



La Retraite
Roman Catholic Girls' School

Supporting Students Safeguarding Policy Responding to Incidents of Self-harm and Suicide



DRAFT - DECEMBER 2019

Introduction and Aims

Our mission as a Catholic School is to provide the highest possible quality of education for all our students, delivered within the context of Gospel values and the teachings of the Church, in our Christian community. To achieve this end, the Governing Body of La Retraite School commit themselves to the following:

- Recognising the value and uniqueness of every student
- Ensuring the school is a safe place to be and one where the interests of justice are served
- Creating a community which is inclusive, one whose basis is mutual respect and equality
- Maintaining the long tradition of trust, co-operation and courtesy
- Generating good order and discipline
- Nurturing the religious and intellectual lives of our students through curricular and extra-curricular activities
- Inviting parents to play an active role in their daughter's development, academically, spiritually and emotionally.

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families and carers has a role to play in safeguarding children. In order to fulfil this responsibility effectively, all staff should make sure their approach is child-centred. This means that they should consider, at all times, what is in the best interests of the child.

This policy is in place to ensure that all staff at La Retraite are confident, informed and able to support children and young people who are either self-harming or at risk of self-harm or suicide. All staff are expected to follow the guidance and procedures outlined in this policy, by doing so we assure that the care and support given to our students is consistent, sensitive and appropriate.

This policy has been informed by a number of best practice documents produced by the Government and NHS. It should be read alongside the school's safeguarding, Child Protection and Behaviour policies.

Associated documents

1. Guidelines for professionals who work with children and young people who self-harm: B&NES CAMHS, Oxford Health NHS Foundation Trust, 2014
2. Keeping Children Safe in Education, DfE, September 2018
3. Working together to safeguard children, DfE, 2018
4. Mental health and behaviour in school, DfE, March 2016

Key Principles

The following principles underpin the guidance outlined in this policy.

- Recognising the importance of empowering young people with support to make positive changes
- Placing the views of the young person at the centre of all your work with them
- Recognising that young people want to be heard and understood and treated as individuals
- Recognising that being clear about confidentiality and informed consent is very important to young people
- A non-judgemental, non-blaming, competent, calm and trustworthy approach from practitioners offering support is highly valued by young people
- All practitioners will have an awareness of the impact of self-harm and suicide on the young person's family and friends
- All practitioners working with young people at risk of self-harm and suicide need support, supervision and training
- Practitioners can help young people to work towards minimising harm and finding alternative coping strategies
- The aim of helping young people who self-harm is maximising their health and happiness.
- The child or young person will be supported to access service(s) which will assist them with strategies in order to recover from the effects of self-harm, and strategies that will minimise the risk of future self-harm.

Understanding self-harm and suicide

Self-harm is a broad term that can be used to describe the various things that young people do to hurt themselves physically. It includes cutting or scratching the skin, burning/branding with cigarettes/lighters, scalding, overdose of tablets or other toxins, tying ligatures around the neck, punching oneself or other surfaces, banging limbs/head and hair pulling (Mental Health Foundation, 2006).

The term self-harm is sometimes used to describe behaviours that may be culturally acceptable yet lead to self-inflicted physical or psychological damage, such as smoking, recreational drug use, excessive alcohol or body enhancement. For this guidance self-harm is understood as physical injury inflicted as a means to manage an extreme emotional state - it can be lifesaving or self-destructive.

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

Why do young people self-harm?

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

- Dealing with distressing experiences and difficult emotions
- To feel real, some young people also self-harm to deal with feeling unreal, numb, isolated, disconnected. Self-harm in these circumstances can awaken the young person and lead to feeling more real, more alive, functioning and able to cope in the short term.
- Enlist help or concern. For some young people self-harm is a way of expressing their distress nonverbally, often in the absence of the ability (for whatever reason) to articulate this verbally. Self-harm should not be dismissed as 'attention-seeking' behaviour, however superficial it appears. It is almost always a sign that something is wrong and needs to be taken seriously.
- Keeping people away. Some young people self-harm with the intention of making themselves unattractive to others or to keep people at bay.
- Physical pain. Some young people self-harm because physical pain seems more real and therefore easier to deal with than emotional pain. Young people may feel that their injuries are evidence that their emotional pain is valid. For some the sight of blood and bleeding represents a release of emotions. There is some evidence that when the body experiences injury, a group of neurochemicals may lead to a feeling of calm and wellbeing.

Common misperceptions about self-harm and suicide

- Attention seeking. Sometimes people think that they should not respond to self-harm as it is 'attention seeking' or 'manipulative' behaviour. If a child or young person is seeking attention through self-harming behaviour they are communicating their very real need for attention or help
- A way of fitting in. Children and young people do not self-harm as a way of fitting in, or as a response to media such as film or music, or to 'emo' or 'goth' culture. Young people who have similar needs may gravitate towards one another, but reasons for self-harm will not be to fit in.
- A rite of passage. Self-harm is never just a usual part of adolescent development. It is employed where a young person may feel they have no alternative coping strategy
- Those who talk about suicide are least likely to attempt it. Those who talk about suicidal feelings do attempt suicide. The experience of the Samaritans shows that many people who take their lives will have given warning of their intentions in the weeks prior to their death
- Talking about suicide encourages it, on the contrary, giving someone the opportunity to explore their worst fears and feelings may provide them with a lifeline which makes all the difference between choosing life and choosing to death
- Self-harm is a suicide attempt. Self-harm is often considered only in the context of suicide - more often in fact self-harm is a survival strategy rather than an attempt to end life.

Identifying self-harm

There are several ways in which a staff member might discover that a pupil is self-harming, is having suicidal thoughts or has made attempts at taking their own life. A staff member may observe the results of self-harm in the form of an injury, or they may be informed of self-harm by the pupil themselves, their friend or a family member.

Staff may sometimes suspect a pupil has self-harmed but signs and symptoms can sometimes be absent or easy to miss. It is not uncommon for individuals who self-harm to offer stories which seem implausible or which may explain one, but not all, physical signs or injuries. If a pupil says they are not self-harming or evades the question, you can keep the door open by reminding them that you are always available to talk about anything, should they so wish. **It is important at this stage to report your concerns to the designated safeguarding lead directly in person, and also through CPOMs.**

Warning signs -There may not be many obvious signs that someone is self-harming since it is usually a secretive behaviour. Signs may include:

- Wearing long sleeves at inappropriate times.
- Spending more time in the bathroom.
- Unexplained cuts or bruises, burns or other injuries.
- Razor blades, scissors, knives, plasters have disappeared.
- Unexplained smell of Dettol, TCP and other similar products.
- Low mood – seems to be depressed or unhappy.
- Any mood changes – anger, sadness.
- Negative life events that could have prompted these feelings – for example, bereavement, abuse, exam stress, parental divorce.

Self-harm is a response to underlying emotional and psychological distress. Young people may experience internal feelings, external circumstances or problems which may cause emotional or psychological distress. The list of factors below is not exhaustive and none of these factors nor emotional distress per se are automatically proof of self-harm or suicide risk. However, it is important to be alert to that potential in careful assessment of the young person's circumstances.

Factors may include:

- Family problems
- Feeling stressed
- Having boy/girlfriend problems
- Exams/school work
- Self-esteem issues
- Bereavement
- Feeling lonely
- Feeling guilty
- Not having someone close to talk to
- Bullying
- Difficulties associated with sexuality
- Feeling of being rejected
- Mental health issues
- Reaction to trauma or abuse
- Peer pressure
- Poor body image
- Substance misuse (drugs and alcohol).

Who self-harms?

Anyone can self-harm. This behaviour is not limited by gender, race, education, age, sexual orientation, socio-economics, or religion.

However, there are some identified vulnerable 'at risk' groups, these include:

- Adolescent females.
- Young people in a residential setting.
- Lesbian, gay and bisexual and transgender people.
- Young Asian women.
- Children and young people in isolated rural settings.
- Children and young people who have a friend who self-harms.
- Groups of young people in some sub-cultures who self-harm.
- Children and young people who have experienced physical, emotional or sexual abuse during childhood.
- Young people who are homeless.

Below is a non-exhaustive list of some of the behaviours that may be considered to be examples of self-harm:

- Scratching or picking the skin repetitively
- Cutting the body (often on arms and upper legs)
- Inserting objects into the body
- Scouring/scrubbing body excessively
- Hitting, punching self
- Pulling out hair
- Over/under eating
- Excessive drinking of alcohol
- Taking non – prescription drugs
- Burning or scalding body
- Hitting walls with head
- Taking an overdose or swallowing something dangerous
- Self-strangulation
- Risky behaviours such as running into the road

Suicidal Ideation

Many young people who self-harm do so in a way that is controlled and so that they do not, for example, cut deeply or harm themselves in a way that requires medical attention. However, it is important to recognise that with all maladaptive coping strategies, self-harm can become a usual response to daily stresses and can therefore escalate in severity.

Many children and Young people have thoughts of suicide, a plan and may have made attempts in the past.

In cases where the Safeguarding team consider the student to be in immediate risk due to suicidal thoughts with an intent or plan to act upon them, then an identified member of the team will advise the pupil's parents/carer that they should accompany the pupil to their local hospital emergency department.

It may be appropriate to escort the young person directly to A&E if there is a serious concern that parents are unable to keep them safe by refusing to attend, in this case a referral to social care will also be made.

Further guidance on understand and assessing risk of suicide please see appendix 3 and 4

Response, Assessing Risk and Taking Action – See Flow Chart (Appendix 1 for overview of steps)

Staff roles and responsibilities

Any member of the school staff who knows a student who may be thinking of self-harming must report this to the school Safeguarding team.

- Designated Safeguarding Lead (DSL) – **Mrs Helise Martin**,
- **Maire Newell**, Safeguarding Officer
- **Michele Ungaro**, Safeguarding Officer (6th Form, Tuesday – Thursday).

If for any reason it is not possible to locate these persons, staff should seek the advice and support of the **Headteacher** and **Senior Leadership Team**.

All Staff should;

1. Keep calm and give reassurance to the student.
2. Focus on the student, not the behaviour or reasons for it and remember the student may be reluctant to talk about self-harm.
3. It is important not to make promises of confidentiality even though the student may put pressure on you to do so. Be clear that you must inform the school safeguarding team. (See further guidance on this in section on confidentiality).
4. Report the disclosure using CPOMS immediately and to the Designated Safeguarding Lead in person as soon as possible, **before the student leaves the school site**. In the event that you are unable to physically see a member of the team e.g. supervising students, teaching, then please send an SLT on call alert to Valerie Avenall or visitor's reception stating you have a Safeguarding concern and require urgent support.

Safeguarding Team – Helise Martin (Designated Lead), Maire Newell (Safeguarding Officer KS3/4) and Michele Ungaro (Safeguarding Officer 6th Form)

5. The Safeguarding Lead will ensure the student is assessed by the school medical officer (first aider). A further assessment of the level of risk self-harm present should happen promptly, where there are concerns of serious, continuing self-harm and/or suicide ideation a formal assessment should be undertaken by the school councillor.
6. The student's parents/carers must be informed of the situation and be actively involved in the handling of the situation unless there is some over-riding safeguarding reason not to and the child would be placed in further risk. The decision not to involve parents/carers will be taken by Assistant Headteacher (Designated Safeguarding Lead) or Safeguarding Officers. This decision should be recorded and a Social Care referral made.
7. Low Risk Students, consult with colleagues and students regarding what support might be available. The member of staff managing this process can help the student contact appropriate support organisations which are outlined in **appendix 4**. The student and his/her parents/carers should be advised of this.

If there are no child-protection concerns and it is not deemed a referral to CAMHS is required then the following procedures may be considered:

- An internal assessment followed by a CAF/MARF/MASH could be raised for referral to relevant borough's Early Help Services
- Referral to school nurse
- Referral to GP
- Referral to School Councillor
- Referral to School Learning Mentor
- Pastoral Support Plan

All further support and action will be agreed/shared with the student, parents, appropriate school staff, key professionals and recorded on CPOMs.

8. High and medium risk pupils with more complicated profiles **MUST** be referred to external specialist support. **For all students who express suicidal ideation a social care referral MUST be made.**

If the student is already supported by CAMHS or a key worker from Social Care they must be informed promptly. It may be appropriate to call a TAC/TAF meeting so that all associated professionals can work together to devise a plan of support.

9. Where a student presents as having suicidal thoughts parents must be informed and advised to accompany students directly to their closest hospital accident and emergency department (AED) for a specialist assessment, the school will provide parents with a letter to give to the AED reception. Refer case to Social Care and CAMHS

In incidents where the Safeguarding Lead has serious concerns that the family may not take the student directly to the AED, or their notification places the student at risk, a telephone referral should be made to social care (Tier 4).

If the student is at risk then it may be appropriate to accompany the student to the AED and request parents meet the student and safeguarding lead at the hospital.

10. The Safeguarding Team will follow up the following day and must ensure the procedures outlined in the safety plan are put into place with appropriate checks.

All actions should be recorded appropriately in CPOM

Responsibilities of the Pupil who is Self-Harming

Pupils who self-harm need support from school staff but with the appropriate help they must

- Cover wounds after accepting medical care if needed.
- Agree not to bring dangerous objects in to school which could inflict injury on themselves or others.
- Follow any action/care plan and speak with the appropriate (named) member of staff if they are in emotional distress.
- They must not encourage others to self-harm.

Responsibilities of Parents

Working in partnership with parents/carers is a key to supporting the pupil who is self-harming. Parents would be expected and encouraged to:

- Support the school's approach to self-harm education of the whole school community and pastoral care.
- Work in partnership with the school and any other relevant agencies in order to ensure the student receives appropriate ongoing support and care.

Engaging Families

- Young people and their families may have different views and feelings regarding self-harm and may struggle to understand each other's' experience.
- Self-harm within families can make people feel helpless and it is therefore important to help them to explore these feelings in a safe way or to refer them to professionals who are trained to do this. It is important for staff involved to remain open-minded, non-judgemental.
- Young people often have reservations about their family being aware of their self-harm. Discuss any possible concerns and the benefits of their family's involvement. Agree what the young person would like to achieve through their family's involvement.

Assessing Risk

Unless the pupil is in obvious emotional crisis, kind and calm attention to assuring that all physical wounds are treated should precede additional conversation about the causes or triggers of the self-harm.

Questions of value in assessing severity might include:

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

Collecting basic information is also important in determining the need for engagement of outside resources.

Questions should be aimed at assessing

- History
- Frequency
- Types of method use
- Triggers
- Psychological purpose
- Disclosure
- Help seeking and support
- Past history and current presence of suicidal ideation and /or behaviours

See appendix 2 for further guidance on questions and assessing risk.

Residential Visits and Activities

Where a student who has self-harmed or who is at risk of self-harm/suicide has applied to take part in a residential visit, the school will meet with parents and students and outline a timeline of risk assessments and plan reasonable adjustments.

The school will continue prior to the visit to consider the students recent history and stability, as well as the location of the visit, nature of activities and staff accompanying the visit.

Where the school is confident that they are able to keep the young person safe through reasonable adjustments and support then the students should be given permission to participate.

In cases where the school having assessed risk, decides that despite reasonable adjustments, the safety of the students cannot be guaranteed, then a decision should be made that a place on the visit cannot be given. This decision will be shared and discussed with parents/carers and the student and reasons outlined.

An assessment of risk should be made from the point of application until immediately prior to the visit.

Confidentiality

Confidentiality is a key concern for students; however, La Retraite's Child Protection Policy states students need to know that it is not possible to offer unconditional confidentiality. If you consider that a student is at risk of seriously harming him/herself or others then confidentiality cannot be kept even if the young person is competent and aged 17 or 18.

It is important not to make promises of confidentiality that you cannot keep, even though the student may put pressure on you to do so. If this is explained at the outset of any meeting the student can make an informed decision as to how much information s/he wishes to divulge.

However it is recognised that students may wish to inform family members themselves. In this context, staff should support students in this process through a meeting or telephone call. However this must not be delayed and should happen on the same day as the disclosure, this will allow parents/carers to manage any risk of further harm at home.

Again if it is believed that informing parents/carers would put the pupil at further risk a referral to social care should be made and advice should be taken from them as to next steps.

Working together

It is important to be able to communicate effectively and develop working relationships with other practitioners and professionals to safeguard and promote the welfare of young people. Staff at La Retraite are committed to working effectively and appropriately with a range of professionals to ensure the safety and wellbeing of students.

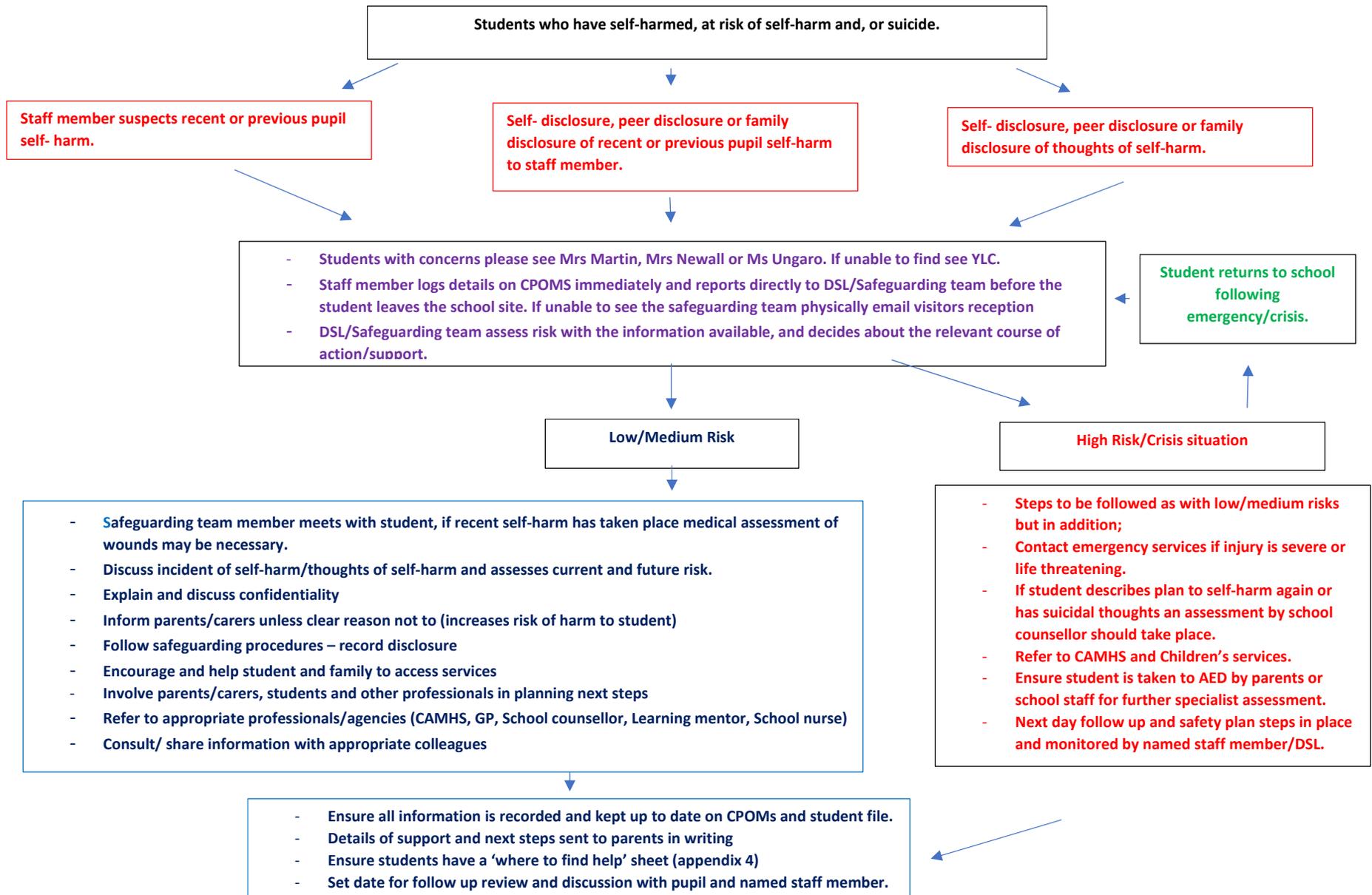
In relation to self-harm and suicide appropriate professionals and agencies may include

- CAMHS/SLaM
- Children and Adult Services
- School Nurse/Medical Officer
- Early Help Team
- Other mental health support organisations (**see appendix 4**)

Risk Assessments and Safety Plans

For high risk students who are at risk of further self-harm a risk assessment and safety plan may be put into place to ensure the student remains safe whilst on the school site.

Appendix 1 Process for managing self-harm and suicide



Appendix 2: Assessing Risk

All disclosures of self-harm or thoughts of self-harm and suicidal ideation must be reported to the safeguarding team in person and using CPOMs. This MUST be done before the student leaves the school site.

Areas to cover

- Nature and frequency of injury:
 - Are there any injuries requiring immediate attention?
 - Has the young person ingested/taken anything that needs immediate action?
 - Establish what self-harming thoughts and behaviours have been considered or carried out and how often?
- Other risk taking behaviours
 - Explore other aspects of risk - fast driving, extreme sports, use of drugs/ alcohol.
- Child protection
 - Consider if there are child protection issues and, if so, discuss and/or refer. (Self-harm/suicidal thoughts may not themselves be child protection issues but underlying causes may be).
- Health
 - Ask about health issues such as eating, sleeping.
 - Ask about mental states such as depression, anxiety.
- Underlying issues
 - Explore the underlying issues that are troubling the child/young person which may include family, school, social isolation, bullying, relationships.
- General distress
 - Assess current level of distress.
 - Ascertain what needs to happen for the child/young person to feel better.
 - Ask about current support child/young person is getting.
- Suicidal intent
 - Ask in a clear and straightforward way (persisting if necessary). if there is any intention to complete suicide.
 - Consider the likelihood of imminent harm including means, plan and intention.
- Future support
 - Elicit current strategies that have been used to resist the urge to self-harm or stop it from getting worse.
 - Discuss who knows about this situation that may be able to help.
 - Discuss contacting parents if that would be helpful.
 - Discuss possible onward referral with child or young person.
 - Discuss who you will contact and what you will say.

You may find the following matrix helpful in guiding your assessment. Do remember though, that risk assessment is more than just a matter of listing risk factors. The interplay between risk factors and outcomes is complex and the impact of each factor varies from person to person - this means that understanding why one young person is more at risk than another can be complicated. It is also important to recognise that risk fluctuates depending on the mood and circumstances of a young person at any one time, so it will be necessary to revisit risk assessment regularly.

If in doubt, please ensure that you consult with specialist mental health services.

Risk Level	Presentation	Initial actions	Service options
Low	<p>Self-harm as coping mechanism;</p> <p>Fleeting thoughts of suicide but no intent or plan;</p> <p>Protective factors evident including support network, hope of recovery, seeking help.</p>	<p>Acknowledge distress, identify options to address underlying difficulties and agree a plan with the young person;</p> <p>Clarify confidentiality and issues of consent;</p> <p>Follow own service protocol;</p> <p>Consider Common Assessment Framework (CAF).</p>	<p>Counselling service, school nurse, CFAS Locality Team, in-school support;</p> <p>Self-help resources and online information.</p>
Medium	<p>Suicidal thoughts frequently but no specific plan or immediate intent;</p> <p>Evidence of persistent symptoms of mental ill health in particularly depression, anxiety or psychosis;</p> <p>Significant alcohol and/or substance use;</p> <p>Previous suicide attempts;</p> <p>Current self harm;</p> <p>Reluctance to share with support network or withdrawal from peers and/or family.</p>	<p>Acknowledge distress, identify options to address underlying difficulties and agree a plan with young person including clear plan for follow up;</p> <p>Plan must include actions to be taken if distress increases or suicidal thoughts become more persistent or difficult to resist i.e. a 'safety plan';</p> <p>Clarify confidentiality and encourage young person to share with carers/parents and GP;</p> <p>Follow service protocol;</p> <p>Consider CAF.</p>	<p>Counselling service, school nurse, CFAS Locality Team, in-school support;</p> <p>Self-help resources and online information;</p> <p>Encourage attendance at GP;</p> <p>Consider professional consultation with Community CAMHS Single Point of Access (SPA).</p>
High	<p>Frequent suicidal thoughts with increased intensity which are difficult to ignore;</p> <p>Some planning/intent or ambivalence;</p> <p>Research of potentially lethal means;</p> <p>Access to means;</p> <p>Previous suicide attempts;</p> <p>Significant alcohol and/or substance use;</p> <p>Withdrawal from support network;</p> <p>Evidence of persistent symptoms of mental ill health especially depression, anxiety or psychosis;</p> <p>Family history of, or peer suicide.</p>	<p>Acknowledge distress, identify options to address underlying difficulties and agree a plan with young person to include a clear plan for follow up – this will include immediate actions to be taken i.e. consider urgent GP appointment, urgent referral to CAMHS (via Community CAMHS SPA) or attendance at local Emergency Department;</p> <p>Clarify confidentiality and support young person to share with carers/ parents and GP;</p> <p>Follow service protocol.</p>	<p>GP;</p> <p>Specialist CAMHS referral;</p> <p>Increased support from existing network – increased monitoring and review.</p>

Understanding and responding to children and young people at risk of self-harm and suicide A guide for practitioners in Cambridgeshire. P16, 2014.

Understanding and Assessing Suicidal Ideation

Suicidal ideation Have they ever thought about suicide? How often do these thoughts come into their mind? Are these thoughts that they can ignore? Are there things that they can do to take their mind off these thoughts? Do they ever hear these thoughts as voices telling you to harm yourself? Do they feel hopeless about their future?

Intent Do they feel that they would act on these thoughts? Are they worried that they might act on them? Do they feel safe right now? What stops them from acting on these thoughts?

Planning Have they ever made any plans to take their own life? What did they plan to do? Do they have a plan at this time? Have they thought about when this might happen? Have they ever researched methods or spoken to anyone else about ways to die?

Access to lethal means Do they have anything that they would use to harm themselves such as pills, weapons etc? Where is this?

History of past attempts Have they ever tried to kill themselves in the past? What happened? What stopped them? Did they go to someone for help? Do they feel the same right now?

What to do next If suicidal thinking is fleeting, with no clear intent or planning and is contextual to a wider mood issue, consider access to primary support e.g. school nurse, counselling service, etc. Are parents aware? If not, what are the young person's concerns about telling them? If there is clear risk you will need to inform them. If you are unsure about the level of risk or how to make sense of the information you have gathered, it is important that you seek appropriate consultation. Where clear risk is apparent, you need to consider your action plan Safety planning - a safety plan is a collaborative agreement including the young person, family and relevant practitioners. It should include;

The warning signs for distress Triggers? Situations?

What actions the young person will take to maximise safety Letting someone know, staying in public areas, focusing on a distraction task, 'safe pain' techniques, talking to positive friends etc.

What actions will family take? Remove access to lethal means, agree frequency of checks, keeping room door open, spend time with the young person engaging in distraction, time to talk or listen, plan activities. Ensure they have contact details for emergencies and a clear plan of action if they feel unable to keep the young person safe.

What actions others will take? Provide a safe space in school, named adult to talk to, encouragement to engage in lessons and activities, address underlying issues, review timetable as appropriate, access to counselling or school nurse, build confidence and self-esteem through positive activity and responsibility.

Understanding and responding to children and young people at risk of self-harm and suicide A guide for practitioners in Cambridgeshire. P12, 2014.

Appendix 3 Supporting young people at risk of self-harm – Staff Information and Guidance Sheet

All disclosures of self-harm or thoughts of self-harm and suicidal ideation must be reported to the safeguarding team in person and using CPOMs. This MUST be done before the end of the school day.

There is no one right way to work with a young person as everyone is an individual and will have different needs. The young person may wish to develop strategies other than harming themselves, to manage triggers and painful emotions. There are specific strategies that young people who self-harm have said they find useful when they feel the urge to self-harm, such as distracting themselves or talking to someone. These help the young person to minimise harm when they feel unable to stop completely. Some further examples can be found at www.nshn.co.uk.

Support the young person to see they are not alone and encourage positive support networks through friends, family, professional or voluntary agencies. Identifying triggers and high-risk situations is essential. Even the best strategies do not work in all situations and so it is helpful to develop a range of strategies the young person can use when they are struggling.

The two main skills to employ when exploring these issues are effective listening skills and honest talking, for example:

Be aware of what you can and cannot do to help, and be prepared to discuss this with the student sensitively. Do not make promises you cannot keep. Encourage and support the student to talk to others, such as parents/carers or other professionals. Encourage and support the student in seeking appropriate help. **Do not attempt to keep information to yourself, but share it with an appropriate colleague**

Distraction activities: Replacing the cutting or other forms of self-harm with safer activities can be a positive way of coping with the tension.

Examples:

- Contacting a friend, family member or helpline.
- Going for a walk/run or other forms of physical exercise.
- Getting out of the house and going to a public place e.g. a cinema.
- Reading a book.
- Keeping a diary.
- Looking after an animal.
- Watching TV.
- Listening to music or singing along.
- Going shopping.
- Cooking/eating your favourite meal.

Coping with distress using self-soothing

- Using stress management techniques such as relaxation or massage.
- Having a bubble bath.
- Stroking a cat or other animal.
- Going to the park and looking at the things around you (birds, flowers, trees).
- Listening to the sounds as you walk.
- Listening to soothing music.

Sometimes it can be helpful to find other ways of discharging emotion which are less damaging than self-harm:

- Writing, drawing and talking about feelings.
- Writing a letter expressing feelings, which need not be sent.
- Going into a field/safe place and “screaming”.
- Hitting a pillow /soft object.
- Listening to loud music
- Physical exercise

It is helpful to identify the support people in a student's life and how to get in touch with them. Examples are friends, family, school teacher, counsellor. Knowing how to access a crisis line is also important.

In the longer term a student may need to develop ways of understanding and dealing with the underlying emotions and beliefs. Regular counselling/therapy may be helpful. Support from family members or carers are likely to be an important part of this.

It may also help if the student joins a group activity such as a youth club, a keep fit class or a school based club, which will provide opportunities for them to develop friendships and feel better about themselves. Learning stress management techniques, ways to keep safe and how to relax may also be useful.

All disclosures should be reported to the safeguarding team immediately in person. In the unlikely scenario that they cannot be reached, a member of SLT should be contacted.

Where staff maybe unable to do this physically an on call requests can be made to Valerie Avenell or Visitor reception.

Safeguarding Team

Helise Martin AHT –Designated Safeguarding Lead, **Maire Newell** and **Michele Ungaro** - Safeguarding Officers

Appendix 4: Recording Incidence of Self harm and Suicidal Ideation

All Incidence of disclosed self-harm, thoughts of self-harm or suicidal ideation should be recorded on the form below. Please then upload to CPOMs when reporting the disclosure.

Section A to be completed by relevant staff member, Sections B and C will be completed by the Safeguarding Team.

Part A:		
Student Name:	Date of report:	
Year Group:	Staff Name/Professional:	
Incident: Please record disclosure or details of why you suspect a child may be at risk of self-harm.		
Date of self-harm/ suicidal ideation:		
Action taken by staff member/professional including who the incident was reported to.		
Part B:		
Assessed by First Aid?	Yes	No
If yes please give details and outcome:		
Parents contacted?	Yes	No
If no, detail the reasons why?		
Part C:		
Did the student visit AED	Yes	No
If yes give details below including who accompanied the student. Also include whether a safety plan has been received following AED visit.		
What are the recommendations for further support or referral?		
Have parents been informed in writing of support?	Yes	No
Date for review:		

Section A completed by: Signature

Section B and C completed by: Signature (if different)

Appendix 5 Information sheet for young people on self-harm and contact details of external sources of specialist support.

What is self-harm?

Self-harm is where someone does something to deliberately hurt him or herself. This may include: cutting parts of their body, burning, hitting or taking an overdose.

How many young people self-harm?

A recent large study in the UK found that about 7% (i.e. 7 people out of every 100) of 15-16 year olds had self-harmed in the last year.

Why do young people self-harm?

Self-harm is often a way of trying to cope with painful and confusing feelings. When difficult or stressful things happen in someone's life, it can trigger self-harm.

Difficult things that people who self-harm talk about include:

Feeling sad or feeling worried, not feeling very good or confident about themselves, being hurt by others: physically, sexually or emotionally, feeling under a lot of pressure at school or at home, losing someone close; this could include someone dying or leaving.

Often these things build up until the young person feels they cannot cope anymore. Self-harm can be a way of trying to deal with or escaping from these difficult feelings. It can also be a way of showing other people that something is wrong in their lives.

How can you cope with self-harm?

Replacing the self-harm with other safer coping strategies can be a positive and more helpful way of dealing with difficult things in your life. Helpful strategies can include:

- Finding someone to talk to about your feelings (this could be a friend or family member)
- Talking to someone on the phone (you might want to ring a help line)
- Sometimes it can be hard to talk about feelings; writing and drawing about your feelings may help.
- Scribbling on and/or ripping up paper
- Listening to music
- Going for a walk, run or other kinds of exercise
- Getting out of the house and going somewhere where there are other people
- Keeping a diary
- Having a bath/using relaxing oils e.g. lavender
- Hitting a pillow or other soft object
- Watching a favourite film

The support of someone who understands and will listen to you can be very helpful in facing difficult feelings.

- At home - parents, brother/sister or another trusted family member
- In school- school counsellor, Learning mentor, school nurse, teacher, teaching assistant or other member of staff
- GP- you can talk to your GP about your difficulties and he/she can make a referral for counselling

Useful help lines and websites: The organisations below will be able to offer you further advice and support around the issues and feelings you may be experiencing.

- 1. CHILDLINE: 24hrs helpline for children and young people under 18 providing confidential counselling. 0800 1111 www.childline.org.uk**
- 2. PAPYRUS: Offers a helpline to give support, practical advice and information to anyone who is concerned that a young person may be suicidal. 0870 170 4000 www.papyrus-uk.org**
- 3. NCH Provides family centres, child abuse treatment services, leaving care projects, respite etc. Counselling for families and children. 020 7704 7000 www.nch.org.uk**
- 4. NATIONAL SELFHYP NETWORK Support for people who self-harm, provides free information pack to service users. www.nshn.co.uk**
- 5. SAMARITANS Confidential emotional support for anybody who is in crisis. 08457 90 90 90 www.samaritans.org.uk**
- 6. YOUNG MINDS Information on a range of subjects relevant to young people and their emotional health and wellbeing 0808 8025544 www.youngminds.org.uk**
- 7. MIND Information about all aspects of mental health 0300 123 3393 www.mind.org.uk**
- 8. Royal College of Psychiatrists Information for everyone which aims to improve the lives of those with mental health issues. www.rcpsych.ac.uk**
- 9. NHS Information and advice on all aspects of health www.nhs.uk**
- 10. www.selfharm.org.uk is a project dedicated to supporting young people impacted by self-harm, providing a safe space to talk, ask any questions and be honest about what's going on in their life.**

Appendix 6 Letter and factsheet for parents

Date:

Dear (Parent/Carer)

After our recent meeting I am writing to confirm the agreed actions and support which will be put into place for.....following their recent disclosure of self-harm.

The school has arranged the following support and actions

-
-
-

These measures will monitored and reviewed again on the.....and you will be invited to contribute to that review.

As discussed, I recommend that you visit your local GP for advice and help and /or as agreed, we have sent a referral to Children and Adolescent Mental Health Service (CAMHS). I have also attached an information sheet on self-harm which includes contact details of organisations which will be able to provide yourself and your child with further specialist support and advice.

If there is anything else we can do to help and your family then please contact me on the school number

Yours sincerely,

Fact sheet for parents /carers on self-harm (From the “Multi Agency Guidelines for Professionals Working with Children and Young People Who SelfHarm” published January 2012)

It can be difficult to find out that someone you care about is harming him or herself. As a parent / carer you may feel angry, shocked, guilty and upset. These reactions are normal, but what the person you care about really needs, is support from you. They need you to stay calm and to listen to them. The reason someone self-harms is to help them cope with very difficult feelings that build up and which they cannot express. They need to find a less harmful way of coping.

What is self-harm? Self-harm is any behaviour such as self-cutting, swallowing objects, taking an overdose, hanging or running in front of cars etc. where the intent is to deliberately cause harm to self.

How common is self-harm? Over the last forty years there has been a large increase in the number of young people who harm themselves. A recent large community study found that in 15-16 year olds, approximately 6.9% of young people had self-harmed in the previous year.

Is it just attention seeking? Some people who self-harm have a desire to kill themselves. However, there are many other factors which lead people to self-harm, including a desire to escape, to reduce tension, to express hostility, to make someone feel guilty or to increase caring from others. Even if the young person does not intend to commit suicide, self-harming behaviour may express a strong sense of despair and needs to be taken seriously. It is not just attention seeking behaviour.

Why do young people harm themselves? All sorts of upsetting events can trigger self-harm. Examples include: arguments with family members, break up of a relationship, failure in exams or bullying at school. Sometimes several stresses occur over a short period of time and one more incident can be the final straw. Young people who have emotional or behavioural problems or low self-esteem can be particularly at risk from self-harm. Suffering a bereavement or serious rejection can also increase the risk. Sometimes young people try to escape their problems by taking drugs or alcohol. This often only makes the situation worse. For some people self-harm is a desperate attempt to show others that something is wrong in their lives.

What can you do to help?

Try to:

- Keep an open mind
- Make the time to listen
- Help them find different ways of coping
- Go with them to get the right kind of help as quickly as possible Some people you can contact for help, advice and support are:
- Your family doctor /GP
- School Health Nurse/Health Visitor
- Young Minds Parents Information Service Tel: 0808 802 5544
- Papyrus HOPElineUK Tel: 0800 0684141
- The Samaritans Tel: 08457 90 90 90 ☎ MIND Information line Tel: 0845 766 0163
- Youth Access Tel: 0208 772 9900

Appendix 7 Links to key referral forms

- Lambeth CAMHS <https://www.lambethccg.nhs.uk/Practice-Portal/make-a-referral/Pages/default.aspx>
- Lambeth MARF/ Lambeth Safeguarding Children Board – Early Help
<https://www.lambethscb.org.uk/professionals/early-help>
- Croydon MASH <https://www.croydon.gov.uk/healthsocial/families/childproctsafe/childprotect>
- Southwark MASH <https://www.southwark.gov.uk/childcare-and-parenting/child-protection/child-protection-referral-and-assessment>
- Wandsworth MASH http://www.wandsworth.gov.uk/homepage/50/child_social_services