

Local Procedure Title	Working with Children and Young People who Self-Harm
Site	Coxlease School
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<p>1. Introduction</p> <p>We understand that self-harm in school-aged children and young people is a very real issue that all schools need to take seriously. Self-harm is increasingly recognised as an issue schools have to deal with and therefore it is important that all school staff have a general understanding of self-harm, signs to look out for and what to do if they become aware that a pupil is self-harming.</p>
<p>2. Aims</p> <p><i>For pupils...</i> To implement strategies to ensure that the emotional wellbeing and mental health of the child and young person is supported and harm minimised.</p> <p>The child or young person will be supported to access service(s) which will assist the child or young person with opportunities and strategies for hope and recovery from the effects of self-harming and the risk of future harm minimised.</p> <p><i>For staff...</i> To ensure that school staff feel confident, informed and able to support children and young people most at risk, ensure that staff know whom they should inform, which agency should be contacted and what steps need to be initiated if deliberate self-harm is witnessed or suspected.</p>
<p>3. Definition</p> <p>We all act in ways on occasion that could be considered as harmful to ourselves. Self-harming is when someone chooses to inflict pain on themselves in some way. It includes, but is not limited to cutting, overdosing (self-poisoning), hitting, burning or scalding, pulling hair, picking or scratching skin, self-asphyxiation, ingesting toxic substances, fracturing bones. Some young people harm themselves in less obvious, but still serious ways such as taking drugs, having unsafe sex, or binge drinking. Some simply starve themselves (Royal College of Psychiatrists 2012). It is usually a sign that something is wrong. (Young Minds 2014).</p>
<p>4. Identifying Self-Harm</p> <p>There are several ways in which a staff member might discover that a pupil is self-harming:</p> <ul style="list-style-type: none"> • A staff member may witness or be informed of pupil self-harm by the pupil themselves or a friend.

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- A staff member may suspect a pupil has self-harmed which may be in need of immediate medical attention, or may be recent or historical.
- A pupil might self-disclose self-harm, recent or previous, or a friend may disclose information.
- A pupil may disclose thoughts of self-harm or a friend may disclose this.

Signs and symptoms are sometimes absent or easy to miss. It is not uncommon for individuals who self-harm to offer stories which seem implausible or which may explain one, but not all, physical signs.

If a pupil says they are not self-harming or evades the question, staff should try to keep communication channels open by reminding them that you are always available to talk about anything, should they so wish. Staff should also try to stay connected to the pupil and look for other opportunities to ask, particularly if there are continuing signs that your suspicion is correct.

We recognise that self-harm can take a number of forms, including:

- Scratching or picking skin
- Cutting body
- Tying something around body
- Inserting things into body
- Scouring/scrubbing body excessively
- Hitting, punching self
- Pulling out hair
- Over/under eating
- Excessive drinking of alcohol
- Taking non-prescription drugs
- Burning or scalding body
- Hitting walls with head
- Taking an overdose or swallowing something dangerous
- Self-strangulation
- Risky behaviours such as running into the road

As most self-harm is privately or secretly carried out it can be hard to notice that a young person is self-harming but some signs to look out for are:

- Changes in clothing to cover parts of the body, e.g. wearing long sleeved tops
- Reluctance to participate in previously enjoyed physical activities, particularly those that involve wearing shorts or swimsuits, for example
- Changes in eating and/or sleeping habits
- Changes in consumption of drugs/alcohol
- Changes in levels of activity or mood
- Increasing isolation from friends/family

5. Assessment

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

- history
- frequency

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

For lower risk pupils...

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

For higher risk pupils...

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

6. Behaviour Support Planning

Each child or young person will have an individual behaviour support plan which identifies their individual support needs and how they are to be met. If the need to provide support in relation to self-harming issues or at risk of self-harm the interventions identified must be those approved by a relevant clinician or specialist.

Individual behaviour support plans are regularly reviewed using a collaborative approach, involving the child or young person and all relevant stakeholders and specialists.

7. The Environment

Making sure the risk of self-harm around the environment is minimised, all sharp objects are locked away and the child/ young person doesn't have easy access to any objects which can cause harm. Risk assessments are in place to ensure that risk items are correctly stored away.

8. Responding and Reporting

Processes...

Staff member witnesses or is informed of pupil self-harm by pupil themselves or a friend:

- Locate pupil
- Call for help from colleague/Emergency Services
- Administer First Aid
- Keep calm and give reassurance – to the individual pupil and to those who might be affected by witnessing self-harm (staff and pupils)
- Contact emergency services if injury is life-threatening or if pupil is suicidal
- If the child/young person is taken to hospital, emergency protocols for treatment and care will be implemented and a CAMHS referral will be activated by hospital.
- On pupil's return to school, refer to process for managing recent/historical self-harm.

Staff member suspects a pupil has self-harmed and is in need of immediate medical attention

- Locate pupil
- Call for help from colleague/Emergency Services/GP

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- Administer First Aid
- Keep calm and give reassurance – to the individual pupil and to those who might be affected by witnessing self-harm (staff and pupils)
- Ensure that a DSO/DSL is made aware of the situation.
- Assess risk
- Explain confidentiality
- Discuss with DSC (designated senior colleague)
- Inform parents/carers unless clear reason not to
- Follow all other safeguarding procedures if necessary.

9. Transitions

Where a child or young person is known to be at risk of self-harming is moving into a different provision staff must ensure that the Transition Plan includes robust arrangements to support in relation to self-harm during the transition period.

10. Governance

Incident reports are viewed on a daily basis, with immediate follow up actions instigated as necessary.

The Divisional Significant Incident Review Group reviews all significant incidents every month, and ensures appropriate follow up. This includes sharing learning points to improve awareness and good practice.

Contents Checklist (Local Sites may add additional items – this is a core list)

Local Procedure Review History:

Date Reviewed	Reviewer	Summary of revisions

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