Self-Harm

Guidance for School Based Staff

Children & Young People's

Durham County Council

Contents

Context and Purpose of this Document

The aim of this guidance is to support Durham schools to how to identify and respond to incidents of pupil self-harm.

The content of the guidance is informed by the experience of staff working within local school contexts; by guidelines issued by the National Institute of Clinical Excellence (NICE); by Durham's Local Child Safeguarding Children's Board (LSCB) Child Protection Procedures; and key research published in this area. It also incorporates findings from a research project exploring young people's experiences of being supported following incidents of self- harm, carried out by Investing in Children in 2014.

This update on previous guidance (2006, 2014, and 2016) is aligned with current best practice principles as defined by NICE. It is also aligned with the Tees, Esk and Wear Valleys NHS Person Centred Pathway of Care for Self-harm guidance; and Durham County Council's Early Help and Single Assessment Framework procedures with which Durham schools are already familiar.

Providing support and guidance to school based professionals is embedded within the Durham Mental Health Local Transformation Plan. This plan ensures that local partners continue to work together around areas of community mental health need, including self-harm.

What is Self-Harm?

Self-harm refers to intentional self-poisoning or self-injury, irrespective of type or motive or the extent of suicidal intent. Most self-harming behaviour is not lethal and is unlikely to lead to death. Most young people who self-harm do not intend to risk their lives; however it is also important to note that some children and young people do die and that the majority of successful suicide attempts involve young people who have previously self-harmed.

In its broadest sense, self-harm describes a wide range of things that people do to themselves in a deliberate and usually hidden way, which are damaging. Self-harm is an expression of personal distress. It can result from a wide range of psychological, social and physical problems.

Self-harm is common. Some studies suggest that up to 25% of young people self-harm on one occasion, most commonly by self-cutting (Wright et al, 2013). Recurring self-harm is less common; with 9.5% of young people self-harming on more than four occasions (Plener et al, 2009).Young people who frequently self-harm comprise a small but very vulnerable group. They may differ greatly in terms of their underlying needs, and care planning needs to take this into account.

Self-harming actions might include;

cutting or scratching with knives, razor blades or other sharp implements;

taking overdoses of drugs, or swallowing other substances;

burning with flames, heated metal, wax or chemicals etc;

hitting or banging arms, legs or head on walls, or with fists or objects;

putting objects under the skin or elsewhere in the body, e.g. needles;

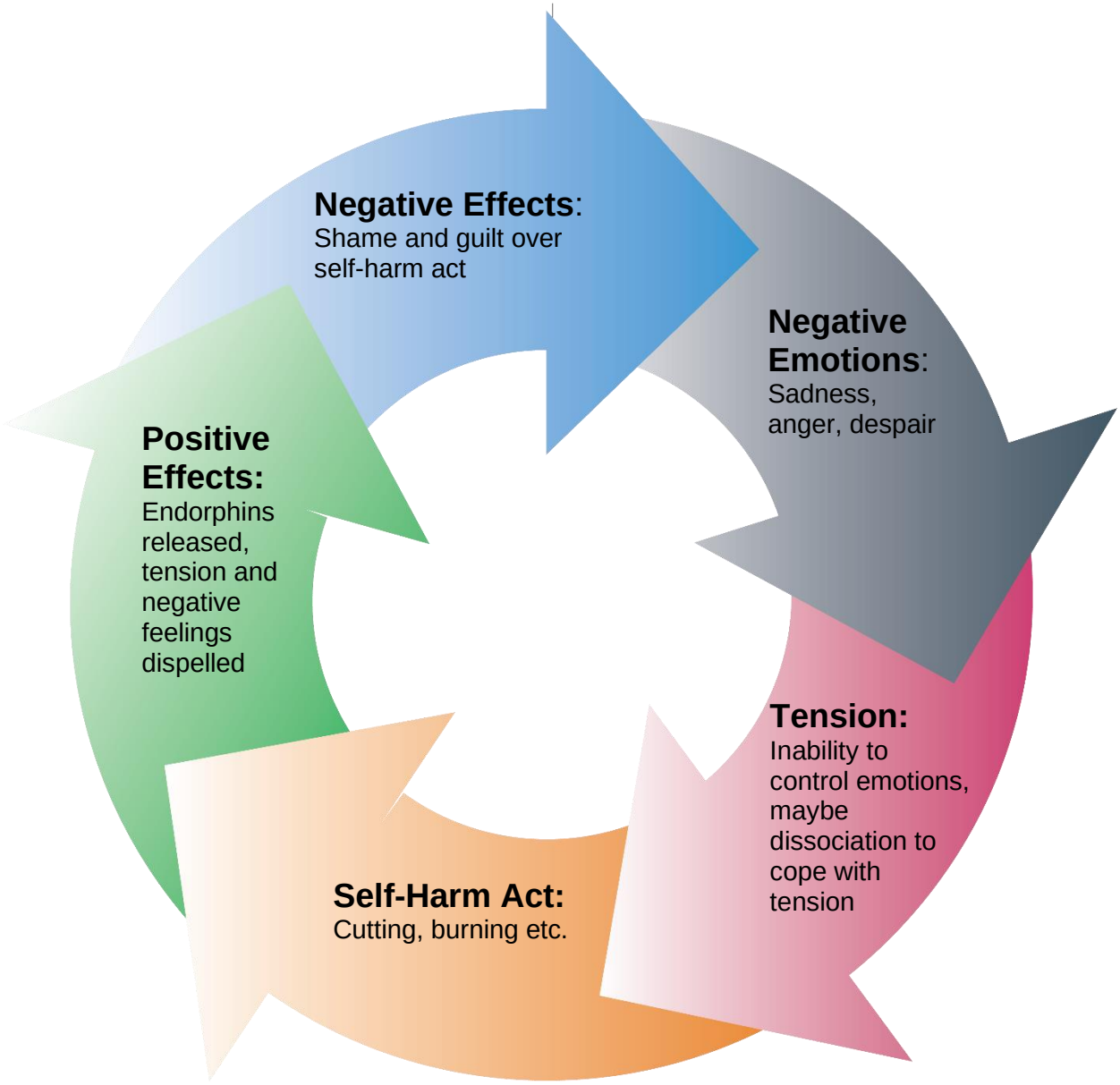
taking risks with the intention of hurting oneself;

self-strangulation.

This definition does not include the behaviours of young people experiencing eating disorders, drug and alcohol misuse, risk taking behaviours such as unsafe sex, or dangerous driving etc. Neither is it an exhaustive list of behaviours that would constitute self-harm, and where a professional thinks something is a form of this behaviour then it should be treated as such.

Children and young people who self-harm still feel pain, but for some the physical pain is easier to stand than the emotional/mental pain that led to the self-harm. The body responds to the pain by producing endorphins, a natural pain reliever that can give a temporary relief or feeling of peace. The addictive nature this feeling can make self-harm difficult to stop (see self-harm cycle, figure 1).

Figure 1, The Self-Harm Cycle



Self-harm can have a number of functions for the young person, and it becomes a way of coping.

Examples of self-harm functions include:

- Reduction in tension.
- Distraction from problems.
- Form of escape.
- Outlet for anger and rage.
- Opportunity to feel.
- Way of punishing self or others.
- Way of taking control.
- Care-eliciting behaviour.
- As means of creating an identity with a peer group.
- Non-verbal communication (e.g. of an abusive situation).
- It can also be a suicidal act.

Why Schools Have Responsibility for Supporting Young People Who Self-Harm

School based professionals have always accepted a duty of care for the children and young people who are part of their community. There has been an increasing focus over the past 20 years on areas such as emotional literacy, personal development and wellbeing, and academic resilience. This is reflected in a variety of curricular approaches, most obviously related to Personal, Social and Health Education, and National Strategy work between 2002 and 2008; initiatives focused on personalised learning and pupil participation; and policy and strategic drivers such as Every Child Matters; No Health without Mental Health; and the increased emphasis on evidence based practice and the use of pupil premium funding for disadvantaged young people.

Within the Durham context there is recognition that we have an above average proportion of vulnerable young people within our communities, many of whom experience wellbeing and mental health challenges. The Children and Families Plan (2014-2019) identifies developing resilience as a key part of supporting children and young people to achieve and have the best start in life. Reducing the rates of suicide and self-harm within County Durham is an ongoing priority within the County Durham Health and Wellbeing Strategy.

In February 2011 the Government published *No Health without Mental Health*, a cross Government strategy to improve mental health and well-being. A core planning outcome that developed from this strategy (Children and Young People's Health Outcomes Strategy, 2012) relates to the ambition for more children and young people to have good mental health. The National drivers from a Health perspective are also summarised in the NICE guidances *Promoting Children's Social and Emotional Wellbeing in Primary Education,* and *Promoting Children's Social and Emotional Wellbeing in Secondary Education*. These highlight the importance of training and professional development for school staff to ensure the delivery of an effective curriculum for vulnerable children and young people; and in ensuring that school staff are able to identify the early signs of anxiety and emotional distress.

With regard to promoting the wellbeing of children and young people, there is a consensus view that schools have the potential to make a very real difference in this area. This key role is recognised in the Department for Education and Skills guidance *Promoting Children's Mental Health within Early Years and School Settings*; and further reinforced in the 2014 Department for Education guidance *Mental Health and Behaviour in Schools*. It is also emphasised in the 2014.Public Health England publication *Local Action on Health Inequalities: Building Children and Young People's Resilience in Schools.*

What this Means in Practice

In order to carry out their responsibilities in regard to self-harm, schools need to develop a whole school approach to promoting mental health and resilience. As a minimum this should include:

- Developing and implementing a mental health policy and a self-harm policy (advice available from the Educational Psychology Service).
- Providing training for all staff on mental health and self-harm. Centrally run training is delivered for schools on a termly basis and you can send different staff over time free of charge. Alternatively you can organise for school delivered training for staff (there may be a charge for this). Training is organised or accessed through the Educational Psychology Service.

- Think Prevention. Addressing mental health and self-harm through the curriculum and pastoral support processes is key. Does your school access the Youth Aware of Mental Health (YAM) programme for Year 9s? (Contact Educational Psychology Service for further information).
- Ensuring that staff who support young people who are self-harming are themselves supported. See Appendix D for information on debriefs and staff supervision.

Supporting young people who self-harm day to day requires clearly defined roles and responsibilities within school organisations, and a culture that normalises mental health as something we all have. Information should be widely available for young people, parents and staff on a wide range of common topics including self-harm. Making clear what support is available and how it is accessed is essential, and needs promoting on a regular basis.

The school First Aid Policy should explicitly cover what can be provided in instances of self-harm, and when injury or harm is more severe how this will be dealt with, e.g. through using the 111 service and taking the young person to a GP walk in clinic, or the local A&E department.

To ensure that schools have the capacity and systems in place to respond to incidents of self-harm it is also recommended that:

- The Medical Needs and Self-Harm policies are regularly reviewed and updated in line with guidance on best practice- if in doubt ask for support from the Local Authority to review your policies in this area (Educational Psychology Service).
- All school staff are involved in reviewing the Self-Harm policy; and for key staff this should be done annually. This policy should also be highlighted in the induction of new staff (See Appendix F).
- The process for dealing with incidents is easily available for reference (Appendix A or adapted school version); and that associated documents such as the Formulation of Needs form Appendix B or adapted school version) is routinely used by key staff.
- The contact details for First Contact, Crisis CAMHS and other relevant agencies such as the Educational Psychology Service are easily available to key staff.
- The inclusion of young people who self-harm is prioritised wherever possible, ensuring that there is ongoing structure and routine day to day, and that normal support systems continue to be available. Self-harm is not normally a reason to exclude.
- Schools complete the Self-Harm Checklist contained in Appendix F.

General Facts about Self-Harm

The following extracts have been taken from a variety of published and peer reviewed literature in this area.

- Every class of young people is likely to contain individuals who will self-harm at some point. Most will do this as a one off or occasional way of expressing or managing distress; but a small number will develop a pattern of self-harming, or will engage in forms of self-harm which place them at a very high risk of significant harm.
- Most young people who harm themselves are aged between 11 and 25, but some children as young as 7 have been known to self-harm.
- There is no such thing as a typical young person who self-harms.

- About four times as many girls as boys will self-harm in the early teens, but this ratio becomes more balanced as boys enter their later teens and early adulthood.
- Many young people resort to self-harm in order to “get out of the hurt, anger and pain” caused by pressures in their lives – it’s a coping strategy. Cutting is most common form of self-harm.
- For some young people self-harm gives temporary relief and a sense of control over their lives.
- Self-harm is not about attention seeking – most self-harm is actually done in secret. Self-harm is an expression of personal distress.
- The vast majority of young people who self-harm are not trying to kill themselves but many people who commit suicide have self-harmed in the past, and this is one of the many reasons self-harm must be taken very seriously. Death can also still occur by accident.
- Self-harming can be habit forming, and some people believe you can become physically addicted to it. Often it is the way of coping and distracting yourself that is habit forming.
- The reaction that young people receive when they disclose their self-harm has a major impact on whether they go on to get help and recover.
- For many young people stopping or reducing the self-harm is a long and slow process. Young people need the opportunity to build up the coping skills gradually. While there are no strongly evidenced psychosocial or pharmacological interventions, it is clear that the support offered needs to focus on the underlying individual needs and not just the behaviour.

Risk Factors for Self-Harm

Individual Factors

- Depression/anxiety.
- Poor communication skills.
- Low self-esteem.
- Poor problem-solving skills.
- Hopelessness.
- Impulsivity.
- Drug or alcohol misuse.

Family Factors

- Unreasonable expectations.
- Abuse (physical, sexual, emotional or neglect).
- Poor parental relationships and arguments.
- Depression, self-harm, suicide or other mental health difficulties in the family.
- Drug or alcohol misuse in the family.
- Domestic violence.

Social Factors

- Difficulty in making or maintaining relationships.
- Feeling lonely.
- Persistent bullying or peer rejection.
- Easy availability of drugs, medication or other methods of self-harm.

The following groups of children and young people may be at an increased risk of self-harming:

- Children and young people in residential settings (e.g. in-patient units, prison, sheltered housing, hostels or boarding schools).
- Children and young people with mental health difficulties.

Responding to Instances of Self-Harm

For the purposes of supporting staff in assessing the level of risk a young person may be at, and in line with research into the different profiles of self-harm that a young person typically engages in, the following broad categories are distinguished:

Self-harm such as cutting that appears to have been the result of a short-term stressor, and an attempt to 'manage' the uncomfortable feelings. Appears to be an unusual or one-off occurrence.

Self-harm such as cutting that appears to be part of a pattern of such behaviours. Usually the result of stress and aimed at reducing or managing these feelings.

Self-harm that appears to be a feature of established low mood or distressed behaviour, where there is a clear sense that the intent was to cause injury rather than to manage uncomfortable feelings.

Deliberate overdose or ingestion of toxic substances.

Increasing risk and vulnerability

For guidance on how the level of risk or type of self-harm should influence the response, see **Appendix A** (p.29).

For a basic assessment of need process see **Appendix B** (p.32).

For an example of a self-harm report form, see **Appendix G.**

For case illustrations of the different types of self-harm sometimes encountered, see **Appendix E .**

For a checklist to support schools develop effective practice in this area, see **Appendix F**.

NB: Please note that every school should have an identified member of staff who has additional responsibility for responding to incidents of self-harm. They must be involved in making a decision about the level of risk and the most appropriate response. They should also be involved in supporting the development of a care plan for the young person. If this member of staff is not available it is essential to consult with the school nurse or a member or CAMHS straight away, and to keep a record of this.

Confidentiality

The safety and wellbeing of a young person who has disclosed self-harm is paramount. All school staff and external professionals who work in schools have a statutory duty to follow LSCB child protection procedures. Complete confidentiality in situations where there has been incident of self-harm is not possible, as at a minimum response level a designated member of staff within the school setting will need to be involved in carrying out an assessment of need screening (Appendix B), and in planning how to support and monitor the young person. Within this context, and dependent on what emerges from the needs assessment, there is some opportunity for a more individualised response to the issue of who needs to be aware and involved and young people should be allowed to inform this (see Appendix A).

Relationships between school based staff and young people will vary. Young people make choices about who they disclose information about self-harming behaviour to in the context of these

relationships. While this should influence who is likely to be involved in supporting a young person it must not result in a young person not accessing appropriate support. It is helpful when talking to the young person to:

- take all self-harm seriously
- always ask if their actions were an attempt to commit suicide - asking the question does not increase the likelihood of future harm
- listen carefully in a calm and compassionate way
- take a non-judgemental approach and try to reassure them that you understand that the self-harm is helping them to cope at the moment and that you want to help
- make sure they understand the limits to confidentiality.

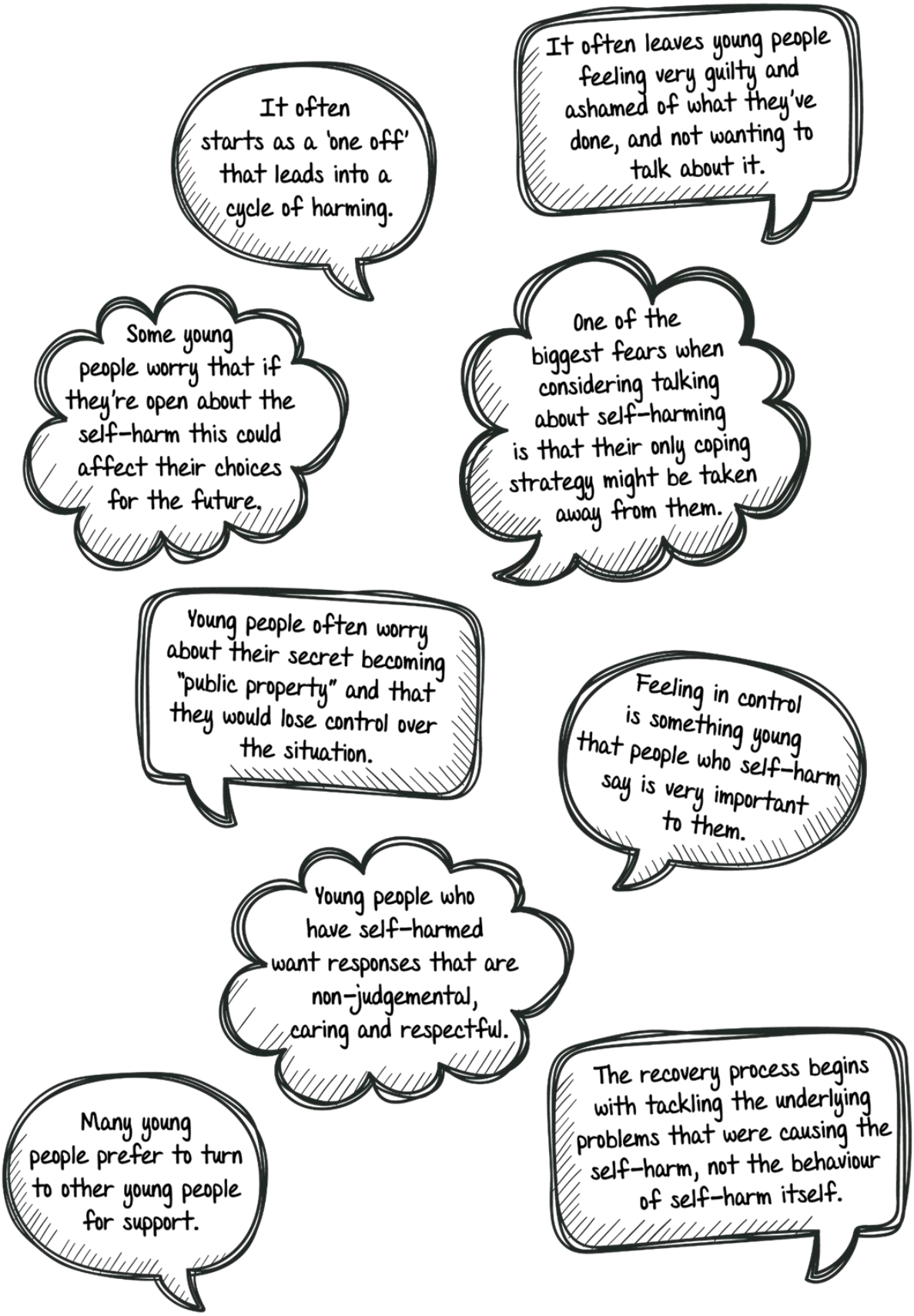
If there are safeguarding concerns follow the procedures;

- Help the young person to identify their own coping strategies and support network.
- Offer information about support services.

See **Appendix B** for guidance on how to assess the level and type of need the young person has, and the extent to which confidentiality can be maintained.

N.B. - In the event of a disclosure that a young person has self-poisoned it is critical that they are taken as quickly as possible to an emergency department. This is because it is hard to quantify the risk involved and a cautious approach must be exercised as a result.

What Young People have said about Self-Harming



Key Challenges to Prevention of Self-harm and Suicide

Hawton, Saunton and O'Connor (2012) argue that there are three key challenges to the prevention of self-harm and suicide. These are:

Improving understanding of:

- risk factors;
- how young people understand self-harm;
- how different profiles of young person needs should link to care plans;
- the factors that can help an individual to stop self-harming;
- social contagion and the impact of social media.

Improving Intervention

- Developing support and intervention that are acceptable to young people.
- Reducing stigma and promoting help-seeking behaviours.
- Better access to quality mental health care.

Being Proactive and Focusing on Prevention

- Early intervention at an individual level.
- Tackling stigma and discrimination.
- Harnessing new media to promote positive mental health.
- Practices and cultures that value individuals and protect them from harm- abuse, exclusion, bullying, underachievement etc.

Good Practice Principles for Schools

Identify and Seek to Understand

- If you suspect that a young person is self-harming, do not ignore it or assume that it will stop of its own accord. Talk to colleagues with designated responsibility for self-harm in your school, and work with them to record the incident and carry out an assessment of need.
- Make sure the young person is given an opportunity to share their views fully in terms of what has happened and any support they feel they need.
- Use discussion with the young person and the assessment of needs information to develop a care plan for the young person. The 5Ps self-harm (p. 14) formulation will also help to understand the young person's needs holistically. See Appendices A (p.28) and B (p.33)

Responding Positively and Purposefully

- Listen to what the young person has to say – look beyond the behaviour and any emotional reaction you may have in checking out whether the young person is safe. This is paramount. Direct questions in regard to whether they were trying to commit suicide are important and will not increase the risk to the young person.
- Where possible work with the young person as a partner providing a listening ear, then helping them to tackle underlying causes where appropriate. Be compassionate in your approach.
- Provide good quality information to normalise the behaviour, provide hope, and ensure that the young person is aware of what steps they can take to keep themselves well.
- Ensure that all staff who need to know understand their roles in supporting the individual, and what the school policy says in terms of how to respond to and monitor incidents.
- Review arrangements regularly until there is agreement that this is no longer necessary.

Socio-Demographic and Educational Factors

- Identify a member of senior staff to oversee response and practice in this area. They will need to review policy and ensure appropriate professional development is available for colleagues, as well as inform wider school development with regard to emotional wellbeing and mental health.
- Don't just respond to self-harm, ensure that cross-curricular work that promotes resilience, coping skills and emotional well-being are at the heart of what you do, and provide opportunities for all young people to explore issues safely- this is everyone's business!
- Ensure that a range of wellbeing and mental health support is available and accessible to young people in your school. Actively raise awareness of this and normalize it day to day. This should include the provision of good quality information on a range of related topics, including external services and information sources.
- Actively seek young people's views in terms of what type of support they want and need; and their experience of accessing it. This needs to inform on-going development.
- Where incidents do occur be alert to social contagion and seek advice from support service immediately if this becomes a concern.

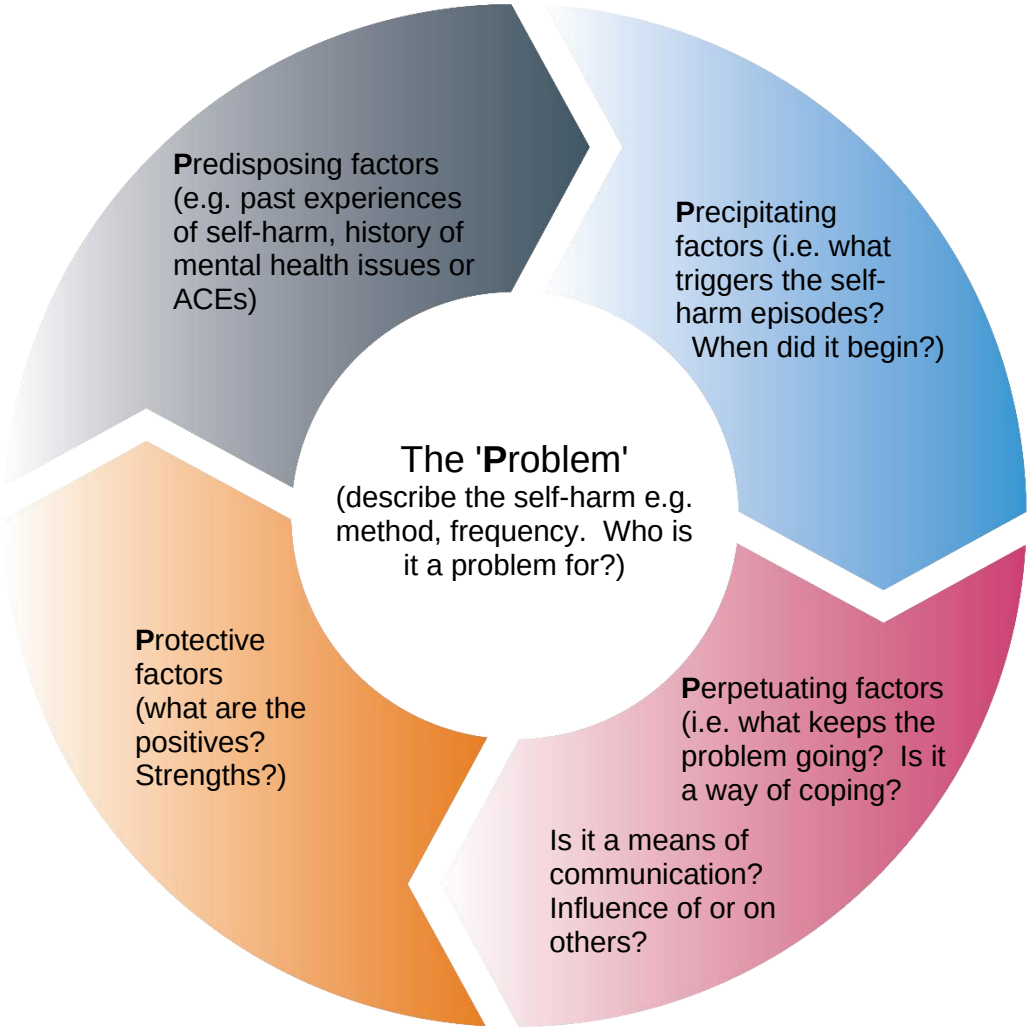
For a checklist to support self-evaluation in this area, see ***Appendix F*** .

Self-harm 5 Ps

The 5 Ps framework is intended to support professionals make initial sense of:

- What has happened and the degree of immediate risk.
- What may have contributed to it happening or might predispose the young person to it happening again.
- And the protective factors that may offer opportunities for promoting the young person's resilience and ability to cope with normal stresses day to day.

The 5 Ps framework should be used to create a shared understanding of these considerations that then underpins the *Safety Planning* and *Risk Management* process.



Safety Plan

(What needs to happen to keep me and others safe in school? How can risks be reduced/ managed? What support is needed?)

Questions to consider to support the 5Ps formulation for self-harm

Problem

- What was the self-harm act? What was used and where?
- What degree of risk is there in what they are doing?
- Has this happened before? How frequently does it occur?
- What is the function/intent of the behaviour?
- Were others involved in the act of self-harm?

Predisposing Factors

- What might have made them vulnerable in the first place?
- Do they have any additional needs?
- What do you know about their early childhood experiences?
- What do you know about parent's mental health and wellbeing?
- Are they exposed to any other influences (social, media etc) that may be making them vulnerable to using self-harm as a means of coping?

Precipitating Factors

- Have there been any significant events that may have triggered the self-harm?
- What happened and how were they feeling just before the incident of self-harm occurred?

Perpetuating Factors

- What helps/doesn't help?
- Is it a means of coping and if so, what are they coping with?
- What have other people's responses been so and how are these impacting?
- Are there other difficulties impacting on them that prevent them from getting the help they need?
- Are parents involved and supportive?

Protective Factors

- Does the young person already have any other coping strategies? Are these effective and could they be added to?
- Are there good routines around sleep, eating, social contact, physical activity and opportunities to make a positive contribution within their lives?
- Do others know about what has happened, and can the young person reach out for help when needed?
- Do they have a positive sense of identity or belonging within a friendship group/club/community?
- Where are they achieving success in their lives/ coping better?

Chronic and More Extreme Incidents of Self-Harm in School

A small number of young people may end up becoming dependent on self-harm as a means of managing uncomfortable feelings, and in some instances also as a means of communicating to others in their lives that they are distressed. This can be overwhelming for the young person and also those witnessing these incidents, and it is not uncommon to feel helpless and frightened by what is happening. This can further negatively impact on the young person and those around them over time, and where there is a danger of this sort of cycle establishing it is vital that advice is sought specialist services (see p.25), and a coordinated support plan agreed.

Patterns of self-harm often reflect ongoing stress and distress, and the self-harm behaviour should be understood as communication. It is necessary to more carefully consider the factors that are playing a role in creating and maintaining these behaviours, and for support to target these issues in addition to responding in the moment to the needs of the young person. The following principles should be applied in instances of chronic or extreme self-harm:

- School staff should attend to the immediate medical needs of the young person (follow Medical Needs Policy)
- The school designated lead should be involved in carrying out an initial formulation of need (Appendix B, p.32)
- Information regarding the event must be shared with parents/carers unless it is considered doing so would put the young person at further risk
- Where specialist services such as CAMHS and Social Care are already involved, information must be shared with link professionals
- Where specialist services are not involved a referral should be made to Crisis CAMHS for advice (contact information on p.**Error! Bookmark not defined.**). Local Authority Early Help and Inclusion Services can also offer support to schools but should not be seen as a substitute for appropriate CAMHS involvement
- Where specialist services cannot be reached, are unresponsive or under-responsive, concerns must be reported into First Contact (p.25)
- School staff should in all instances log and report what has happened for their own records (Appendix G)
- School staff involved in the incident should be offered support as appropriate
- All instances of action, for example passing information on to other agencies, should be followed up. A multi-agency planning meeting should be arranged as soon as is practicable. Any resultant plan should be reviewed at intervals with key stakeholders until it is agreed that concerns are resolved or well managed.

Self-harm Safety Plan

Where it is necessary to consider and manage risk (Risk Management) within the young person's education setting, the Safety Plan provides a framework to facilitate discussions and decisions that inform this process. The Safety Plan aims to clarify the external controls and limits required to help staff manage identified risks. The Safety Plan will change over time reflecting progress in managing potential risk and risk factors, or in response to increasing concerns.

Ongoing completion of the Safety Plan should always be undertaken by the appropriate person within an education setting (e.g. Head Teacher, Designated Safeguarding Lead, Senior Mental Health Lead) in collaboration with other relevant staff, the young person and their parents/carers.

The Safety Plan is not a risk assessment but contributes to the Risk Management process. Risk Management is an on-going process and the Safety Plan can be developed and reviewed by key professionals, parents and young people while interventions are ongoing.

Teaching and Learning

- What level of supervision and support is available or appropriate within class? Is this in line with the 5Ps assessment of need? Can this be adjusted quickly if things change?
- Who is responsible for overseeing this? Has the plan been well communicated to all relevant staff? How will this be updated?
- Does the Safety Plan reflect what is known about:
- Times the young person typically seems to cope better/worse?
- Triggers and risk factors?
- Are the seating arrangements satisfactory?
- Are there particular areas of risk in the class e.g. when the teacher is occupied with other pupils/ students and how can this be managed?
- What arrangements are in place to manage risk if the young person needs to leave the classroom?
- Are there any off-site trips organised? How will support adapt to these occasions?
- Is wellbeing and mental health being addressed through the curriculum and the setting's universal offer?

Support outside of the classroom/unstructured times

- Have there been concerns about the young person's self-harm in school when out of the classroom? If so, what were the circumstances and what are the implications? Have other children been affected and how can this be managed?
- Does the location of the toilets cause a problem? Are particular rules required for going to the toilet?
- Are staff available to support during transitions?
- Has the young person a history of absconding?
- Does consideration need to be given to use of school/ college technology? Is school technology (computers, laptops, tablets, iPads etc) monitored to ensure that children and staff are following the School/ College's Acceptable Use Policy?
- What are the arrangements for the young person to get safely to and from school/college?
- Are there areas within the school and grounds that are unsupervised?
- Are there any other building issues that may increase risk? e.g. building works, co-located school, communal playground?
- Is there a need to make certain areas 'out of bounds' either for the time being or permanently?
- Can you involve more staff to engage children in activities to during unstructured times?

Peer Group

- Have all young people been taught about keeping safe? Is any additional input needed due to the current concerns (either individual/group work or as a whole class?) Who will take responsibility for coordination?
- Are all young people aware of who to go to if they have a worry? Is this person considered approachable and responsive by young people?
- Are young people aware of who else they can speak to (e.g. school nurse, school counsellor etc.)? Is it clear how they would access these other professionals?
- Are young people's parents/carers informed of personal safety curriculum units of work covered, including Online-Safety?
- If an incident occurs that impacts on the wellbeing and resilience of other young people, is a targeted plan in place to provide appropriate information and support to both them and their parents/carers?

Individual Work

- Who will talk to the young person about their self-harm if the need arises? How will this staff member be supported? What access do they have to advice from other professionals?
- What are the arrangements for reporting, recording and monitoring the young person's wellbeing and behaviour? Who will be responsible for monitoring and updating the chronology?
- Are there clear boundaries in place?
- What work is being undertaken to address the young person's unmet needs in relation to the self-harm?
- What support has the young person been offered to be safe in school?
- What support is in place to reduce the risk of isolation and to encourage the young person to enjoy and achieve?
- Are there any additional factors to consider in relation to the young person's age, sex, race, religion, disability, mental/physical health or other?

Communication

- How has the plan been developed? Is it agreed by all parties as appropriate and reasonable? Has the young person's views been taken in consideration?
- Who will communicate with parents/carers? What support do the parents/carers have? What do parents/carers need to do to support their young person?
- Are further meetings necessary to review the safety plan?
- Is the plan in line with the 5Ps assessment of need?
- Has any limit setting been explained to the young person and their family?
- Are any potential consequences grounded in the principles of keeping the young person safe, and getting things back on track as quickly as possible (i.e. restorative rather than punitive)?

Self-Harm and Behaviour Policies

Self-harm is rarely a reason in itself to exclude a young person. The behaviour is communicating stress and distress, and often school represents a place of safety where there are interested and familiar adults who provide much needed support day to day. Self-harm in school involving potentially dangerous items, however, understandably cause significant concern for school managers, and the safety of all young people within the school context is a consideration within this context. The goal is to manage any assessed risk, promote the appropriate inclusion of the young person, and establish as much normality in terms of day to day experience as is possible.

The following potential problems have emerged from Durham case discussions, and the guidelines for schools issued by Aylesbury Vale and Chiltern Clinical Commissioning Groups.

Potential Problem

Dangerous implements such as blades being brought into school.

Risk

Serious injury to self, and inadvertent or unintentional injury to other young person or staff at school.

Measures to Reduce Risk

Young person is reminded of School's behaviour policy and zero tolerance to such items being brought into school.
Young person may be asked to present themselves for checking, and be asked to show that bags, lockers and clothing does not contain such items.
Discussion with the young person about their wellbeing and what support they need today.

Potential Problem

Young person self-harming on the school site between lessons and a break and lunch times.

Risk

Serious injury to self and related impact on other young persons and members of staff
The young person becomes increasingly socially isolated and withdrawn; spiral of self-harm increases.
Financial cost of staff resources to escort young person/supervise is not sustainable.

Measures to Reduce Risk

Multi-agency care plan agreed and reviewed at regular intervals.
Young person has explained to them the impact of self-harming on school site. They are expected to use a Green Card/Time Out Card to take themselves to agreed safe space if they feel that they may self-harm, and to use the strategies that they has been given, which may include them contacting the health professionals (or other identified support figures) agreed as part of care planning.
Young person is expected to share issues with appropriate adults and not peers.
Young person must be open with parents/carers and not come to school if they feel they are at serious risk in the morning.
If necessary school will ask parent/ carer to collect young person from school.

Potential Problem

Young person leaving the classroom during lessons in order to self-harm.

Risk

While unsupervised, the young person may self-harm.

Agitated young person effectively forced to remain in an environment they is endeavouring to leave: they may hurt him/herself, other young persons or staff in the interim. Young person may abscond from classroom

Financial cost of staff resource to escort young person / supervise young person is not sustainable.

Measures to Reduce Risk

Multi-agency care plan agreed and reviewed at regular intervals.Young person has explained to them the impact of self-harming on school site. They are expected to use a Green Card/Timeout Card to take themselves to agreed safe space if they feel that they may self-harm, and to use the strategies that they has been given, which may include them contacting the health professionals (or other identified support figures) agreed as part of care planning.

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Young person must be open with parents/carers and not come to school if they feel they are at serious risk in the morning

If necessary school will ask parent/ carer to collect young person from school

Where substantial levels of support are being made routinely available, it may be possible to apply for top up funding on the basis of identified SEMH needs.

Potential Problem

Young person has overwhelming urge to self-harm while at school leading to volatile behaviour.

Risk

Young person may ‘run away’ /abscond in school to carry out the urges to self-harm, without any consideration for her/his own or others’ safety.

Staff are deployed to seek him/her out when this occurs (in pairs) posing a risk to themselves physically and emotionally.

Risk that other young people see attempts at self-harming and are emotionally impacted.

Young person urges increase and they are becoming increasingly reckless in decision making about self-harming.

Measures to Reduce Risk

Multi-agency care plan agreed and reviewed at regular intervals
School will seek professional help and reassurance that young person is fit to be at school through the multi-agency review process.

Potential Problem

Current friendship group of the young person reinforcing negative behaviours.

Risk

Young person is finding it very difficult to break out of the cycle of self-harming.

Measures to Reduce Risk

Risks explained to young person.

Home and school work together to support development of other social opportunities.

Advice sought from specialist services where situation not improving.

Potential Problem

Young person is targeting other vulnerable young persons to draw them into self-harming.

Risk

Self-harming culture created: increased numbers of young persons involved.

Higher risks to personal and general safety.

Measures to Reduce Risk

Young person helped to understand why this is considered unacceptable.

Contact Crisis CAMHS to discuss situation and next steps.

Fixed term exclusion a consideration in this instance.

Potential Problem

Admission of suicidal thoughts and intent shared with staff.

Risk

Young person may attempt to take their own life while on the school site.

Measures to Reduce Risk

Contact Crisis CAMHS and First Contact immediately

Parents/carers contacted to advise them of thoughts / intent.

Potential Problem

Admission of suicidal thoughts and intent shared with staff.

Risk

Serious injury to self and exposure to vulnerable situations

Self-harming takes place away from school where cannot be managed.

Measures to Reduce Risk

Young person expected to engage in all forms of academic and pastoral support within and beyond the school.

Young person directed to identified safe space where appropriate, and encouraged to use agreed strategies.

Parents must be contactable if young person is discovered to have left the school site / not arrived at school in the morning.

Police and Crisis CAMHS contacted if young person leaves site in order to self-harm.

Potential Problem

Young person unable to engage with education while in school.

Risk

Young person does not achieve full potential.

Measures to Reduce Risk

Young person expected to engage in all forms of academic and pastoral support within and beyond the school including in-house mentoring programme, PSP, CAMHS, MIND, Outreach Support, for example PRU.

Adapted from the Aylesbury and Chiltern CCGs Self-Harm Guidance for Schools

Contagion - Managing the risk of contagion

'Contagion' is the way one or more persons' self-harming behaviour influences another person to engage in self-harm. Research suggests that contagion is more likely to occur when new methods of self-harm are published or circulated, as well as when a well-known figure or celebrity talks about their self-harming behaviour. The risk of contagion may also be increased if a high-status or popular peer has engaged with self-harm or if it is being promoted as a method for students to fulfil a sense of belonging.

Many students can be affected by contagion, however, some students with the following characteristics are often at higher risk of self-harm contagion:

- Those who are depressed or struggle with other mental health problems
- Those who feel responsible in some way for the peer's self-harm
- Those who already have experience of self-harm prior to the event
- Those who lack family/social support
- Those with a history of adverse childhood experiences (ACEs)

Identifying students at risk:

By employing the 'Circle of Vulnerability Model' staff may be better able to identify those students at risk of contagion. This model takes into account geographical, social and psychological proximity to the person(s) who are exhibiting self-harm behaviour:

- **Geographical Proximity** refers to the physical distance between a person and the incident. For example, witnessing someone engaging in self-harm. Media coverage or reporting over social media may extend these geographical boundaries.
- **Social Proximity** refers to the social closeness to the person who is engaging in self-harm behaviour. This could include close friends (including boyfriends/girlfriends) and family. It may also include faith groups and wider friendship groups in the community.
- **Psychological Proximity** refers to the psychological closeness a person feels to the individual who is or has self-harmed. Individuals of a similar age, sexual orientation or cultural connections are at risk.
- By using the vulnerability matrix approach (see below) individuals can be prioritised and appropriate interventions and/or support can be identified. This should be kept up to date and be used to identify any gaps in ongoing support.

Geographical/Social/Psychological Proximity			
Circles of vulnerability: Individuals or groups	Description of risk	What has been done to support this student?	What remains to be done?

Preventative Actions

As mentioned previously, circulating details about self-harm techniques or methods can increase the risk of contagion. Therefore, to reduce the likelihood of contagion, avoid giving students explicit

details about the self-harm. However, providing students with education on the signs of self-harm in themselves and those around them, can be helpful. In addition, equipping students with positive coping skills to manage these signs is beneficial.

For some young people, self-harm is a private method which they use as a means of **coping** with life or specific stressors. The risk of contagion is usually low in these instances as other young people are less likely to be aware of the self-harm.

For other young people, the self-harming behaviour may be serving as a means of **communicating** their distress to others. In these instances it will be useful for staff to meet with the young person 1-1 to acknowledge their distress has been noticed and offer support to address the underlying needs that are being communicated. Once the young person is feeling supported and heard, a conversation can then be had about reducing the impact on other people e.g. by not sharing too many details of the self-harm with others (in person or via social media) and covering up any open wounds (which is also important for hygiene purposes). It is important to get the balance right by not being too shaming, whilst at the same time encouraging them to think about safeguarding others.

Social Media

Although school cannot control what is said on social media it can be helpful to do the following-

Try to discourage:

- Details of specific self-harm techniques
- Speculation around the self-harm event
- Glorifying or promoting self-harm

Encourage:

- Sharing of helpline services and support organisations
- Sensitivity to the feelings of the young people, families and friends
- Sharing of positive coping strategies.

Useful Contacts – Local Services

Crisis CAMHS	Lanchester Road Hospital	0800 0516 171
CAMHS	Single Point of Access	03001 239 296
	South Durham CAMHS	01325 529 520
	Central and North Durham CAMHS	0191 594 5770
	Easington CAMHs	0191 288 8400
First Contact (Single Assessment Procedure)	Countywide	03000 267 979
One Point	Barnard Castle	03000 261 120
	Bishop Auckland	03000 261 119
	Chester-le-Street	03000 261 112
	Consett	03000 261 121
	Durham	03000 261 115
	Ferryhill	03000 261 113
	Newton Aycliffe	03000 261 118
	Peterlee	03000 261 116
	Seaham	03000 261 117
	Stanley	03000 261 114
Durham Schools' Counselling Service	Countywide	03000 263 333
Emotional Wellbeing and Effective Learning Team	Countywide	03000 263 333

Useful Resources

Durham LSCB Procedures

www.durham-lscb.gov.uk

Childline

Provides a free and confidential telephone service for children. Helpline: 0800 1111.

National Self-Harm Network

UK charity offering support, advice and advocacy services to people affected by self-harm directly or in a care role- **www.nshn.co.uk/**

NHS 111

A new service that has been introduced to make it easier for you to access local NHS healthcare services in England. You can call 111 when you need medical help fast but it's not a 999 emergency

The Samaritans

Provide a 24-hour service offering confidential emotional support to anyone who is in crisis. Helpline 08457 909090, e-mail: **jo@samaritans.org**

Young Minds

Provides information and advice on child mental health issues and a Parent Helpline:

0800 802 5544, **www.youngminds.org.uk**

Further Information

- Truth Hurts- National Inquiry into Self-harm among Young People www.selfharmuk.org
- Keith Hawton K., Rodham K., and Evans E. (2006), By Their Own Hand. Deliberate Self-Harm and Suicidal Ideas in Adolescents. Jessica Kinglsey Publishers.
- Changing Minds- A CD-ROM designed for 13-17 year-olds which looks at mental health, depression and self-harm
- NICE Guidelines CG16: Short term management of Self Harm within Primary & Secondary care
- NICE Guidelines CG 133: Longer- term management of Self Harm
- NICE Quality Standard 34: Quality Standards for Self-Harm

The Group Responsible for this Document

Durham Educational Psychology Service and the Durham Crisis CAMHS service were responsible for updating this guidance. The following services and organisations have also been consulted with:

- Child and Adolescent Mental Health Services
- Durham Schools' Counselling Service
- Education Development Service
- Mental Health Partnership Board
- One Point Service.

Schools are encouraged to request training support from professionals representing the above Services with whom they have contact already, e.g. the primary mental health worker, school nurse, educational psychologist, counsellor, mental health advisory teacher etc.

If you would like to provide feedback or make suggestions please contact:

Peter Mulholland- Senior Educational Psychologist

03000 263 333

peter.mulholland@durham.gov.uk

Sarah Hill – CAMHS Clinical Psychologist

0191 594 5770

Sarahhill10@nhs.net

Appendix A: Responding to incidents of Self-Harm

Guidance for School Based Staff

When a young person discloses self-harm, ensure that they are safe and clarify that you will need to speak to the designated member of staff immediately. Where possible ask the young person to come with you to do this.

N.B. Where suspected overdose or significant other harm is likely do not let the young person out of your sight and immediately arrange for them to be taken to an emergency department for assessment.

Are you a trusted adult concerned about SELF-HARM in a child or young person?
Remember: Ask – Listen – Help

Level 1 - Step 1 Universal

Presenting Complaint

The child or young person has experimented with self-harm and has no intention to self-harm again.

Background Issues

You have no other significant concerns about their safety or wellbeing.

You or your agency is able to respond to the young person's needs.

Presenting Factors

Self-Harm as a coping mechanism.

Protective Factors evident including good support network, hope of recovery, seeking help.

Initial Actions

Acknowledge distress, identify options to address underlying difficulties and agree a plan with the YP.

Clarify confidentiality and issues of consent.

Follow individual agency service protocol if in place.

Check if the child or young person is getting the support they need from elsewhere.

Level 2 - Step 2 Early Help

Presenting Complaint

The child or young person is continuing to self-harm and there are underlying issues causing distress.

Background Issues

Are other agencies involved?

Are there other safeguarding issues to consider?

Any mental wellbeing or resilience issues?

Presenting Factors

Alcohol and / or substance use.

Reluctance to share with support network or withdrawal from peers and / or family.

Depression or anxiety.

Initial Actions

Acknowledge distress, identify options to address underlying difficulties and agree a plan with young person including clear plan for follow up.

Clarify confidentiality and encourage young person to talk to carers/parents and GP.

Follow individual agency service protocol if in place.

Contact One Point to consider Team around the School. (Education).

Contact First Contact and begin Early Help Assessment (All Others).

Level 3 - Step 3 Full Assessment

Presenting Complaint

The child or young person needs additional support to avoid serious harm (e.g. self-harm is increasing).

Background Issues

What other agencies are already involved?
What other related safeguarding issues are known?
Is depression, anxiety or psychosis a factor?

Presenting Factors

Significant alcohol and / or substance use.
Withdrawal from support network / peers / family.
Depression, anxiety and / or psychosis.
Increasing episodes of self-harm.

Initial Actions

Acknowledge distress, review plan with young person including follow up.
Clarify confidentiality and encourage young person to talk to carers / parents and GP.
Follow individual agency service protocol.
Contact First Contact and begin Single Assessment procedures.
Contact CAMHS for advice.
Contact the CRISIS Team for advice.

Level 4 - Step 4 Specialist/CAHMS

Presenting Complaint

The child or young person requires an assessment of risk due to the serious harm caused by self-harm.

Background Issues

What other agencies are already involved?
What other related safeguarding issues are known?
Known depression, anxiety or psychosis?

Presenting Factors

Significant alcohol and / or substance use.
Withdrawn from support network / peers / family.
Depression, anxiety and / or psychosis.
Currently self-harming.

Initial Actions

Acknowledge distress, review plan with young person including follow up.
Clarify confidentiality and issues of consent.
Follow individual agency service protocol.
Contact CAMHS or CRISIS team (if they need an assessment that day).

Level 4 - Step 5 Emergency Assessment

Presenting Complaint
The child or young person's life or health is in immediate danger following self-harm (e.g. significant injury).

Initial Actions
Call 999

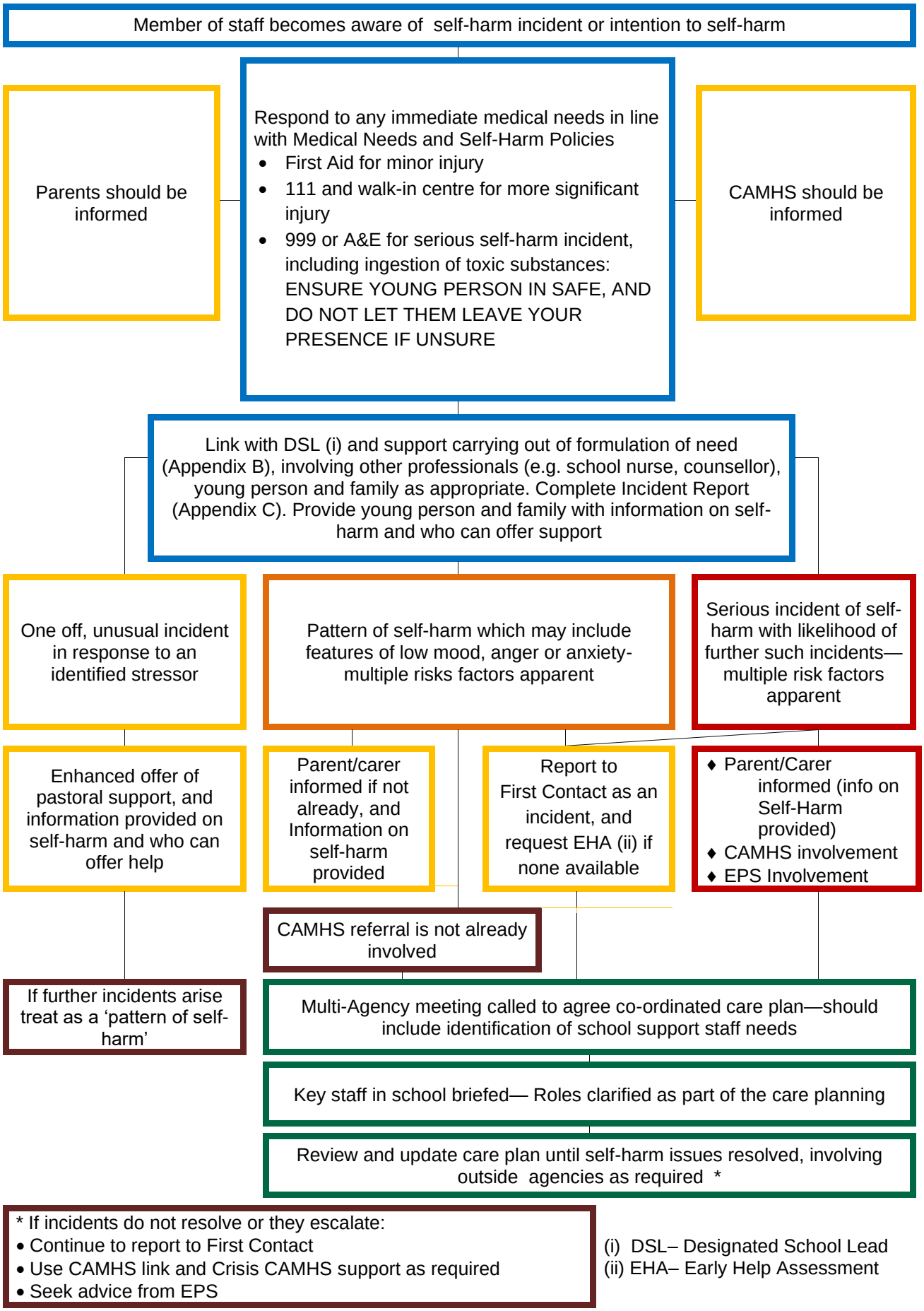
Encourage them to talk to their parents or another ‘trusted adult’ for help with any underlying problems and difficulties.

Always follow safeguarding guidance and procedures and keep records of your actions.

Be clear that information about them will be treated with respect, but may be shared with others in their best interests. Explain that a plan to help will be developed together by them, their family and the team of professionals around them.

Risk assessments are not always able to accurately predict risk, and are not in themselves interventions that can reduce it. For this reason, the designated member of staff should always carry out an Assessment of Need (Appendix B) to ensure clarity as to what support is going to be accessed. Flexibility exists in terms of whether to inform parents or carer in line with young person’s wishes. Engaging the support of parents and carers should be encouraged wherever possible.

Schools Flowchart



Appendix B

Self-Harm Assessment of Need Tool

This tool is intended for use by the member of staff within a school who has designated responsibility for this area, and is designed to establish information that will both indicate the severity and frequency of the self-harming; but as importantly how to best support the young person.

The sections are for guidance and can be explored flexibly. The tool can be used for any type of self-harm but if during the assessment the young person discloses previous or planned suicide attempts immediate advice must be sought from Crisis CAMHS on 0800 0516 171**.**

The safety of the young person is paramount and they should understand the conditional nature of any confidentiality prior to assessment. It is important to ask directly about the intention behind the self-harm. This will not increase the risk to the young person and is vital in informing the care plan.

Assessment of Need Formulation

When/how did it start?

What makes it worse or better?

Pros and cons of self-harm

What usually happens before?
Feelings
Thoughts about others, self, life.
Memories
Friends, family
Substance use

My Strengths
What can I do
Skills talents
Important relationships

Support and care plan
Who, what, when
Needs, risk, quality of life

My future/life goals
Short term
Long term

I self-harm because…

Keeping me safe
Now
Future

My main difficulties
e.g. self -harm
Ways, how often, how serious
Suicidal intent
Mental health difficulties
How impulsive/planned

Significant events
Health
Relationship with parents, family and friends
Stress
Moves
Losses
Contact with professionals
School
Trauma/abuse
Parents health/coping
Substance uses

What happens afterwards?
What I do
What others do
(family, friends, professionals)
Thoughts/beliefs
Feelings

My life now
Friends
School/employment housing
Home, Money
Health, Quality of life

In a crisis

Appendix C

De-escalation

There may be times where staff will need to prevent a situation from escalating, particularly where you are aware of a potential trigger for a young person's self-harm. In all cases, proactive strategies must be considered that may involve changing the environment to reduce the risk of problems arising, while avoiding unnecessarily restricting opportunities to take part in normal activities.

In cases where it is clear that de-escalation is needed:

- Be aware of your own body language and tone of voice; by controlling your own behaviour professionals can often stabilise the situation and prevent it from getting worse. Consider how our own behaviour could be perceived as threatening. If a pupil feels as though they aren't in control, it's important that as adults we can remain calm.
- Support them using ACT Principles:

A	Acknowledge the child's distress and demonstrate that you are there to support them and listen.
C	Communicate what the boundaries are within the context/space that you are in.
T	Target alternatives, for example by guiding them to a different space, or helping them to access any coping strategies that have previously been identified.

- Consider making the environment safer and arrange for another member of staff to be present.
- Consider assisting them to move away from a situation they are struggling to cope with to a safer or more comfortable place. Stay with them and let them know you are there to support them.
- Don't threaten with sanctions – if there is anything that needs following up do that at a later time
- Always consider if action taken is reasonable, proportionate and necessary to the situation.
- Where serious harm has occurred or is likely to occur, follow your safeguarding procedures and seek immediate medical attention where necessary.
- Following any serious incidents it is vital that once safety has been established, staff have the opportunity to debrief. This also involves considering any repair that might be needed between the staff member and the pupil.

Appendix D

Debrief Tools and Support for Staff

Debrief Tools - Staff

Rapid Reflection

The opportunity to debrief after a serious incident is essential for staff to feel supported and grounded before returning to their duties. Where time is short, staff can use the Rapid Reflection Tool (adapted from Tees, Esk and Wear Valleys NHS Trust) which should take no longer than 3 minutes. All staff involved should take part in the Rapid Reflection with one person responsible for facilitating.

Are we all OK and safe?	Consider both emotional and physical needs of each other
Is there anything we would do differently next time?	Remember the things that are within your control. What would help in future situations?
What went well?	Remember to acknowledge the positive aspect of the support you offered.

Consider whether it is necessary to plan some additional time for an extended debrief at a later date, once there has been time to reflect in more depth on what happened. If necessary this should take place on the same day so that staff aren't going home carrying the events of the day.

This should include:

- Allowing staff to talk about what happened in a non-judgemental and supportive manner, allowing plenty of time for discussion.
- Acknowledge the challenge and impact of dealing with serious incidents.

Ask:

- How did you feel, before, during and after the incident?
- What do you think triggered this situation? What made it escalate?
- What were the triggers for you?
  What did you need in that situation? What would have helped?
- What strategies for self-care could you use after a challenging situation like this?
  Where staff are encountering frequent and/or chronic incidents of self-harm within school additional opportunities for support through line management, or through external supervision, must be made available.

For staff and pupils

'Listening and Learning' (adapted from Team-Teach)

T	Time – choose an appropriate time when the pupil is ready. Make sure there is plenty of time so the conversation isn't rushed.
E	Environment – the environment should be comfortable and neutral where you won't be disturbed, removing any power imbalances (e.g. sitting behind a desk).
L	Listen – Listen attentively, without judgement and be open to understanding the pupil's perspective on what happened. Consider what your body language might be communicating.
L	Learn – Learning can take place without blame and is about repair. After acknowledging and understanding the pupil's perspective, explore with them how you can work together in future to reduce the risk of them finding themselves in an unsafe situation. Is there anything that staff could have done to support them better in that situation? Is there anything the pupil wishes they had done differently?

Outcomes from the conversation should be shared with appropriate members of staff, and the Assessment of Need Tool may need to be reviewed.

Appendix E

Case Illustrations

Laura is in Y8. She lives with her mum and there is a history of domestic violence. She is already being seen by CAMHS as she has been regularly self-harming by cutting and often feels low. You get the impression that she has a difficult relationship with mum and that mum sometimes struggles to cope when Laura feels this way. This morning she hasn't turned up for registration and you find her in the toilets with the strap of her bag tied tightly around her neck.

Issues to consider

Tying a ligature can be fatal and must be treated as medically urgent.

Laura is clearly at immediate risk of harm and must not be left alone.

Actions

Immediate:

Take action for a medical emergency – phone 999 for an ambulance.

Ensure the First Aider is alerted immediately, but do not let the child out of your sight.

Contact the CAMHS Crisis and Liaison Team and seek advice. They will make a decision on what action to take.

Arrange for Laura's parents to be contacted.

On the same day:

Ensure that the designated member of staff for Safeguarding has been informed about the incident.

If there are other professionals involved (Social Worker, CAMHS Clinician) the Safeguarding Lead will contact them to share their concerns.

Concerns should still be reported to First Contact, even if a Single Assessment is already in place.

Consider if there are any members of staff or pupils who may have been affected by the incident and need an opportunity to access support.

Longer term:

Follow up with CAMHS Crisis by phoning for an update.

If CAMHS are already involved, phone and request a telephone consultation with the Clinician involved.

It is vital that Laura gets the support she needs and this will require a multi-agency approach with a coordinated care plan and a clear understanding about her needs by all involved. This should include consideration of any risk factors. It is likely this will also involve support for the family as a whole.

Review the Assessment of Need with Laura and identify any changes that need to be made in school to support her.

Consideration to be given as to whether a Single Assessment Procedure should be Initiated by ringing First Contact on 0845 850 5010.

Case Illustrations

Alan is a boy in Y11. He has always worked hard at school, and achieved good grades. However, he appears to be extremely anxious about his GCSE exams. He comes to see you at the end of the school day, and reveals that he doesn't feel that he is coping with the demands on him at school, and he is very worried about the future. He has been scratching his arm with rulers and compasses and he shows you some recent marks as well as some which appear to have healed. He says he doesn't want his mum to know.

Issues to consider

Alan may not be aware that you are not able to keep this information confidential and you should try and talk to him about this as early in the disclosure as possible.

He is likely to have chosen to tell you for a reason, and is also likely to have some worries about what might happen when he does tell you.

More information is needed about how he is feeling and other circumstances in his life, including the home context, in order to inform the best way to support Alan.

Actions

Immediate:

Explain to Alan that you can't keep this information to yourself, and that you will have to discuss it with the designated member of staff. Ask if he would be prepared to come with you and talk to them, and reassure him that nothing will happen without his knowledge.

Take some time to talk about Alan's reasons for coming to tell you and what worries he has had about telling you. Reassure him that telling you is courageous and is a good way of getting some help to deal with the situation.

Agree what your next steps will be – whether you will talk to the designated member of staff by yourself, or, ideally, whether Alan will come with you. Discuss what you will do if the member of staff has gone home for the day (i.e. whether you might consult CAMHS (Child and Adolescent Mental Health Services).

Ensure that an adequate Assessment of Need is carried out and that Alan is safe to go home. Try and help him think about how he will manage any worries that evening, and explore his concerns about talking to his parents.

Pass information to the designated member of staff. Make sure that you pass on as much detail as you can about what you have seen or heard.

Consult with CAMHS Single Point of Access straight away and keep a record of this conversation.

Longer term:

Action taken would depend upon a fuller Assessment of Need, but will likely include:
Referral to clinician. Ongoing monitoring of Alan's wellbeing in school, and consideration of how to reduce his anxiety about his workload.
Continued liaison with parents.

Case Illustrations

Sophie is a child in Y9. She seems to be a quiet shy student, who works hard but doesn't feel comfortable contributing much in lessons. She generally achieves well, but you have noticed that her grades seem to be slipping recently; and she hasn't always done homework tasks for you – which is unusual for her. You are aware that Sophie has recently spent more time at school alone, and she has stopped attending the school choir. You notice that Sophie appears to have some cut marks on her arm.

Issues to consider

Sophie may already have talked about the marks on her arm with someone else, and may already be receiving help that you are unaware of.

If she hasn't disclosed to someone, she may find it extremely difficult to be asked about it, and it may take a little time for her to feel comfortable enough to talk about her situation.

However, taking no action is not an option.

Particular care should be taken over who is involved at this point, since triggers for Sophie's cutting are not known. For example, there may be issues at home that are upsetting her, and sharing information prematurely with parents may exacerbate this situation.

Actions

Immediate:

Discuss your concerns with the designated member of staff in school. Be sure to include all the information you have about Sophie as this will make it easier for a detailed Assessment of Need to be completed.

If you have a good relationship with Sophie, the designated member of staff may ask you to be present when he/she meets with Sophie and may ask you to support Sophie through the Assessment of Need process and associated agreed actions.

Longer term:

Whether further referrals are made or parents are informed will depend upon the outcome of the Assessment of Need.

However, as a minimum, Sophie is likely to benefit from some additional support and monitoring from pastoral staff. This will need regular reviewing over time.

Case Illustrations

Shannon is a Y10 girl who you know fairly well and who is doing well at school. She is friendly and hard working and has a good group of friends. She approaches you on Monday morning and asks to speak with you privately. She asks if taking 4 paracetamol at once can be harmful. When you ask her more about this, she says that she was really upset after her boyfriend finished with her on Saturday night, and so she took the tablets. She hasn't told anyone else about this, and now feels like it was a silly thing to do.

Issues to consider

Any overdose or ingestion of toxic substances must be treated as medically urgent.

You don't know Shannon's medical history or what else she may have taken that could influence the effects of the paracetamol (e.g. alcohol, other prescription medication). Medical oversight is vital.

Actions

Immediate:

Explain to Shannon that you can't keep this information confidential, and that you need to make sure that the paracetamol isn't making her poorly. Reassure her that she has done well by coming to see you, and that you will be sensitive in who you tell.

Take Shannon to the designated member of staff who will be able to complete a risk assessment with her and arrange for her to be seen by a health professional that day (e.g. Accident and Emergency)

Contact CAMHS Crisis to seek advice.

Parents or carers should be informed. It is important to talk this through and ensure that it is done supportively.

Longer term:

Any further support from outside agencies would depend upon the outcomes of the risk assessment, the assessment by a medical professional and the assessment completed by CAMHS Crisis.

Case Illustrations

Sarah is a Y3 child in your class, and you have noticed that she has begun pulling her hair. She now has a small patch on her scalp where she has pulled out all of the hair. You've become increasingly aware that Sarah is "not herself" and is less enthusiastic about getting involved at school.

Issues to consider:

You do not know what/if anything has happened to influence the change in demeanour or trigger the hair pulling

Sarah may not be able to articulate what is going on for her (i.e., she may not have the ability to talk about it, or might be fearful of doing so), and will need a sensitive approach to help her open up.

Think about how you would tell Sarah in age appropriate language that you have to share information, and how to appropriately involve her in this process.

Actions

Immediate:

Discuss your concerns with the designated member of staff in school, including all the information you have about Sarah needed to complete the Assessment of Need.

If your relationship with Sarah is good, the designated member of staff may ask you to support Sarah through the Assessment of Need process and associated agreed actions.

Take some time to talk with Sarah about her situation and reassure her that talking with you and getting help is a brave thing to do.

If appropriate (i.e. No reason to suggest that sharing the information with parents/carers would increase risk of harm), have a conversation with Sarah's parents/carers to discuss your concerns and talk through any issues they have, and what actions can be taken to support Sarah.

Longer term:

Whether further referrals are made will depend upon the outcome of the Assessment of Need.

With permission from parents, consider contacting CAMHS Single Point of Access to ask for advice and if a referral would be appropriate.

Sarah would benefit from a key member of staff to provide ongoing support and monitoring from pastoral staff.

If the school has access to a counsellor/connecting with children/nurture group or similar services a conversation should be had with the appropriate member of staff to look at a referral.

This will need to be reviewed regularly over time.

Appendix F

Checklist for Schools: Supporting the Development of Effective Practice

1.0 School Policy

		How well do you do this? Rate on a scale of 1-10	Any implications/Action points
1.1	The school has a policy or protocol for supporting pupils who are self-harming, or are at risk of doing so. The school governors have approved this.		
1.2	The Durham Schools Self -Harm Guidance and LSCB Pathway (See Appendix A) has been approved by the school governors.		

2.0 Leadership and Management, School Ethos

2.1	The school has a named lead (from senior leadership) for Mental Health and Emotional Health and Wellbeing (including Self Harm)		
2.2	The school has a culture that encourages young people to talk and adults to listen and respond professionally and respectfully		
2.3	There are appropriate professional support networks established within school to provide opportunities for wider self-review, professional learning, planning and development.		
2.4	The senior management team recognize the importance of the whole school workforce understanding their role in safeguarding vulnerable young people.		

3.0 Training and Awareness

3.1	All new members of staff receive an induction on Child Protection Procedures and setting boundaries around confidentiality.		
3.2	All members of staff receive regular training on Child Protection Procedures.		
3.3	All staff including admin, technicians, lunch-time supervisors etc. have access to universal self-harm training. Additional learning is available and appropriate to individual roles and responsibilities. https://www.minded.org.uk		
3.4	Staff members with pastoral roles (safeguarding lead, heads of year, emotional wellbeing lead, etc.) have access to training in identifying and supporting students who self-harm, and in supporting wellbeing and resilience. Please enquire with Durham Schools Counselling Service for information on current self-harm training, 03000 263 333.		
3.5	Additional wellbeing and mental health training and support, including access to appropriate networks, is provided for members of staff with particular responsibility in this area and this is updated.		

4.0 Communication

4.1	The school has clear and open channels of communication that allows information to be passed up, down and across the school system as appropriate where there is vulnerability – this is explicitly reviewed on a regular basis.		
4.2	ALL members of staff within the education setting, (including admin staff, kitchen staff etc.) know to whom they can go if they discover a young person is self-harming, and the need to do this in every instance.		
4.3	The school has an agreed system for recording incidents and making information available as appropriate. There is a relevant form for doing this, and a policy around storing and sharing this information.		
4.4	Time is made available to listen and support all staff members on a regular basis with regard to concerns about wellbeing and safeguarding.		
4.5	The school utilizes regular internal safeguarding and pastoral meetings as well as multi-agency meetings to share and gather appropriate information relating to the wellbeing of young people.		

5.0 Support for staff/pupils

5.1	Staff members have an understanding of the different professionals who visit the school, (e.g. School nurse, school counsellor, educational psychologist, etc,) the roles they play, and that information is provided as to how to make a referral.		
5.2	Therapeutic support is available in school by qualified staff members and should follow professional standards by adhering to the appropriate professional body (e.g. BACP/UKCP for counsellors, HCPC for Psychologists)		
5.3	Where support is required for a young person every effort is made to allow and adult who they relate well with to take on this role.		
5.4	Staff members know how to access support for pupils and themselves. This is explicit and specific, and regularly reviewed.		
5.5	Pupils know to whom they can go for help.		
5.6	There is a system for debriefing any incident that may have caused alarm or upset. This may be for a number of people or be specific to a member of staff with additional responsibility.		
5.7	Students are included and involved in every stage of the decision-making about the support they need.		
5.8	Age appropriate emotional wellbeing and resilience is addressed through the curriculum, with explicit reference to issues such as self-harm and mental health.		

6.0 Signposting and Referrals

6.1	The school makes available other sources of support for pupils and staff, for example: http://www.youngminds.org.uk/ https://childline.org.uk/		
6.2	Referrals are made to the appropriate agencies. At all stages consult with and include the young person in the referral. Referrals to CAMHS must be made with parental consent if the young person is under 16.		

Appendix G

A Self-Harm Incident Report Form for Use in Schools

Self-Harm Report Form

This form should be completed by the designated member of staff for self-harm; and should be kept in a safe place in school. You may wish to refer to the Policy and Guidelines on deliberate self-harm in young people. The information may also be made available as part of a referral to support services if this is agreed by the young person.

Details of Young Person

Surname/Also known as:	
Forename(s):	
Gender:	
Date of Birth:	
School:	
Year Group:	
Who is information being received from? Young person/adult on behalf of young person/peer on behalf of young person	
Is anyone else present?	Yes ☐ No ☐
If yes please give name(s)	
Please give as much detail as possible about the self-harm incident; including nature of the harm, and what led up to it happening. Note any particular stressors the young person is facing at present, and whether they consider this to be a one-off or a pattern of response. This will be covered in the course of the Assessment of Need.	

Does the nature of the self-harm constitute a medical emergency (i.e. ingestion of toxic substances or overdose)? If so, phone for ambulance and notify parents at once.	Yes ☐ No ☐
Has the young person given permission for parents to be notified?	Yes ☐ No ☐
Have you reason to over-ride the young person's consent to tell parents?	Yes ☐ No ☐
Does the information received indicate that another service should be involved to support (e.g. school nurse, CAMHS)? If so, please complete additional information section below (and note guidance on parental permission)	Yes ☐ No ☐

Action plan:
Detail what action will be taken as a result of receiving this information. What action will be taken from within school? What other services will be involved, if any? And who else may need to be consulted? Timescales? These should be explicitly linked to the Assessment of Need screening.

Signed:		**Date**	

(Designated member of staff for self-harm)

Information to Support Referral to Support Services

Please attach the self-harm report form

Details of Young Person

Surname/Also known as:	
Forename(s):	
Gender:	
Date of Birth:	
Usual home address including postcode and telephone number	
Current address (if different including postcode and telephone number)	
Nursery School:	
Parent/Carer:	

Agencies Currently Involved

Profession	Name	Contact Number	Focus for Involvement)

Family Structure

Name	DOB	Relationship to Child	Nursery/School/Occupation

Is address different to above – if yes please give below

Has there been a First Contact referral (Single Assessment Procedure)?	Yes ☐ No ☐
Are the parents/carers aware of this referral?	Yes ☐ No ☐

Signature of parent:		**Date**	

If parents are not aware of referral, please explain why not

Details of referrer:

Name:	
Role:	
Contact Number:	

Signed:		**Date**	