

CRESSEY

COLLEGE

SUPPORTING THOSE WHO SELF HARM

POLICY

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Amendment Record

This Supporting Those Who Self-Harm Policy is reviewed to ensure its continuing relevance to the direction and processes that it describes. A record of additions, admissions and amendments is given below:

Version	Amendments	Date
1	Policy created by HW and TC Approved at Management meeting dated 5.12.16 Authorised by TC, approved by Headteacher AB and Assistant Headteacher AP.	5 Dec 16

Purpose

1. In keeping in line with Cressey College's ethos, values and vision, this policy has been created in order to address and offer guidance on the issue of self-harm:
 - a. How to support pupils who self-harm in the short and long-term.
 - b. To create support based on the individual needs of our pupils.
 - c. To encourage and help our pupils improve their self-esteem and overall well-being.
 - d. How to support staff who are working with pupils who are vulnerable to self-harm.
 - e. How to support our pupils to prevent self-harm from escalating within and outside of school.
 - f. To have clear guidelines for staff on how to deal with self-harm – who needs to be informed and which outside agencies need contacting.
 - g. Ensuring that education about self-harm is readily available for all pupils and staff

Cressey College's definition of self-harm:

Self-harm:

2. Self-harm is regarded as a coping mechanism used by individuals who are attempting and struggling to cope with high levels of distress and emotional pain.
3. Other factors which motivate individuals to self-harm can include; an escape from an unbearable situation, to reduce tension, to express hostility, to induce guilt or to increase attention and care from other people. It is any behaviour that is deliberate, non-suicidal, which causes physical pain or injury. This pain is aimed at reducing the emotional pain and/or distress of the individual concerned, and can include behaviours such as self-cutting, bruising, banging, swallowing objects or taking a non-suicidal overdose. These behaviours are usually chronic, repetitive and habitual.
4. Depending on the individual who is self-harming, they may try to hide any scars or injuries, or may clearly display them. The individual may find it extremely difficult to discuss their behaviours and the emotions that lie behind them. Once self-harm, in particular cutting, is an established behaviour, it can be difficult to stop.
5. Self-harm can be used for a number of functions for a young person and ultimately becomes a way of coping, for example:
 - a. A way of taking control.
 - b. A distraction from problems.
 - c. A form of escape.
 - d. An opportunity to feel real.
 - e. A way of non-verbal communication.
 - f. A way to relieve emotional pain through physical pain.

6. As a school we understand that these behaviours are not always about seeking attention but rather to be seeking a release from emotional distress. In addition, we understand that although self-injury is not suicidal behaviour, the emotional distress that causes this behaviour can lead to suicidal thinking, as well as actions.

7. Therefore, we will consequently take ALL incidents of self-injury seriously, investigate them and offer the most appropriate emotional support possible.

Suicidal Behaviour:

8. Although self-injury and suicidal behaviours are separate, individuals who self-injure are in emotional distress and likewise, those who end their lives are in emotional distress. It is therefore vital, that all emotional distress is treated and taken seriously to ultimately minimise the chance of self-injury and/or suicide. Any, and all talk of suicide must be taken seriously. We are also aware that feelings of hopelessness and wondering about the meaning of life can also be part of a healthy adolescence.

Aims

9. Cressey College is dedicated to ensuring, and positively developing the emotional, physical and mental wellbeing of all the students within our community.

10. We consequently aim to:

a. Recognise any warning signs that a student may be engaging in self-harming behaviours, whilst also keeping in mind that there may or may not be obvious, explicit signals.

b. Have a good understanding of the risk factors associated with self-harming behaviours including; emotional distress, low self-esteem, perfectionism, mental health issues (depression, anxiety), home or school issues, social isolation, emotional, physical or sexual abuse.

c. Make sure that we are proactive in discussing the topic of self-harm with those we may feel are deliberately hurting themselves.

d. Be aware of how to respond to students who wish to talk about their self-harm behaviours and take them seriously at all times.

e. Be able to produce short and long term strategic plans for such students in conjunction with outside agencies if needed.

f. Provide practical and emotional support to staff who are supporting students with self-harm issues and ensure appropriate training and education is available to all staff around this issue.

g. Ensure there is an appropriate awareness around self-harm for our students, and that it is a topic included as a significant part of our PSHE curriculum.

h. To be aware of the feelings that self harming behaviours may evoke in other pupils who are not directly involved in the behaviours and support them to cope with this.

Risk factors associated with Self-Harming behaviours

11. This list is not exhaustive and just because these risk factors are evident does not necessarily mean a student will self harm.

12. A number of factors may trigger a self-harm incident. The following risk factors, particularly in conjunction, may make a young person vulnerable to self-harm:

13. **Individual factors:**

- a. Depression/Anxiety.
- b. Poor communication skills.
- c. Low self-esteem.
- d. Poor problem-solving skills.
- e. Hopelessness.
- f. Impulsivity.
- g. Drug or alcohol misuse.

14. **Family factors:**

- a. Unreasonable expectations.
- b. Neglect or abuse (physical, sexual or emotional).
- c. Poor parental relationships and arguments.
- d. Depression, deliberate self-harm or suicide in the family.

15. **Social factors:**

- a. Difficulty in forming/maintaining relationships/ loneliness.
- b. Persistent bullying or peer rejection.
- c. Easy availability of drugs, medication or other methods of self-harm.
- d. Copy cat behaviour i.e prevalence of self harm in peer group and resulting feelings of wanting to fit in.

Recognising Warning Signs:

16. As mentioned previously, we recognise that for some individuals there will not be any specific warning signs that they are engaging in self-injuring behaviour.

17. **For others however, the following indicators should be recognised:**

- a. Participation in risky behaviours, for example, alcohol misuse, drug taking and unprotected sex.
- b. Lack of self-esteem, having an overly negative attitude.
- c. A change in activity and mood e.g. more aggressive than usual.

- d. Expressing feelings of failure, uselessness or loss of hope.
- e. Bullying of others.
- f. Social withdrawal.
- g. Significant change in friendships.
- h. Regularly bandaged wrists and arms.
- i. Changes in eating/sleeping habits.
- j. Lowering of academic grades.
- k. Giving away possessions.
- l. Obvious deliberate cuts, burns or scratches.
- m. A reluctance to participate in physical activity or change clothes.
- n. Frequent accidents that cause physical injuries.
- o. Wearing long sleeved tops even in very hot weather.

Key Responsibilities:

18. As with all safeguarding matters, everybody within our school community has the responsibility to promote and adhere to this policy in order to help ensure the wellbeing of all within our community. These are outlined as follows:

19. Head Teacher:

- a. Be ultimately responsible for ensuring that all staff receive appropriate training.
- b. Ensure that all staff are familiar and fully conversant with and adhere to the self-harm policy.

20. Designated Staff:

- a. All Senior Teachers at each site are Child Protection designated leads and are therefore leads on implementing and adhering to the self-harm policy.
 - 1) Joshua Okunlola is the designated lead at Denmark Hall.
 - 2) Kitty Clark is the designated lead at Birdhurst.
 - 3) Carl Samuels is the designated lead at Moorings.
 - 4) Vicki Oram is the designated lead at Shernall.
 - 5) Jack Haisley-Wright is the designated lead at Adeline.
 - 6) Vivienne Clark is the designated lead at Deepdene.
 - 7) Dorette Wright is the designated lead at Essendene.

- 8) Adrienne Barnes, Amy Pollard and Tamara Collinson are also designated leads.
- b. Designated leads will therefore:
- 1) Ensure that the policy is disseminated and implemented appropriately.
 - 2) Use Cause for Concern form and relevant Child Protection folders to record such incidents and ensure it is kept up to date with incidents and developments regularly reported back to the Head Teacher.
 - 3) Ensure that relevant students have appropriate Student Support Plans (incorporating BSPs and Risk Assessments) which are developed in line with the Self-Harm Policy.
 - 4) Liaise with suitable outside agencies (mental health specifically) in order to provide the most suitable support, alongside utilising key services to provide current information and education for students, parents/carers and staff.
 - 5) Keep parents/carers informed and endeavour to work together to support the child, in order to ensure the safety and wellbeing of students in the school community.
 - 6) Report on suicidal intent/feelings/behaviour immediately, ensuring all relevant adults are aware: this would include relevant staff working with the student that day, social worker, CAMHS worker and other professional bodies as appropriate.
- c. **All Staff:**
- 1) Will not judge, nor invalidate any students concerns or emotional distress.
 - 2) Act in an empathetic manner, making sure that students are assured that staff are available to actively listen in a calm manner.
 - 3) Be aware of the referral routes and support options we can offer and make sure they are actioned where appropriate.
 - 4) Offer support in which self-esteem and emotional mental wellbeing are being fostered and promoted.
 - 5) Be aware of the 'healthy' coping strategies students can make use of and who they can ask for advice (see Appendices 1 and 2).
 - 6) Should ask for guidance from Senior teacher or Therapy department if they feel a situation falls outside of their emotional competency, skills or knowledge.
- d. **Parents/Carers:**
- 1) Know that the school have a self-harm policy and know that it can be found on the website.
 - 2) Understand that the school staff need to be kept informed and up to date of any incidents and changes that may have an impact on the behaviour and well-being of your child.
 - 3) Work in unison with designated staff if felt your child is engaging in self-harm behaviours, so that we can best support them.

- 4) Be aware that they may also need emotional support and find out how to access.
- e. **Students (see Appendix 4 for more information):**
- 1) Try to find something positive and fun in each day.
 - 2) Will never encourage others to participate in self-harm.
 - 3) Discuss, if appropriate, why they or others may self-harm, the emotional factors involved and how they could try to overcome them.
 - 4) Ask for help and know that Cressey Staff will help them to find support and who they can talk to in both the immediate and the longer term, should they feel emotionally distressed or at risk of self-harm.
 - 5) Alert a member of staff if they are concerned about a peer who may be engaging in self-harming behaviour or who may be at risk.

Procedures:

21. Coping strategies and distraction techniques (please see Appendices 1 and 2) will be at the centre of our procedures, whilst also making sure that any incidents are logged and recorded. As part of our procedure, students will be referred to the most appropriate place. Replacing the cutting or other self-harm with alternative safer activities, can be a more positive way of releasing tension. What works depends on the reasons behind the self-harm, activities that involve engaging with emotions intensively can be helpful. Examples of coping strategies could include:

- a. Using a creative outlet for emotions – for example: drawing, writing and poetry and therapy sessions to talk about their feelings.
- b. Writing a letter to express feelings – which doesn't necessarily need to be sent.
- c. Physical exercise – going to the gym, getting involved in an activity or going for a run.
- d. Keeping a diary.
- e. Reading.
- f. Using stress management techniques such as relaxation.

22. Strategies to help the young person to cope could also include:

- a. Consultation with a CAMHS Specialist Primary Mental Health Practitioner.
- b. Encourage the young person to talk about what led them to self-harm rather than directly talking about the act of self-harm.
- c. Offer other information about support agencies – internet sites such as 'Harmless' and 'The National Self-Harm Network'.

Appendix 1 Alternative Coping Strategies

(Taken from the National Self Harm network www.nshn.co.uk)

A number of young people report that they find alternative coping strategies and techniques useful. However, it is extremely important to recognise the need for individual techniques otherwise this approach will not work. Some of the most useful alternative coping strategies used by a range of young people include:

Distraction Techniques	Comforting Techniques
<ul style="list-style-type: none">• Cleaning• Tidying• Washing clothes• Playing games – cards/board games/ computer• Sports exercise• Walking/running/dance• Gardening/plants• Visiting a friend• Telephoning a friend• Painting or drawing pictures/posters/cards• Writing letters• Puzzles• Watching TV/DVD• Listening to music/walkman• Cinema• Shopping• Hobbies – sewing, knitting, collecting	<ul style="list-style-type: none">• Hold a safe object• Sit in a safe place• Listen to soothing music• Sing favourite songs• Use perfume/hand cream• Spray room with fragrance• Use potpourri• Buy fresh flowers• Eat a favourite food• Have a soothing drink• Have a bubble bath• Soak your feet• Change the sheets on your bed• Stroke your pet• Wear comfortable clothes• Hug someone• Put lights on (to sleep)• Prayer

<p>Positive Emotional Techniques</p> <ul style="list-style-type: none"> • Read old letters • Look through old photos • Listen to emotional music • Watch funny/heart-warming film • Read joke book • Say positive statements to self • Make an emergency bundle • Read your list of assets or strengths • Self-voice tape 	<p>Emotional Focusing</p> <ul style="list-style-type: none"> • List emotional triggers • Write poetry/prose regarding feelings • Paint/draw emotions • Write a diary • Discuss feelings with another person • Rainy Day letter
<p>Relaxation Techniques</p> <ul style="list-style-type: none"> • Guided fantasy dreamtime • Focus solely on breathing/ breath deeply • Count your breaths • Focus on the position of your body • Relax each muscle individually • Listen to relaxation music • Listen to guided relaxation on tape • Meditation • Yoga • Massage hands, feet, head etc. 	<p>Alternative 'Safer' Forms of Self-Harm</p> <ul style="list-style-type: none"> • Hold ice in hand • Squeeze rubber ball • Listen to very loud music • Rubber band on wrist • Throw things/scream, punch cushions • Body paint • Stand under very hot/cold shower • Break sticks

Appendix 2 Distractions that can help

(Taken from the National Self Harm network www.nshn.co.uk)

Displacement:

1. Drawing on yourself in red marker pen
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 make-up 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

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 playlist 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

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

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

7. Wearing your pyjamas and watching daytime TV
8. Having a massage or massaging your own hands and feet

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

18. Stamping on cans for recycling (with sturdy shoes on)
19. Gardening

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 friend
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

Appendix 3 Proactive support plan for incidence of self-harm in school

(Taken from the National Self Harm network www.nshn.co.uk)

Key concerns/focus: e.g. anxiety, behaviours seen, incidence of low mood etc.

Behaviour displayed	Cues	Triggers	Likely Function of Behaviour
e.g. biting hands/arms, cutting, pinching etc	e.g. arousal state, becoming hyperactive and loud, withdrawal, contextual cues, environmental cues	e.g. requests being made of them, feeling of being unable to complete an activity, mention of particular events, comments from peers, other contextual triggers, other environmental triggers	e.g. soothing/calming means of control, release, avoidance etc
Awareness of triggers	What are X's potential triggers? Are they modifiable? If not, what can enable avoidance of these triggers? How can X be prepared for a situation when such triggers may arise?		
Teaching replacement skills (functional equivalents)	What opportunities does X have to communicate their feelings/discuss events/anxieties? How can X recognise when they have been able to do this? Are any planning/coping systems used with X to help aid independence?		
Interaction styles	Which interaction styles does X respond well to? (e.g. humour, praise etc) Does X prefer 1:1 or group interaction? Which risks, if any, have to be monitored for this and do any protocols need to be in place for this? Do interaction styles differ between adults and peers? How can positive opportunities for interaction which take account of these styles be facilitated?		
Rewards/ incentives	Which rewards/incentives does X respond to? Ideally extrinsic (external e.g. reward) and intrinsic (internal e.g. pride) motivators should be identified.		
Changing the environment	Which environmental factors facilitate success for X? Take account of different senses/stimuli e.g. noise positioning, group size, group demographics etc		

Routine and structure	Which elements of routine and structure does X require? What style does this need to follow e.g. visual etc? At which times is this structure particularly important for X?
Transitions	Which additional factors need to be considered for X at times of transition? Are coping plans in place for X if needed?
Boundaries	What guidance does X need in terms of boundaries? Which areas are particular points of focus for X e.g. personal space, peer relationships etc
Communication	Which strategies are used to facilitate positive communication for X? What adaptations are used to take account of X's needs?
Key figures and self-harm team support	Which adults can X communicate with? What are X's key relationships in school and out of school? Has X got an agreed support structure in place? Are there particular self-harm team protocols in place to support X?
Other notes	

Appendix 4 Information on self-harm for young people

Information on self-harm for young people

What is self-harm?

Self-harm is where someone does something to deliberately hurt him or herself. This may include cutting parts of the body, burning, hitting or taking an overdose.

How many young people self-harm?

A large study in the UK found that about 7% (i.e. 7 out of every 100 people) of 15 to 16-year-olds had self-harmed in the past year.

Why do young people self-harm?

Self-harm is often a way of trying to cope with painful and confusing feelings. Difficult things that people who self-harm talk about include:

- feeling sad or worried
- not feeling very good or confident about themselves
- being hurt by others: physically, sexually or emotionally
- feeling under a lot of pressure at school or at home
- losing someone close, such as someone dying or leaving

When difficult or stressful things happen in a person's life, it can trigger self-harm. Upsetting events that might lead to self-harm include:

- arguments with family or friends
- break-up of a relationship
- failing, or thinking you are going to fail, exams
- being bullied

Often, these things can build up until the young person feels he or she cannot cope anymore. Self-harm can be a way of trying to deal with or escaping from these difficult feelings. It can also be a way of the person showing other people that something is wrong in his or her life.

How can you cope with self-harm?

Replacing the self-harm with other, safer, coping strategies can be a positive and more helpful way with dealing with difficult things in your life. Helpful strategies can include:

- finding someone to talk to about your feelings, such as a friend or family member
- talking to someone on the phone
e.g. you might want to ring a helpline
- writing and drawing about your feelings, because sometimes it can be hard to talk about feelings
- scribbling on and/or ripping up paper
- listening to music
- going for a walk, run or other kind of exercise
- getting out of the house and going somewhere where there are other people
- keeping a diary
- having a bath/using relaxing oils
e.g. lavender
- hitting a pillow or other soft object
- watching a favourite film

Getting help

In the longer term it is important that the young person learns to understand and deal with the causes of stress that he or she feels. The support of someone who understands and will listen to you can be very helpful in facing difficult feelings.

- **At home:** parents/guardians, brother/sister or another trusted family member
- **In school:** school counsellor, school nurse, teacher, teaching assistant or other member of staff.
- **GP:** You can talk to your GP about your difficulties and he or she can make a referral for counselling or specialist CAMHS support.

Help lines:

- **Young Minds:**
02073 368 445 or
enquiries@youngminds.org.uk
- **Samaritans:**
08457 909 090 or
jo@samaritans.org.uk
- **MIND Information Line:**
08457 660 163
(self-help books are also available)
- **Youth Access:**
02087 729 900
- Another useful address is:
National Self-Harm Network
PO Box 7264
Nottingham NG1 6WJ
www.nshn.co.uk

Help in Northamptonshire – Youth Counselling Services:

- **Service Six**
03332 400 716
www.servicesix.co.uk
- **The Lowdown**
01604 622 223
www.thelowdown.info
- **Time2Talk**
01327 706 706
www.time2talk.org.uk
- **Kettering Youth Information Service**
(also covers Corby)
01536 510 089
www.kyi.org.uk
- **CHAT**
01832 274 422
chat@cundle@hotmail.com

Taken from the National Self Harm network www.nshn.co.uk