Self Harm

Guidance for School Based Staff

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) 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 Transformation Plan. This plan ensures that local partners work together around areas of community mental health need.

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 in 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 a priority within the County Durham Health and Wellbeing Strategy (2014-2016). Although definitive data is difficult to obtain because many incidences of self-harm are undisclosed, there is a concern in relation to self-harm both locally and nationally.

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 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.

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.15)**.**

For illustration of the different types of self-harm sometimes encountered, see **Appendix C** (p.21)**.**

For a basic assessment of need process see **Appendix B** (p.18)**.**

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.

For a checklist to support schools develop effective practice see **Appendix D** (p.27).

For an example of a Self-Harm Report form see **Appendix E** (p.32).

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.

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).

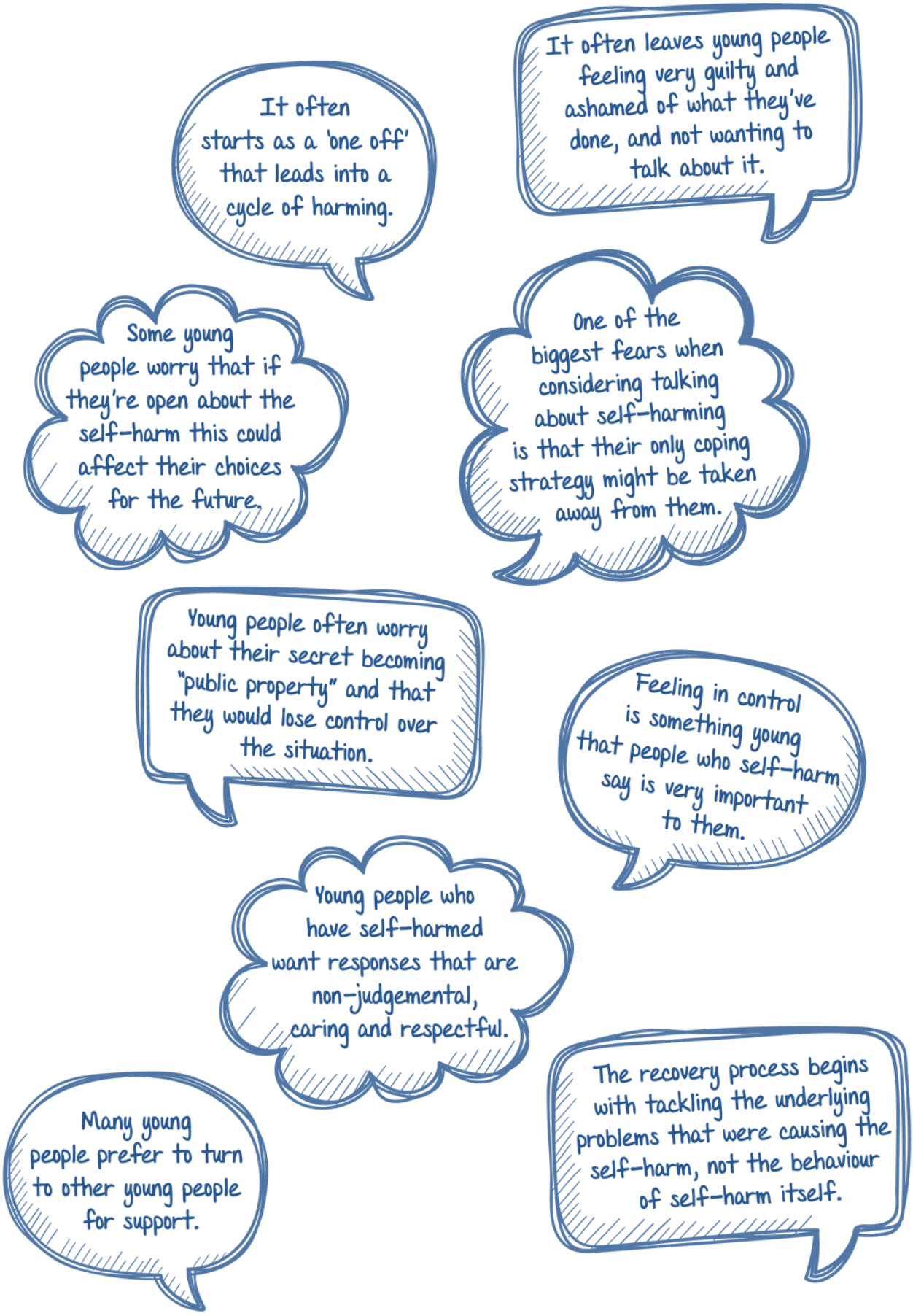
Relationships between school based staff and young people will vary. Young people make choices about who they disclose information about self harming behaviour to in the context of these relationships. While this should influence who is likely to be involved in supporting a young person it must not result 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** (p.18) 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.

NB- 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



Risk Factors for Self-Harm in Adolescents

Socio-demographic And Educational Factors

Gender (female for self-harm and male for suicide)

Low socio-economic status

Lesbian, gay, bisexual or transgender sexual orientation

Restricted educational achievement

Negative Life Events and Family Adversity

Parental separation or divorce

Parental death

Adverse childhood experiences

History of abuse

Parental mental health difficulties

Family history of suicidal behaviour

Marital or family discord

Bullying

Interpersonal difficulties

Psychiatric and Psychological Factors

Wellbeing or mental health difficulties, especially depression, anxiety, or attention deficit hyperactivity disorders

Drug or alcohol misuse

Impulsivity

Low self-esteem

Poor social problem-solving skills

Perfectionism

Hopelessness

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.

See **Appendices A (p.15) and B (p.18)**

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 D*** (p.27).

Useful Contacts – Local Services

Crisis CAMHS	Lanchester Road Hospital	0191 441 5733
CAMHS	Single Point of Access	0300 123 9296
	South Durham CAMHS	01325 529520
	Central and North Durham CAMHS	0191 5945770
	Easington CAMHs	0191 2888400
First Contact (Single Assessment Procedure)	Countywide	03000 267979
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 263333
Emotional Wellbeing and Effective Learning Team	Countywide	03000 263333

Useful References

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 263333
peter.mulholland@durham.gov.uk

Michelle Trainer- Crisis CAMHS Team Manager
0191 4415700
michelle.trainer@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.

NB- 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				
Level1 - Step 1 Universal	Level 2- Step 2 Early Help	Level 3- Step 3 Full Assessment	Level 4 - Step 4 Specialist/ CAHMS	Level 4 – Step 5 Emergency Response
Presenting Complaint The child or young person has experimented with self-harm and has no intention to self-harm again.	Presenting Complaint The child or young person is continuing to self-harm and there are underlying issues causing distress.	Presenting Complaint The child or young person needs additional support to avoid serious harm (e.g. self-harm is increasing).	Presenting Complaint The child or young person requires an assessment of risk due to the serious harm caused by self-harm.	Presenting Complaint The child or young person's life or health is in immediate danger following self-harm (e.g. significant injury).
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.	Background issues Are other agencies involved? Are there other safeguarding issues to consider? Any mental wellbeing or resilience issues?	Background issues What other agencies are already involved? What other related safeguarding issues are known? Is depression, anxiety or psychosis a factor?	Background issues What other agencies are already involved? What other related safeguarding issues are known? Known depression, anxiety or psychosis?	
Presenting Factors Self-Harm as a coping mechanism. Protective Factors evident including good support network, hope of recovery, seeking help.	Presenting Factors Alcohol and / or substance use. Reluctance to share with support network or withdrawal from peers and / or family. Depression or anxiety.	Presenting Factors Significant alcohol and / or substance use. Withdrawal from support network / peers / family. Depression, anxiety and / or psychosis. Increasing episodes of self-harm.	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, 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.	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)	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.	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)	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.

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 0191 4415700.

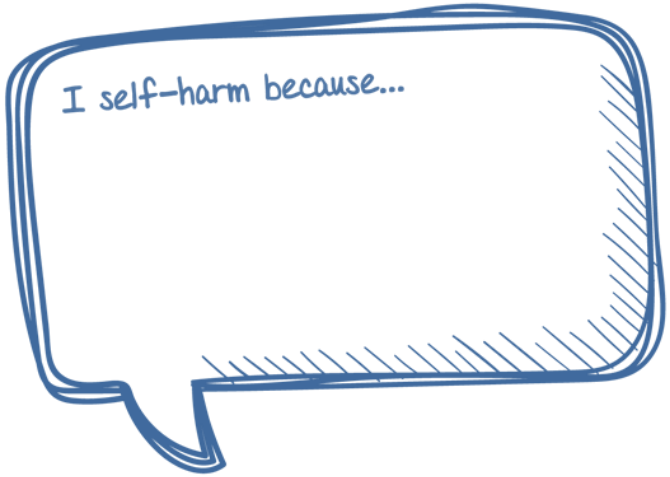
The safety of the young person is paramount and they should understand the conditional nature of any confidentiality prior to assessment. It is important to **ask directly about the intention behind the self-harm**. This will not increase the risk to the young person and is vital in informing the care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

Assessment of Need Formulation

When/how did it start?

What makes it worse better?

Pros and cons of self-harm



Significant events

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

What usually happens before?

Feelings
Thoughts about others, self, life.
Memories
Friends, family
Substance use

My main difficulties

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

What happens afterwards?

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

My Strengths

What can I do
Skills talents
Important relationships

My future/life goals

Short term
Long term

My life now

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

Support and care plan

Who, what, when
Needs, risk, quality of life

Keeping me safe

Now
Future

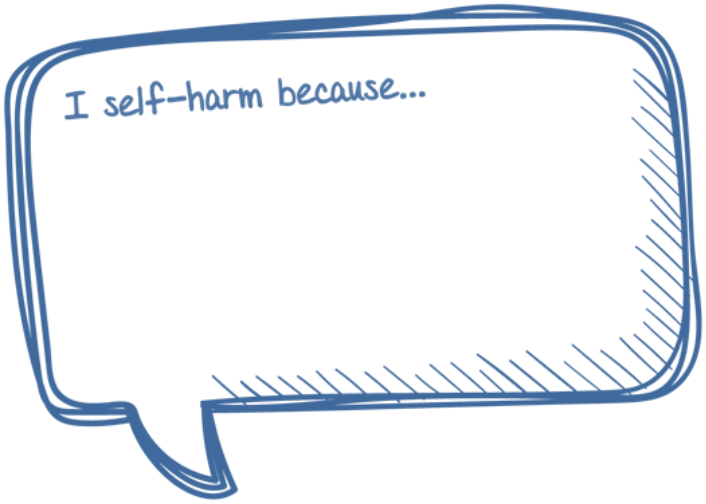
In a crisis

Formulation

When/how did it start?

What makes it worse better?

Pros and cons of self-harm



Significant events

What usually happens before?

My main difficulties

What happens afterwards?

My Strengths

My future/life goals

My life now

Support and care plan

Keeping me safe

In a crisis

Appendix C

Case Illustrations

Jenny is Y10 child in your tutor group. She hasn't attended your registration session and at break time two of her friends find you and say that she is in the toilets and seems 'out of it'. She has told them that she has taken a bottle of her gran's tablets.

Issues to consider

- The safety of the child is paramount and overrides any concerns about confidentiality.
- Where you have reason to believe a young person is in physical danger, medical assistance should be sought immediately.
- The friends are likely to be shocked and concerned about Jenny.

Actions

Immediate:

- Take action for a Medical Emergency – phone 999 for an ambulance.
- Ensure that First Aider is alerted immediately, but do not let the child out of your sight
- You or the First Aider should check breathing, pulse and place in the recovery position if necessary.
- Arrange for parents or carers to be contacted.

On the same day:

- Pass information to the designated member of staff about the incident
- Ensure that Jenny's friends have the opportunity to discuss the incident with a pastoral support person in school and that any information available about how Jenny is doing is passed on to them.

Longer term:

- CAMHS (Child and Adolescent Mental Health Services) will have been involved when Jenny was in hospital
- It is likely that this service will liaise with the school nurse and relevant school staff to support Jenny once she comes back to school. If they do not contact you then you will need to contact them.
- A care plan should be coordinated and reviewed through the Single Assessment Procedure, until it is clear that Jenny's needs have resolved.

Self-harm as described above is considered a Stage 4/5 need; and a coordinated care plan is likely to be required to ensure the wellbeing and safety of the young person

A referral should be made to First Contact in order to initiate a Single Assessment Procedure (if one is not already underway). This can be done by ringing

0845 8505010.

Consideration to be given as to whether a Single Assessment Procedure should be Initiated by ringing First Contact on 0845 8505010.

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 with the PMHW (Primary Mental Health Worker) or 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.
- 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. If you are not able to speak to the member of staff immediately,
    - ❖ Make some notes to help you remember when you do see them.
    - ❖ Consult with the PMHW or a member of CAMHS 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 First Contact if there is a need for Single Assessment Procedure coordinated support over time.
- Making parents or cars aware of the situation
- Liaison with PMHW/ CAMHS clinician.

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 and PMHW. 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

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

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. the PMHW or Crisis CAMHS clinician).
- 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 and the assessment completed by CAMHS.

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 demeanor or trigger the hair pulling
- Sarah may not be able to articulate what is going on for her (ie, 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 (ie. 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 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 D

Checklist for Schools: Supporting the Development of Effective Practice

1.0 School Policy

		How well do you do this? (Rate from 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, (eg. 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 (eg. 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 E

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 _____

DOB _____

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 ☐

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 _____

DOB _____

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 _____

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

Details of referrer:

Name _____

Role _____

Contact Number _____

Signed _____

Date _____