:</b>	<b>January 2018</b>
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<b>Date Policy Last Reviewed</b>	<b>September 2018</b>
<b>Date of Next Review:</b>	<b>September 2019</b>

This policy has been revised and updated to reflect the latest methods of helping pupils who self-harm as signposted by the '***DfE Mental health and behaviour in schools - Departmental advice for school staff - June 2014***'

This document can be uploaded by following this link:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/317288/Mental\\_health\\_and\\_behaviour\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/317288/Mental_health_and_behaviour_in_schools.pdf)

The latest statistics available suggest that mental health in children is a major issue and at Longfield Academy we are keen to be active stakeholders in supporting multi-agency action to tackle this issue:

5.5. 9.8% of children and young people aged 5 to 16 have a clinically diagnosed mental disorder. Within this group, 5.8% of all children have a conduct disorder (this is about twice as common among boys as girls), 3.7% have emotional disorders, 1.5% hyperkinetic disorders and a further 1.3% have other less common disorders including autistic spectrum disorder, tic disorders, eating disorders and mutism. 1.9% of all children (approximately one fifth of those with a clinically diagnosed mental disorder) are diagnosed with more than one of the main categories of mental disorder.<sup>30</sup>

5.6. Beyond the 10% discussed above, approximately a further 15% have less severe problems that put them at increased risk of developing mental health problems in the future<sup>31</sup>.

***DfE Mental health and behaviour in schools - Departmental advice for school staff - June 2014***

At Longfield Academy we have a dedicated approach to the health and happiness of our pupils. The aim of the Self Injury and Related Issues Policy is to provide a clear set of protocols to adopt for managing any issues that may arise surrounding the syndrome of self-injury. Such protocols include: -

- Recognising the warning signs that a child may be self-harming
- Broaching the subject of self-harm to a pupil you suspect of deliberately hurting themselves
- How to react positively if a pupil comes to you wishing to discuss their self-harm
- Short term individualised plans of action for the care and management of the pupil
- Long term individualised plans of action for the continued support, assistance and monitoring of the pupil
- How best to assist in building confidence, self-esteem and emotional wellbeing of the pupil
- Practical and emotional support for the staff members dealing with a self-harming pupil
- Provision of clear and standard guidelines for all staff in contact with the pupil
- Training and education surrounding the issue of self-harm for all staff
- Education and awareness for all pupils through PSHE and assembly

Self-injury is a deliberate, non-suicidal behaviour that inflicts physical harm on your body and is aimed at relieving emotional distress. Self-injury is often habitual, chronic and repetitive. Self-injury may include cutting, scratching, burning, banging and bruising, overdosing (without suicidal intent), deliberate bone-breaking/spraining, eating disorders and drug / alcohol misuse.

Self-injury is a coping mechanism which may be a result of underlying problems, some of which may include:

- Low self esteem
- Perfectionism
- Mental health issues such as depression and anxiety
- The onset of more complicated mental health issues e.g. bi-polar
- Problems at home or at School
- Physical or emotional abuse
- Obvious cuts, scratches or burns that do not appear to be accidental
- Frequent 'accidents' that cause injury
- Regularly bandaged arms / wrists
- Reluctance to take part in physical exercise
- Wearing long sleeves and trousers even during hot weather
- Drug and / or alcohol misuse or risk taking behaviour
- Negativity and lack of Self Esteem
- Out of character behaviour
- Bullying other pupils
- A sudden change in friends or withdrawal from a group

At Longfield Academy we actively seek to support and help all pupils and staff who may be displaying any of the main types of mental health needs:

- Conduct disorders
- Anxiety
- Depression
- Hyperkinetic disorders
- Attachment disorders
- Eating disorders
- Substance misuse
- Deliberate self harm
- Post-traumatic stress

We recognise that there are many factors which can influence and later the mental health of any child:

**Table 1: Risk factors for child and adolescent mental health**

In the child:

#### Genetic influences

- Low IQ and learning disabilities
- Specific development delay or neuro-diversity
- Communication difficulties
- Difficult temperament
- Physical illness
- Academic failure
- Low self-esteem

#### In the family:

##### Overt parental conflict including

##### Domestic Violence

- Family breakdown (including where children are taken into care or adopted)
- Inconsistent or unclear discipline
- Hostile or rejecting relationships
- Failure to adapt to a child's changing needs
- Physical, sexual or emotional abuse
- Parental psychiatric illness
- Parental criminality, alcoholism or personality disorder
- Death and loss – including loss of friendship

#### In school

##### Discrimination

- Breakdown in or lack of positive friendships
- Deviant peer influences
- Peer pressure
- Poor pupil to teacher relationships

#### In the Community

##### Socio-economic disadvantage

- Homelessness
- Disaster, accidents, war or other overwhelming events
- Discrimination
- Other significant life events

#### **The Head of School will:**

- Appoint a lead officer for safeguarding to be responsible for self-injury matters, and liaise with them. This is Peter Haylock
- Ensure that the designated teacher receives appropriate training about self-injury.
- Seek liaison with expert fields for training purposes.
- Ensure that self-injury policy is followed by all members of staff

### **The Board of Directors will:**

- Decide whether self-injury education should be in the school curriculum, and how it should be addressed
- Ensure that education about self-injury neither promotes or stigmatises
- Look at provisions for people who self-injure, such as long-sleeved uniforms and PE kits, and time out of lessons when under intense stress to receive emotional support from key workers and expert staff

### **All staff and teachers are expected to:**

- Listen to pupils in emotional distress calmly and in a non-judgemental way.
- Report self-injury to the designated staff member(s) for self-injury. Be clear of the timescale in which this is expected.
- Not make promises (e.g. assuring confidentiality) which can't be kept. Reassure pupils that in order to seek health and happiness people need to know about their problems so that they can help.
- Guide pupils towards seeking health and emotional well being
- Promoting problem-solving techniques and non-harmful ways to deal with emotional distress
- Enable pupils to find places and people for help and support
- Provide accurate information about self-injury
- Widen their own knowledge about self-injury and mental health disorders
- Be aware of health and safety issues such as first-aid and clearing up if a self-injury incident take place at school
- Be aware of their legal responsibilities – when they can help, and when they cannot
- Be aware of support mechanisms that already exist in school and how to access them

### **The Safeguarding Team will:**

- Keep records of self-injury incidents and concerns via safeguarding protocols (See Safeguarding Policy)
- Liaise with local services about help available for people who self-injure
- Keep up-to-date with information about self-injury using **MindEd, a free online training tool**, as a chief method of information gathering. This is now available to enable school staff to learn more about specific mental health problems. This can help to sign post staff working with children to additional resources where mental health problems have been identified.
- Liaise with Leadership and Pastoral teams are safeguarding issues arise and where appropriate.
- Contact parent(s) at the appropriate time(s). Involve the pupil in this process. Inform the parent(s) about appropriate help and support for their child which is available. Monitor the pupil's progress following an incident
- Know when people other than parents (e.g. social workers, Educational Psychologists) need to be informed

- Know when to seek help to deal with their feelings and distress.
- Liaise and work with CAHMS through regular discourse and through EHA
- Liaison with the NHS where applicable.
- Seek to be a stakeholder in future local policy - Schools can influence the health services that are commissioned locally through their local Health and Wellbeing Board – Directors of Children’s Services and local Healthwatch are statutory members and we will look to liaise with them as and when necessary and possible.
- We use the following national support and information services offering assistance as well as working closely with the local CAMHS (Mulberry Centre) and HHTS (based on site of Rise Carr College) as well as local GPs.
- Look to utilise as many protective factors as is possible by working in a multi- agency approach and establishing good home/school relations where at all possible:

#### In the Child

##### Secure attachment experience

- Outgoing temperament as an infant
- Good communication skills, sociability
- Being a planner and having a belief in control
- Humour
- Problem solving skills and a positive attitude
- Experiences of success and achievement
- Faith or spirituality
- Capacity to reflect

#### In the Family

##### At least one good parent-child relationship (or one supportive adult)

- Affection
- Clear, consistent discipline
- Support for education
- Supportive long term relationship or the absence of severe discord

#### In the School

##### Clear policies on discipline and anti-bullying

- ‘Open-door’ policy for children to raise problems
- A whole-school approach to promoting good mental health
- Positive classroom management
- A sense of belonging
- Positive peer influences

#### In the community

##### Good housing

- High standard of living
- High morale school with positive policies for behaviour, attitudes and anti-bullying
- Opportunities for valued social roles
- Range of sport/leisure activities

### **Pupils will be expected to:**

- Not display open wounds/injuries (these must be dressed appropriately)
- Talk to the appropriate staff member if they are in emotional distress
- Alert a teacher if they suspect a fellow pupil of being suicidal or at serious risk of harm to them-selves, and know when confidentiality must be broken
- Contribute to and work with the management strategies which are created for them with the Pastoral Team.

### **Parents will be encouraged to:**

- Endorse the school's approach to self-injury education and Pastoral Care and work in partnership with the School

Instances of self-injury are almost always dealt with best through collaboration and a home/school strategy which dovetails. This will always be the management strategy that the Pastoral Team will strive for where possible and has been successful in many instances.

Records of events will be logged in the student file or in the safeguarding file. Further clarification with regard to his policy can be obtained from Nicholas Lindsay.

### **Sources of support and information**

Here are links to some national support and information services offering assistance for child mental health issues. We can only list national services but please remember to look around for local services too.

**Childline** – A confidential service, provided by the NSPCC, offering free support for children and young people up to the age of nineteen on a wide variety of problems.

**Counselling MindEd** – Counselling MindEd is an online resource within MindEd that provides free evidence-based, e-learning to support the training of school and youth counsellors and supervisors working in a wide variety of settings.

**Education Endowment Foundation** – The Sutton Trust-EEF Teaching and Learning Toolkit is an accessible summary of educational research which provides guidance for teachers and schools on how to use their resources to improve the attainment of all pupils and especially disadvantaged pupils.

**HeadMeds** – website developed by the charity YoungMinds providing general information about common medications that may be prescribed for children and young people with diagnosed mental health conditions.

**MindEd** – MindEd provides free e-learning to help adults to identify and understand children and young people with mental health issues. It provides simple, clear guidance on mental health to adults who work with children and young people, to help them support the development of young healthy minds.

**National Institute for Health and Care Excellence (NICE)** – NICE's role is to improve outcomes for people using the NHS and other public health and social care services, including by producing evidence-based guidance and advice. Some of this guidance had been drawn on to produce this document and much of it is provided in non-specialist language for the public. This can be useful in understanding social, emotional and mental health conditions and their recommended treatments.

**Place2Be** – Place2Be is a charity working in schools providing early intervention mental health support to children aged 4-14 in England, Scotland and Wales.

**Relate** – Relate offers advice, relationship counselling, sex therapy, workshops, mediation, consultations and support face-to-face, by phone and through their website. This includes children and young people's counselling for any young person who is having problems.

**Royal College of Psychiatrists (RCPSYCH)** Provide specifically tailored information for young people, parents, teachers and carers about mental health through their Parents and Youth Info A-Z.

**Women's Aid** – Women's Aid is the national domestic violence charity that works to end violence against women and children and supports domestic and sexual violence services across the country. They provide services to support abused women and children such as the free 24hour National Domestic Violence Helpline and The HideOut, a website to help children and young people.

**Young Minds** resources available to professionals (including teachers) and run a helpline for adults worried about the emotional problems, behaviour or mental health of anyone up to the age of 25. They also offer a catalogue of resources for commissioning support services. Young Minds is charity committed to improving the emotional wellbeing and mental health of children and young people.