

Category	Safeguarding & Child Protection		
Document Name	Handling Self Harm & Suicide Protocol		
Accountable Body	RADIUS Trust		
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Related Documents

Document	Reference
Safeguarding & Child Protection Procedures	SC.P1.01

Reference Material

Guidance
Working Together to Safeguard Children – March 2015
Keeping Children Safe in Education DfE – September 2016
Local Safeguarding Children Board (LSCB) Child Protection procedures

Related Policies

Name	Reference
Safeguarding & Child Protection Policy	SC.P1
Behaviour Management Policy	BM.P1
Health & Wellbeing of Pupils-Students Policy	HW.P1

Introduction

Definitions of Self-Injury

Self-injury is a coping mechanism for young people who are attempting to cope with high levels of distress and emotional pain. It is any deliberate, non-suicidal behaviour, which causes physical pain or injury and is aimed at reducing the emotional pain and distress of the individual concerned.

These behaviours may include deliberate bone-breaking, cutting, bruising, banging and non-suicidal overdosing and the behaviours are usually chronic, repetitive and habitual. Children and young people who self-injure will generally attempt to hide any scarring or injuries and can find it extremely difficult to discuss their behaviours, and the emotions behind them, with others. These behaviours are not to be about seeking attention but rather to be about seeking relief and release from emotional distress and is not a suicidal behaviour. However, the emotional distress that causes these behaviours can lead to suicidal thinking and the school will consequently take ALL incidents of self-injury seriously, investigate them and attempt to provide the most appropriate emotional support possible.

Aims

The Trust is dedicated to ensuring the emotional, physical and mental well-being of all the students in its community and aims to:

- Recognise any warning signs that one of the pupils / students may be engaging in self-harming behaviours.
- Understand the risk factors associated with these behaviours including low self-esteem, perfectionism, mental health issues such as anxiety or depression, home or school problems, social isolation, emotional, physical or sexual abuse.



- Be pro-active in discussing this topic with students that are suspected to be deliberately harming themselves.
- Know how to respond to students who wish to discuss these behaviours and take them seriously at all times.
- Be able to produce short and long-term care and management plans for such students in conjunction with external agencies if necessary.
- Provide the appropriate level of practical and emotional support for staff dealing with students who self-harm and ensure appropriate training and education is available to all staff regarding this issue.
- Provide an appropriate awareness campaign for students and ensure the topic is a significant part of the PSHE curriculum.

Recognising Warning Signs

Staff are aware that for some young people there will not be any specific warning signs that they are engaging in or contemplating engaging in self-harming behaviours. For others, the following indicators may be noted:

- Risky behaviours, for example, drug taking, alcohol misuse.
- Lack of self-esteem, being overly negative.
- Bullying of others.
- Social withdrawal.
- Significant change in friendships.
- Regularly bandaged wrists and arms.
- Obvious cuts, burns or scratches (that don't look like accidents).
- A reluctance to participate in PE or change clothes.
- Frequent accidents that cause physical injuries.
- Wearing long-sleeved tops even in very hot weather.

Key Responsibilities

Everyone in the school community – the Governing Body, the Headteacher/Principal, all staff and teachers, pupils/students and parents/carers – all have responsibilities to promote and adhere to this protocol in order to ensure the well being of all within the community. These are outlined as follows:

Governing Body

- Obtain reassurance and seek evidence from the school's senior management team that this protocol is being adhered to and staff are trained on how to support children and young people in relation to suspected or actual self-harm.
- Ensure information regarding self-harm is being provided to parents/carers and pupils/students through leaflets and the curriculum.
- Ensure the Designated Governor for Safeguarding & Child Protection is scrutinising the school's processes and any concerns relating to self-harm are being addressed.

Headteacher/Principal Supported by SMT

- Ensure pupils have access to appropriate and accurate information regarding self-harm alongside details of relevant support agencies.
- Determine how and when the topic is covered in the school curriculum.
- Provide access to appropriate and accurate information for parents or carers.
- Ensure that 'special arrangements' are made for students who self-harm (for example, time out, wearing long-sleeved tops) as part of the Individual Plans and that these are appropriately reviewed.
- Ensure the existence of a school Safeguarding & Child Protection procedure in case of self-harming incidents occurring within the school context and that this is reviewed as necessary.
- Ensure that all students are aware of the behaviours that will not be tolerated and that they understand these key rules, for example, no self-injury in front of others, no attempts to manipulate others with the threat of self-injury.
- Appoint a designated member of staff to be responsible for all incidents of self-harm and be responsible for disseminating this protocol and related RADIUS Trust policies and school procedures to the whole team.
- Be ultimately responsible for ensuring that designated staff receive appropriate training and supervision.

Designated Safeguarding Lead (or equivalent)

- Ensure that this protocol and related RADIUS Trust policies and school procedures (such as Trust Safeguarding & Child Protection Policy) is disseminated and implemented appropriately, providing regular feedback and reports to the Headteacher/Principal and Governing Body.
- Develop a record-keeping system within the Pupil Information System to record such incidents and ensure that this is kept up to date and incidents and developments are regularly reported to the Headteacher/Principal.
- Ensure that students have an appropriate care and management plan which is recorded and, if necessary, developed with the support of external specialist agencies.
- Liaise with external agencies (specifically mental health) in order to provide the most appropriate support alongside utilising key services to provide up to date education and information for students, parents / carers and staff.
- Liaise with parents / carers as appropriate in order to ensure the safety and well-being of students in the school community.
- Report on suicidal intent or feelings straight away and refer to other professional bodies as appropriate.
- Engage in appropriate supervision so as to ensure personal well-being.

All Staff

- Act in an empathetic manner, assuring students that they are available to actively listen in a calm and non-judgmental manner.
- Will not invalidate any students' concerns or emotional distress.
- Know the available support options or referral routes and refer students to these as appropriate.
- Ensure that students know they cannot make any promises to keep things confidential if they feel that the student is at risk.
- Adhere to the RADIUS Trust Safeguarding & Child Protection Policy and related school procedures.

- Be committed to providing an emotionally literate context in which the self-esteem and emotional and mental well-being of all are fostered and promoted.
- Be aware of the 'healthy' coping strategies students can utilise and know who to ask for advice if it felt that these are being abused or becoming unsuccessful for the student.
- Ask for help if they feel a situation falls outside of their emotional competency, skills or knowledge base.

Parents/Carers

- Ensure that they understand and endorse this protocol.
- Find out about self-harm, making use of school-based and external resources and discuss findings with their children.
- Ensure that school staff are kept informed of any changes or incidents that occur outside of the school that they feel may impact on the behaviour and well-being of their child.
- If they become aware that their child is engaging in these behaviours, work with designated staff in order to help the school develop the best ways of supporting the parent and their child.
- Know that they may also need emotional support and find out where this is best accessed.

Pupils/Students

- If self-harming, they will take care of any wounds appropriately and try not display them in school.
- Ensure that they don't engage in 'sensationalised' conversations with peers or staff or talk about the methods they use to other students.
- Try to find something fun and positive in each day.
- Never encourage others to participate in self-harm.
- Discuss why they or others might self-harm, that is emotional factors, and not focus on the act of self-harm itself.
- Ensure that they know who they can talk to in both the immediate and longer term, should they feel distressed or at risk in either the school or social context (such as designated staff).
- Alert a member of staff if they are at all concerned about a friend or peer who may be at risk of self-harming, engaging in these behaviours, or who may present as suicidal or discussing suicide.

Dealing with self-harm

Self-harm must always be treated as a safeguarding incident and the RADIUS Trust Safeguarding & Child Protection Policy and related school procedure is followed. If the school is aware that a child or young person, has self-harmed the relevant member of staff will:

- Listen calmly.
- Seek first aid treatment if necessary.
- Parents/carers and professionals supporting the child to be contacted as soon as possible following liaison with the DSL/School Nurse/Senior Leadership Team.
- Contact other professionals for advice.
- Work with students and their families to ensure appropriate support is in place to address both the self-harming and the underlying issues. Create a safety plan if appropriate (see Appendix 1).
- Review the individual's plan to determine if amendments are required and ensure all staff are aware.
- Monitor the situation and communicate regularly with parents/carers.

- Support other children and young people who may be affected.

Initial information gathering/assessment

Information that staff should attempt to gather to provide information to the Designated Safeguarding Lead (or equivalent):

- Be honest with the child/young person and tell them you will have to pass this on to the safeguarding lead, but you will let them know what's going to happen.
- Encourage them to remain in school until discussed with the safeguarding lead.
- Try to ensure that if they are around in the school for the rest of the day that they have someone they can come and talk to if necessary.

It is important for the member of staff to write down what the child/young person says (not always in front of them) to securely maintain a record and to help inform the safeguarding lead.

General: topics to cover

- You have come to me and told me that you have self-harmed...OR...
We are concerned you may have harmed yourself...
- Are you willing to show me what you have done? (it may need medical attention) OR
What have you done? Tell me about it? (Different types of self-harm-cutting, hitting, burning)
- How did this make you feel? Have you done it before?
- Do you plan to do it again?
- Have you told anyone else, your parents or carers?
- What are you planning to do the rest of the day/ weekend? (This is to check out if they have any support at home or are they going to be alone).
- Now this is out in the open this is what we need to do to support you.....Use Mood Scale below

Suicidal thoughts: topics to cover:

- We believe that you have had these thoughts...OR...
You have come to me and told me that you have had these thoughts...
- Have you tried to do anything to harm yourself?
- Have you made any plans to end your life?
- What are you planning to do for the rest of the day or weekend?

What to include in a referral

The more detail provided in a referral the more likely the agencies are able to make the most helpful decision for the young person and their family. Information to include:

- Their symptoms.
- The impact of these symptoms on their life.
- What is the context (e.g. recent life events, current stressors)?
- How long has it been going on for?
- Any other underlying difficulties?
- Any risk issues?

- What has already been tried to help them and what was the outcome?
- Family composition and anyone else who lives with the young person.
- Family background.
- School & Designated Safeguarding Lead Details
- GP details.
- Whether Social Care are involved and if so, social worker's details.
- The view of the young person and their family about the referral.
- Parent/carer contact details.

Appendix 1: Safety Plan Template

MY SAFETY PLAN			
<p>If you sometimes struggle with thoughts around self-harm, it can be helpful to create a plan to keep yourself safe when your thoughts feel overwhelming. Fill out the safety plan below and then keep the plan where you can easily find it when you need it.</p>			
<p>What makes me want to harm myself? For example, it could be particular people, feelings, places or memories.</p>			
<p>Other than harming myself is there anything else that helps me to cope?</p>			
<p>What would I tell a close friend to do who was feeling this way?</p>			
<p>What could others do that would help?</p>			
<p>If I feel like harming myself again, I will do one of the following (try to list 6-8 items):</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p>			
<p>If the plan does not work and I still feel like harming myself, I will do at least one of the following:</p> <ul style="list-style-type: none"> • Call CAMHS on <insert local CAMHS number> • Call Childline on 0800 1111 • Call emergency services 999 or go to the nearest hospital 			
Signed:		Date:	

Appendix 2: Substitutes for Self Harm

Young People have shared successful techniques with professionals. These include:

- Using a red felt tip pen to mark where you might usually cut.
- Hitting a punch bag to vent anger and frustration.
- Hitting pillows or cushions, or having a good scream into a pillow or cushion.
- Rubbing ice across your skin where you might usually cut, or holding an ice-cube in the crook of your arm or leg.
- Getting outdoors and having a fast walk.
- All other forms of exercise – these are really good at changing your mood and releasing adrenaline (but not obsessively).
- Making lots of noise, either with a musical instrument or just banging on pots and pans.
- Writing negative feelings on a piece of paper and then ripping it up.
- Keeping a journal.
- Scribbling on a large piece of paper with a red crayon or pen.
- Putting elastic bands on wrists, arms or legs and flicking them instead of cutting or hitting.
- Calling and talking to a friend (not necessarily about self-harm).
- Collage or artwork – doing something creative.
- Getting online and looking at self-help websites.

Appendix 3: Signs and Symptoms

Self-harm can take many different forms and as an individual act is hard to define. However, in general self-harm (also known as self-injury or self-mutilation) is the act of deliberately causing harm to oneself either by causing a physical injury, by putting oneself in dangerous situations and/or self-neglect.

- Physical harm can take many forms. It could include: Cutting, burning, biting.
- Substance abuse.
- Excessive exercising Inserting objects into the body Head banging and hitting Taking personal risks.
- Picking and scratching Neglecting oneself.
- Pulling out hair.
- Eating disorders.
- Over dosing and self-poisoning.

Situations that can trigger self-harm:

- Relationship problems with partners, friends or family.
- Pressures e.g. school work and exams, sporting performance, family issues Bullying.
- Trying to fit in (some social groups are more accepting of self-harming behaviours) Feeling bad about one's self (guilt, shame, worthlessness).
- Physical, emotional or sexual abuse Feeling depressed.
- An illness or health problem Confusion about sexuality Bereavement.
- Financial worries.

Young people may be more likely to self-harm if they feel:

- That people don't listen to them hopeless or worthless.
- Isolated, alone.
- Out of control.
- Powerless – it feels as though there is nothing they can do to change anything.
- Unable to experience emotional pain even for a short period of time.

Appendix 4: Managing Acts of Self-Harm – Attendance at Emergency Department (ED/A&E)

1. If the self-harm act has occurred and involved ingestion, serious lacerations or an excessive dose /omission of prescribed medication, staff should immediately ensure that the child or young person receives the appropriate medical attention. During the school day medical attention should be provided, in the first instance, by the School Nurse who will advise on necessary further action. If the incident occurs outside of the School Nurses working hours, staff should contact the Local GP or contact the NHS Emergency and Urgent Care Services (contact number of 111). If the incident requires immediate, emergency medical treatment, staff should ensure that the child or young person attends the ED (Emergency Department/ Accident and Emergency) Department accompanied by the appropriate member(s) of the staff team.
2. When an overdose is revealed the child or young person will need to be assessed in hospital. Details about what has been taken and when must be shared with medical staff.
3. If the self-harm incident has involved ingestion, do not to give anything to the child or young person to make them sick or make them want to go to the toilet or flush out their stomach or bowels.
4. Procedures at Accident and Emergency Department (ED/A&E)
5. Emergency admissions to hospital and related care will take precedence before the initiation of a self-harm protocol.
6. All children and young people who attend ED must be referred by ED to MASH as soon as possible and within 24 hours of being assessed at ED.
7. Children and young people presenting with self-harm between 9am and 5pm will be directed to the Paediatric ED department up to their 16th birthday. Young people over 16 would be assessed in Triage or Urgent Care Area. Protocols may vary between hospitals. If ongoing medical treatment is not required they will be assessed by CAMHS or on call psychiatry (depending on time of presentation) and follow up arranged in CAMHS.
8. Initial assessment in ED will then be carried out by an appropriately trained triage nurse.
9. As a general guide ALL children less than 16 years presenting out of hours (5pm to 9am) with self-harm should be admitted to the paediatric ward over night for observation and assessment. Young people aged 16 years up until their 18th birthday who present out of hours with self-harm would be admitted to an adult medical ward if admission is deemed safe and appropriate or discharged following assessment by duty psychiatrist and liaison with CAMHS Consultant on call and referred for follow up from CAMHS.
10. Any young person requiring admission for ongoing medical treatment will be referred to the on call medical team and admitted to a paediatric medical ward if they are under 16 or an adult medical ward if over 16. An assessment by a CAMHS clinician would take place once medical treatment is complete.
11. Before discharge there must be a risk assessment and a Crisis and Contingency Plan developed with the child or young person and their carers.

Appendix 5: Supporting Guidance and Advice

http://www.londoncp.co.uk/consultation/self_harm_suic_behv.html

www.nhs.uk/conditions/Self-injury/Pages/Introduction.aspx

www.nice.org.uk/Guidance/CG16

www.rcpsych.ac.uk/healthadvice/problemsdisorders/self-harm.aspx

www.mentalhealth.org.uk/help-information/mental

www.youngminds.org.uk

www.mind.org.uk

www.nshn.co.uk

www.childline.org.uk Childline 0800 1111

www.samaritans.org.uk Samaritans 08457 909090 www.beatbullying.org

www.anti-bullyingalliance.org.uk

CAMHS

Headscape

Continuum of Need