

Guidance in responding to incidents of self-harm

Also see: first aid policy

Our vision is to provide pupils with the confidence, skills and ambition to achieve a successful and productive life. We aim to ensure they leave the school with a 'new day, new opportunity' ethos and are capable of becoming positive members of their communities. To do this, we have 3 principles that underpin our policies, practices and everything we do:

- Everyone can learn, achieve and has the potential to be successful
- Positive relationships are key to success and are underpinned by mutual trust, respect and caring for one another
- We have high expectations in everything we do

W onderful

E xcellent

L ovely

C lever

O utstanding

M agnificent

E nthusiastic

(Acronym created by White Trees pupils)

Reviewed by SLT and the Governing Body,

Created by the Head Teacher, July 2020

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INTRODUCTION

The main aim of this model guidance is to provide support for staff working in schools supporting children and young people who are either self-harming or at risk of self-harm or suicide. This will ensure a consistent, caring and appropriate response.

The guidance aims to support school staff to feel confident, informed and able to support children and young people most at risk.

The guidance will ensure that staff know whom they should inform, which agency should be contacted and what steps need to be initiated if deliberate self-harm is witnessed or suspected. This will ensure a coordinated response which includes provision of adequate support for the pupil, other pupils who have witnessed or know about the self-harm, and members of staff who may be experiencing significant shock or distress following a pupil's disclosure or the discovery of self-harm.

The guidance outlines model processes for managing self-harm in schools, in a crisis situation and where a pupil is not in immediate need of medical attention or on return to school following a crisis situation.

The guidance outlines best practice and identifies tools, techniques and practical ideas. The following principles underpin this policy:

- Duty of care is, as always, paramount.
- The child or young person is central to the whole process and should be given appropriate priority by all involved.
- All school colleagues will adhere to a consistent response to and understanding of self-harm.
- The emotional wellbeing and mental health of the child and young person must be supported, and harm minimised.
- The child or young person will be supported to access service(s) which will assist the child
 or young person with opportunities and strategies for hope and recovery from the effects of
 self-harming and the risk of future harm minimised.

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Flow Chart

Model process for managing self-harm in schools in a crisis situation

Staff member witnesses or is Staff member suspects a pupil informed that a pupil self-harm has self-harmed and is in need by pupil themselves or a friend of immediate medical attention Contact emergency services if injury is life-threatening or if Locate pupil pupil is suicidal Call for help from colleague Administer First Aid If the pupil is taken to hospital, emergency protocols Log injury on CPOMs & log any first aid provided in pupil first aid logbook for treatment and care will be Ensure DSL is alerted on CPOMS implemented and a CAMHS Liaise with DSL - DSL to liaise with appropriate external agencies referral will be activated by Inform parents/carers (SureCare home can be informed by DSL on CPOMS) unless clear reason the hospital not to On pupils' return to school, Follow safeguarding procedures if necessary aging sel their risk assessment and Team Leader & key staff to adapt individual risk assessment/action plan, accordingly, ensuring action plan will be modified taff who work with the pupil are fully aware of any changes/updates. Pupil shows signs and symptoms and accord this being snarea with the Self-disclosure or peer disclosure of Pupil returns to school Staff member suspects recent or previous Self-disclosure or peer disclosure of thoughts of self-harm to staff pupil self-harm (not in need of treatment) recent or previous pupil self-harm to staff self-harm)

Staff member logs on CPOMS alerting DSL

- DSL assess risk with the information available and makes a decision about the relevant course of action which may include identifying the most appropriate member Low/medium risk
- Staff member meets with pupil and discusses supportive strategies/sets action plan with the pupil where appropriate
- Explain confidentiality

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- Inform parents/carers unless clear reason not to
- Follow safeguarding procedures if necessary
- Involve parents/carers and other professionals as necessary/appropriate
- Encourage and help pupil and family to access services
- Refer to therapist if appropriate
- Encourage parent/carer to take pupil to the doctor for a CAMHS referral

following crisis (pupil

High risk/crisis

Refer to crisis situation process

Debrief with DSL/senior colleagues and set a professional action plan if necessary
 Consult with relevant health/social care practitioners if necessary
 Ensure all information necessary is kept recorded and up to date on CPOMS

 Review with pupil
 Onwards support plan

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IDENTIFYING SELF-HARM

There are several ways in which a staff member might discover that a pupil is self-harming. A staff member may witness or be informed of pupil self-harm by the pupil themselves or a friend. A staff member may suspect a pupil has self-harmed which may need immediate medical attention, or may be recent or historical. A pupil might self-disclose self-harm, recent or previous, or a friend may disclose information. A pupil may disclose thoughts of self-harm or a friend may disclose this.

Signs and symptoms are sometimes absent or easy to miss. It is not uncommon for individuals who self-harm to offer stories which seem implausible or which may explain one, but not all, physical signs. If a pupil says they are not self-harming or evades the question, you can keep the door open by reminding them that you are always available to talk about anything, should they so wish. Try to stay connected to the pupil and look for other opportunities to ask, particularly if there are continuing signs that your suspicion is correct.

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

Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm, January 2012

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

Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm, January 2012

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CONFIDENTIALITY

Professionals should adhere to their own school guidelines regarding information sharing and confidentiality. The child/young person must be involved wherever possible and consulted on his/her views. Professionals should always take age and understanding into account when involving children and young people in discussions and decision making.

There should be clear explanations about what is going to happen and the choice and rationale for certain courses of action.

It is important not to make promises of confidentiality that you cannot keep.

Professionals should tell a child/young person when they may have to share information without their consent.

Information given to professionals by a pupil should not be shared without the child/young person's permission except in exceptional circumstances. Such exceptional circumstances will include:

- A child is not old enough or competent enough to take responsibility for themselves
- Urgent medical treatment is required
- The safety and wellbeing of a child/young person is at risk or there is the possibility of harm to other (i.e. child protection or suicide)
- By virtue of statute or court order
- For the prevention, detection or prosecution of serious crime

If there is reasonable professional concern that a child may be at risk of harm this will always override a requirement to keep information confidential. If a child or young person reveals they are at risk, staff should follow the schools safeguarding process immediately.

ASSESSING RISK

There is a need to initiate a prompt assessment of the level of risk self-harm presents.

Unless the pupil is in obvious emotional crisis, kind and calm attention to assuring that all physical wounds are treated should precede additional conversation with the pupil about the non-physical aspects of self-harm. Questions of value in assessing severity might include:

- Where on your body do you typically self-harm?
- What do you typically use to self-harm?
- What do you do to care for the wounds?
- Have you ever hurt yourself more severely than you intended?
- Have your wounds ever become infected?
- Have you ever seen a doctor because you were worried about a wound?

Collecting basic information is also important in determining the need for engagement of outside resources. Questions might include aiming to assess:

- history
- frequency
- types of method use
- triggers
- psychological purpose
- disclosure
- help seeking and support
- past history and current presence of suicidal ideation and/or behaviours

In general pupils are likely to fall into 1 of 2 risk categories:

Low risk pupils

Pupils with little history of self-harm, a generally manageable amount of stress, and at least some positive coping skills and some external support.

Higher risk pupils

Pupils with more complicated profiles – those who report frequent or long-standing self-harm practices; who use high lethality methods, and/or who are experiencing chronic internal and external stress with few positive supports or coping skills.

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LOGGING INCIDENTS

It is vital to log all incidents of self-harm. All information should be logged on CPOMS as soon as practicably possible.

SUPPORTING THE PUPIL

"Supporting someone who self-harms can be very difficult and challenging. It can create many feelings, including fear, anger, frustration, helplessness and sadness.

It is very important that people supporting the young person are in turn supported (e.g. by friends, colleagues and managers) to help them to deal with their feelings.

The most important thing is to take the concerns of the young person seriously no matter how petty or frivolous they may appear."

Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm, January 2012.

Staff have access to the school's staff mental health first aid worker and will also be provided with termly supervision meetings with their line managers. Furthermore, all school staff also have access to the Employee Assistance Programme. Senior management also have an open door policy where staff can come in and discuss any concerns as and when they need to.

An information sheet for young people who self-harm is included on the next page along with a list of useful websites and phone numbers on the following page.

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INFORMATION SHEET

(From the "Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm" published January 2012)

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 in the UK 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- school counsellor, school nurse, teacher, teaching assistant or other member of staff
- GP- you can talk to your GP about your difficulties and he/she can make a referral for counseling *Useful helplines and websites include:*

Young Minds. Tel: 0808 802 5544. www.youngminds.org.uk
Papyrus HOPELineUK. Tel: 0800 068 414. www.papyrus-uk.org

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The Samaritans. Tel: 08457 90 90 90.

MIND information line. Tel: 0845 766 0163

Youth Access. Tel: 0208 772 990

Childline. Tel: 0800 1111

Health & Mental Wellbeing. www.thesite.org/health

National Self Harm Network Tel: 0800 622 6000 www.nshn.co.uk

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.

ENGAGING FAMILIES

Where appropriate, the pupil should be encouraged to call his or her parents to talk about what has happened. The DSL should also talk to the parent/carer. In the event that a pupil is reluctant to contact his or her parents, school staff must take responsibility and alert parents that their child may be at risk of harming him or herself in the future.

It is recommended that the school provides parents with both community and web-based resources for understanding and effectively addressing self-injury.

The school should expect to see a wide range of reactions from parents/carers. Some will respond quickly and favourably, but others may need more time and help in coping with their thoughts and feelings. What if parents feel guilty? Parents may think their child is self-harming because of something that they did or did not do as a parent. If parents seem to be struggling with guilt or frustration, it may be helpful to remind them that they can also get counselling for themselves at this time.

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What if parents are dismissive? The school's role is to encourage parents to be more responsive to their child's needs.

What if the parents are cross? The school's role is to encourage parents to try and understand what their child might be going through, recognize that their child is suffering, and approach their child from a non-judgemental stance.

How should we deal with parents that have extreme reactions? The school's role is to gently suggest that the parents seek outside counselling/support services.

How can we encourage collaboration? Schools must encourage parents and pupils to see and use school staff as resources.

What if the parents are absent or unable to act as a resource and advocate for their child? The school must take the initiative and act as an advocate for the pupil.

Whilst it is important to validate parent's reactions, it is worth remembering that certain parental attitudes towards self-harm can promote, trigger or maintain the behaviour.

FACT SHEET FOR PARENTS/CARERS ON SELF-HARM

(From the "Multi Agency Guidelines for Professionals Working with Children and Young People Who Self- Harm" published January 2012)

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.

How common is self-harm?

Over the last forty years 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,

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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 or bullying at school. 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
- 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
- School Health Nurse/Health Visitor

Young Minds Parents Information Service: 0808 802 5544

Papyrus HOPELinkUK: 0800 0684141

The Samaritains: 08457 90 90 90

MIND Information line: 0845 766

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Youth Access: 0208 772 9900

WHOLE SCHOOL EDUCATION AND AWARENESS RAISING

Provision of support for other students who have witnessed/know about self-harm

Social contagion refers to the way in which behaviour like self-harm can spread among members of a group.

The risk for contagion is increased when high-status or "popular" pupils are self-harming or when self-harm is used as a means for pupils to feel a sense of belonging to a particular group.

To prevent social contagion in schools, staff must reduce communication around self-harm. If a pupil is self-harming, he or she should be advised not to explicitly talk with other students about engaging in self-harm. Staff should also help pupils manage scars and wounds and visible scars, wounds and cuts should be discouraged.

To prevent social contagion, pupils must not be given explicit details about self-harm. This means that holding a whole-school assembly is not appropriate. However, educating pupils about signs of distress in themselves and others, as well as teaching the use of positive coping skills, is appropriate. This is most effective as part of a programme of PSHE education which incorporates aspects of children and young people's emotional wellbeing and mental health. Schools may choose to use elements of the SEAL programme to teach about these issues.

Provision of support for members of staff who may be experiencing shock/distress following disclosure or discovery of self-harm

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Staff members need to monitor and care for their own wellbeing on an ongoing basis. Supporting a child or young person who is self-harming can be upsetting as well as rewarding. It is important for the staff member involved to be aware of their own mental health and to acknowledge any distress they may feel. Line Managers need to be careful to ensure that staff members feel they can access appropriate support whenever they need it, but particularly when dealing with these kinds of incidents. Staff can also try some of the self-care techniques to relieve the stress they may feel.

STAFF TRAINING

All school staff receive training around Self-harm, via Edu Care and external and internal training. All school staff are aware of who the DSL is and what that role is with regards to pupil self-harm.

Staff can access more training and courses via CPD and can identify this as part of their performance management targets – to support accessing further training in this area.

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