Guidance for Managing Self-Harm in Warwickshire Schools

Self-harm is a growing problem and should be everyone's business to tackle (Dr Paul Chrisp, 2022)

Version: 1.0
Date Issued: October 2023
Team: Children and Families
Protective Marking: Not protectively marked

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Acknowledgements

This **guidance document** has been devised in response to requests from Warwickshire Schools. It was developed with contributions from a number of local services who form the Warwickshire Self-Harm Working Group, staff from schools and colleges across Warwickshire (including primary, secondary, FE, special and specialist) and is informed by several good practice guidelines issued from other organisations. Please see Appendix 3: 'References and Key Sources' for further information.

Special thanks and acknowledgement to Norfolk County Council and Norfolk Safeguarding Children Partnership for publishing and making available their 'Sample Self-harm Policy for Secondary Schools' which this guidance is largely based upon.

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Aims and objectives of the Guidance:

- For educational staff to have a Warwickshire guidance on how to manage and support children and young people* (CYP) who may self-harm. This can support and compliment the self-harm policy your school has or is in the process of producing.
- Staff to feel confident in responding in a non-judgemental way and are able to foster good relationships with young people and families involved with knowledge of further support and training available.
- Staff are encouraged to talk about self-harm with students where this is deemed appropriate particularly when a student appears to be struggling with their wellbeing.

This Guidance is intended to provide support for educational staff for how to deal with incidents of self-harm within a school setting. It does not cover all aspects of self-harm and is not a substitute for attendance at specific self-harm training. Details of the training, information and support available are detailed later in this document.

This is not a 'Suicide Safer Policy' for schools, for further information about suicide prevention see school guide for teachers and staff from Papyrus https://papyrus-uk.org/wp-content/uploads/2018/10/400734-Schools-guide-PAPYRUS.pdf

The Guidance should also be used in conjunction with the new NICE guidelines 225 (released in September 2022): https://www.nice.org.uk/guidance/NG225 and the most up to date Keeping Children Safe in Education Statutory Guidance for Schools and Colleges.

This Guidance should be used in conjunction with other relevant school policies such as The Mental Health and Wellbeing Policy, Safeguarding Policy, Anti-Bullying policy, First Aid Policy.

Footnote:
For the purpose of this document, Children and Young People (CYP) refers to those of school-age up to the age of 18.

What is self-harm?

Self-harm is described as *"intentional self-poisoning or injury, irrespective of the apparent purpose"* (NICE guideline 225, September 2022)

Self-harm is a sign that a child or young person is experiencing significant emotional distress and of something being seriously wrong. This does not mean they are trying to end their lives but is often a means of trying to cope with overwhelming emotions.

There are many acts of self-harm, **some** examples may include:
- Scratching / cutting
- Hitting self / walls etc.
- Jumping from heights
- Compulsive hair pulling
- Biting
- Burning skin
- Skin picking or pinching
- Head banging
- Overdosing or drinking harmful substances
- Exercising excessively

<u>The national and local picture</u>

> Self-harm affects around 1 in 12 young people (Young Minds, 2020)

In 2017 Warwickshire had a higher rate of self-harm hospital admissions than the UK national rate for 10-24 year olds (430.5 compared to 398.8 per 100,000 for England). *See https://www.warwickshire.gov.uk/directory-record/2169/exploring-self-harm-in-young-people-in-warwickshire-2017-*

The schools safeguarding audit indicated that there were **6,551** reported incidents of self-harm in schools across Warwickshire in the academic year 2021-22 compared to **2,442** incidents in the previous year.

Hospital admissions in Warwickshire for children and young people age 0-24 for self-harm / accidental poisoning have increased year on year between 2019-2022. *For further information see: https://mentalhealthwatch.rcpsych.ac.uk/local-area-reports/detail/coventry-and-warwickshire*

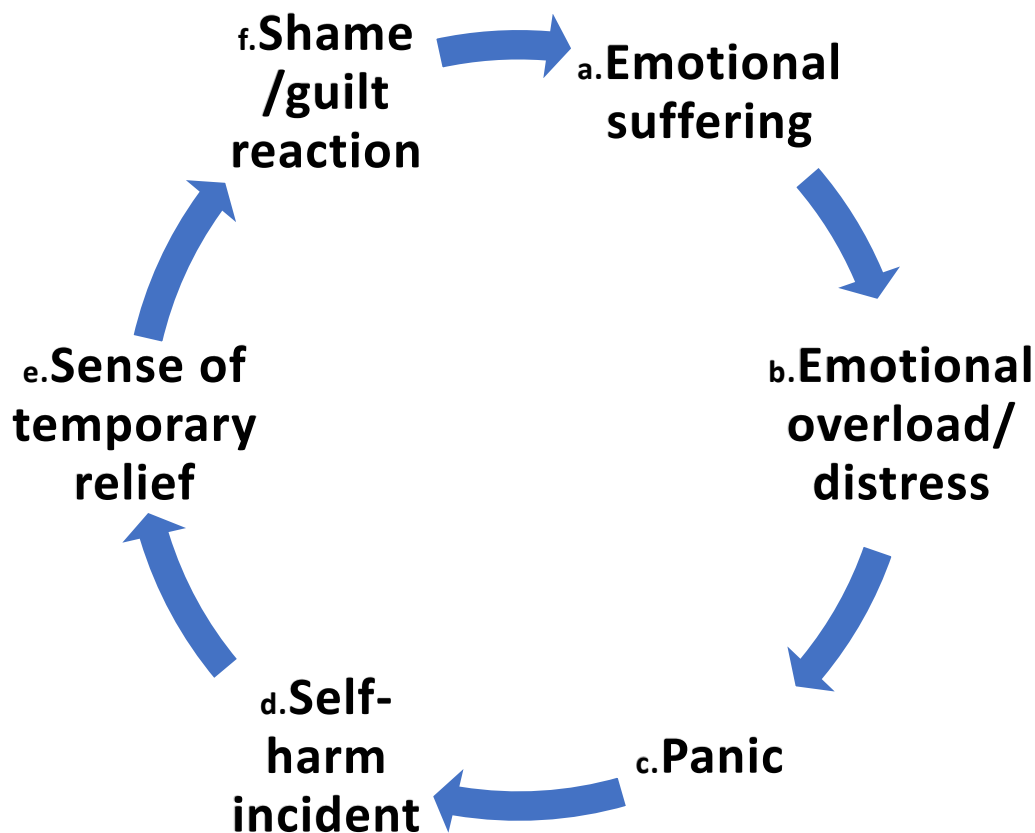# What function may self-harm serve for children and young people?

A number of purposes may be served by self-harm, some common themes include:

- To feel in control
- To relieve tension and emotional pain
- As a way of communicating distress
- As a form of punishing themselves
- To feel more connected and alive, otherwise they feel detached and numb
- It can provide distraction, a form of escape
- To elicit care from others
- Means of getting identity with a peer group

Adapted from: University of Oxford (2018) Young people who self-harm, a guide for school staff.

The cycle of self-harm

Self-harm may help reduce/relieve tension and control mood; therefore it can become self-reinforcing and habit forming. This can make it difficult to stop and break the cycle:

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f. Shame/guilt reaction  →  a. Emotional suffering
        ↑                           ↓
e. Sense of temporary relief    b. Emotional overload/distress
        ↑                           ↓
d. Self-harm incident  ←  c. Panic
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Adapted from: Mental Health Foundation (2006) The truth about self-harm – for young people and their friends and families.

Vulnerability and protective factors

There are a number of identified risk and protective factors that are associated with self-harm. However, any child or young person may be at risk and it is important to not make assumptions.

	Risk Factors	Protective Factors
Characteristics of the individual CYP	• Low self-esteem • Poor coping, communication and/or problem-solving skills • Difficult temperament • Mental health problems - This might include depression, anxiety, borderline personality disorder and eating disorders • Alcohol/ substance misuse • Impulsivity • Stress • History of similar behaviour (self-harm) • Past or current experience of abuse • Recent bereavement/loss • Worries around sexuality • Chronic illness/disability • Feeling isolated • Gender dysphoria • Over usage of smart phones and lack of parental supervision and controls	• High self-esteem • Higher ability/attainment • Outgoing personality • Good coping skills • Positive school experience • Secure attachment • Knowledge of where to get support
Features of the immediate context	• Access to means of causing self-harm • Being alone • Social exclusion • Alcohol and drugs	• Access to social support • Social inclusion

	Risk Factors	Protective Factors
Family factors	- Family members who self-harm - Family conflict - Parental separation and divorce - Parental illness - Being a young person who is not under the care of their parents, or young people who have left a care home - Parental alcohol/drug misuse - Sexual/physical/emotional abuse or neglect - Poverty/low socioeconomic status - Domestic violence - Pressure from family to achieve at school/unreasonable expectations	- Supportive adult relationship - Harmonious family relationships - Low level of material or social hardship - Good role models within family
Peer group	- Arguments with friends - Bullying - Loneliness/social isolation - Self-harm behaviour in other young people (contagion effect)	Stable and secure friendship group
School/ College	- Pressure to perform well - Periods of transition - Exam times	- Supportive adult - Inclusive ethos - Strong commitment to PSHE curriculum, mental health promotion - Establishment of peer support systems
Wider culture and community	- Minority status - Issues in relation to race, culture or religion - Issues in relation to sexual orientation or identity - Social media influences that encourage self-harm	- Community facilities - Supportive school

Table content adapted from: 'Let's Talk…about self-harm (2019) Self-harm management toolkit for educational settings. Southend, Essex and Thurrock; Original source: Hertfordshire Children's Trust Partnership (2010) Self-harm and suicidal behaviour guide for staff working with children and young people.
https://schools.essex.gov.uk/pupils/social_emotional_mental_health_portal_for_schools/Documents/Self%20Harm%20Toolkit%20for%20Schools%20Sept%202019.pdf

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Self-harm warning signs

Children and young people often hide their self-harm, but there are a number of signs that they may be self-harming. These are some of the early warning signs and changes to behaviours that you can look for that indicate emotional distress and *may* lead to self-harm, and likely depend on age and stage of development:

- Physical injuries
- Changes in eating/sleeping habits
- Increased isolation
- Changes in levels of activity and mood
- Academic achievement (or pressure to achieve)
- Talking about self-harming or suicide
- Abusing drugs or alcohol
- Becoming socially withdrawn
- Expressing feelings of failure, uselessness, or loss of hope
- Wearing baggy or long-sleeved clothes
- Crying a lot or showing signs of distress
- Risk taking behaviours
- Outbursts of hurting self (hitting, pinching, pulling hair, scratching)

Adapted from: 'Let's Talk…about self-harm (2019) Self-harm management toolkit for educational settings. Southend, Essex and Thurrock.

Supporting children and young people who self-harm
This guidance has been developed with reference to the NICE guidance 2022 – See Appendix

Guidance for <u>Immediate Support</u>
(Use with reference to Appendix 2 - Self-harm at school: What to do?

When an incident of self-harm is identified, the practitioner should talk to the CYP in a respectful, calm, and non-judgemental way. Establish whether they have taken any substances or injured themselves, so you know whether the young person requires urgent medical attention.   As part of this conversation, it is important to ask if the child or young person has any suicidal ideation or plan. **This will not increase the risk or give them the idea** – but knowing will help inform the immediate safety plan for that young person. If urgent medical attention is required or there is imminent risk of suicide, then medical support should be arranged without delay (call 999 or assist young person to A&E). At this point a formal risk assessment would be undertaken by a suitably qualified practitioner (for example a mental health nurse or CAMHS practitioner).

If medical attention is not required, then it would be appropriate to explore with the child or young person the nature of their self-harming behaviour and if they would show you any wounds they have. **There should be no pressure for them to do this** (as it is a very private act), but a discussion on looking out for signs of infection **is important**.

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Main signs of infection:

- Swelling around the area
- Hot to touch / painful to touch
- Skin colour looks different around the wound
- Any oozing from the wound
- Feeling physically unwell, may have a temperature or feel achy

Explore ways they can keep their wounds clean and how to care for themselves as a way of boosting self-worth.

Ask them if they are ok to talk a little about their self-harm and **only then**, try to establish the reasons behind the self-harm, how long and how often this has occurred. Talk to them about informing parents/carers and the benefits of doing this to create a support network around them.

If safe to do so, inform parent/carer immediately and identify a member of staff for the child to go to in times of distress. Then think about what further support or referral into another service is required e.g. School nursing or a mental health specialist service. Offering some emotional regulation and resilience support will also help the young person feel heard and valued. **Ensure they have a choice so that control remains with them as much as possible**.

Responding to a self-harm incident: all professionals working with children/young people in the school are well placed to listen and support the child/young person at the point of a disclosure.

1. **Keep calm and address immediate risk**
   Assess any immediate/emergency needs. Do they need medical attention? Follow first aid guidance in your setting. If urgent medical attention is required call 999 (especially if they have disclosed an overdose).

2. **Take it seriously, acknowledge distress and reassure**
   Acknowledge both their physical pain and their emotional pain which may have led to the self-harm. Speak with the young person and invite them to tell you about the self-harm and any problems/worries they may want to share. The young person needs to experience the feeling of acceptance and support, not judgement. Allow them to lead the conversation, give them space to talk and ask open questions. Incorporate discussions about infection identification and prevention, in a self-soothing way.

In a confidential environment/safe place, here are some prompts and topics that may be appropriate to explore with the young person. Avoid lots of questions as there is a potential to heighten anxiety and cause shut down if the conversation feels too intrusive.

Think about what might help them to feel comfortable such as offering a hot/cold drink, going for a walk, finding a room with relaxed seating etc.

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- How are they thinking and feeling generally at the moment?
- How long have they felt like this?
- Are they at risk of harm from others/how safe do they feel?
- Are they worried about something (e.g. relationship difficulties, family, learning/exams etc.)
- Can they identify things that might help?
- What can be done in school or at home to help them with this?

3. **Follow your safeguarding policy/inform appropriate person within your setting**
- <u>Confidentiality</u> is very important to young people, but staff must remember that they cannot promise total confidentiality, in line with their settings safeguarding policy. If you become aware that a student is self-harming, you are obliged to share this with your school's designated safeguarding lead and complete a green form/CPOMS/My Concern (or similar). This information would usually be shared with parents/carers too, unless this would pose risk of greater harm coming to the child (e.g. where there is possible abuse at home)
- Good practice should involve giving young people some choices about how this will be done. If a young person is reluctant about informing their parents/carers, encourage them to think about the benefits of involving their family and how they could help. Help the young person understand why this is important, help them to feel a sense of control over how this might be achieved
- Throughout all conversations, clear communication with the young person should be maintained, on what has been done, who has been told and next steps, all which should be decided in collaboration with the young person
- Where a child or young person is known to social care, engage with their social worker or duty desk though this should not delay next steps if necessary

4. **Sources of support and clear next steps identified**
   Make a plan of support with the young person and consider any signposting and referrals that may be appropriate e.g., follow up appointment(s) or conversation(s)

Next Steps:
- What needs to happen for them to feel better?
- Nominate / identify a staff member that the child/young person has a rapport / feels safe with, to be the person that takes some of these actions forward in line with the young person's wishes
- Discuss best course of action with child/young person and key adults involved
- Don't tell them to 'just stop doing it' the self-harm may be of great importance to the young person and could be their only coping mechanism - so just stopping might leave them more at risk
- Instead, ask the young person if they would like some alternative/distraction coping strategies to help with difficult feelings and share resources as appropriate
- Encourage the young person to make a **safety plan** with the support of an appropriately trained adult and parent/carers
- Review need for a further Risk Assessment

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The above good practice steps were adapted and compiled from the following sources: Norfolk County Council (2020) Sample Self-harm Policy; University of Oxford (2018) Young people who self-harm, a guide for school staff; Suffolk County Council, Health and Wellbeing Suffolk, NHS (2020). Self-harm. A Management Toolkit for Educational Settings; NHS Kernow. Managing Self-harm, Practical guidance and toolkit for schools in Cornwall and the Isles of Scilly.

How staff will be supported

- Staff should be appropriately trained and supported (Check what arrangements are in place)
- Advice on managing and supporting our emotions
    - Be honest with yourself about how you are feeling
    - Discuss feelings with colleagues and supervisors (e.g. debrief, supervision)
    - Seek support
    - Look after yourself, prioritise your own health and wellbeing (e.g. https://www.warwickshire.gov.uk/fivewaystowellbeing), or
    - https://www.warwickshire.gov.uk/health
    - Recognise your role in helping

- The role of the Senior Mental Health Lead and Designated Safeguarding Lead will incorporate offering support to staff when required, for example signposting to the Employee Assistance Programme, local GP.
- Senior Mental Health Lead and Designated Safeguarding Lead to consider access to reflective/supportive supervision and seeking support through attending local networks.
- <u>All staff are made aware of this policy, alongside the school safeguarding policy.</u>

Adapted from: University of Oxford (2018) Young people who self-harm, a guide for school staff

How peers will be supported

Being vigilant of peer groups

When a young person is self-harming, it is important to be vigilant in case close friends of the individual are also self-harming. Occasionally, schools discover that a number of young people in the same peer group are harming themselves. Self-harm can become an acceptable way of dealing with stress within a peer group and may increase peer identity. This can cause considerable anxiety, both in adults working with them and in other young people. Be observant, stay calm and make sure students know how and where they can access support if they are struggling with difficult emotions.

Each individual may have different reasons for self-harming and should be given the opportunity for **one-to-one support**. In general, it is not advisable to offer regular group support for young people who self-harm.

A student may come to a teacher to share concerns about a friend's self-harm and they should be reassured that sharing this information with a teacher was the right thing to do and they are being a supportive friend. Friends should be given the opportunity to talk to someone they trust in school to consider any support they may need.

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Students should be made aware who they can talk to in school if they are worried about a friend or self-harm and how they can get help. It should be made clear that support will be offered to the friends as well.

Extracts from: The Northamptonshire Toolkit (2014) for Supporting Children and Young People Presenting with Self-harming Behaviours, or Intent to Self-harm; University of Oxford (2018) Young people who self-harm, a guide for school staff; Norfolk County Council (2020) Sample Self-harm Policy, Secondary Schools

Long term support

Schools are advised to consider adopting both a self-harm and Mental Health policy. Although schools are not required to have a standalone policy on mental health, policies should be consistent with schools' duties under the Equality Act 2010. Ref: Anna Freud

Schools and setting should ensure there is ongoing support for children, young people and staff, in addition to embedding best practice outlined within the Promoting Whole School Approach to Mental Health (PHE, 2021): *https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing*

Prevention of Self Harm - Whole School Approaches

Creating a school environment that will strengthen young people's resilience means showing concern for their psychological wellbeing through strong leadership, policy, example set by adults and respect shown between adults as well as between adults and young people.

An important part of preventing self-harm is having a supportive environment that is focused on building self-esteem and encouraging healthy relationships. An effective antibullying policy and a means of identifying and supporting young people with emotional difficulties is an important aspect of this. Building a positive school culture which encourages resilience and promotes help-seeking is the most important thing schools can do in relation to enhancing mental wellbeing.

- Provide training for all staff and look after staff wellbeing
- Develop and implement a Mental Health Policy, that focuses on the 8 principles to promoting children and young people's mental health and wellbeing

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Prevention of Self Harm - Whole School Approaches
Image source: PHE, 2021.

- Early intervention work:
  - Addressing self-harm as part of PSHE and teach about mental health and wellbeing. (https://www.pshe-association.org.uk/ curriculum-and-resources/resources/mental-health-and-emotional-wellbeing-lesson-plans)
  - Lessons: positive mental health, looking after yourself, helping a friend, self-harm.
  - Schools promote resilience, nurturing environment, discourage bullying, encourage inclusion, and encourage students to be supportive to others.
  - Educate students about confidential helplines/ text services they can use
  - Schools should block websites that promote self-harm.

Adapted from: Young Minds. No harm done, Recognising and responding to self-harm, Next steps for staff working with young people.

Further helpful approaches:
- Have a learning mentor or a key individual available to the child
- Therapeutic age-appropriate approaches - Story Links, emotional regulation work
- Curriculum – increase resilience, open environment in which difficulties and worries can be discussed in a supportive non-threatening way
- School can be a haven for children and young people to get away from problems-maintain routines, boundaries and behavioural strategies
- Establish and promote peer relationships (circle of friends)
- Consider and reduce stresses (where possible) in the school environment
- Provide positive encouragement if they show safer ways of expressing feelings

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- Be mindful that **if abuse** is occurring, rather than self-harm, that a child may have been coached to say they are self-harming – Consider a discussion with the MASH Education Lead, Children and Families Front Door or the Headteacher Coach

"We will aim to provide vulnerable children with access to an emotionally available adult, who believes in them, relates to them with compassion, empathy and unconditional positive regard, provides appropriate limit setting, understands their attachment and mental health needs, knows their life story, and offers repeated enriched relational, regulatory and reflecting opportunities. Catching children as they are 'falling', not after they have fallen. When children are experiencing painful life events, the emotionally available adult will help them process, work through and make sense of what has happened, rather than waiting until the pain of the trauma has transformed into challenging behaviour and/or physical or mental health problems. All staff ensure they interact with all children at all times with kindness and compassion".

(Extract from: https://www.traumainformedschools.co.uk/our-mission)

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What do young people want?

A non-judgemental outlet for exploring and sharing pain	To remain in control of how to express pain and to be supported to gradually develop alternative strategies	To feel whole (not just seen as a "self-harmer")
To feel supported	To be spoken to with honesty	To be able to tap in and out of support services
To be listened to and understood	Help to feel good about themselves	Laugh and have fun
To be/feel respected	To work at their own pace	Consistency from the service provider
To be given practical advice on wound care	Focus to not always be on self-harm	Harm reduction

How young people want help?

- Open and approachable
- Respectful and non-judgemental
- Staff awareness of self-harm
- Provide a safe space for support
- Only tell those who need to know
- Young person chooses who to talk to
- Establish full story
- Find best solution for the individual
- 1:1 appointments
- Clean and bandage wounds and offer space to talk / listen

(Extract from: Self-Harm-resource-pack-WEB.pdf (map.uk.net); *Norfolk County Council (2020) Sample Self-harm Policy*)

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Summary of key roles and responsibilities

All staff	• Access additional Self-Harm Training from Warwickshire Primary Mental Health Team. • Be aware of all self-harm policy and safeguarding documents. • Be confident that they are well placed to listen and support children / young people who experience self-harm. • Be clear who must be informed when concerned about self-harm. • Discuss an incident or disclosure of self-harm with the designated self-harm lead as soon as made aware. • Make it known to student that staff are available to listen and how to access them. • Take care of your own emotional wellbeing and seek support/supervision as and when necessary.
Headteacher	• Lead whole school culture of positive mental wellbeing, create awareness of emotional wellbeing, mental health issues and self-harm. For example, by using PSHE. • Ensure staff know the reasons for policy and have contacts for further understanding. • Support staff training on emotional wellbeing and mental health. • Implementing a school self-harm policy and ensuring all staff are aware of it. • Assign a Senior Mental Health Lead in school. • Provide a source of practical and emotional support for staff regarding self-harm. • Ensure that good procedures are in place for record keeping, audit and evaluation of activities in relation to self-harm in the school. • Ensure that all staff know where they can access support where required.
Governing Body / Governance	• Agree with the school senior leadership team how awareness and understanding of self-harm should be promoted, including in the curriculum, training, and information for parents/ carers. • Support the development of school policy around self-harm. • Be assured that students are aware of who they can talk to at the school around self-harm and where to access leaflets/toolkit around coping with self-harm.

Table adapted from: 'Let's Talk…about self-harm (2019) Self-harm management toolkit for educational settings. Southend, Essex and Thurrock, Original reference: Rentoul, L. Practical toolkit for schools – supporting the school's self-harm policy. NHS Kernow (2015).

Appendix 1 – Training and local support

Local Support Services

Warwickshire Safeguarding: https://www.safeguardingwarwickshire.co.uk/ (Website)
Warwickshire Education Safeguarding Training Offer: Education Safeguarding Training
Warwickshire Family Information: https://www.warwickshire.gov.uk/children-families (Website)
Warwickshire Educational Psychology Service: talk to your link Educational Psychologist for more information see website https://www.warwickshire.gov.uk/educationalpsychology
Early Help: https://www.warwickshire.gov.uk/educationalpsychology
Coventry and Warwickshire Mind: https://cwmind.org.uk/services/ (Website)
Rise: risecommunityoffer@covwarkpt.nhs.uk (E-mail) / 07917 504682 (Telephone)
Connect for Health: Warwickshire School Nursing offer student workshops on self-harm, work with young people and a Chat Health Text messaging service connectforhealth@welearn365.com / compass-uk.org
Warwickshire SEND Training Offer: SEND Training Offer Warwickshire Schools

Resources

National Self-harm network: www.nshn.co.uk (Website) / 0800 622 6000 (Helpline)
Samaritans: 116 123 (Free 24hr helpline) / jo@samaritans.org (E-mail) / www.samaritans.org (Website)
Young Minds: www.youngminds.ora.uk (Website) / 0808 802 5544 (Parents Helpline – Mon-Fri 9:30am-4pm)
Mind: 0300 123 3393 (Infoline Mon-Fri 10am-6pm) / infoline@mind.org.uk (E-mail)
Wellbeing for Warwickshire: (16+) Our out-of-hours crisis support services offers mental health support to anyone aged 16 or over, in a welcoming, safe, comfortable, non-judgmental and non-clinical environment for people who live in Coventry and Warwickshire. 0800 616171 (Free 24hr helpline) / https://wellbeingforwarwickshire.org.uk/ (Website)
shout: Text the word 'SHOUT' to 85258 (Free 24hr text service) / www.giveusashout.org/ (Website)
Papyrus (HOPELineUK): (for under-35s) offers confidential support and practical advice. 0800 068 41 41 (Telephone 9am-midnight) / pat@papyrus-uk.org (E-mail) / 07860 039967 (Text service)
Coventry Safe Haven: 07921 876065 (Telephone Mon-Sun 6pm-11pm) / coventryhaven.mhm@nhs.net (E-mail)
Warwickshire Safe Haven: 024 7771 4554 (Telephone) / 07970 042270 (Mobile) / safehaven@cwmind.org.uk (E-mail) 6pm-11pm every day
Dear Life: https://www.dearlife.org.uk/ (Website)
Anna Freud: https://www.annafreud.org/ (Website)
Harmless: https://harmless.org.uk/home (Website)
Staying safe: https://stayingsafe.net/ (Website aimed at suicidal adults is also useful for adolescents who self-harm)
LifeSIGNS: www.lifesigns.org.uk (Website)
ASSISTline: 0800 689 5652 (Helpline) / www.spbristol.org/assistline (Website)

Changing Faces: 0300 012 0275 (Telephone) Mon-Fri 10am-4pm /
https://www.changingfaces.org.uk/ (Website)
Recover Your Life: www.recoveryourlife.com (Website)
Self-injury Support (for women and girls): https://www.selfinjurysupport.org.uk/ (Website)
/ 0808 800 8088 (Telephone) / 07537 432444 (Text) Open Tues-Thurs 7pm-9:30pm
NHS https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/self-harm/getting-help/

Parents/carer specific:
Young Minds Parent Helpline (Monday-Friday 9:30am-4pm): 0808 802 5544
https://youngminds.org.uk/find-help/for-parents/parents-guide-to-support-a-z/ parents-guide-to-support-self-harm/
RISE https://cwrise.com/for-parents/
Coping with self-harm: a guide for parents and carers – available for free download from:
https://www.ox.ac.uk/news/2015-12-01-new-guide-parents-who-are-coping-their-childs-selfharm-you-are-not-alone
Dr Pooky Knightsmith
https://www.youtube.com/playlist?list=PL1HN98dJOCA9vkq4Wi4OGJCYtOD-yexOe
Samaritans: 116 123

Children and young people specific:
Useful websites and apps to explore with young people:

- **Child line:** 0800 1111 (Free 24hr helpline) / www.childline.org.uk (Website)
- **Kooth:** http://www.kooth.com (Online service)
- **Young minds**: www.youngminds.org.uk
- **The mix**: https://www.themix.org.uk/ (Online service) 4pm-11pm everyday
- **National Self-harm Network** https://www.nshn.co.uk/downloads/Advice_for_young_people.pdf
- **Visiting your general practitioner – A guide for young people with lived experience of self-harm and suicidality** My GP Guide

Apps for children and young people

Calm Harm: https://calmharm.co.uk/
Stressheads: https://www.themix.org.uk/apps-and-tools/
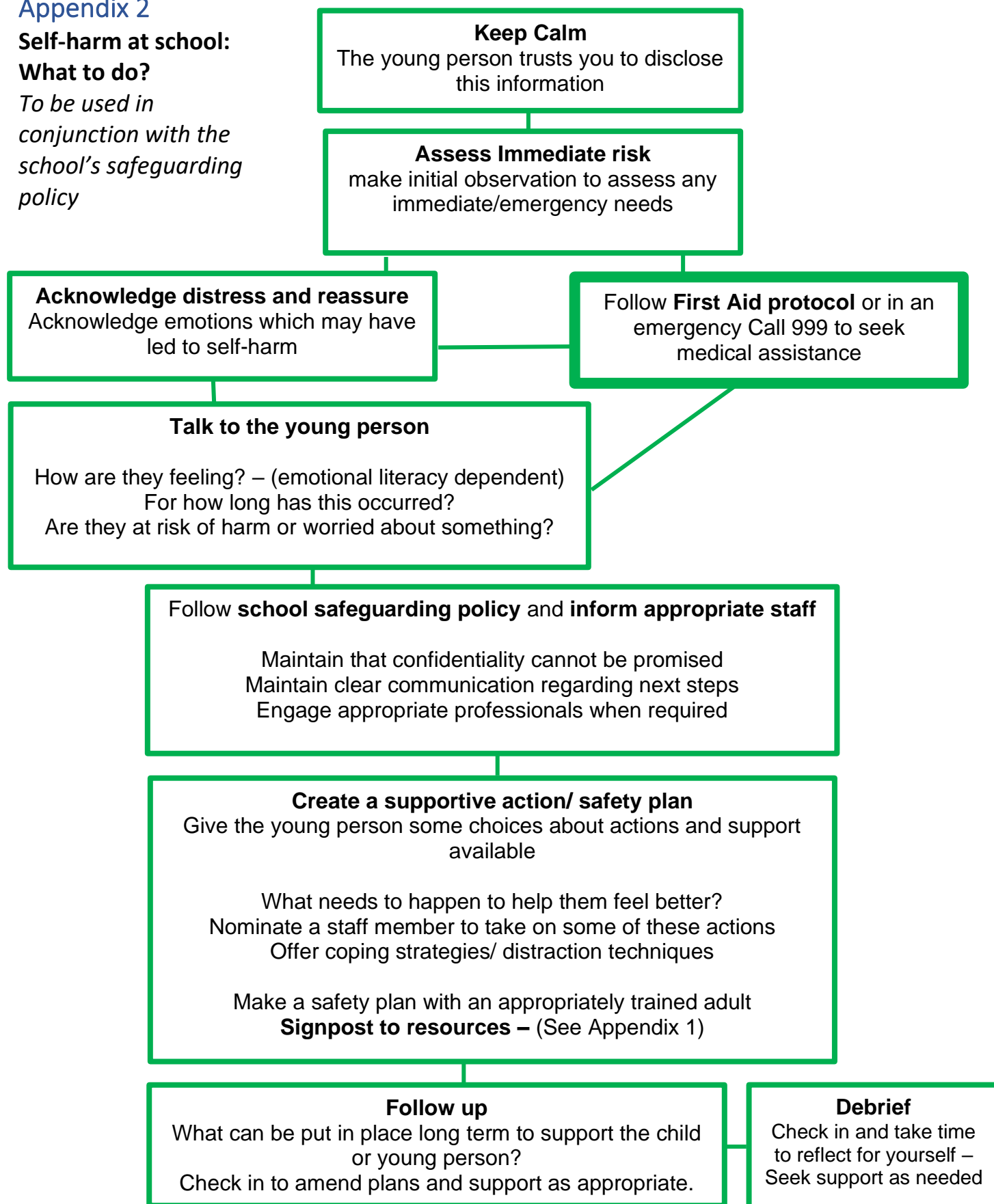Tellmi: https://www.tellmi.help/
Samaritans Self-Help: https://selfhelp.samaritans.org/

Please note that information is subject to change and the authors cannot take responsibility for any advice obtained from third parties.

Appendix 2
Self-harm at school: What to do?
To be used in conjunction with the school's safeguarding policy

Keep Calm
The young person trusts you to disclose this information

Assess Immediate risk
make initial observation to assess any immediate/emergency needs

Acknowledge distress and reassure
Acknowledge emotions which may have led to self-harm

Follow First Aid protocol or in an emergency Call 999 to seek medical assistance

Talk to the young person

How are they feeling? – (emotional literacy dependent)
For how long has this occurred?
Are they at risk of harm or worried about something?

Follow **school safeguarding policy** and **inform appropriate staff**

Maintain that confidentiality cannot be promised
Maintain clear communication regarding next steps
Engage appropriate professionals when required

Create a supportive action/ safety plan
Give the young person some choices about actions and support available

What needs to happen to help them feel better?
Nominate a staff member to take on some of these actions
Offer coping strategies/ distraction techniques

Make a safety plan with an appropriately trained adult
Signpost to resources – (See Appendix 1)

Follow up
What can be put in place long term to support the child or young person?
Check in to amend plans and support as appropriate.

Debrief
Check in and take time to reflect for yourself – Seek support as needed

Appendix 3 - References and Key Sources

NICE Guidelines NG225 (2022) Self-harm: assessment, managing and preventing recurrence. Available from: https://www.nice.org.uk/guidance/NG225

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NICE Clinical guideline (2011) Self-harm in over 8's: long-term management. Available from: https://www.nice.org.uk/guidance/cg133

Mental Health Foundation (2006) The truth about self-harm – for young people and their friends and families. Available from: https://www.mentalhealth.org.uk/publications/truth-about-self-harm

Mental Health Foundation. Truth Hurts. Report of the National Inquiry into Self-harm among Young People Available from: https://www.mentalhealth.org.uk/sites/default/files/2022-09/truth-hurts-report.pdf

NHS Kernow. Managing Self-harm, Practical guidance and toolkit for schools in Cornwall and the Isles of Scilly. Available from: https://www.headstartkernow.org.uk/HSK%20uploads/WSA/managing-selfharm-guidance-and-toolkit-for-schools.pdf

Young Minds. No harm done, Recognising and responding to self-harm, Next steps for staff working with young people. Available from: https://youngminds.org.uk/media/1210/no_harm_done_professionals_pack.pdf

Working with young people who self-harm: dealing with the harm, engaging with the self, MAP https://www.map.uk.net/wp-content/uploads/2017/09/Self-Harm-resource-pack-WEB.pdf

Managing Self-harm https://www.healthycornwall.org.uk/media/vpajrmjv/managing-selfharm-guidance-and-toolkit- for-schools.pdf

National Suicide Prevention Alliance: https://nspa.org.uk/resource/self-harm-management-toolkit-for-educational-settings-toolkits-and-guidelines/

https://nspa.org.uk/resource/coping-with-self-harm-providing-individual-support/

#MyGPguide – visiting your General Practitioner: a guide for young people with lived experience of self-harm and suicidality https://figshare.com/articles/online_resource/_MyGPguide_-_Visiting_your_General_Practitioner_A_guide_for_young_people_with_lived_experience_of_self-harm_and_suicidality/17069660

Mind. https://www.mind.org.uk/information-support/types-of-mental-health-problems/self-harm/about-self-harm/

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Appendix 4

National Institute for Health and Care Excellence (NICE) Establishing the appropriate level of intervention and assessing risk

The National Institute for Clinical Excellence (NICE) provide guidance, advice, quality standards and information for health, public health and social care. The new NICE guideline (NG225) **"Self-harm: assessment, management and preventing recurrence",** published September 2022 includes specific guidance around assessment in schools and education settings.

This is outlined in section 1.8 of the document which is titled ''Assessment and care by professionals from other sectors''   For further information see link to document https://www.nice.org.uk/guidance/ng225.

Key sections relevant to educational staff are outlined below:

1.8 Assessment and care by professionals from other sectors

The recommendations in this section apply to all staff in non-healthcare and social care settings. Because of the wide variety of criminal justice system settings that exist and the need to take other relevant national guidance into account, staff working in the criminal justice system may need to tailor the recommendations for certain criminal justice system settings during implementation.

Principles for assessment and care by professionals from other sectors

1.8.1   When a person who has self-harmed presents to a non-health professional, for example, a teacher or a member of staff in the criminal justice system, the non-health professional should:

- treat the person with respect, dignity and compassion, with an awareness of cultural sensitivity
- work collaboratively with the person to ensure that their views are taken into account when making decisions
- address any immediate physical health needs resulting from the self-harm, in line with locally agreed policies; if necessary, call 111 or 999 or other external medical support
- seek advice from a healthcare professional or social care practitioners, which may include referral to a healthcare or mental health service
- ensure that the person is aware of sources of support such as local NHS urgent mental health helplines, local authority social care services, Samaritans, Combat Stress helpline, NHS111 and Childline, and that people know how to seek help promptly
- address any safeguarding issues, or refer the person to the correct team for safeguarding.

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1.8.2　When a person presents to a non-health professional, for example, a teacher or a member of staff in the criminal justice system, the non-health professional should establish the following as soon as possible:

- the severity of the injury and how urgently medical treatment is needed
- the person's emotional and mental state, and level of distress
- whether there is immediate concern about the person's safety
- whether there are any safeguarding concerns
- whether the person has a care plan
- if there is a need to refer the person to a specialist mental health service for assessment.

Assessment in schools and educational settings

1.8.3　Educational settings should have policies and procedures for staff to support students who self-harm. These should include:

- how to identify self-harm behaviours
- how to assess the needs of students
- what do to if they suspect a student is self-harming
- how to support the student's close friends and peer group.

1.8.4　Educational settings should have a '[designated lead](#)' responsible for:

- ensuring that self-harm procedures/ policies are implemented
- ensuring that self-harm procedures/policies are regularly reviewed and kept up-to-date in line with current national guidance
- ensuring that staff are aware of the self-harm procedures/ policies and understand how to implement them
- supporting staff with implementation if there are any uncertainties.

1.8.5　All educational staff should:

- be aware of the procedures/ policies for identifying and assessing the needs of students who self-harm
- know how to implement the procedures/ policies within their roles and responsibilities
- know who to go to for support and supervision.

1.8.6　For students who have self-harmed, the designated lead should seek the advice of mental health professionals to develop a support plan with the student and their family members and carers (as appropriate) for when they are in the educational setting. This should include guidance from other agencies involved in the person's care, as appropriate.

1.8.7　Educational staff should take into account how the student's self-harm may affect their close friends and peer groups, and provide appropriate support to reduce distress to them and the person. [taken from NICE guideline (NG225) "Self-harm: assessment, management and preventing recurrence", published September 2022]

Appendix 5: Self-Harm Working Group and other contributors

- Warwickshire Public Health
- Warwickshire Educational Psychology Service
- Connect for Health - Compass (school nursing service)
- Warwickshire Early Help and Targeted Support
- Warwickshire School Effectiveness and Early Years Service
- Colleagues from schools and settings across Warwickshire
- Warwickshire Send and Inclusion Team
- Coventry and Warwickshire Partnership Trust

Appendix 6: Self-Harm Safety Plan Template – (with hints) As used by Coventry & Warwickshire Rise

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