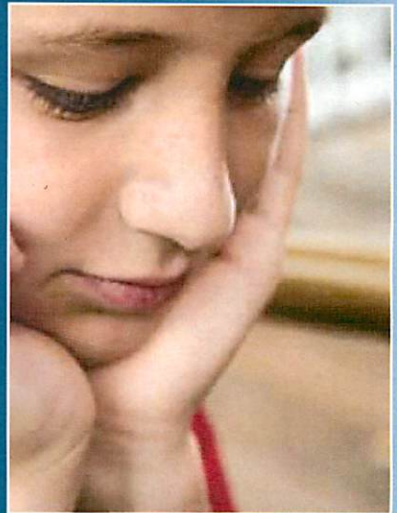
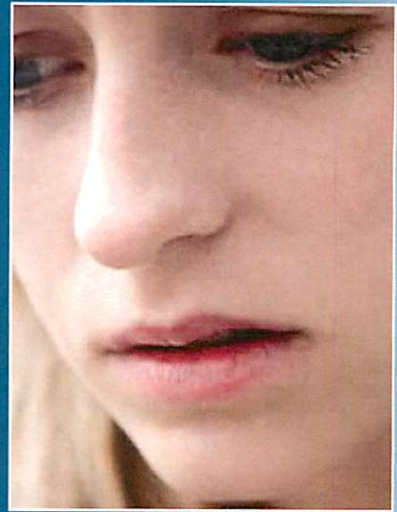


Self-Harm Guidelines for School Staff



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Self-Harm: Guidelines for School Staff

The authors of this publication would like to acknowledge that it is based on guidelines produced in Oxfordshire (Oxfordshire Adolescent Self Harm Forum By Their Own Hand) and in Northamptonshire (Self Harm: Guidelines for School Staff). We are grateful to the authors of these publications for allowing us to use their material.

Contributors to production of West Berkshire guidelines:

- Sheila Loy, School Improvement Advisor, West Berkshire Council
- Jane Callaghan, Parent Participation Worker, West Berkshire Council
- Sue Burfoot, Community School Nurse, Berkshire West Primary Care Trust
- Elinor Kelly, Educational Psychologist, West Berkshire Council
- Chris Prosser, Deputy Headteacher, The Downs School
- Penny Tripp, Behaviour Support Team, West Berkshire Council
- Cate Robinson-Slater, Deputy Headteacher, Park House School
- John Rivers, TAMHS F1 Team Manager
- Lisa Thomson, Primary CAMHS, Berkshire Healthcare Foundation Trust
- Robert Bradshaw, Conference and Review Team, West Berkshire Council

Insert relevant logos – West Berkshire Council, Berkshire West PCT, Berkshire Healthcare Foundation Trust, West Berkshire LSCB





Contents

What is self harm and how common is it?	4
What causes self harm	4
Trigger factors	5
Warning signs	5
Examples of self harm behaviour	5
Cycle of Harming	6
Coping strategies	7
Staff reactions	7
How to help: The role of school staff	8
Strategies to help	10

Appendixes

Appendix 1 - Checklist for schools	12
Appendix 2 - Sample incident form	13
Appendix 3 - My safety net	14
Appendix 4 - Fact sheet for parents/ carers	15
Appendix 5 - Information for young people	17
Appendix 6 - My friend has a problem: how can I help	19
Appendix 7 - National Advice and helplines	20
Appendix 8 - Factors that may help assessing the level of risk	21



What is self-harm and how common is it?

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

Some people who self-harm have a strong desire to kill themselves. However, there are other factors that motivate people to self-harm, including a desire to escape an unbearable situation or intolerable emotional pain, to reduce tension, to express hostility, to induce guilt or to increase caring from others. Even if the intent to die is not high, self-harming may express a powerful sense of despair and needs to be taken seriously. Moreover, some



people who do not intend to kill themselves may do so because they do not realise the seriousness of the method they have chosen or because they do not get help in time.

Over the past 40 years, there has been a large increase in the number of young people who deliberately harm themselves. The Mental Health Foundation/Camelot Foundation (2006) suggests there are

“probably 2 young people in every secondary school classroom who have self-harmed at some time”

(The truth about self-harm. London: MHF/CF).

Self-harm is not confined to children of secondary school age. Though it may manifest in different forms of behaviour, children at Primary Schools may also self-harm.

What causes self-harm?

The following risk factors, particularly in combination, may make a young person vulnerable to self-harm:

Individual factors:

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

Family factors

- Unreasonable expectations
- Neglect or abuse (physical, sexual or emotional)
- Child being Looked After
- Poor parental relationships and arguments
- Depression, deliberate self-harm or suicide in the family.

Social Factors:

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



A number of factors may trigger the self-harm incident, including:

- Family income related poverty
- Family relationship difficulties (the most common trigger for younger adolescents)
- Difficulties with peer relationships, e.g. break-up of relationship (the most common trigger for older adolescents)
- Bullying
- Significant trauma e.g. bereavement, abuse
- Self-harm behaviour in other students (contagion effect)
- Self-harm portrayed or reported in the media
- Difficult times of the year, e.g. anniversaries
- Trouble in school or with the police
- Feeling under pressure from families, school or peers to conform/achieve
- Exam pressure
- Times of change, e.g. parental separation/divorce
- Prevalence is higher among some ethnic minority groups

Warning signs

There may be a change in the behaviour of the young person that is associated with self-harm or other serious emotional difficulties, such as:

- Changes in eating/sleeping habits
- Increased isolation from friends/family
- Changes in activity and mood, e.g. more aggressive than usual
- Lowering of academic grades
- Talking about self-harming or suicide
- Abusing drugs or alcohol

- Becoming socially withdrawn
- Expressing feelings of failure, uselessness or loss of hope
- Giving away possessions
- Risk taking behaviour (substance misuse, unprotected sexual acts)

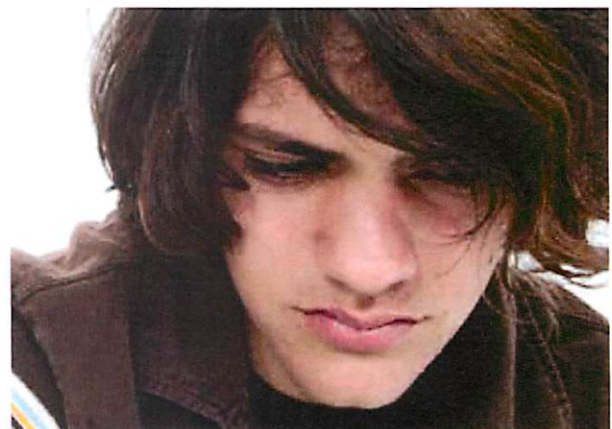
There may be no warning signs at all.

Examples of self-harming behaviour

- Cutting
- Taking an overdose of tablets
- Swallowing hazardous materials or substances
- Burning, either physically or chemically
- Over/undermedicating, e.g. misuse of insulin
- Punching/hitting/bruising
- Hair-pulling/skin-picking/head-banging
- Episodes of alcohol/drug abuse or over/undereating at times may be deliberate acts of self-harm.
- Risky sexual behaviour

Self-harm can be transient behaviour in young people that is triggered by particular stresses and resolves fairly quickly, or it may be part of a longer-term pattern of behaviour that is associated with more serious emotional/psychiatric difficulties. Where a number of underlying risk factors are present, the risk of further self-harm is greater.

Some young people get caught up in mild repetitive self-harm, such as scratching, which is often done in a peer group. In this case, it may be helpful to take a low-key approach, avoiding escalation, although at the same time being vigilant for signs of more serious self-harm.





What keeps self-harm going?

Once self-harm, particularly cutting, is established, it may be difficult to stop. Self-harm can have a number of functions for the student and **it becomes a way of coping**, for example:

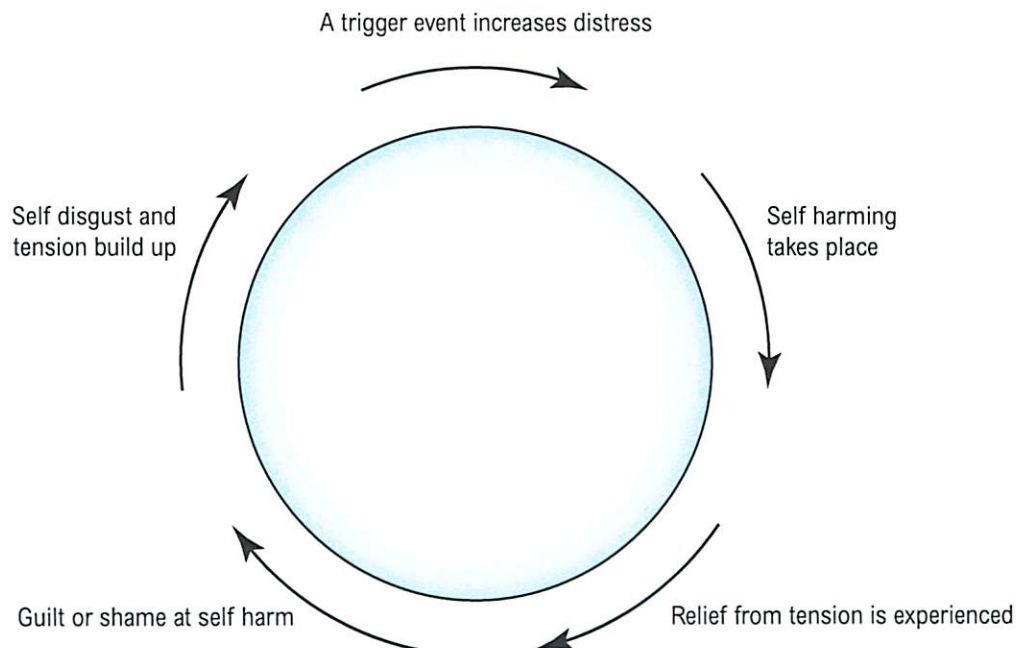
- Reduction in tension (safety valve)
- Distraction from problems
- Form of escape
- Outlet for anger and rage
- Opportunity to feel real
- Way of punishing self
- Way of taking control
- To not feel numb
- To relieve emotional pain through physical pain
- Care-eliciting behaviour
- Means of getting identity with a peer group
- Non-verbal communication (e.g. of abusive situation)
- Suicidal act.



Cycle of self-harming/cutting

When a person inflicts pain upon him- or herself, the body responds by producing endorphins, a natural pain-reliever that gives temporary relief or a feeling of peace. The addictive nature of this feeling can make the stopping of self-harm difficult. Young people who self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self-harm initially.

The cycle of self harm





Coping Strategies

Replacing the cutting or other self harm with other safer activities can be a positive way of coping with the tension. What works depends on the reasons behind the self-harm. Activities that involve the emotions intensively can be helpful. Examples of ways of coping include:

- Using a creative outlet e.g. writing poetry & songs, drawing and talking about feelings
- Writing a letter expressing feelings, which need not be sent
- Contacting a friend or family member
- Ringing a helpline
- Going into a field and screaming
- Hitting a pillow or soft object
- Listening to loud music
- 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
- Using stress-management techniques, such as relaxation
- Having a bath
- Looking after an animal

For some young people, self-harm expresses the strong desire to escape from conflict or unhappiness

In the longer term, the young person may need to develop ways of understanding and dealing with the underlying emotions and beliefs family support is likely to be an important part of this.

It may also help if the young person joins a group activity such as a youth club, a keep-fit class or a school-based club that will provide opportunities for



the person to develop friendships and feel better about him or herself. Learning problem solving and stress-management techniques, ways to keep safe and how to relax may also be useful. Increasing coping strategies and developing social skills will also assist. Regular counselling/therapy may be helpful

So too may arts - based therapeutic interventions which offer the young person the opportunity to explore their thoughts, feelings and needs in a safe and non judgemental environment

Reactions of school staff

School staff members may also experience a range of feelings in response to self-harm in a young person, such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. It is important for all work colleagues to have an opportunity to discuss the impact that self-harm has on them personally. The type and nature of opportunities where these issues are discussed will vary between schools.

Students may present with injuries to first-aid or reception staff. It is important that these frontline staff are aware that an injury may be self-inflicted and that they are aware of these guidelines and able to pass on any concerns.



How to Help: The role of school staff

Please note that this procedure needs to be viewed alongside the Berkshire Child Protection Procedures (www.proceduresonline.com/berks) and alongside other school safeguarding policies and procedures.

Conversations with the young person

- When you recognise signs of distress, try to find ways of talking with the young person about how he or she is feeling. (see 'Simple things you can say' below).
- What appears to be important for many young people is having someone to talk to who listens properly and does not judge.
- Confidentiality is a key concern for young people, and they need to know that it may not be possible for you to offer this. If you consider that a young person is at serious risk of harming him or herself or others, then information needs to be shared. It is important not to make promises of confidentiality that you cannot keep, even though the young person may put pressure on you to do so. If this is explained at the outset of any meeting, then the young person can make an informed decision as to how much information he or she wishes to divulge. Make sure that as part of your conversation you work out together who are the best people to tell.
- Resist the temptation to tell them not to do it again, or promise you that they won't do it
- It is important that all attempts of suicide or deliberate self-harm are taken seriously. All mention of suicidal thoughts should be noticed and the young person listened to carefully.
- If you find a young person who has self-harmed, e.g. by overdosing or self-cutting, try to keep calm, give reassurance and follow the first-aid guidelines as directed by school policy. In the case of an over-dose of tablets, however small, advice must be obtained from a medical practitioner (accident and emergency department).
- Take a non-judgemental attitude towards the young person. Try to reassure the person that you understand that the self-harm is helping him or her to cope at the moment and you want to help.

- Discuss with the young person the importance of letting his or her parents know and any fears he or she may have about this.

Simple things you can say:

- Check your own feelings and thoughts before asking any questions. If your feelings or thoughts about the young person are non-positive, this will be communicated to them non-verbally when you talk to them and this could hinder the helping process.
- See the person, not the problem, talk in a genuine way. Address them as you would wish to be addressed.
- 'I've noticed that you seem bothered/worried/preoccupied/troubled. Is there a problem?'
- 'I've noticed that you have been hurting yourself and I am concerned that you are troubled by something at present'
- 'We know that when young people are bothered/troubled by things, they cope in different ways and self injury is one of these ways. Those who do this need support from someone who understands problems in relation to self injury. Unfortunately I don't have the skills to help, but I would like to help by asking (Name of counsellor) to see you. Would you agree to this?'





Required responses

1. When considering what action and support the young person needs, continue to maintain their trust and involve them in decisions.
2. Follow the school policy of informing the designated person for child protection.
3. Contact with parents
 - a. Discuss your concerns with the young person's parents, unless to do so would place the young person at further risk (see *Child Protection Procedures* www.proceduresonline.com/berks and school safeguarding policies and procedures).
 - b. Help the carers/parents to understand the self-harm so they can be supportive of the young person. Information for parents is available in Appendix 4 of these Guidelines.
 - c. Follow up contact with the parents with a letter indicating your concern and sources of support.
4. Injuries and overdoses
Depending on the nature and severity of the injuries or medication taken, provide First Aid, contact the School Nurse, the child's GP or arrange for young person to Accident and Emergency.

Young people who overdose on medication should always attend Accident and Emergency.

5. Make a record of the incident (*a template is included in Appendix 2*).
6. Working with a young person who is self-harming can be distressing. Seek support from colleagues and the designated person for child protection in your school.

Depending on the nature and severity of the self-harm you will also need to choose appropriate and proportionate responses from the menu below:

- Continue to monitor the self harm and discuss with someone who will be able to build a relationship with and provide advice to the young person.
- Provide the young person with useful information and contacts (see Appendix 5), continue to consider whether further assessment and support may be needed.
- If you are concerned about a young person's mental health, consult with your school nurse, the child's GP or with a Primary Mental Health Worker **01635 295555**. The CAMHS referral form is under 'information for professionals' at www.berkshirehealthcare.nhs.uk/camhs
- Undertake a Common Assessment – discuss with the young person, their parents, their form tutor, year head and any other agencies / adults who come into contact with him or her. Identify strengths and resources and make a plan to address any vulnerabilities. Consider making a Pastoral Support Plan. If you cannot identify the necessary resources, take the CAF to a locality network meeting (locality-networks@westberks.gov.uk).
- If you identify child protection concerns, follow school procedures around how to make a referral to Children's Services Referral and Assessment Team and follow the Child Protection Procedures (www.proceduresonline.com/berks).
- Document any conversations you have with the social worker. Record who you spoke to, the time, date and any advice they have given you to follow.



Strategies to help

- It may be helpful to explore with the young person what led to the self-harm – the feelings, thoughts and behaviours involved. This can help the young person make sense of the self-harm and develop alternative ways of coping.
- Arrange a mutually convenient time and place to meet within the school environment
- At the start of the meeting, set a time limit.
- Make sure the young person understands the limits of your confidentiality.
- Encourage the young person to talk about what has led him or her to self-harm (see pathway card).
- Remember that listening is a vital part of this process.
- Support the young person in beginning to take the steps necessary to keep him or her safe and to reduce the self-injury (if he or she wishes to), e.g.
 - * Washing implements used to cut
 - * avoiding alcohol if it's likely to lead to self-injury
 - * taking better care of injuries (the school health nurse may be helpful here).
- If a young person lacks resilience, consider ways to help the young person build their self esteem. Help the young person to find his or her own ways of managing the problem e.g. talking, writing, drawing or using safer alternatives, if the person dislikes him or herself, begin working on what he or she does like, if life at home is impossible, begin working on how to talk to parents/carers.
- Help the young person to identify his or her own support network
- Offer information about support agencies – see the leaflets appended. Remember that some Internet sites may contain inappropriate information
- Consider consultation with a CAMHS Primary Mental Health Worker (PMHW)/ or a school nurse. The CAMHS referral form is under 'information for professionals' at www.berkshirehealthcare.nhs.uk/camhs



Further considerations

- Record any meetings with the young person. Include an agreed action plan, including dates, times and any concerns you have, and document who else has been informed of any information.
- It is important to encourage young people to let you know if one of their group is in trouble, upset or shows signs of harming. Friends can worry about betraying confidences, so they need to know that self-harm can be dangerous to life and that by seeking help and advice for a friend they are taking a responsible action.
- Be aware that the peer group of a young person who self-harms may value the opportunity to talk to an adult, individually.

If you have a number of young people who self harm in your school, you may consider consulting your Primary Mental Health Worker and Educational Psychologist.



Response of supportive members of staff

For those who are supporting young people who self-harm, it is important to be clear with each individual how often and for how long you are going to see them, i.e. the boundaries need to be clear. It can be easy to get caught up in providing too much help, because of one's own anxiety. However, the young person needs to learn to take responsibility for his or her self-harm.

If you find that the self-harm upsets you, it may be helpful to be honest with the young person. However, be clear that you can deal with your own feelings and try to avoid the young person feeling blamed. The young person probably already feels low in mood and has a poor self-image; your anger or upset may add to his or her negative feelings. However, your feelings matter too. You will need the support of your colleagues and management if you are to listen effectively to young people's difficulties.

Issues regarding contagion

When a young person is self-harming, it is important to be vigilant in case close contacts of the individual are also self-harming. Occasionally, schools discover that a number of students 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 school staff and in other young people.

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. Be aware that young people may seek support through the internet where the advice they are offered may be counter-productive.

Support/training aspects for staff

Staff members giving support to young people who self-harm may experience all sorts of reactions to this behaviour in young people, such as anger, helplessness and rejection. Staff will need to have an opportunity to talk this through with work colleagues or senior management.

Staff members with this role may find it helpful to attend training, to access resources that may be available and liaise with other professionals – such as the CAMHS Primary Mental Health Workers.

General aspects of prevention of self-harm

An important part of prevention of self-harm is having a supportive environment in the school that is focused on building self-esteem and encouraging

healthy peer relationships. An effective anti-bullying policy and a means of identifying and supporting young people with emotional difficulties is an important aspect of this. The checklist of procedures and practices in Appendix 1 can help in the management and prevention of self-harm.

Use of the Social and Emotional Aspects of Learning (SEAL) resources and seeking accreditation through the Healthy Schools Scheme are useful strategies for schools to use.

<http://nationalstrategies.standards.dcsf.gov.uk/inclusion/behaviourattendanceandseal/seal>
www.protectivebehaviours.co.uk



Appendix 1

Checklist for schools: supporting the development of effective practice

The school has a policy or protocol for supporting students who are self harming or at risk of self-harming. The school governors have approved this.

The West Berkshire Self-harm Guidelines for school staff have been approved by the school governors

Relevant school staff are aware of the Samaritans Self Harm and Suicide Response Service to schools which supports staff dealing with young people who self harm. www.samaritans.org/your_emotional_health/working_with_students.aspx

Training

All new members of staff receive an induction on child-protection procedures and setting boundaries around confidentiality.

All members of staff receive regular training on child-protection procedures.

The following staff groups – reception staff, first-aid staff, technicians, dinner supervisors – receive sufficient training and preparation for their roles.

Staff members with pastoral roles (head of year, child protection co-coordinator, SENCO etc.) have access to training in identifying and supporting students who self-harm.

Communication

The school has clear open channels of communication that allow information to be passed up, down and across the system.

All members of staff know to whom they can go if they discover a young person who is self-harming.

The senior management team is fully aware of the contact that reception, first-aid staff, technicians and dinner supervisors have with young people and the types of issue they may come across.

Time is made available to listen to and support the concerns of staff members on a regular basis.

Support for staff/students

School members know the different agency members who visit the school, e.g. Family School Support Workers, counsellors, Connexions Personnel Advisers, School Nurses etc.

Male members of staff are supported in considering their responses to girls whom they notice are self-harming.

Staff members know how to access support for themselves and students.

Students know to whom they can go for help.

School ethos

The school has a culture that encourages young people to talk and adults to listen and believe.



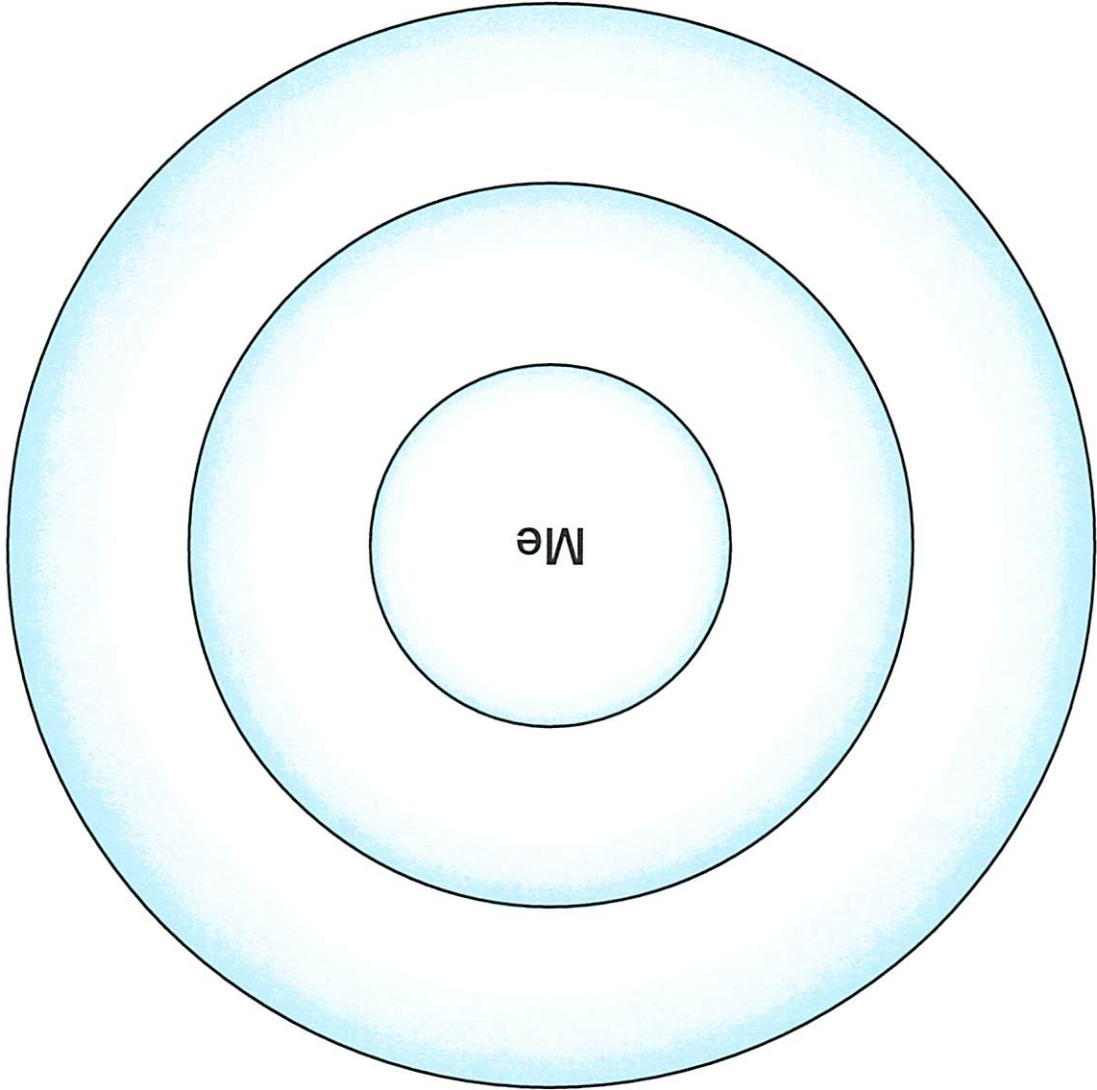
Appendix 2

Sample of an incident form to be used when a young person self harms

School/College	Date of Report		
Age	Gender	Year	Special needs
Young person's name			
Staff member name		Position	
Incident			
.....			
.....			
.....			
.....			
.....			
Action Taken			
.....			
.....			
.....			
.....			
Date and time of occurrence			
Decision made with respect to contacting parents and reasons for decision			
.....			
.....			
.....			
.....			
Recommendations Steps taken to support member of staff			
.....			
.....			
.....			
Follow-up			
.....			
.....			
.....			
Signature		Designation	

Things I can do myself to cope with difficult feelings

There are other ways to represent a safety net e.g. using a hand



Also, write into the space below the safety net the things that you can do yourself to cope with difficult feelings and keep yourself safe.

- family and close friends
- friends and people you see every day
- help lines and professional people you could go to for help.

There are different types of people in our lives. Try to identify some people in each of the groups below that you would feel most comfortable talking to:

My safety net

Appendix 3

