



Self-Harm Policy

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1. Introduction

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours, and that this figure is higher amongst specific populations, including young people with special educational needs.

Adults who work with children and young people as volunteers or paid staff, can play an important role in preventing self-harm and also in supporting the peers, parents/carers of the child or young person who is currently engaging in self-harm.

How common is self-harm?

Over the last forty years internationally there has been a large increase in the number of young people who harm themselves. A recent large community study found that in 15-16 year olds, approximately 6.9% of young people had self-harmed in the previous year.

Is it just attention seeking?

Some people who self-harm have a desire to kill themselves. However, there are many other factors which lead people to self-harm, including a desire to escape, to reduce tension, to express hostility, to make someone feel guilty or to increase caring from others. Even if the young person does not intend to commit suicide, self-harming behaviour may express a strong sense of despair and needs to be taken seriously. It is not just attention seeking behaviour.

2. Scope

This document describes Knowledge Gate International School's approach to self-harm.

This policy is intended as guidance for all adults who work within the School.

3. Aims

- To increase understanding and awareness of self-harm
- To alert adults to warning signs and risk factors
- To provide support to adults dealing with children and young people who self-harm
- To provide support to children and young people who self-harm and their peers and parents/carers

4. Definition of self-harm

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs

- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively
- Self-strangulation
- Risky behaviours such as running into the road and seeking opportunities to engage in fights
- Over/under eating

5. Risk factors

The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

- **Individual factors:** Depression and anxiety, poor communication skills, low self-esteem, poor problem-solving skills, hopelessness, impulsivity, drug or alcohol abuse, failure in exams, bereavement
- **Family factors:** Unreasonable expectations, neglect or physical, sexual or emotional abuse, poor parental relationships and arguments, depression, self-harm or suicide in the family, arguments with family members
- **Social factors:** Difficulty in making relationships/loneliness, being bullied or rejected by peers, break up of a relationship, having a close friend who self-harms, media influence

6. Warning signs

Adults may become aware of warning signs which indicate a child or young person is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously and adults observing any of these warning signs should seek further advice from the Designated Safeguarding Lead DSL (Ian Lohan).

Possible warning signs include:

- Changes in eating/sleeping habits (e.g. child/young person may appear overly tired if not sleeping well)
- Increased isolation from friends or family, becoming socially withdrawn,
- Changes in activity and mood e.g. more aggressive or introverted than usual
- Lowering of academic achievement (in school)
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing e.g. becoming a goth
- 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

7. Adult roles in working with young people who self-harm

Children and young people may choose to confide in a trusted adult if they are concerned about their own welfare or that of a peer. Adults may experience a range of feelings in response to self-harm in a child/young person such as anger, sadness, shock, disbelief, guilt,

helplessness, disgust and rejection. However, in order to offer the best possible help to children and young people it is important to try and maintain a supportive and open attitude – a child/young person who has chosen to discuss their concerns with an adult is showing a considerable amount of courage and trust.

Children and young people need to be made aware that it may not be possible for adults to offer complete confidentiality. If you consider a child/young person is at serious risk of harming themselves then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a child/young person puts pressure on you to do so.

Any adult in the setting who is aware of a child/young person engaging in or suspected to be at risk of engaging in self-harm should consult the Designated Safeguarding Lead (DSL).

Following the report, the designated safeguarding person will decide on the appropriate course of action. This may include:

- Contacting parents/carers
- Arranging professional assistance e.g. doctor, nurse etc.
- Arranging an appointment with a counsellor

In school, immediately removing the student from lessons if their remaining in class is likely to cause further distress to themselves or their peers.

In the case of an acutely distressed child/young person, the immediate safety of the child/young person is paramount and an adult should remain with the child/young person at all times.

If a child/young person has self-harmed in the setting, the School Nurse or a first aider should be called for immediate help.

If a child has taken an overdose and ambulance must be called and the DSL needs to be informed immediately.

8. Further considerations

Any meetings with a child/young person, their parents or their peers regarding self-harm should be recorded in writing including:

- Dates and times
- An action plan
- Concerns raised
- Details of anyone else who has been informed

This information should be stored in the child/ young person's child protection file.

It needs to be made clear at the meeting to both the parents and the child that pupils must not display open wounds/injuries - these must be dressed appropriately.

9. Prevention

An estimated 1 in 10 children self-harm at some point and it is far better to prevent self-harm before it happens.

The risk of self-harm can be significantly reduced by the creation of a supportive environment in which individual's self-esteem is raised and healthy peer relationships are fostered. This can be achieved through development of good relationships by all members of the school community and in particular through the PHSE programme in which peer reporting is included.

Staff awareness of issues leading to self-harm is increased through training and the production of comprehensive policies on Safeguarding and Child Protection, Anti-bullying, appropriate medical polices and a full and informative policy on self-harming. This policy is posted on the School's website to achieve the widest circulation, including parents.

Students are provided with a wide range of internal and outside sources of help and these are widely publicised via notice boards. As well as the Designated persons and a robust pastoral system within the school, students have information about Whispers of Serenity Clinic free helpline. The school staff are strongly supported by the senior management in all matters concerned with Child Protection.

Staff are prepared to deal with 'contagion' if self-harming leads to 'copycat' behaviour within the school. Senior staff have access to external agencies who can offer advice and/or assist with issues including students who self-harm.

10. Monitoring and Review

This policy will be reviewed every two years by the DSL and Executive Principal.

11. Linked Policies

The following are linked to this policy and should be noted when dealing with cases or suspected cases of self-harm:

- Safeguarding and Child Protection Policy

**Appendix A -
Script guide for interviewing people who self-harm**

THINGS TO CONSIDER AND WHAT TO ASK <i>(Please highlight risk level on right of question & record answers below questions)</i>	LOW TO MODERATE RISK RESPONSE *	MODERATE TO HIGH RISK RESPONSE *
What led up to self-harming? (reasons)	Arguments; Falling out with Boy/Girl-Friend;	Desperation, wanted to end it all.
What was the self-harming? (cutting/overdose)	Cutting, scratching, burning, hair pulling, inserting objects,	Ligature, Jumping, crashing, running into vehicles, overdose, burning, poisoning,
Where were you at the time? (circumstances)	Home, school, other	Home, school, other
Was there anyone else around? Yes/no Where were they?	Friends, family, nearby	No one
When did it happen? (Day/Time)	Anytime	Anytime
Did you tell anyone? (who?) And how long after did you tell them?	Yes (family, friend, emergency services) immediately, shortly afterwards	Yes (on recovery, afterwards) Not at all
How were you feeling before the self-harming?	Anger, upset, sad, frustrated, stressed	Vengeful, anger, upset, sad, frustrated, stressed
Did you try to manage your feelings in any other ways?	No (impulsive) Yes (tried distraction)	No (impulsive) Yes (distraction, substance misuse)
Did you contemplate self-harming for any length of time beforehand?	No (impulsive)	No (impulsive) Yes (for some time; planned how to)
How did you feel after the self-harming?	Regret, foolish, embarrassed, frightened, needed to get help.	Nothing (hoped it would work)
Were you under the influence of any alcohol or substance at the time?	No	Yes (lowers inhibitions increases risk)
Have you self-harmed in the past? Yes/no When was this? Any reason?	Yes; No (first time)	Yes; No (first time)

When did you first self-harm? How long ago? How old were you? What did you do?	Long or short period	Long or short period
What types of self-harm have you used? Where have you carried this out?	Cutting, scratching, burning, hair pulling, inserting objects,	Ligature, Jumping, crashing, running into vehicles, overdose, burning, poisoning,
How frequently do you use self-harm?	Infrequent, when stressed	Frequently
What other strategies have you used to help you cope?	Talking to friends, reading, writing, drawing, exercise	Talk to friends; nothing
Who do you know you can talk to?	Friends, teacher, counsellor, nurse, mum/dad	Friends, no one
Have you ever experienced suicidal thoughts? Are they random/fleeting or persistent	No; Yes (fleeting, random)	Yes (random, persistent)
Have you ever acted on your suicidal thought or idea?	No	Yes (tried and failed/partly but didn't follow through)
Have you ever written a note to be found by anyone after a self-harming incident	No	Yes (wrote but didn't do anything or left the note to be found)
Do you keep self-harming equipment anywhere private?	No (know where to obtain); Yes (in bedroom; in bag/box; on me at all times)	No (know where to obtain); Yes (in bedroom; in bag/box; on me at all times)
What are your hopes and ambitions for	What are your hopes and ambitions for	What are your hopes and ambitions for
Are you interested in managing your	Are you interested in managing your	Are you interested in managing your
Generally; how would you describe your	Generally; how would you describe your	Generally; how would you describe your
If depressed; for how long (circumstantial?) Now and then,	If depressed; for how long (circumstantial?) Now and then,	If depressed; for how long (circumstantial?) Now and then,
Is there anything else you want to talk about?		

Appendix B – Suggested script for talking parents/guardians

Please note, not all young people want to be present when you make the phone call home to parents/guardians. . However, it is important to always offer this option to them so they feel involved and are aware of what you have told the parents. Within the cultural context of Oman, it is also important to be aware of attitudes and taboos that exist towards self-harm and suicide. The DSL must assess through listening to the child who is the best person to contact.

Good morning/afternoon _____(name of parent/carer/guardian.)

This is _____ from your child's school.

I am just ringing to let you know that _____ has come to me today in school to tell me that they have harmed themselves.

OR

I am just ringing to let you know that I have noticed that _____ has been self-harming.

Usually parents are quite shocked by the first phone call, so please use lots of reassurance e.g. not uncommon. Depending on the reaction – some suggestions of what to say next:

- This is not uncommon and is a way of them coping at the present time/with difficulties they have described.
- Your child cannot stop self-harming just because you want them to. Self-injury isn't something you can stop because of will power or because you have made a decision. Nor is it a cry for help or attention-seeking.
- Your child is having trouble dealing with emotions and for now, this is the only way they can deal with them.
- Trying to physically restrain your child or prevent them from harming is the worst thing you can do. If a young person feels they are being prevented from doing what they need to do, it can drive the behaviour underground so they are less likely to seek help – or they are likely to feel more out of control. When they feel out of control they are more likely to harm themselves in a worse way.
- This doesn't mean you have to put up with anything and you certainly don't have to accept or approve their self-harming. But what you can say is this: 'OK, we accept that this is where you are now. Let's see how we can help you move forward'. There can be clear boundaries put in place where your child agrees to keep talking to you, the parent and seek help.

They have self-harmed by _____.

They have told me that they are self-harming because _____(please insert reason)

We are going to support him/her in school/setting by _____(insert strategies that you have already discussed with child that you can provide in your school/setting).

You can find further information on what you can do to support your child by _____(insert what you think will be helpful for that particular parent/carer.)

We will send you our Parents Information leaflet and useful websites and helplines home

with your child that you may want to look at. Your child is going to try___(*insert coping strategies discussed*). Please can you support them in trying these out.

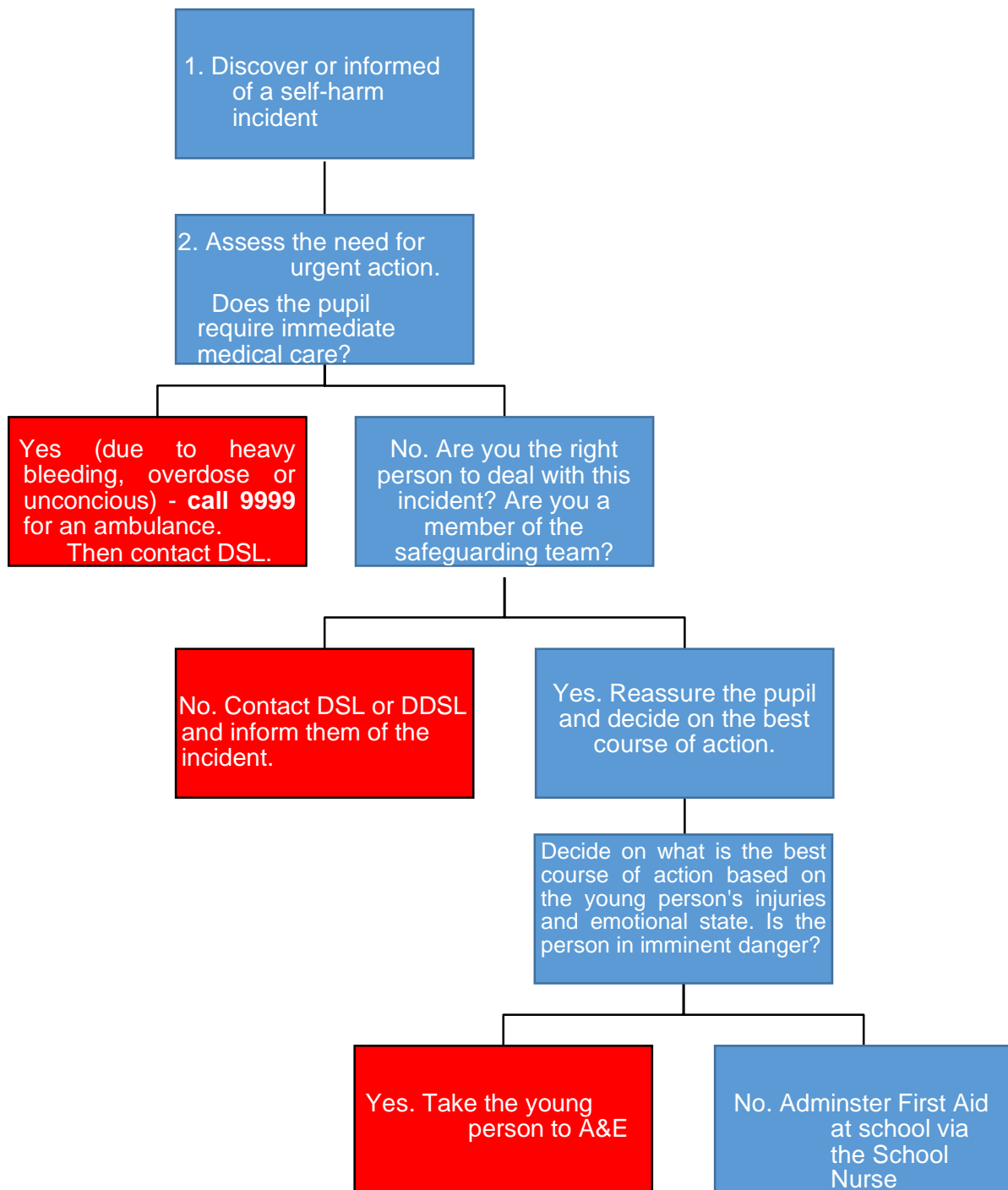
You might want to consider taking your child to see a Family Doctor to have his/her mood assessed.

We are concerned about your child and would like to make a referral to the Ministry of Social Development / Whispers of Serenity Clinic.

You may want to give advice about what to do if their child presents to them with their self-harming injuries. Advice to give might include:

- Stay calm and don't over-react. Your child isn't trying to kill themselves but they're scared, so don't add to it. Sit them down and treat the wound or seek medical attention, if necessary. You don't even have to comment on the fact that it's happened. Don't try to extract information or put pressure on them to talk to you. When they are ready they will come to you and talk. Reassure your child, tell them that you're there to support them and you will get through this together. You can say: 'I don't know what to do or say but I'm worried about you – we need to seek help.'
- You (parents/carers) can make a massive difference very quickly. Try to take the focus off self-harm, as the problem isn't the self-harm, the problem is that someone is distressed enough to do that in the first place. Keep talking but take the self-harm out of the equation e.g. how are you feeling today? Parents have to accept that their child might not want to talk to them about it and may never give an explanation. However, if your child does confide, don't dismiss or trivialise their worries.
- Don't take the self-harming personally. Please don't respond with anger and frustration but enquire how _____ is feeling.
- It's important that however bad parents think things are, they are hopeful of change. Believe and keep believing in your child's capacity to overcome it. Then they'll feel that too. That sounds clichéd but it makes a big difference. The biggest thing that people who self-harm say they want to hear is 'it'll be ok.'

Appendix C - Immediate Intervention Flow Chart



Once the young person is stabilised, both physically & emotionally, you need to gather more information and plan ongoing support.

Refer to the ongoing support guidance.

Fact sheet for Parents/Carers on Self-Harm

It can be difficult to find out that someone you care about is harming him or herself. As a parent / carer you may feel angry, shocked, guilty and upset. These reactions are normal, but what the person you care about really needs, is support from you. They need you to stay calm and to listen to them. The reason someone self-harms is to help them cope with very difficult feelings that build up and which they cannot express. They need to find a less harmful way of coping.

What is self-harm?

Self-harm is any behaviour such as self-cutting, swallowing objects, taking an overdose, hanging or running in front of cars etc. where the intent is to deliberately cause harm to self.

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 body
- Hitting walls with head
- Taking an overdose or swallowing something dangerous
- Self-strangulation
- Risky behaviours such as running into the road

As most self-harm is privately or secretly carried out it can be hard to notice that a young person is self-harming but some signs to look out for are:

- 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

How common is self-harm?

Over the last forty years there has been a large increase internationally in the number of young people who harm themselves. A recent large community study found that in 15-16 year olds, approximately 6.9% of young people had self-harmed in the previous year.

Is it just attention seeking?

Some people who self-harm have a desire to kill themselves. However, there are many other factors which lead people to self-harm, including a desire to escape, to reduce tension, to express hostility, to make someone feel guilty or to increase caring from others. Even if the young person does not intend to commit suicide, self-harming behaviour may express a strong sense of despair and needs to be taken seriously. It is not just attention seeking behaviour.

Why do young people harm themselves?

All sorts of upsetting events can trigger self-harm. Examples include:

- Arguments with family members
- Break up of a relationship
- Failure in exams
- Bullying at school.
- Losing someone close; this could include someone dying or leaving

Sometimes several stresses occur over a short period of time and one more incident can be the final straw.

Young people who have emotional or behavioural problems or low self-esteem can be particularly at risk from self-harm. Suffering a bereavement or serious rejection can also increase the risk.

Sometimes young people try to escape their problems by taking drugs or alcohol. This often only makes the situation worse. For some people self-harm is a desperate attempt to show others that something is wrong in their lives.

What can you do to help?

Try to:

- Keep an open mind
- Ensure any injuries receive appropriate medical attention
- Make the time to listen
- Help them find different ways of coping
- Go with them to get the right kind of help as quickly as possible

Some people you can contact for help, advice and support are:

- Your family doctor
- The KGIS Safeguarding team Email: primaryheadteacher@kgis-edu.com
- Whispers of Serenity Clinic, Oman Tel: 9935 9779
- The Samaritans, UK Tel: +44 (0)8457 90 90 90
- [MIND Information](#) line, UK Tel: +44 (0) 845 766 0163

Helpful Youtube Videos:

- [Self-Harm & Young People: A Guide for Parents and Carers](#)
- [No Harm Done: A Parent's Journey](#)

Appendix E – Guidance for Students

Information sheet for young people on self-harm

What is self-harm?

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

How many young people self-harm?

A recent large study found that about 7% (i.e. 7 people out of every 100) of 15-16 year olds had self-harmed in the last 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 feeling 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; this could include someone dying or leaving

When difficult or stressful things happen in someone'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 build up until the young person feels they 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 showing other people that something is wrong in their lives.

How can you cope with self-harm?

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

Helpful strategies can include:

- Finding someone to talk to about your feelings (this could be a friend or family member)
- Talking to someone on the phone (you might want to ring a help line)
- Sometimes it can be hard to talk about feelings; writing and drawing about your feelings may help.
- Scribbling on and/or ripping up paper
- Listening to music
- Going for a walk, run or other kinds 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 can learn to understand and deal with the causes of the stress that they feel. The support of someone who understands and will listen to you can be very helpful in facing difficult feelings.

- At home - parents, brother/sister or another trusted family member
- In school- speak to a member of the safeguarding team by going to the Admin Corridor or School Nurse at break or lunchtime. Alternatively speak to any member of staff you feel comfortable talking to and they will pass your concerns on to the Safeguarding Team
- Family Doctor - you can talk to your Family Doctor about your difficulties and he/she can make a referral for counselling

Useful help lines and websites

include: -

Young Minds		www.youngminds.org.uk
Whispers of Serenity Clinic, Oman	Tel: 9935 9779	www.papyrus-uk.org
The Samaritans, UK	Tel: +44 (0) 8457 90 90 90	jo@samaritans.org.uk
MIND Info line, UK	Tel: +44 (0) 845 766 0163	



Calm Harm is a free app that provides tasks to help you resist or manage the urge to self-harm. You can make it private by setting a password, and personalise the app if you so wish. You will be able to track your progress and notice change.

Please note the app is an aid in treatment but does not replace it.

YouTube: [No Harm Done: Things Can Change](#)

My friend has a problem - How can I help?

- You can really help by just being there, listening and giving support.
- Be open and honest. If you are worried about your friend's safety, you should tell an adult. Let your friend know that you are going to do this and you are doing it because you care about him/her.
- Encourage your friend to get help. You can go with them or tell someone they want to know.
- Get information from telephone help lines, website, library etc. This can help you understand what your friend is experiencing.
- Your friendship may be changed by the problem. You may feel bad that you can't help your friend enough or guilty if you have had to tell other people. These feelings are common and don't mean that you have done something wrong/not done enough.

- Your friend may get angry with you or say you don't understand. It is important to try not to take this personally. Often when people are feeling bad about themselves they get angry with the people they are closest to.
- It can be difficult to look after someone who is having difficulties. It is important for you to find an adult to talk to, who can support you. You may not always be able to be there for your friend and that's OK.