Self-Injury Policy for School

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. School staff can play an important role in preventing self-harm and also in supporting students, peers and parents of students currently engaging in self-harm.

Scope

This document describes the school's approach to self-harm. This policy is intended as guidance for all staff including non-teaching staff and governors.

Purpose: In keeping with the school's values, vision and aims, this policy aims to address the issue of self –injury, covering the following aspects:

- How to deal with pupils who self-injure and how to offer support in the short and long-term depending upon the individual needs of the pupil.
- How to help all pupils improve their self-esteem and emotional literacy.
- How to support staff members who come into contact with students who self-injure.
- How to prevent self-injury from spreading within the school.
- Ensuring that there are clear guidelines for staff – who needs to be informed, when do parents and outside agencies need contacting?
- Education about self-injury for pupils and staff

Aims

- Build upon and strengthen the knowledge and skills of staff in understanding and responding appropriately to young people at risk of self-harm and suicide
- Develop and maintain the quality of support, advice and guidance offered to young people at risk of self-harm and suicide
- Ensure consistency of response across all school staff
- To alert staff to warning signs and risk factors
- To provide support to staff dealing with students who self-harm
- To provide support to students who self-harm and their peers and parents/carers

Principles

The following principles underpin all the guidance that follows:

- Recognising the importance of empowering young people with support to make positive changes
- Placing the views of the young person at the centre of all our work with them
- Recognising that young people want to be heard and understood and treated as individuals
- Acknowledging that everyone can do something to help young people who self-harm or those who at risk of suicide
- Recognising that being clear about confidentiality and informed consent is very important to young people
- A non-judgemental, non-blaming, competent, calm and trustworthy approach from practitioners offering support is highly valued by young people
- All staff will have an awareness of the impact of self-harm and suicide on the young person's family and friends
- All staff working with young people at risk of self-harm and suicide need support, supervision and training
- Staff can help young people to work towards minimising harm and finding alternative coping strategies
- The aim of helping young people who self-harm is maximising their health and happiness.

Definition of Self-Harm

Self-injury is any deliberate, non-suicidal behaviour that inflicts physical harm on someone's own body and is aimed at relieving emotional distress. It can include:

• Cutting, scratching, scraping or picking skin

• Engaging in risky behaviour

• Punching walls, windows or other objects or engaging in frequent fights

• Swallowing hazardous materials or substances, or inedible objects

• Burning or scalding

• Hair-pulling

• Banging or hitting the head or other parts of the body

• Scouring or scrubbing the body excessively

For this guidance self-harm is understood as physical injury inflicted as a means to manage an extreme emotional state - it can be life saving or self-destructive.

The terms 'suicide' and 'suicidal behaviour' are used in this document to mean a deliberate act that is intended to ends one's life.

While self-injury and suicide are separate, those who self-injure are in emotional distress, and those who end their lives are also in emotional distress. It is vital that all emotional distress is taken seriously to minimise the chances of self-injury, and suicide. All talk of suicide and warning signs must be taken extremely seriously.

Why do young people self-harm?

Each individual's relationship with self harm is complex and will differ, therefore avoid making judgements or assumptions about motivation for self-harm. However self-harm is often primarily a coping strategy which can serve various functions including dealing with distressing experiences and difficult emotions.

Most coping mechanisms are 'adaptive' in that they help us cope/adapt in the short term. Others might be considered 'maladaptive' in that they help us cope in the short term, but may be considered harmful to us emotionally or physically. Although self-harm is maladaptive it can be considered a valid way of coping with distressing thoughts or emotions if a young person has no alternatives available.

Young people may resort to self-harm at times when they feel overwhelmed, exposed, anxious, stressed, angry or unable to cope.

Self-harm can lead to feelings of relief, calmness and of being in control.

Some young people also self-harm to deal with feeling unreal, numb, isolated or disconnected. Self-harm in these circumstances can awaken the young person and lead to feeling more real, more alive, functioning and able to cope in the short term.

For some young people self-harm is a way of expressing their distress nonverbally, often in the absence of the ability (for whatever reason) to articulate this verbally. Self-harm should not be dismissed as 'attention-seeking' behaviour, however superficial it appears. It is almost always a sign that something is wrong and needs to be taken seriously.

Some young people self-harm with the intention of making themselves unattractive to others or to keep people at bay.

Some young people self-harm because physical pain seems more real and therefore easier to deal with than emotional pain. Young people may feel that their injuries are evidence that their emotional pain is valid.

For some the sight of blood and bleeding represents a release of emotions. There is some evidence that when the body experiences injury, a group of neurochemicals may lead to a feeling of calm and wellbeing.

Common misperceptions about self-harm and suicide

Sometimes people think that they should not respond to self-harm as it is 'attention seeking' or 'manipulative' behaviour. If a child or young person is seeking attention through self-harming behaviour they are communicating their very real need for attention or help

Children and young people self-harm as a way of fitting in, or as a response to media such as film or music, or to 'emo' or 'goth' culture. Young people who have similar needs may gravitate towards one another, but reasons for self-harm will not be to fit in.

Self-harm is just a usual part of adolescent development. Self harm is not a usual part of adolescent development or a 'phase'. It is employed where a young person may feel they have no alternative coping strategy

Those who talk about suicide are least likely to attempt it. Those who talk about suicidal feelings do attempt suicide. The experience of the Samaritans shows that many people who take their lives will have given warning of their intentions in the weeks prior to their death.

Talking about suicide encourages it. On the contrary, giving someone the opportunity to explore their worst fears and feelings may provide them with a lifeline which makes all the difference between choosing life and choosing to death.

Self-harm is a suicide attempt. Self-harm is often considered only in the context of suicide - more often in fact self-harm is a survival strategy rather than an attempt to end life. For the vast majority of young people self-harm is a coping strategy intended to help them continue with life not end it, however statistics do show a strong correlation between self-harm behaviour and completed suicide. Young people who self-harm are at a higher risk of completing suicide than the general population (Hawton and James, 2008).

Young people self harm because of what they have seen on the internet. It is recognised that due to the dynamic nature of the internet, research into the impact on emotionally vulnerable young people will always lag behind. However in relation to self-harm and suicidal thoughts, the current view is that the internet has both positive and negative influences. For example, whilst images of self harm may maintain periods of unhelpful thoughts, isolated young people can also find supportive contacts (Daine et al, 2013). Based on current evidence there is no straightforward conclusion; however, what is clear is that a balanced view should be maintained and it is crucial that staff are aware of positive sources of information and support, encourage online safety generally, as well as supporting parents and carers to build their own understanding of cyber use to ensure online safety generally.

Risk Factors

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

Individual Factors:

• Depression / anxiety

• Poor communication skills

• Low self-esteem

• Poor problem-solving skills

• Hopelessness

• Impulsivity

• Drug or alcohol abuse

Family Factors

• Unreasonable expectations

• Neglect or physical, sexual or emotional abuse

• Poor parental relationships and arguments

• Depression, self-harm or suicide in the family

Social Factors

• Difficulty in making relationships / loneliness

• Being bullied or rejected by peers

Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should **always** be taken seriously and staff observing any of these warning signs should seek further advice from the Child Protection Officer – Liz Raynor, or in her absence, Deputy Child Protection Officer, Jacqui Walsh.

Warning signs could include:

• Changes in eating / sleeping habits (e.g. student 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

• Talking or joking about self-harm or suicide

• Abusing drugs or alcohol

• Expressing feelings of failure, uselessness or loss of hope

Staff Roles in working with students who self-harm

Students may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. School staff may experience a range of feelings in response to self-harm in a student such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to students it is important to try and maintain a supportive and open attitude – a student who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.

Students need to be made aware that **staff cannot promise confidentiality, even if a child or young person asks them not to share the information**.

Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm, or a student who has spoken of suicidal thoughts, should consult the Child Protection Officer, Liz Raynor, or in her absence, Deputy CPO Jacqui Walsh and log all information on myconcern as soon as possible.

If there is any indication, suspicion or evidence that the child or young person is at immediate risk of harm, i.e. the injury needs medical attention or the child has ingested tablets or substances, the member of staff should contact the CPO Liz Raynor, or Deputy CPO Jacqui Walsh or Susan Cowan and phone the emergency services before contacting a parent or carer. If these staff members are not available, the House Managers should be consulted.

Following a discussion with the member of staff, the CPO or Deputy CPO will decide on the appropriate course of action. This **will always include contacting parents or carers unless doing so would put the child or young person at risk of harm.**

The appropriate course of actions could include:

- First Aid treatment for the injury
- Advising parents or carers to take the child or young person to the GP
- A referral to the school nurse
- A referral for additional support for the child or their family
- A referral to the School Counsellor or Youth Mentor

- A discussion with the child's CAM or other relevant staff whom the child trusts
- Additional support through changes to the child's timetable or a Time Out card and a safe space for the child to go
- Giving the child or young person advice on strategies to help them manage their feelings

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

Initial response

Young people report that telling someone about self-harm or suicidal feelings can initially make their situation worse. It may set off a chain of events that the young person had not anticipated leading to more worry and distress. Young people often worry about the reaction they will get and the effect it will have on relationships with family and friends. This can prevent them seeking help. They may fear being labelled an 'attention seeker' or placing burdens on those around them, or else their concerns being dismissed. They will have concerns about what happens next and who else will be told. It can therefore take a lot of courage to make a disclosure of self-harm or thoughts of suicide to an adult.

Regardless of how you feel about what you have been told by the young person, they may have chosen you because they trust you. This could be the first time they have told anyone so your reaction is very important. You may find the following tips helpful when considering your response to a disclosure of self-harm:

- Be clear about the limits of confidentiality from the start
- Acknowledge their distress and show concern. For example: "That sounds very frightening. Let's see what we can work out together to help."
- Use active listening. For example: "Can I just check that I have understood what you mean?"
- Do not focus solely on the self-harm but try to understand the reasons why they have self-harmed
- Be non-judgemental and do not react with shock or distaste
- Present yourself as confident and in control (however you may feel inside). For example: "Let's work through this together to find a way forward."
- Talk at their pace and give them time to talk
- Don't make promises. Be realistic about what you can and can't do.
- However, don't avoid talking about self-harm with the young person. Talking about it won't make matters worse but ignoring it may make the young person feel alone and unheard
- Be interested in them as a person and not just as someone who self-harms
- Do not tell them to stop or make ultimatums. This will not work
- Ask the young person what they want to do and plan the next steps together.
- Log the information on myconcern.

Record keeping

A self harm risk assessment form should be completed where there are ongoing concerns about self injury or suicidal thoughts or intentions. This information should be stored in the student's Child Protection file and added as an attachment to the report on myconcern. Where more than one member of staff has been involved, they should complete the record jointly. A copy of the Risk Assessment Form is at the back of this policy document.

It is important to encourage students to let you know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be very dangerous and that by seeking help and advice for a friend they are taking responsible action & being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner.

The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. Any member of staff wishing for further advice on this should consult one of the designated teachers for safeguarding children.

When a young person is self-harming it is important to be vigilant in case close contacts with the individual are also self-harming. Occasionally schools discover that a number of students in the same peer group are harming themselves.

Assessing risk

Many young people who self-harm do so in a way that is controlled and so that they do not, for example, cut deeply or harm themselves in a way that requires medical attention. However it is important to recognise that, as with all maladaptive coping strategies, self-harm can become a usual response to daily stresses and can therefore escalate in severity. Sometimes practitioners can become complacent where the same child or young person presents with self harm on a regular basis, but it is very important to reconsider risk each time, as there are situations or factors however that increase the level of potential risk to someone's safety.

When working with young people it is essential to develop an understanding of the level of risk that they present to themselves and to remember that this can change over time - the meaning or intent may change depending on the young person's mood or circumstances. It is important to talk with young people about these issues - it will not make things worse.

Factors that increase risk relating to self-harm include:

- The use of alcohol or drugs when self-harming. This can make an individual more reckless and impulsive
- The young person feeling hopeless about life, whether it be not caring whether they harm themselves or actively wanting to die
- Methods of self-harm. Where there is a higher risk of accidental or unanticipated severe harm e.g. frequent small overdoses may cause long-term harm
- An increase in frequency of self-harm or a feeling that they have to do more to feel the benefits.

Who is at risk of suicide?

Anyone is at risk but there are some specifically vulnerable groups identified in 'Preventing suicide in England: A cross-government outcomes strategy to save lives' (Department of Health, 2012):

- Young people who are misusing drugs or alcohol
- Looked after children
- Young men
- People in the care of mental health services
- People with a history of self-harm
- People in contact with the criminal justice system
- Those who have attempted suicide before

Please remember that risk factors help us identify those young people who may be vulnerable to self-harm and suicide, but they are not predictive. This is also not an exhaustive list and if either you or the young person feel concerned about the level of risk to their safety, it is important to discuss this and to agree a plan i.e. a safety plan.

If the young person is expressing a wish to die and says that they have a plan of what to do you must ensure that they are seen urgently by their GP or attend the local Emergency Department who will access mental health services as appropriate. Remember accessing emergency services takes priority over maintaining confidentiality in these circumstances.

Understanding more about a young person's self harm

The Risk Assessment Form included in the appendices gives staff detailed guidance about how they might endeavour to find out more about the risks associated with self harm during an initial conversation. The following suggestions can be helpful:

- Find out how the young person has been feeling. Are there 'up and downs'? Are there underlying difficulties – bullying, school stressors relationship issues?
- How are these issues related to the self harm – are there specific triggers?
- What measures have been taken to address these underlying issues? Have they helped?
- Are there times when they can use other coping strategies? What other strategies do they have?
- Regarding self harm – when does it happen? How often? Who knows about it? Has it changed over time i.e. increased in frequency, severity or mode?
- What do they feel would help right now?
- Have they ever felt that life is not worth living?

When assessing the level of risk and the most appropriate response, it is important to consider our wider understanding of the young person – what are the protective and risk factors? The following questions can help us to further understand the level of risk:

- Do they have a positive support network?

- Are there clear changes in their presentation?
- Have there been changes in behaviour, grades, attitude?
- What is the family context?
- Consider the types of support available – contact with the school nurse or counselling service?

Suicidal thoughts

It is essential that any child presenting with evidence of self harm, or making a disclosure regarding self harm, is asked whether they have thought about taking their own life.

Staff should only ask this question if they feel able to, and if they are confident that they can respond appropriately regardless of how the child answers the question. If staff do not feel comfortable about asking the child whether they have thought about taking their own life, they need to make sure that the Child Protection Officer is aware that this question has not been asked, so that the CPO can ensure that another member of staff asks the child in order that an accurate risk assessment can be made.

Questions that might be asked include:

- Have they ever thought about suicide?
- How often do these thoughts come into their mind?
- Are these thoughts that they can ignore?
- Are there things that they can do to take their mind off these thoughts?
- Do they ever hear these thoughts as voices telling you to harm yourself?
- Do they feel hopeless about their future?
- Do they feel that they would act on these thoughts?
- Are they worried that they might act on them?
- Do they feel safe right now?
- What stops them from acting on these thoughts?
- Have they ever made any plans to take their own life?
- What did they plan to do?
- Do they have a plan at this time?
- Have they thought about when this might happen?
- Have they ever researched methods or spoken to anyone else about ways to die?
- Do they have anything that they would use to harm themselves such as pills, weapons etc?
- Where is this?
- Have they ever tried to kill themselves in the past? What happened? What stopped them? Did they go to someone for help? Do they feel the same right now?

What to do next

If suicidal thinking is fleeting, with no clear intent or planning and is contextual to a wider mood issue, consider access to primary support e.g. school nurse, counselling service, etc.

Are parents aware? If not, what are the young person's concerns about telling them? Students need to be aware that it is school policy that parents or carers are informed unless doing so would place the child or young person at risk of significant harm. In this case, additional services would be informed.

Safety planning

If school staff are given any reason to believe that a child has suicidal thoughts, or has thought about or engaged in self harm, this information must be shared with the Child Protection Officer and a safety plan must be drawn up.

A safety plan is a collaborative agreement including the young person, family and relevant staff, usually the Child Protection Officer and the House Manager or House Support Officer. It should include:

- The warning signs for distress Triggers? Situations?
- What actions the young person will take to maximise safety; e.g. letting someone know, staying in public areas, focusing on a distraction task, 'safe pain' techniques, talking to positive friends etc.
- What actions family will take; e.g. remove access to lethal means, agree frequency of checks, keeping room door open, spend time with the young person engaging in distraction, time to talk or listen, plan activities.
- Ensure they have contact details for emergencies and a clear plan of action if they feel unable to keep the young person safe.
- What actions school will take; e.g. provide a safe space in school, named adult to talk to, encouragement to engage in lessons and activities, address underlying issues, review timetable as appropriate, access to counselling or school nurse, build confidence and self esteem through positive activity and responsibility.

Working with young people and their families

Young people and their families may have different views and feelings regarding self-harm and may struggle to understand each others' experience. For staff trying to help it is often difficult to achieve a balance and support everyone involved. **Don't feel you need to manage this by yourself.** It is not unusual for more than one person to provide support.

Self-harm within families can make people feel helpless and it is therefore important to help them to explore these feelings in a safe way. It is important for all involved to remain open-minded, non-judgemental and to respect the views of all family members to reduce feelings such as blame, guilt or shame being directed at any one individual. Young people often have reservations about their family being aware of their self-harm.

Here are some ways you can help the young person feel more comfortable about their family becoming involved:

- Discuss any possible concerns and the benefits of their family's involvement
- Be clear about what you have both agreed can be shared with the family
- Agree what the young person would like to achieve through their family's involvement. The young person may say that they do not want their family involved. However, as school staff we have a duty of care and the safety of the young person is paramount. Staff must never promise confidentiality to students. **Staff must always share information about self harm or suicidal thoughts with the Child Protection Officer who will take responsibility, with the Deputy and SMT Lead, for determining school response.**
- Work together to support the young person in considering alternative strategies to manage difficulties, rather than stopping the self-harm. This includes helping them understand possible reasons behind the self-harm. Remember, there is no single strategy which works for everybody, it's about what works for that family. They may need to try several approaches. It may be useful to have an agreed plan for difficult situations so that everybody is aware of what they can do to help. Parents often access support. However, it is worth remembering that brothers and sisters may be affected as well and their needs should be considered.

Underlying issues that can lead to self-harming behaviours or suicidal thoughts:

- Relationship problems with friends and family
- Worries about schoolwork or exams
- Bullying
- A recent death of a friend or family member
- Problems with race, culture and religion
- Sexual, emotional, physical abuse or neglect
- Self-harm or suicide by someone close
- Low self-esteem
- Worries/problems with sexuality
- Chronic illness or disability
- Substance misuse
- Mental health problems such as depression and eating disorders
- Issues with sexual or gender identity.

Seeking help from specialist mental health services

Once you have engaged with the young person and have assessed the issues underlying the self-harm it is appropriate to see whether the young person and their parents / carer would benefit from support from mental health professionals through CAMHS (Child and Adolescent Mental Health Services). A referral to CAMHS can be accessed through the GP.

Further information is available from the following:

The GP can help consider the most appropriate care pathway to meet the young person's mental health needs. This might include guidance in appropriate interventions, risk management or making a referral for specialist assessment.

Parents / Carers can be advised that the following information is helpful to share with the GP during the initial appointment:

- Presenting concerns and the background for these as discussed with the young person
- Description of their mood, and in particular any changes over recent weeks
- Thoughts of hopelessness; and/or an expressed wish to die
- Any plans to harm themselves
- Changes in behaviour, such as social withdrawal, school refusal or anti-social behaviours
- Level of drugs or alcohol use
- Changes in sleeping patterns or appetite
- A description of the family situation and relationships including other support networks
- A description of any help the young person currently receives, what they want further help with and whether they are fully aware of and in agreement with the referral
- School's current involvement and capacity to stay involved

The website or app, 'doc ready' can help young people and their carers to identify and articulate concerns prior to their visit to a medical professional.

Sometimes, if there is not enough information in a referral letter from the GP to consider whether specialist CAMHS is the most appropriate service to meet the young person's mental health needs, CAMHS may seek further information before offering an assessment. An assessment may lead to further treatment or signposting to alternative, more appropriate services.

If there are significant concerns regarding a young person's immediate safety as a result of serious self-harm or suicidal intent an emergency assessment can be arranged. In these circumstances, the young person should be seen by their local Emergency Department who will access an urgent CAMHS assessment as needed. Parents and carers should be advised that if they have concerns for the child's immediate safety and wellbeing outside office hours or at weekends, they can attend the local Emergency Department. If there are immediate health concerns resulting from self-harm (e.g. an overdose) the young person will need help from the Emergency Department in the first instance - not specialist CAMHS.

Levels of risk and intervention

Risk Level	Presentation	Initial actions	Options for support
Low	Self-harm as coping mechanism; Fleeting thoughts of suicide but no intent or plan; Protective factors evident including support network, hope of recovery, seeking help.	Acknowledge distress, identify options to address underlying difficulties and agree a plan with the young person; Clarify confidentiality and issues of consent; Log all information and actions taken on myconcern and attach a completed risk assessment. Inform parents or carers unless to do so would place the child at significant risk of harm.	HSOs, HMs, School Counselling service, school nurse, in school support, appointment with GP and possible support from CAMHS. Resource pack for parents and carers available from CAMs and CPO. ELSA.
Medium	Suicidal thoughts frequently but no specific plan or immediate intent; Evidence of persistent symptoms of mental ill health, in particularl depression, anxiety or psychosis; Significant alcohol and/or substance use; Previous suicide attempts; Current self harm; Reluctance to share with support network or withdrawal from peers and/ or family.	Acknowledge distress, identify options to address underlying difficulties. Log all information and actions taken on myconcern and attach a completed risk assessment.. Inform parents or carers unless to do so would place the child at significant risk of harm. CPO and HSO or HM will agree a plan with young person and parents / carers including a clear plan for follow up; Plan must include actions to be taken if distress increases or suicidal thoughts become more persistent or difficult to resist i.e. a 'safety plan'.	HSOs, HMs, School Counselling service, school nurse, in school support, appointment with GP and possible support from CAMHS. ELSA. Resource pack for parents and carers available from HSO, HM and CPO. Child added to list of vulnerable students for staff to be aware of.
High	Frequent suicidal thoughts with increased intensity which are difficult to ignore; Some planning/intent or ambivalence; Research of potentially lethal means; Access to means; Previous suicide attempts; Significant alcohol and/or substance use; Withdrawal from support network; Evidence of persistent symptoms of mental ill health especially depression, anxiety or psychosis; Family history of, or peer suicide.	Acknowledge distress, identify options to address underlying difficulties. Log all information and actions taken on myconcern and attach a completed risk assessment. Inform parents or carers unless to do so would place the child at significant risk of harm. CPO and HSO or HM will agree a plan with young person and parents / carers including a clear plan for follow up; Plan must include actions to be taken if distress increases or suicidal thoughts become more persistent or difficult to resist i.e. a 'safety plan'.	HSOs, HMs, ELSA School Counselling service, school nurse, in school support, appointment with GP and possible support from CAMHS. Resource pack for parents and carers available from HSOs, HMs and CPO. Child added to list of vulnerable students for staff to be aware of.GP; Specialist CAMHS referral; Increased support from existing network – increased monitoring and review.
Crisis – risk	Self harm injury requires medical	Find member of safeguarding team immediately – Liz Raynor,	HSO, HM, ELSA, School

of immediate harm	attention, e.g. a deep cut or burn. Child states that they have taken tablets or other substance likely to cause harm. Information shared by parent / carer / staff or peer suggesting that child has taken tablets or other substances likely to cause harm.	Jacqui Walsh or Susan Cowan (or HM if they are unavailable). Staff will contact emergency services or take the child to the A & E department. Staff to stay with young person at all times. Parents / carers to be informed once this has been done. Log all information and actions taken on myconcern and attach a completed risk assessment.	Counselling service, school nurse, in school support, appointment with GP and possible support from CAMHS. Resource pack for parents and carers available from HSO, HM and CPO. Child added to list of vulnerable students for staff to be aware of.GP; Specialist CAMHS referral; Increased support from existing network – increased monitoring and review.

Looking after yourself

Talking to young people who self-harm is challenging and rewarding but it can also provoke uncomfortable feelings in ourselves such as anxiety, fear, confusion, sadness, frustration, hopelessness and powerlessness. Regardless of your particular relationship with that young person you will need to consider how to look after yourself so that you are in the best position to help.

Managing these feelings is important in maintaining your own emotional health and wellbeing, as well as preventing it affecting your work with the young person. It is essential you speak to a colleague or line manager and take the opportunity to reflect on your response to any incidents of self harm and its impact.

Be honest about your limits. If supporting a child or young person becomes too much of a burden it may affect your relationship with them and impact u[on your own wellbeing. It is never helpful to become a young person's sole source of support. They will benefit more from developing or identifying a wider supportive network.

Accept the fact that you can't always be there for them when they feel the need to self-harm

Accept that you are not responsible for their self-harm.

Confidentiality

Establishing trust is central to helping a young person who self-harms. This must include being clear about confidentiality from the start.

It is almost impossible to be certain that what the child or young person tells you is a true picture of their self-harm and staff cannot take on the responsibility of determining whether the child or young person is at risk of serious harm.

The safety of the individual has primacy over the right to confidentiality. In order to safeguard the safety and wellbeing of students and staff, staff must ALWAYS share information about an incident of self harm with the Child Protection Officer, or Deputy Child Protection Officer. Information MUST also be shared with parents and carers unless doing so would put the child at risk of significant harm.

- Be clear from the start about your duties and responsibilities, and also about the limits of confidentiality, who you might have to tell and how you would go about this if it were to happen.
- Information should only be shared on a strict need-to-know basis.
- Involve the child or young person at every stage. Even where confidentiality must be broken, it is important to continue to work as collaboratively as possible.
- Explain who you will share information with and why, discussing with the young person how this might happen e.g. you might want to give the young person an opportunity to do so first or arrange to do it together.

Roles and responsibilities of headteacher, other staff, and governors:

The head teacher will:

- Appoint a designated teacher to be responsible for self-injury matters, and liaise with them. This might be the same person as the Child Protection Officer
- Ensure that the Child Protection Officer receives appropriate training about self-injury
- Ensure that self-injury policy is followed by all members of staff

The governing body 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

All staff and teachers are expected to:

- Respond to the child using the guidance within this policy document.
- Listen to pupils in emotional distress calmly and in a non-judgemental way.

- Log all information and actions taken on myconcern within 24 hours of the incident taking place. **If there is any indication, suspicion or evidence that the child or young person is at immediate risk of harm, i.e. the injury needs medical attention or the child has ingested tablets or substances, the member of staff should contact the CPO Liz Raynor, or Deputy CPO Jacqui Walsh or Susan Cowan IMMEDIATELY; they will phone the emergency services before contacting a parent or carer.**
- Reassure pupils and explain that the CPO and parents and carers need to know about their problems so that they can help.
- Promote problem-solving techniques and non-harmful ways to deal with emotional distress
- Enable pupils to find places for help and support
- Provide accurate information about self-injury (Information for children and young people, and information packs for parents and carers are available from the Child Protection Officer, Liz Raynor, or any of the House Support Officers or House Managers).
- Widen their own knowledge about self-injury and mental health disorders (YoungMinds website has information and short films for professionals and MindEd has free online learning modules on topics such as self harm).
- 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
- Know when and how to seek help to deal with their own feelings and distress.

Staff should **not**:

- Promise confidentiality
- Share information about the self harm with anyone other than the Child Protection Officer and parent or carer without consent from the child or young person unless there is reason to do so and this has been discussed with and agreed with the CPO and the child.
- Attempt to stop or prevent the child or young person self harming by imposing sanctions, promising rewards or persuasion
- Attempt to remove, or negotiate to obtain any implements used for the self injury

Pastoral staff, namely the House Support Officers or House Managers may, in consultation with the Child Protection Officer:

- Complete a risk assessment form and email to the Child Protection Officer
- Contact parents or carers at the appropriate time.
- Involve the pupil in this process.
- Inform the parent or carer about appropriate help and support for their child.
- Monitor the pupil's progress following an incident
- Know when and how to seek help to deal with their own feelings and distress.

The designated staff members, Liz Raynor and Jacqui Walsh will:

- Keep up to date records of self-injury incidents and concerns
- Liaise with local services about help available for people who self-injure
- Keep up-to-date with information about self-injury
- Liaise with deputy head Susan Cowan and head teacher
- Contact parent(s) / carer(s) at the appropriate time.
- Involve the pupil in this process.
- Inform the parent / carer(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 / carers (e.g. social workers, educational psychologists) need to be informed
- Know when to seek help to deal with their own feelings and distress.
- Ensure that staff know how and where to seek help to deal with their own feelings and distress.

Pupils will be expected to:

- 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 themselves, and know when confidentiality must be broken

Parents / Carers will be encouraged to:

- Endorse the school's approach to self-injury education and pastoral care
- Work in partnership with the school

Date ratified by governing body:

Date for full implementation:

Risk assessment and summary of school action taken following an incident or disclosure of self harm or suicidal thoughts / ideation

Name of child: **Coleg:**

Name of staff member completing form: **Date:**

Action taken	**Details**	**Date completed**
Medical attention (First Aid, A & E, attention refused etc.)		
Parents / carers informed		
Information shared with DSP / CPO and any other staff with reasons given		
Referrals made to other agencies – GP, CAMHS, Children's Services, TAF, School counsellor etc.		
Other actions (change to timetable, Time Out card, monitoring or information only etc).		
Level of risk (High, Medium or Low):		

Summary of discussion with student following a disclosure or incident of self harm or suicidal ideation.

Name of child: **Coleg:**

Name of staff member completing the form: **Date:**

Severity In order to assess the level of risk, it is helpful to know more about the nature of the self injury. Describe the nature of the self harm (cutting, burning etc) including any injuries you have observed or been made aware of. 'I believe that you have hurt yourself / taken tablets…can you tell me what it is that you have done? We've been made aware that you may have tried to…/ have been cutting..'	
Persistence In order to assess the level of risk it is helpful to know how long this has been happening. 'Have you done this before? When did you start..? How often do you? Has this increased..?'	
Underlying issues / triggers What could be the root causes or, or reasons behind the self harming, eg. coping with stress, managing feelings, control etc. 'What's going on for you at the moment? How are things at home? At school?...'	
Additional risk factors / possible indicators of mental health concerns e.g. low mood, anxiety, sleeping difficulties, poor appetite	
Suicidal thoughts It is essential that we always ask the young person whether they have had suicidal thoughts / thought about taking their own life, but staff should only ask this if they are comfortable doing so and feel that are confident to respond appropriately regardless of the answer.	

If the child / young person has had suicidal thoughts: ● **How often do they have these thoughts?** ● **How preoccupied are they by these thoughts?** ● **How distressed are they by these thoughts?** ● **Can they distract themselves from these thoughts?** ● **Do they have any hopes for the future?** ● **Do they have a plan (thoughts about method, time or place?)** ● **Have you made preparations? (suicide note / organising affairs)** ● **To what extend can you resist your suicidal urges?**	
How likely is it that the young person will self harm again? What might possible triggers be? Where and when might the young person be most at risk?	
Protective factors ● What support is already in place (family, friends, staff etc)? ● Who can you talk to? ● Safe places to go? ● Strategies that help – distraction, elastic band etc. ● Activities , friends etc which contribute to positive self esteem	

Date Approved by Full Governing Body	**10/10/2018**
Signed on behalf of Full Governing Body	
Name (Chair of Governors)	**Barbara Cooke**
Date	**14/05/2018**
Date of next review	**October 2020**