

Self-Injury Procedure			
Current Status	Operational	Last Review:	September 2023
Responsibility for Review:	Group Head of Welfare and Safeguarding	Next Review:	July 2025
Roles Responsible for Review:		Originated:	September 2023
Approved by:	SET Curriculum	Committee:	
Type of Policy:	Staff / Students	Quality Assured by:	

1. Introduction

- 1.1. This policy is for the benefit of all students within the Eastern Education Group (EEG). It is important to recognise and support those who self-harm or at risk of self-harm.

2. Purpose

- 2.1. To safeguard all students who study at any of the colleges within EEG and provide a structure of action for students who self-harm.
- 2.2. Students who self-injure will be supported and, where appropriate, will be referred to agencies who offer therapeutic support.
- 2.3. While occasional first aid support may be necessary, continuous intervention from any party in the college is not acceptable. In these instances, students who self-injure regularly will be closely monitored and will be subject to the following measures: -
- a) Injuries will be treated by first aid and students will be supported by Student Welfare.
 - b) Referrals to relevant agencies will be made for the student to receive therapeutic support.
 - c) If blades or sharp implements of any type are being used in college, these will be considered offensive weapons and will be removed from the student and placed in a sharps box.
 - d) A meeting will be held with the student and where the student is under 18 their parents, and the incidents will be discussed which could result in a disciplinary action.
 - e) Any further occasions of self-injuring will result in a fitness to study letter being issued.

3. Appendix A provides information and advice for staff on the issue of self-injury.

Appendix A - Information and Advice for Staff

What is self-injury?

Self-injury is a wide definition that includes eating disorders, self-injury, risk-taking behaviour, and drug / alcohol misuse. This policy focuses on the self-injury aspect of self-injury; however, support is available for any behaviour which is deemed to be harmful to our students.

Self-injury is a coping mechanism. An individual harms their physical self to deal with emotional pain, or to break feelings of numbness by arousing sensation.

Self-injury is any deliberate, non-suicidal behaviour that inflicts physical harm on the body and is aimed at relieving emotional distress. Physical pain is often easier to deal with than emotional pain and injuries can prove to an individual that their emotional pain is real and valid. Self-injuring behaviour may calm or awaken a person. Yet self-harm only provides temporary relief, it does not deal with the underlying issues. Self-harm can become a natural response to the stresses of day to-day life and can escalate in frequency and severity. Self-harm can include but is not limited to, cutting, burning, banging, bruising, and scratching. It is often habitual, chronic, and repetitive; it tends to affect people for months and years.

People who self-harm usually make a great effort to hide their injuries and scars and are often uncomfortable about discussing their emotional inner or physical outer pain. It can be difficult for young people to seek help from the NHS or from those in positions of authority, perhaps due to the stigma associated with seeking help for mental health issues. Self-injury is usually private and personal, and it is often hidden from family and friends. People who do show their scars may do so as a reaction to the incredible secrecy, and one should not assume that they are attention seeking, although attention may well be needed.

Self-injury is not

Like any behaviour, self-injury may be used to attract attention, but this is not usually the focus of chronic, repetitive self-injury. If self-injury is being used in order to gain attention, one must look to find the reasons as to why someone is in such dire need of attention. It could be there is a problem at home, or issues of bullying, and they feel that no one is listening or hearing them.

Self-injury is not about seeking attention, a way of fitting in or a response to music, films or the 'emo' or 'gothic' culture. Prejudices and perceptions may lead people to believe they 'know' that self-injury is linked to a certain demographic or background, but each person is unique and will have found self-injury by their own route and rely on it at times of stress due to the release and relief it offers them.

Risk factors associated with self-injury.

Self-injury is a coping mechanism, it is important to recognise and respond to the underlying reasons behind a person's self-injury.

Risk factors include, but are not limited to:

- Low self-esteem
- Perfectionism
- Mental health issues such as depression and anxiety
- The onset of a more complicated mental illness such as schizophrenia,
- Bi-polar disorder or a personality disorder
- Problems at home or school
- Physical, emotional, or sexual abuse

Warning signs possibly associated with self-injury.

Warning signs may not be visible but some of the things below may indicate a student is suffering internally which may lead to self-injury:

- 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.
- Physical signs indicating self-injury may be occurring.
- Obvious cuts, scratches or burns that do not appear of an accidental nature.
- Frequent 'accidents' that cause physical injury.
- Regularly bandaged arms and / or wrists
- Reluctance to take part in physical exercise or other activities that require a change of clothes.
- Wearing long sleeves and trousers even during hot weather

Although self-injury is non-suicidal behaviour and relied on as an attempt to cope and manage, it must be recognised that the emotional distress that leads to self-injury can also lead to suicidal thoughts and actions.

All incidents of self-injury must be taken seriously. The underlying issues and emotional distress must be thoroughly investigated, and necessary emotional support given, in order to minimise any greater risk.

N.B It is important to recognise that none of these risk factors may appear to be present. Sometimes it is the outwardly happy, high-achieving person with a stable background who is suffering internally and hurting themselves in order to cope.

Responsibilities / Management

The designated members of staff responsible for all incidents relating to self-injury are the Welfare Manager, Senior Welfare Officer, and Welfare Officers. They will record all incidents.

All staff

- Must be aware of their responsibilities if a student discloses self-injury intentions.
- React positively to any students who disclose self-injury by actioning and following the procedure.
- Refer students disclosing self-injury or suicidal intentions to the Student Welfare Team immediately.
- Inform students they are making a referral.
- Gain consent for the referral where possible.

Student Welfare Team

- Action immediately (where practicable) incidents of self-injury disclosure where imminent risk is identified.
- Implement processes for students to gain control and establish what they would like to happen, and the support required.
- Respect students' confidentiality and dignity.
- Promote healthy coping mechanisms and empower students to make positive changes.
- Provide access to information and resources.
- Refer to outside support agencies where appropriate as needed.
- Record and monitor incidents of self-injury disclosure.
- Maintain links with key organisations which support issues of self-injury, including counselling and mental health services.
- Identify when to involve other organisations, such as Social Services.
- Monitor own emotional wellbeing and seek support as necessary.
- Provide training and information to staff on self-injury.
- Provide materials and resources for teaching staff, to raise awareness of self-injury and support available.

Revision History – Self Injury policy

Revision date	Reason for revision	Section number	Changes made
Oct 23	Annual Review		New procedure – created from an existing West Suffolk college procedure to cover all of EEG